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Research Article

# Cognitive Behaviour Therapy with Roy Adaptation Approach on Improving Adolescent Self-Esteem in the Special Institution for Children Class I Martapura

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**Abstract**

**Aims:** This research aims to examine the impact of cognitive behaviour therapy with Roy's adaptation approach on increasing adolescent self-esteem in the Special Development Institute for Children Class 1 Martapura.

**Methods**: This research employed a Quasi-Experimental Pre-Post Test with Control Group design. The sample size consisted of 30 respondents, divided into 15 in the treatment group and 15 in the control group, selected using purposive sampling techniques. The research instrument utilized to measure self-esteem was the Rosenberg Self-Esteem Scale.

**Results:** The outcomes revealed a significant increase in adolescent self-esteem before and after receiving cognitive behavior therapy with the Roy adaptation approach in the treatment group, with a p-value of 0.014 < 0.05. This indicates that there is a positive effect of administering cognitive behavior therapy with the Roy adaptation approach on adolescent self-esteem at the Class 1 Martapura Children's Special Development Institute. Conversely, the control group experienced a decline in self-esteem during the post-test measurement.

**Conclusion:** Cognitive Behaviour Therapy with Roy's adaptation theory approach conducted in 3 sessions is able to improve the self-esteem of adolescents who are in the Class 1 Martapura Children's Special Development Institute.

**Keywords:**
**Adolescent Self Esteem, Cognitive Behaviour Therapy, Roy's Adaptation**

## INTRODUCTION

Criminal incidents involving adolescents often stem from curiosity and the desire for recognition as part of a self-discovery process. Consequently, many adolescents find themselves incarcerated, bearing responsibility for their actions. According to Hilman and Indrawati (1), prolonged isolation in prison has negative repercussions, leading to psychological disturbances such as inner pressure, a propensity to withdraw, feelings of embarrassment upon reentering the community outside prison, and diminished self-esteem. Most of the juvenile prisoners think about life after they get out of the Child Special Development Institution (LPKA) that they are already considered bad by the environment around the house so they are embarrassed to socialise.

According to data from the Indonesian Child Protection Commission (KPAI) in 2019, there has been a yearly increase in juvenile crimes. From 2011 to 2018, there were

11,116 crimes attributed to teenagers (2). The commission of unlawful acts by children is governed by Law No. 11 of 2012 concerning the Juvenile Justice System (SPA), which addresses three categories of children: those in conflict with the law, those victimized by criminal acts, and those who witness criminal acts. Data from the Coordinating Ministry for Human Development indicates that 1,940 children from 33 LPKAs in Indonesia were involved in criminal activities. The Directorate General of Corrections reported that as of March 2014, 3,323 children were implicated in various criminal offenses (3).

Statistical data from the Directorate of Correctional Institutions indicates the number of juvenile prisoners in Indonesia over the years. In 2017, there were 2,469 individuals, comprising 2,412 males and 57 females. In 2018, the number decreased to 2,154 individuals, with 2,118 males and 36 females. By December 2019, the count further decreased to 2,053 individuals, consisting of 2,018 males and 35 females (4). Based on the results of a preliminary research conducted at LPKA class 1 Martapura, it was found that there was an increase in the number of fostered children every day, and on 13 October 2023 there were 41 adolescents with an age range of 15-18 years who were fostered with various backgrounds of criminal cases committed.

Adolescents residing in correctional institutions (LAPAS) and LPKAs often encounter psychological challenges such as feelings of shame, stress, and isolation, particularly among juvenile prisoners who are still pursuing their education or maintaining their school status. Regarding self-esteem, the environment within correctional institutions (LAPAS), marked by stigma and pressure, can contribute to diminished self-esteem and other psychological disorders among its inhabitants, particularly adolescents (5,6).

Self-esteem stands as a crucial aspect within psychology. It delineates how an individual presents themselves in their surroundings. This assessment reflects upon how individuals perceive themselves and whether their abilities and judgments are acknowledged. It is gauged through the appreciation of self-existence and significance. Those with positive self-esteem accept and value themselves as they are, whereas low self-esteem manifests as negative self-evaluation, characterized by self-criticism and harboring beliefs of inevitable failure (7). Research conducted by Hidayati and Sutini (8) illustrates that prisoners experience feelings of helplessness and hopelessness, leading to diminished self-esteem. Similarly, outcomes by Meilita (9) indicate that the majority of adolescent prisoners grapple with low self-esteem.

Psychological treatment of adolescents in coaching institutions is still rare, especially the provision of interventions to improve adolescent self-esteem. One of the efforts that will be made is the provision of Cognitive Behaviour Therapy (CBT). Cognitive Behaviour Therapy (CBT) is one of the therapies used to modify the function of thinking, feeling and acting by emphasising the role of the brain in analysing, deciding, asking, doing and deciding again so that by changing the status of thoughts and feelings, individuals are expected to change their behaviour from negative to positive.

The application of CBT with Roy's adaptation theory approach targets adolescents experiencing low self-esteem. Roy's adaptation theory centralizes around the notion of human adaptation. Humans perceive stimuli from both their external environment and internal stimuli. The degree of adaptation is influenced by a blend of focal, contextual, and residual stimuli. The control process encompasses coping mechanisms in the form of regulators and cognators, while responses to stimuli occur through physiological modes, self-concept, role functions, and interdependence. Ultimately, individuals

manifest either adaptive or ineffective responses (10–12).

Roy's Adaptation Theory discusses how the human adaptation process towards self-acceptance through four ways of adaptation, in which the physiological concept is a basic human need for survival, the self-concept (psychic) is the beliefs and emotions that exist and arise from one's own personal self, the role function which is a person's social interaction so that it provides a response according to the role played, and interdependent where humans have a pattern of human values, warmth, love and belonging so as to be able to support and increase tolerance and self-acceptance of the circumstances they have (13).

## METHODS

This research is a quantitative research with a quasi-experiment design. The research design used is pre-test and post-test with control group design. This design is used to compare the results of the Cognitive Behaviour Therapy (CBT) intervention with the Roy adaptation approach to increasing self-esteem in groups measured before and after the intervention. In the treatment group, CBT therapy with the Roy adaptation approach will be given in 3 sessions consisting of assessment sessions, counselling sessions and evaluation sessions.

The population for this research comprised all adolescents enrolled in the Special Development Institute for Children Class I Martapura, totaling 41 individuals. The sample size consisted of 15 participants in the treatment group and 15 participants in the control group. The sampling technique used was purposive sampling. The instrument in the research used a questionnaire from the Rosenberg Self Esteem Scale (RSES) consisting of 15 questions to measure the level of adolescent self-esteem using a Likert scale given to the control and treatment groups during the pre-test and post-test.

**Table 1 : CBT Implementation Procedure with Roy's Adaptation Approach**

| SESSION | PURPOSE | ACTIVITY |
|---|---|---|
| I | **Assessment** | 1) Recognize negative thoughts associated with self-esteem. <br> 2) Identify the origins of negative thoughts stemming from focal stimulus, contextual stimulus, and residual stimulus, as evidenced by a history of stressors encountered by adolescents. <br> 3) Recognize your positive attributes to counteract negative automatic thoughts. |
| II | **Counselling** | **Self-concept adaptation :coping promotion** <br> 1) Cultivation of motivation to establish realistic expectations. <br> 2) Fostering motivation to participate in social activities. <br> 3) Promoting the utilization of spiritual resources. <br> 4) Instruction in problem-solving strategies conducive to constructive outcomes. <br><br> **Role function adaptation** <br> 1) Delve into positive strategies for effectively managing role changes upon returning home. <br> 2) Instruct on the adoption of new behaviors necessary for successful reintegration into home life, focusing on positive behavioral changes cultivated during the time spent in |

|  |  |  | LPKA (residential treatment center) that are applicable upon return home. |
|---|---|---|---|
| III |  | **Therapy Evaluation** | Evaluate adolescents' ability to maintain positive thoughts and adaptive behaviours |

The hypothesis testing involves utilizing the collected data, which is subsequently statistically analyzed employing the *Paired T Test*. The primary objective is to ascertain whether there exists an impact of Cognitive Behavioral Therapy (CBT) combined with the Roy adaptation approach on the enhancement of self-esteem among adolescents.

## RESULT

**Table 2: Frequency Distribution of Respondents' Characteristics Based on Age in the Treatment Group and Control Group at the Martapura Class I Children's Special Development Institute in 2024**

| Age | Treatment Group | | Control Group | |
|---|---|---|---|---|
| | **Total** | **%** | **Total** | **%** |
| 15 years | 2 | 13,3 | 1 | 6,7 |
| 16 years old | 5 | 33,3 | 6 | 40 |
| 17 years | 5 | 33,3 | 6 | 40 |
| 18 years old | 3 | 20 | 2 | 13,3 |
| **Total** | 15 | 100 | 15 | 100 |

Table 2 illustrates that the characteristics of respondents, categorized by age in both the treatment group and control group, predominantly consisted of individuals aged 16 and 17 years. Specifically, there were 5 respondents (33.3%) in the treatment group and 6 respondents (40%) in the control group falling within this age range.

**Table 3: Frequency distribution of respondents' characteristics based on education in the treatment group and control group at the Martapura I Health Centre, Martapura Class I Child Special Development Institute, 2024**

| Age | Treatment Group | | Control Group | |
|---|---|---|---|---|
| | **Total** | **%** | **Total** | **%** |
| SD | 4 | 26,6 | 4 | 26,7 |
| SMP | 4 | 26,6 | 8 | 53,3 |
| HIGH SCHOOL | 5 | 33,3 | 3 | 20 |
| Not in school | 2 | 13,3 | 0 | 0 |
| **Toll** | 15 | 100 | 15 | 100 |

Table 2 illustrates that the characteristics of respondents, categorized by age in both the treatment group and control group, predominantly consisted of individuals aged 16 and 17 years. Specifically, there were 5 respondents (33.3%) in the treatment group and 6 respondents (40%) in the control group falling within this age range.

**Table 4: Frequency Distribution of Respondent Characteristics Based on Length of Stay in the Treatment Group and Control Group at the Martapura Class I Child Special Development Institution in 2024**

| Jobs | Treatment Group | | Control Group | |
|---|---|---|---|---|
| | Total | % | Total | % |
| 1-3 months | 9 | 60 | 7 | 46,7 |
| 4-6 months | 2 | 13,3 | 3 | 20 |
| 7-12 months | 2 | 13,3 | 2 | 13,3 |
| ≥ 1 year | 2 | 13,3 | 3 | 20 |
| **Total** | 15 | 100 | 15 | 100 |

Table 4 indicates that the characteristics of respondents, categorized by length of stay in both the treatment group and control group, predominantly fell within the 1-3 month range. Specifically, there were 9 respondents (60%) in the treatment group and 7 respondents (46.7%) in the control group within this duration.

**Table 5: Distribution of Self Esteem Levels (*pre and post test*) in the Treatment Group and Control Group at the Martapura Class I Child Special Development Institution in 2024.**

| | Self-esteem level | Group | | | |
|---|---|---|---|---|---|
| | | Treatment | | Control | |
| | | Total | % | Total | % |
| *Pre test* | High self-esteem | 0 | | | |
| | Normal self-esteem | 7 | 46,7 | 13 | 86,7 |
| | Low self-esteem | 8 | 53,3 | 2 | 13,3 |
| | **Total** | **15** | **100** | **15** | **15** |
| *Post test* | High self-esteem | 0 | | | |
| | Normal self-esteem | 12 | 80 | 8 | 53,3 |
| | Low self-esteem | 3 | 20 | 7 | 46,7 |
| | **Total** | **15** | **100** | **15** | **100** |

Table 5 illustrates that in the treatment group, the majority of respondents exhibited low self-esteem during the *pre-test*, with 8 respondents (53.3%). However, in the *post-test*, the majority of respondents shifted to the normal self-esteem category, comprising 12 respondents (80%). In the control group in the *pre-test* and *post-test the* majority were in the normal self-esteem category, namely 13 respondents (86.7) and 8 respondents (53.3%).

**Table 6: Results of Analysis of *Cognitive Behaviour Therapy* with Roy's Adaptation Approach to Increasing Adolescent Self Esteem in 2024**

| Pair 1 | Pre test-Post test | Mean | Std. deviation | Std.error mean | 95% confidence interval | | t | df | Sig. (2-tailed) |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | Lower | Upper | | | |
| | | -2.86667 | 3.94365 | 1.01825 | -5.05059 | -.68275 | -2.815 | 14 | .014 |

The results of the analysis obtained *p* value = 0.014 <0.05 which indicates that there is an effect of giving *Cognitive Behaviour Therapy* (CBT) on increasing self-esteem in adolescents in the treatment group.

## DISCUSSION

The results of this research indicate that there is an effect of providing Cognitive Behaviour Therapy (CBT) on increasing self-esteem in adolescents. In general, the treatment group experienced an increase in self-esteem, this can be seen from the results of the post-test value which measured the level of adolescent self-esteem after being given CBT therapy with Roy's adaptation theory approach (14,15).

Cognitive Behavioral Therapy (CBT) combined with Roy's adaptation theory approach is a therapeutic intervention involving direct counseling sessions tailored for adolescents grappling with low self-esteem. The primary objective is to transform negative thought patterns into positive ones, thereby facilitating the transition from maladaptive behaviors stemming from distorted mindsets to constructive and adaptive behaviors. According to Roy, individuals continually receive stimuli from external sources as well as from within themselves. These stimuli trigger coping mechanisms and influence the human adaptive system (16).

The therapy comprised three sessions conducted through direct interactions with adolescents. During the initial session, adolescents experiencing low self-esteem underwent an assessment to identify the causes of their low self-esteem, including focal, contextual, and residual stimuli. Subsequently, based on the assessment outcomes, researchers assisted adolescents in addressing these stimuli by offering motivation and reinforcing positive thoughts and abilities. The aim was to facilitate their adaptation to change. Cognitive therapy facilitates adolescents to learn to recognise and change negative self-assessments in thinking, while behaviour therapy helps adolescents to be able to perform new positive behaviours after leaving the Coaching Institution.

Pujiati research (17) posits that various intervention techniques can enhance self-esteem, including the cognitive-behavioral strategy technique. One specific therapeutic approach is Cognitive Behavioral Therapy (CBT), aimed at mitigating psychological distress and maladaptive behavior by modifying cognitive processes. CBT is characterized as a resolution-focused therapy (18).

Adolescents in coaching institutions who experience low self-esteem express negative thoughts while in the institution, namely in the form of negative judgements about themselves, the environment and the future. This was identified during the assessment session where adolescents expressed themselves as failures, feeling useless, feeling unable to make their parents proud and feeling afraid of not being accepted by the environment, this is in line with Islamiah statement (19) which states that adolescents who experience low self-esteem will translate negative automatic thoughts starting from thinking about what has happened to create assumptions, when these assumptions continue to repeat, it will activate bad assumptions that will produce negative automatic thoughts and eventually translate through feelings, thoughts and behaviour both intrapersonal and interpersonal (20).

This research is in line with the research of Johnsen (21) which shows that CBT is effective in increasing the self-esteem of students who experience psychological distress, as well as research from Effendi which shows that CBT programs are able to change core beliefs and ultimately increase self-esteem in adolescents with withdrawal behaviour. Another parallel research from Effendi (22) showed that there was a difference in increasing adolescent self-esteem between before and after being given generalist low self-esteem therapy

and cognitive therapy in the treatment group.

## CONCLUSION

Cognitive Behaviour Therapy with Roy's adaptation theory approach conducted in 3 sessions was able to improve the self-esteem of adolescents in the Special Development Institute for Children Class 1 Martapura. In the first session, adolescents with low self-esteem were assessed for the causes of low self-esteem in the form of focal stimulus, contextual stimulus and residual. Based on the results of the assessment, researchers help adolescents overcome focal stimulus, contextual stimulus and residual by providing motivation by strengthening positive thoughts and abilities so that they are able to adapt to change. Cognitive therapy facilitates adolescents to learn to recognise and change negative self-assessments in thinking, while behaviour therapy helps adolescents to be able to perform new positive behaviours after leaving the institution.

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