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Cultural Adaptation of the Three Good Things Protocol for Drug Abusers Undergoing Drug Rehabilitation

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Abstract: In 2021, the prevalence rate of drug abusers in Indonesia reached 3.66 million. This is concerning because a number of residents will experience a decrease in productivity. Meanwhile, existing interventions have not prevented relapse. This study aims to adapt the Three Good Things Protocol as a supplementary approach for drug users during rehabilitation. The cultural adaptation methods are based on Barrera and Castro (2013) and consist of three stages: (1) gathering information, studying literature (31 sources), and conducting interviews with five counselors and stakeholders; (2) designing a preliminary adaptation with the help of two translators, linguists, and psychologists; and (3) testing the preliminary adaptation through a 14-day pilot study, participants ($n = 4$), and consulting with two psychologists and one counselor. Fourth, adaptation refinement involves improving the protocol based on feedback results. The evaluation of protocol acceptance uses the TFA interview guidelines (Sekhon, 2017). The results showed several modifications from the original protocol to the Indonesian version, including aspects related to participant characteristics, media, reminders, and emotional expression space. The level of acceptance from experts and participants was acceptable. Participants showed an increasing trend of positive affect and a decreasing trend of negative affect on days 1, 7, and 14, but these results still need to be tested for effectiveness. In conclusion, this study produced an Indonesian version of the Three Good Things Protocol that is culturally appropriate and acceptable with various adjustments.

Keyword: Cultural Adaptation, Drugs, Three Good Things.

INTRODUCTION

In 2021, the prevalence rate increased to 1.95% (3.66 million people). Based on the majority of types of drugs, namely marijuana (56.7%), crystal methamphetamine, ecstasy, dexamphetamine (31.5%), Nipam, koplo pills, and the like (6.3%). While the age range of drug abuse is between 15-64 years. (Puslit Datin BNN, 2022). This data is very worrying, considering that in 2045 Indonesia will get a demographic bonus, namely an explosion in the number of productive age population at a young age. These young people will occupy important positions in government, business drivers, civil servants and the private sector. If not anticipated, there will be a number of young people trapped in drug abuse problems, this can affect the decline in the quality of productivity, mental and social health.

Drug Rehabilitation Intervention

In the treatment of drug abuse, complex treatment is needed and involves various fields of medicine, nursing, social workers, psychologists, and supporting stakeholders. Based on BNN sources (2020) there are several stages of rehabilitation including stage one, namely medical rehabilitation, stage two, non-medical rehabilitation and stage three, advanced guidance. Research related to psychological treatment applied in drug rehabilitation in Indonesia consists of various approaches, such as the therapeutic community approach, cognitive behavioral therapy, but this approach has not been effective in preventing relapse, so researchers are looking for recommendations for other approaches that are supplementary and have been scientifically tested.

This study was conducted by Amy Krentzman in 2014 on the three good things activity. In alcohol use disorder rehabilitation participants, it was proven to be acceptable and had a significant effect in reducing negative affect and increasing positive affect (eg feeling calm, comfortable). This activity also aims to help patients recognize and appreciate positive experiences that are useful for strengthening the recovery process.

Based on the search conducted by the researcher, research on the three good things activity in Indonesia is still limited in number, especially in the handling of mental health disorders, more specifically for the handling of drug abuse in Indonesia, so the researcher is interested in adapting the three good things activity protocol in Indonesia to be more appropriate and acceptable to the target population, namely drug users who are undergoing drug rehabilitation treatment in Indonesia.

Cultural Adaptation

The selection of the cultural adaptation method by Manuel Barrera, Jr. and Felipe Gonzalez Castro (2006) with the consideration that this adaptation process was developed in an evidence-based treatment (EBT) and systematically designed to adapt the intervention to be more relevant, effective, and acceptable in the cultural context. This framework aims to reduce cultural barriers in implementing interventions by ensuring (1) contextual relevance (2) increasing acceptance by involving the community (3) maintaining effectiveness.

Meanwhile, the assessment of cultural adaptation acceptance uses the theoretical framework of acceptability (TFA) approach from Sekhon 2017, namely (1) Affective Attitude (individual feelings towards the intervention carried out), (2) burden (sacrifice made in following the intervention), (3) opportunity costs (amount of physical, mental or time effort to carry out the intervention), (4) ethically (conformity of moral and personal values), (5) intervention coherence (individuals understand the objectives, how it works and the intervention is carried out), (6) perceived effectiveness (perception of the success and benefits of the intervention), (7) self-efficacy (individual confidence in carrying out the intervention well).

The aim of this study was to obtain a protocol that had been adapted to Indonesian culture in the form of a complete description of the process of three good things activities as a supplementary intervention or additional psychological treatment for drug abusers undergoing drug rehabilitation.

METHOD

The approach used is parallel convergent triangulation design, which is one of the designs in the mixed methods approach that combines the use of qualitative and quantitative methods in one study. Qualitative and quantitative data are collected simultaneously, analyzed separately, and then integrated at the interpretation stage. The main purpose of the triangulation design is to obtain more comprehensive and in-depth data by using both approaches in a complementary manner (Creswell & Plano Clark, 2011). The cultural adaptation approach to psychological intervention is based on the research journal of Manuel Barrera, Jr. and Felipe

Gonzalez Castro (2006). The cultural adaptation carried out consists of 4 stages, namely information gathering, preliminary adaptation design, preliminary adaptation tests, adaptation refinement.

RESULTS AND DISCUSSION

Data analysis

Qualitative data collection for cultural adaptation assessment interviews, verbatim results were analyzed using the deductive qualitative data analysis method from Braun and Clarke (2006), namely Thematic Analysis (TA). The stages of Thematic Analysis are familiarizing yourself with your data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report. The researcher was assisted by two active Professional Masters Education students to check the validity of the data and themes. This theme will be adjusted to the Sekhon (2017) guidelines consisting of seven aspects, namely (1) Affective Attitude (2) burden (3) opportunity costs, (4) ethically, (5) intervention coherence, (6) perceived effectiveness, (7) self-efficacy.

Quantitative data processing is processed using the IBM SPSS statistic 25 application, with the Friedman test or nonparametric test to compare three or more paired groups. This will evaluate the Depression, Anxiety and Stress Scores and Positive and Negative Affects on Days 1, 7 and 14.

Results

At stage 1: Information Gathering

Various efforts to combat NAPZA in Indonesia are more often carried out in the preventive realm than in the treatment or curative realm. With limited intervention research, this creates an urgency to increase the effectiveness of rehabilitation that has been proven to be effective in preventing relapse. In line with local consultations, the NAPZA recovery process is lifelong, there is a relapse phase that makes individuals need new coping skills, this can maintain mental health and the existence of alternative maladaptive coping (drug use) towards adaptive (writing three good things)

Regarding participant characteristics, drug users showed low motivation to change (Fauzi & Rahman, 2020), and mental disorders such as depression and anxiety were often found (Fauzi & Rahman, 2020). Traumatic childhood experiences (Adverse Childhood Experiences, ACEs) are strongly correlated with future drug abuse, increasing the risk 4-12 times (Dube et al., 2003). So the researchers and supervisors considered the need for a screening process to determine participants who would be included in the exclusion criteria, so it was decided to use the Self Report Questionnaire (SRQ-29) questionnaire with the exclusion criteria of not experiencing delusions and hallucinations. With the rationalization that when someone gets an intervention to write these three good things, participants can do it with full awareness (compos mentis).

In stage 2: Preliminary adaptation design

At this stage, the researcher began to integrate with the original version of the three good things activity protocol Krentzman translated with several steps, namely forward, backward translation to analyze differences and improvements in language based on input from the translator. After the researcher received input and suggestions from the translator, the researcher then designed a pilot study by showing the three good things guide to language experts, psychologists and rehabilitation officers to support the implementation of the next three good things intervention. The following are the results of input and suggestions from the original protocol to the protocol that will be tested in the next stage.

At stage 3: Preliminary adaptation tests

Based on the integration of Sekhon's (2017) acceptability assessment results, from various themes

(1) Affective attitudes, both experts and participants stated that the three good things activity can provide space for individuals to tell and express emotions. However, experts highlighted challenges in individuals who use narcotics (eg, instant tendencies, negative affects) that can hinder consistency, while participants felt the direct emotional benefits and viewed this activity as a mandatory task.

"Of course there are benefits, but the note is, wanting to reflect on the good things, for example gratitude, writing down things to be grateful for, but our lives are like that, the challenge is to make clients want to reflect on it differently every day (ER 3)

"Yes, so it releases feelings (gives hand movements from the chest) so it becomes calm" (P1).

(2) The theme of burden (burden) there is a difference in responses that is quite interesting. Experts tend to see a higher burden due to the complexity of the condition of NAPZA patients (trauma, biological effects, mindset), so experts suggest adaptations to reduce the burden. On the other hand, participants subjectively feel that the burden of this intervention is very low, this is because of the flexibility of time and the perception that writing is a simple and familiar task.

"Patients with severe PTSD problems (eg: victims of abusive fathers, toxic environments, neglect) face a greater burden due to the dominance of trauma and difficulty seeing the positive side." (ER 2)

"I just write after activities, there is no burden, because I work every day, keep moving." (P1)
This suggests that the adaptations made may have succeeded in reducing the burden felt by participants.

- a. The topic of opportunity costs, both experts and participants agreed that the opportunity costs (time and energy sacrificed) for this intervention were relatively minimal and commensurate with the perceived benefits. Participants felt that nothing was sacrificed, which supports the expert's view that this intervention is less demanding than other therapies.

"If it's another therapy, it might need a bigger effort, but for this, it's consistent to create a new habit, they need to do it until the end for their own good" (ER3)

"There's nothing that's sacrificed... more to help." (P3)

- b. Ethics Theme, there are opinions between experts and participants that are in line with ethics, both parties agree on the importance of non-judgmental language, respect and the ability of interventions to facilitate self-expression without coercion.

"It is in accordance with ethics, because the general speaking ethics and the words used in the research are polite and sequential." (ER1).

"It is appropriate so it doesn't feel forced, what I do must be written" (P3)

- c. Intervention coherence theme, or the coherence of the intervention with the intervention goals, this aspect has different opinions between experts and participants. Experts see a very high level of coherence in terms of methods and therapeutic goals, on the other hand, participants show a more moderate understanding. Some see this as a mandatory task rather than a long-term psychological goal. This indicates the need for more explicit explanations and reinforcement of the meaning of the intervention to more coherent participants.

"Patients can also learn to see positive things, be more grateful, and see things more brightly." (ER2)

"So writing this is pouring out my heart, like school reports, writing articles, sometimes I need to pour out my heart. But it's better to pour out my heart directly..." (P2)

- d. The theme of perceived effectiveness, both according to experts and participants, stated agreement on the perceived benefits of increasing self-awareness and relaxation.

Experts emphasized that this effectiveness is gradual and influenced by several factors such as previous emotional trauma and social support from people around them. This suggests that this intervention has the potential for perceived benefits.

"What used to be useless, oh I can be useful for other people." (ER1)

"So it's quite helpful, oh it turns out I'm doing positive things, activities at home, tidying up, taking care of the children." (P1)

- e. Self-Efficacy Theme, there is a quite visible difference from the expert side emphasizing the need for social support and considering the biological and psychological conditions of the patient. In contrast, the participants themselves showed very high self-efficacy in carrying out writing tasks, often linking it to intrinsic motivation or personal habits.

"If it's still a drug substitution, it seems difficult... if it's still mixed, all NAPZA users have a bit of difficulty." (ER2)

"Able, no difficulty in writing." (P1)

This difference may indicate that participants felt capable of performing the intervention tasks, but experts looked more at their beliefs about their ability to achieve larger recovery goals through the intervention.

Discussion

Individuals with drug use disorders accompanied by post-traumatic stress disorder PTSD, according to Mills' study (2006) stated that their mental health is much worse compared to individuals who only have one condition. Individually, emotions are said to be unstable. This is in line with the characteristics of C. Robert Cloninger (Harlow 1997) there is an individual vulnerability that is innate and develops throughout the experience, one of which is harm avoidance where someone who uses drugs tends to avoidance which results in feelings of anxiety, fatigue and is very emotional. In line with the depression and anxiety scores on D-1 to D-7, there was a significant increase in the average score, the level of depression and anxiety of participants increased. In the process of writing three good things, participants were asked to write down the good things that happened around them, but feelings of stress appeared, pressing, withdrawing because of the difficulty of finding good things that happened to them.

Based on research by J Bolton (2009), drug use as self-medication to overcome symptoms of depression in men. Individuals who abuse drugs tend to use maladaptive coping, by following these three good things, they can have alternative coping options that can be an option in everyday life. Participants are invited to think about positive things in their lives. This is in line with the characteristics of the Cloninger model (Nevid, 2020), novelty seeking or looking for new things. For example, when playing with children, they feel happy, have fun cleaning the house, working, and have a positive environment. In line with the trend of increasing positive affect and decreasing negative affect in participants. Participants feel that there is something new that is realized and get a feeling of usefulness in their current life. This is in line with the purpose of three good things by bringing up new ways of seeing goodness and feelings of gratitude. In addition, the three good things exercise trains individuals to have more adaptive coping.

CONCLUSION

Conclusion

Based on the results and discussions conducted in the previous chapter regarding the adaptation of the three good things protocol as an additional (supplementary) intervention for NAPZA users undergoing drug rehabilitation. The following conclusions were obtained, namely: (1) The Three good things protocol that has been adapted into Indonesian culture can be accepted and is appropriate as a guideline for additional supplementary intervention of three good things activities for NAPZA users undergoing drug rehabilitation, expert and participant

assessments of the acceptability component from Sekhon et al. (2017) which are already classified as appropriate. (2) There are adjustments to the protocol that has been adapted into Indonesian culture in the form of examples that are more relevant to the situations experienced by the Indonesian population, the screening process using the SRQ-29, self-expression space and daily emotion scale. (3) The method of writing three good things uses a hardbook that is distributed at the beginning of the intervention, as well as a reminder to write three good things using an application that is more familiar to participants, namely WhatsApp in the morning. (4) On the 7th and 14th days, there is a reflective space by meeting directly to elaborate on the good things experienced by individuals in order to increase positive affect and reduce negative affect felt.

Suggestions

Based on the results and previous discussions, there are several suggestions for further research and other practical suggestions, namely: further research is needed with a larger sample size to evaluate the effectiveness of the three good things adapted to psychological symptoms, positive and negative affects and drug recovery. Another thing that needs to be considered is that the TGT intervention needs to be adapted specifically for patients who are in the early detoxification phase compared to the more stable phase (after the rehabilitation period is complete).

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