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APPLICATION OF COGNITIVE BEHAVIOR THERAPY (CBT) TO OVERCOME MINOR DEPRESSION ON RELIABILITY OF AMFETAMINS IN THE KARITAS SANI MADANI FOUNDATION EAST JAKARTA, INDONESIA

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Abstract:
Recovery of amphetamine dependence is not easy. In addition to a clean life without using amphetamines forever, another challenge is taking part in programmed activities and daily discipline. If the rehabilitation process for the recovery of amphetamine dependence is not interpreted positively, the individual will experience a minor depression, namely mood disorder, characterized by symptoms of lack of interest in activities, insomnia, doubt and uncertainty, loss of positive pleasure, excessive guilt. 21-year-old study subjects met diagnostic criteria in TR DSM-IV minor depressive disorder and underwent recovery of amphetamine dependence. The subject minor depression was assisted with Cognitive Behavior Therapy (CBT) therapy with Cognitive Restructuring and Activity Scheduling techniques which were conducted in 12 sessions. Data analysis techniques use pattern matching and analysis of development results. The results of the measurement of depression using BDI-II in the form of pre-test and post-test resulting in a decrease in depression findings, initially the depression major to normal (lost depression).

Keywords: minor depressive disorders, cognitive behavior therapy cognitive restructuring techniques and activity scheduling, amphetamine dependence

1. Introduction

National Narcotics Agency (BNN) states that drug users in Indonesia in 2017 reached 3.3 million people or as much as 1.77% of the total population of Indonesia of productive

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age. BNN said the huge amount of abuse became a big threat to Indonesia's demographic bonus in 2020 - 2030. Records throughout 2015 revealed as many as 102 cases of Narcotics and Money Laundering (TPPU) which are national and international network syndicates, of which 82 cases has been P21 (in the police handling process). The cases that have been revealed involve 202 suspects consisting of 174 Indonesian citizens and 28 foreigners. In 2012 around 25 million people experienced drug dependence, most users were of productive age, and most of them were teenagers and early adults (20-30 years). 70% of the total NAPZA users in Indonesia are school-aged, over 4% of high school students and the rest are students.

There are many types of drugs that are abused, including cannabis, ecstasy, methamphetamine *(amphetamine)* and putaw *(opioids).* Davison et al. (2014) explained that amphetamine was first discovered in 1927, Benzedrine It quickly became commercially available in the early 1930s as an inhaler for relieving nasal congestion and was also known to the public because of its stimulating effects.

The Karitas Foundation started its work with drug addiction treatment programs from 2002 until now. This care center provides intensive care and treatment as well as counseling for addicts and families through hospitalization and recovery from addiction. According to information from several counselor sources at the foundation, individuals with amphetamine dependence do not feel the problem as an effect of substance abuse when compared to opioid abuse which after use of these substances individuals become dependent on these substances. However, the effects resulting from the use of amphetamine make individuals feel extraordinary pleasure so that the desire to use it again appears.

Davison et al. (2014) revealed that using amphetamine can result in increased walking, digestive functions are inhibited, and appetite is reduced, heart rate is increasing, blood vessels in the skin and mucous membranes experience constriction so that the individual becomes awake, euphoric, and excited and possessed by seemingly unlimited energy and self-confidence.

Further about the use of amphetamine was stated by Bradford (2013) who stated the effects of amphetamine use psychologically varied such as excessive fear, irritability, feeling calmer, and being anxiously over. The long-term use of abuse can result in damage to the central nervous system, resulting in depression, weakness ,and interference with the heart.

The success of rehabilitation of amphetamine dependence faces various challenges to the causes of relapse such as internal factors that are known to have an influence on the occurrence of relapse namely depression and anxiety disorders (Bradizza, 2006). Dadang Hawari (2006) stated in his research on clinical examination of substance abuse patients at the Drug Dependency Hospital (RSKO) Jakarta that 75 cases of substance abuse obtained a meaningful relationship between substance abuse with an antisocial personality disorder, anxiety, depression, and family conditions. Estimated relative risk (estimated relative risk) of substance abuse on antisocial personality disorder = 19.9%, anxiety = 13.8%, depression = 18.8%, and family condition = 7.9%. This opinion is

reinforced by Kaplan and Sadock (1997) who state that depressive symptoms are often found among people with substance abuse or substance dependence.

As described above, the individual causes become amphetamine dependence ,and relapse of re-using amphetamine is caused by depression. Depression itself according to Hawari (2010) is a psychiatric disorder in the realm of feelings (affective / mood disorder) which is characterized by symptoms of depression, lethargy, no passion for life, feeling useless, deep disappointment, despair, thoughts of death, and desires suicide. Meanwhile, according to Seligman (1993), depression is an emotion that comes in the middle of helplessness, individual failure and comes when individuals try to get the power that cannot yet be realized.

Another opinion put forward by the American Psychiatric Association (2000) is that a person is said to suffer from a depressive disorder if five (or more) symptoms of depression have been present for a period of two weeks and are a change from a person's usual state. More deeply according to the American Psychiatric Association in DSM IV-TR (2000) explained that depressive disorders marked by one / more major depressive episodes are called a major depressive disorder, if two or no more than five symptoms of depression and lasts less than two weeks it is called minor depression with symptoms including Interest or pleasure in all cases is greatly reduced in activities almost all day, almost every day, a significant decrease or increase in body weight, or a decrease or increase in appetite almost every day, insomnia or hypersomnia almost every day, psychomotor agitation or retardation almost every day, fatigue or loss of energy almost every day, feelings of worthlessness almost every day, the ability to think or concentrate decreases or hesitates almost every day.

To prevent recurrence in drug dependence originating from depression, Cognitive Behavior Therapy (CBT) interventions are used, which according to Krauss & Susan, (2009) cognitive-behavioral techniques are used to help clients modify their thoughts, expectations, and behaviors related to their use drugs.

In line with that Ametembun (2003) suggested that one of the interventions on drug abuse includes behavioral therapy (counseling, cognitive therapy, social therapy). Based on the background description of the problem described above, it is concluded that the psychological model of amphetamine dependence is the fruit of negative thoughts about the problem or situation faced with minor depressive symptoms that are displayed for two consecutive weeks. Furthermore, to solve these problems individuals who experience minor depression display the behavior of using amphetamines to deal with depression experienced to get a better feeling.

To overcome minor depression experienced by CBT therapy. That's because this therapy seeks to integrate therapeutic techniques that focus on helping individuals make changes, not only in real behavior but also in the underlying thinking, beliefs ,and attitudes. CBT therapy has the assumption that thought patterns and beliefs influence behavior and changes in cognition can produce expected behavioral changes. Furthermore, the background of this problem becomes a reference for questions, problem formulation and objectives in this study.

1.1 Problem Formulation

The formulation of the problems in this study are as follows:

1) What is the clinical picture of minor depression in Amphetamine Dependence at the Karitas Sani Madani Foundation in East Jakarta ?
2) What are the results of the application of Cognitive Behavior Therapy (CBT) to overcome minor depression in Amphetamine Dependency at the Karitas Sani Madani Foundation in East Jakarta?

1.2 Research Objectives

The objectives of this research include:

1) Knowing the clinical picture of minor depression in Amphetamine Dependence at the Karitas Sani Madani Foundation, East Jakarta.
2) Obtaining the results of the application of Cognitive Behavior Therapy (CBT) to overcome minor depression in Amphetamine Dependence at the Karitas Sani Madani Foundation, East Jakarta.

1.3 Overview of Minor Depression on Amphetamine Dependence

1.3.1 Understanding

Amphetamine is a type of medicine that is not used freely because there are procedures and requirements when these drugs are given into the human body. Amphetamines, such as Benzedrine, Dexedrine, and Methedrine, produce the release of norepinephrine and dopamine and inhibit the return of the two neurotransmitters. Its use is swallowed, or injected and can cause addiction. How to use amphetamine can be in three ways. Japardi (2002) describes that the use of amphetamine can be used by injection, inhalation, inhaled or inhaled, taken orally in the form (Kemenkes, 2010). Also, in the form of crystals, burned using aluminum foil paper and the smoke is smoked (intranasal) or burned using a specially designed glass bottle (bong), in the form of dissolved crystals, inserted intravenously.

Depression has an understanding of a condition that the individual feels is related to chaos within, feeling sad or loss of mood and experiencing changes in oneself become more emotional or even become insomnia. The American Psychologist Association in Davison et al (2014) defines depression as a disorder characterized by sad and depressed emotional states and associated with cognitive, physical and interpersonal symptoms. Also, depression is an emotional condition that is usually characterized by extreme sadness, feelings of insignificance and guilt, loss of interest and pleasure in normal activities.

Other findings explaining depression include:

a. Interpersonal Theory

This theory discusses the relationship between depressed people and others. Depressed individuals tend to have few social networks and assume social networks provide little support (Davison et al., 2014). Reduced social support can weaken an individual's ability to cope with various negative life events and make him vulnerable to depression

(Davison et al., 2014). The lack of social support is likely because depressed people trigger negative reactions from others (Coyne, in Davison et al., 2014). Data shows that depressed people's behavior results in rejection (Davison et al., 2014). Several studies have shown that the non-verbal behavior of people who are depressed plays an important role in this regard. For example, other people may find the following things annoying: talking very slowly, with a lot of pauses and reluctance, negative self-disclosure, more negative affect, rarely making eye contact, and at least positive facial expressions and more negative facial expressions (Field et al., in Davison et al., 2014).

b. Cognitive Theory

In CBT theory discussed about various patterns of thinking and beliefs are considered as the main factors that cause or influence emotional conditions. Beck said that thought processes are a contributing factor to depression. Beck said that depressed people have feelings that are pessimistic about themselves, a belief that no one likes him (Davison et al., 2014). Beck (in Lubis, 2009) argues that the existence of depressive disorders is a result of the way a person thinks of himself. Depressed individuals tend to blame themselves. This is caused by cognitive distortions towards themselves and the environment, so that in evaluating themselves and interpreting the things that happen they tend to draw inferences that are not enough and have a negative view. In childhood and adolescence, depressed people develop a negative scheme, which is a tendency to look at the environment negatively, through the loss of loved ones, subsequent tragedies, social rejection by peers.

In National Mental Health (2010) the classification of depression is divided according to symptoms into major depressive disorder, dysthymic, minor depression, psychotic depression, and seasonal depression. Minor depression is a depression that has a collection of symptoms that are similar to major depressive disorders and dysthymic depressive disorders, but only last for a short time.

The different classification of depression is explained in DSM IV-TR (2000), which explains that depression is divided into three major parts, namely: major depressive disorder (MDD), dystemia, and unclassified depression and separates these depressive disorders from bipolar disorder.

Further explained typical symptoms of minor depression include: never major depressive episodes and the criteria are not included in dysthymic disorder. Besides, there have never been manic episodes, mixed episodes, or hypomanic episodes and criteria are not included in cyclothymic disorder.

Based on the above explanation, minor depression is a mood disorder characterized by moodiness, deep and ongoing sadness so that loss of life, apathy, and pessimism is followed by behavioral disorders that have a set of symptoms that are similar to major depressive disorders or dysthymic depressive disorders. , but only for a short time.

Minor depression experienced by individuals in recovering amphetamine dependence is known to influence the occurrence of relapse. That is because minor depression occurs due to the inability of individuals to cope with stress both from within

and from outside during rehabilitation which, if not addressed properly, will increase to major depression either due to the length of the depressive phase or the appearance of other symptoms that are included in major depression.

1.3.2 Etiology

Minor depression occurs due to a relationship between thoughts, feelings or emotions, and behavior produces a circle of depression syndrome. The circle of the relationship between thoughts-feelings / emotions of behavior is what strengthens the symptoms of minor depression suffered by a person.

According to some research that has been done, minor depression is caused by many influential factors including:

a. Biological factors

Many studies explain the existence of biological abnormalities in patients with mood disorders. In recent studies, monoamine neurotransmitters such as norephinephrine, dopamine, serotonin, and histamine are the main theories that cause mood disorders (Kaplan, et al., 2010).

b. Biogenic amines

Norephinephrine and serotonin are the two neurotransmitters that play the most role in the pathophysiology of mood disorders.

- Norephinephrine

The relationship of norephinephrine to depressive disorders based on research suggests that a decrease in regulation or decreased sensitivity of $\alpha 2$ adrenergic receptors and decreased response to antidepressants play a role in the occurrence of depressive disorders (Kaplan, et al., 2010).

- b. Serotonin

Decreasing the amount of serotonin can trigger depressive disorders, and some patients with attempted suicide or ending their lives have cerebrospinal fluid levels that contain low serotonin levels and low concentrations of uptake serotonin in platelets (Kaplan et al., 2010). The use of drugs that are serotonergic in treatment of depression and the effectiveness of these drugs shows that there is a theory related to depression disorders with serotonin levels (Rottenberg, 2010).

c. Other neurotransmitter disorders

ACH is found in neurons distributed in the cerebrum cortex. In cholinergic neurons there is an interactive relationship with all the systems that regulate monoamine neurotransmitters. Abnormal levels of choline which are precursors for the formation of Ach are found to be abnormal in patients suffering from depressive disorders (Kaplan et al., 2010).

d. Neuroendocrine factor

Hormones have long been thought to have an important role in mood disorders, especially depressive disorders. The neuroendocrine system regulates important hormones that play a role in mood disorders, which will affect basic functions, such as: sleep, eating, sexual, and inability to express feelings of pleasure. Three important

components in the neuroendocrine system are: the hypothalamus, pituitary gland, and adrenal cortex that work together in biological feedback that is fully connected with the limbic system and cerebral cortex (Kaplan et al., 2010).

c. Brain abnormality

Neuroimaging studies, using computerized tomography (CT) scans, positron-emission tomography (PET), and magnetic resonance imaging (MRI) have found abnormalities in 4 areas of the brain in individuals with mood disorders. These areas are the prefrontal cortex, the hippocampus, the anterior cingulate cortex, and the amygdala. Reduction of metabolic activity and volume reduction from graymatter in the prefrontal cortex, in particular on the left, are found in individuals with severe depression or bipolar disorder (Kaplan et al., 2010).

1.3.3 Symptoms

Minor depressive disorders are caused by, among others, biological factors, biogenic amines, other neurotransmitter disorders, neuroendocrine disorders and brain abnormalities. Minor depressive disorders have typical symptoms that appear as symptoms from major and dysthmic depressive disorders, but these disorders are milder and / or of shorter duration (National Institute of Mental Health, 2010). While the symptoms of major depressive disorder include changes in appetite and weight, changes in sleep and activity patterns, lack of energy, feelings of guilt, and suicidal thoughts that last for at least ± 2 weeks (Kaplan et al., 2010).

2. Cognitive Behavior Therapy (CBT)

2.1 Definition of CBT

Cognitive Behavior Therapy or often abbreviated as CBT or in other words is called cognitive behavioral therapy and hereinafter referred to as CBT. CBT in historical development began in the 1970s, where cognitive-behavioral theory and methods were introduced, which are simply represented in the ABC paradigm or the model of A. Ellis in 1962, where A (Antecedent) is several external events, events that trigger the formation of false beliefs or beliefs. B (Belief) what someone thinks concerning to A, a person's belief or belief based on a triggering event and C (Consequence) which means someone's emotional and behavioral response. Following the ABC paradigm, it means that B follows A, and C follows B. Thus, thoughts as behavior and emotions are influenced by external stimuli (Davison et al., 2014).

Furthermore Aaron T. Beck and his colleagues were the experts who first developed cognitive therapy for depression (in McGinn, 2000). Over 40 years, Beck's cognitive model for depression and cognitive behavioral therapy has gained attention as a research subject compared to other psychotherapies for depression (Hollon & DeRubeis in Mukhtar, et al., 2005).

Cognitive therapy arises as a reaction to behavioral approaches that minimize or even deny the importance of the mind in driving behavior change. Furthermore, Erford

(2015) pioneers such as Albert Ellis, William Glasser, Donald Meichenbaum, and others developed counseling theories based on cognitive-behavioral approaches. An additional strength behind the birth of the cognitive behavioral approach is the emergence of managed care programs that promote cognitive-behavioral therapy as a time-saving and cost-effective treatment.

Beck Institute for Cognitive Behavior Therapy (2016) CBT is a psychotherapy based on cognitive models, the way individuals feel a situation is more closely related to their reactions than the situation itself. An important part of CBT is helping clients change their thoughts and behaviors that don't help to be better in their moods and functions.

Further explained, the limits of understanding used in CBT therapy include: Conceptualization with understanding is a belief and behavioral strategy that characterizes specific disorders. Furthermore, cognitive models, namely the way individuals feel a situation is more closely related to their reactions than the situation itself. Finally, automatic thoughts are ideas that immediately arise in the mind. The Australian Institute of Professional Counselors explains that CBT is based on the idea that core beliefs, thoughts, emotions, and behaviors are interrelated.

Behavioral cognitive therapy is a therapy that combines cognitive and behavioral aspects. This approach teaches individuals to recognize that certain negative thought patterns can make individuals misinterpret situations and bring up negative emotions or feelings. Wrong thoughts and emotions will ultimately influence the behavior of individuals, to the point of being considered in need of therapy (Westbrook, Kennerley & Kirk, 2007).

In line with the description above, Beck (in Nevid, Rathus, & Greene, 2005) depression has a characteristic of the cognitive aspects called the cognitive triangle of depression: 1. Negative views about oneself which means looking at oneself as worthless, lacking, inadequate, unloved, and lacking the skills to achieve happiness. 2. Negative views on the environment, namely seeing the environment as imposing excessive demands and/or providing obstacles that are impossible to overcome, which continually cause failure and loss. Finally, 3. A negative view of the future, which is to see the future as having no hope of believing that he has no power to change things for the better. This person's hope for the future is only continued failure and sadness and difficulties that never end.

Some studies include a meta-analysis study summarized by Mukhtar et al. (2005) and Petrocelli (2002) shows that CBT is effective for depression. Petrocelli (2002) in his meta-analysis study also showed that it is not only effective as individual therapy, but also as group therapy.

Other findings reported that dysfunctional attitudes (above a certain threshold) increase susceptibility to depression when faced with negative life events (Lewinsohn, Joiner, & Rohde, 2001). Correspondingly, Bruch (in Nevid, Rathus, & Greene, 2005) reports the results of the study as follows, thinking positive thoughts creates a kind of shock absorber or shock absorber in helping people cope with negative life events without becoming depressed.

Many studies have reported that CBT therapy is effective for treating depression, it is because CBT has basic principles including (Westbrook, Kennerley & Kirk, 2007): 1) cognitive principles, psychological problems are the result of interpretation of an event, not the event itself. 2) the principle of behavior, individual behavior can greatly affect the mind and emotions. 3) the continuum principle, a disturbance is not a mental process that is different from a normal mental process, but a normal mental process that is excessive to become a problem. 4) the principle of here-and-now: it is better to focus on the present process rather than the past. 5) interacting system principles: see the problem as the interaction of thoughts, emotions, behavior, physiology, and the environment that an individual has. 6) empirical principle: it is important to evaluate theory and therapy empirically.

Beck (2011) further explains the basic principles in CBT, among others: the first principle, that CBT is based on the formulation of a patient's evolving problem and cognitive conceptualization. The second principle, there is a healthy therapeutic relationship. The third principle emphasizes collaboration and active participation. The fourth principle, therapy is goal-oriented and focus on the problem. The fifth principle, therapy emphasizes the present. The sixth principle, therapy is educational, teaches patients to be therapists for themselves, and emphasizes the prevention of recurrence. The seventh principle, therapy is done with time effectiveness. The eighth principle, therapy has a structured session. The ninth principle, therapy teaches patients to identify, evaluate, and respond to dysfunctional thoughts and beliefs. The tenth principle, therapy is used as a variety of techniques to change thoughts, feelings, and behavior.

Further explained, more than 500 studies that show the success of CBT for various psychiatric disorders, psychological problems, and medical problems with psychological components. List of disorders and problems: psychiatric disorders: major depressive disorder, geriatric depression, generalized anxiety disorder, geriatric anxiety, panic disorder, agoraphobia, social phobia, obsessive-compulsive disorder, conduct disorder, substance abuse, attention-deficit / hyperactivity disorder, health anxiety, personality disorders, sex offenders, bipolar disorder (with medication) schizophrenia (with medication). Psychological problems: couple problems, family problems, pathological gambling, complicated grief, caregiver distress, anger ,and hostility. Medical problems with psychological components: chronic back pain, sickle cell disease pain, migraine headaches, tinnitus, cancer pain, somatoform disorders, irritable bowel syndrome, chronic fatigue syndrome, insomnia, obesity, vulvodynia, hypertension, gulf war syndrome.

Based on these views, it is known that CBT is a therapy that combines cognitive and behavioral aspects. Wrong thoughts and emotions will ultimately influence individual behavior, certain negative thought patterns make the individual misinterpret the situation and also cause negative emotions or feelings. This therapy is based on empirical principles such: the formulation of a patient's growing problem and conceptualization in cognitive matters. Requires a healthy therapeutic relationship. Emphasize collaboration and active participation. Therapy is goal-oriented and focused

on the problem. Therapy emphasizes the present. Therapy is educational, teaches patients to be therapists for themselves, and emphasizes the prevention of recurrence. Therapy is done with a time limit. Therapy has structured sessions. Therapy teaches patients to identify, evaluate, and respond to dysfunctional thoughts and beliefs, the latter of which is used as a variety of techniques to change thoughts, feelings ,and behavior.

3. Techniques used in CBT

Spiegler & Guevremont (2003) states that as an important step in understanding participants' problems more precisely based on cognitive-behavioral approaches, functional analysis or problem analysis is based on the S-O-R-C principle with the explanation: S has the meaning of Stimulus, which is an event that occurs before an individual shows a certain behavior. O means organism, which is the participant with aspects of cognition (C) and emotions (E) in it. R has the meaning of response that is what is done by individuals is often also called behavior (behavior), both visible behavior (overt behavior) or invisible behavior. C has the meaning of Consequences, which are events that occur after or as a result of behavior.

McGinn (2000) explained specifically that there are several techniques used in CBT and then divided into three areas, namely:

a. Cognitive area: Cognitive restructuring, which corrects thoughts that are negatively distorted and directed to be more logical and adaptive.
b. Areas of behavior: Activity Scheduling, social skills training, and assertiveness training.
c. Physiological areas: imagery techniques, meditation, relaxation.

Another view put forward by Stallard (2004), in CBT has several techniques used to develop cognitive abilities, education, identification of dysfunctional beliefs, thought monitoring, thought evaluation, and the development of alternative cognitive processes. Also, to develop adaptive behavior using several techniques including target setting, Activity Scheduling, and behavioral experiments. New cognitive and behavioral attachments enable a person to deal with difficult situations in a more adaptive way.

To overcome the symptoms of depression in this study carried out the following CBT techniques:

1) Beck (Dowd, 2004), CBT starts from restructuring dysfunctional thoughts and negative feelings. Changes in mind will cause changes in feelings/emotions and behavior. The reduced intensity of negative feelings will have an impact on the reduced tendency for dysfunctional behavior to emerge. At the time of identification and restructuring of thoughts and feelings, individuals must be able to examine automatic thoughts that appear as a psychological phenomenon, not as facts or reality, or in other words look for objective facts from thoughts and feelings. This ability is called decentering. From the search for this fact, it is hoped

that awareness or enlightenment will emerge that what has been believed to be the truth has turned out to be a subjective assumption, belief thought, or feeling.

2) Westbrook, Kennerley & Kirk, (2007) Activity Scheduling (making daily activity plans) is one of the cognitive behavioral therapy techniques that is based on the idea of the importance of correcting the problem circle of activities carried out by individuals daily. The making of this daily activity plan can function as a means of designing psychologically healthier activities, in the sense of minimizing the possibility of the emergence of depressive feelings. Activities included in the design of activities are activities that can increase positive feelings in the daily life of the client.

3.1 Intervention Steps with CBT

CBT builds a set of skills that enable an individual to be aware of thoughts and emotions, identify how situations, thoughts, and behaviors affect emotions and enhance feelings by changing dysfunctional thoughts and behavior. The process of acquiring CBT skills is collaborative. Intake of skills and homework is what distinguishes CBT from "Talk Therapy". Cully & Teten (2008) explained, in the use of CBT must be able to use session time to teach skills to overcome problems that arise and not just discuss problems or offer advice to patients.

Further explained, initially, the use of Beck's CBT model requires a long time ranging from an average of 12-20 sessions, then introduced the CBT Brief which is a compression of CBT material with a reduction to 4-8 sessions. In the CBT Brief, the concentration of treatments is specifically directed at the client's problem, it is due to the limited number of sessions. Patients are required to diligently use additional reading material and homework to assist the development of therapy. The eight sessions in the CBT Brief include Introduction of CBT to patients, assessment of patient problems, setting treatment plans/objectives in Session 1. Session 2, containing a continued assessment of patient problems, continuing setting treatment plans/goals ,or starting to conduct intervention techniques. Session 3 contains starting or continuing intervention techniques. Session 4 contains proceedings or intervention techniques, then reassesses the treatment goals/plans. Session 5, continuing the intervention technique. Session 6, continuing the intervention technique. Session 7, continued the intervention technique, continued the discussion about treatments that will end and prepares to maintain change. Session 8 contains the termination of the treatment and helps patients to maintain change.

According to the CBT theory proposed by Aaron T. Beck (Oemarjoedi, 2003), cognitive behavior therapy requires at least 12 session sessions. Each step is arranged systematically and planned. The following will be presented in the cognitive behavior therapy process. The sessions include: 1) session 1-2 in the form of assessment and diagnosis, 2) session 2-3 is a cognitive approach, 3) session 3-5 is a status formulation, 4) session 4-10 is the focus of therapy, 5) session 5 -7 is a behavioral intervention, 6) session 8-11 is a change in core beliefs, 7) session 11-12 is prevention.

Cognitive restructuring is one of the CBT techniques used in this study. The steps taken provide individual understanding to change distorted cognition that causes problems with behavior and substitute it with more adaptive cognition. Cognitive Restructuring Techniques have assumptions based on the principle of constructivism, namely that each person makes his reality (what is real and meaningful to him) (Spiegler & Guevremont, 2003). Therapists and individuals collaborate in identifying, dysfunctional beliefs, or cognitive distortions of individuals and challenging their validity. The therapist conducts Socratic dialogue in the process of recognition of dysfunctional beliefs, by asking a series of questions that are easily answered and directing individuals to recognize the existence of dysfunctional beliefs and automatic thinking.

Beck (2011) explains the recording of automatic thought in CBT consists of 5 columns, the far left contains the date and time, the next column contains the situation, in this column filled with events or actual thought flow, or thoughts or memories that cause unpleasant emotions, then what (if any) sad physical sensations that have. The next column is called automatic thought (s), this column contains thoughts and/or images that come to mind, how much do you believe each of you at that time. The next column is called Emotion which contains Emotion (sad, anxious, angry, etc) what was felt at that time, then how intense (0-100%) the emotion was. The next column Adaptive Response contains (optional) cognitive distortion of what is happening, use the question, how much do you believe each response that appears. The next column, named results, contains how much trust each automatic thought, what emotions do you feel now? how intense (0-100%) emotions are, what you will do (or you do).

In cognitive restructuring, a negative belief test is performed. That is because individuals with depression tend to pay more attention and remember experiences that are following their negative beliefs and skip experiences that can challenge those beliefs (Fennell & Jenkins, 2004). Further explained there are three levels of cognition in CBT therapy, among others: negative beliefs (core beliefs) about themselves and others and the world. The second is conditional dysfunctional assumptions in the form of rules and assumptions. The third negative automatic thoughts are biased expectations and negative self-evaluations.

Besides Cognitive Restructuring, another technique used is Activity Daily. The steps taken in the daily activity technique according to Dobson (2010) are to make a scheduled activity, the therapist can help participants in anticipating the environment or inhibiting thoughts that can be obstacles in carrying out scheduled activities. Existing obstacles can be discussed in the session or the schedule can be modified to reduce or minimize the effects of obstacles.

4. Conclusion

The description of Minor Depression on Amphetamine Dependence MY subjects at the Charisma Foundation are lack of interest in activities, difficulty sleeping, doubt /

uncertainty, loss of positive pleasure and excessive guilt feelings experienced by subjects in undergoing recovery at the Karitas Foundation. These problems are identified as psychological aspects which often trigger subject relapse. Besides, the five behaviors have a match between the theory of minor depression with symptoms of minor depressive behavior displayed by the subjects. Reinforced by the results of the pre-test using the BDI-II depression scale, subjects obtained a score of 17 in the category of severe depression.

Results of the CBT Application of Cognitive Restructuring and Activity Scheduling Techniques show the following behavioral description: Subjects experienced changes for the better in terms of lack of interest in carrying out activities to be enthusiastic following each activity starting to change in the 4th intervention process. Sleepless behavior starts to be controlled to normal sleep time in the 5th intervention process. The attitude of doubt / uncertainty gradually turns to an optimistic attitude at the 12th intervention. To lose positive pleasure becomes finding positive pleasure in the 9th intervention process. Excessive feelings of guilt become natural feelings of guilt in the 12th intervention process. This is proven by the post-test measurements conducted by subjects who obtained a score of 9, which is in the fair / normal category. Based on these results, subjects experienced a decrease in depression, initially the baseline for severe depression decreased to normal / normal (depression disappeared).

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