

The Effectiveness of Group Cognitive Behavioral Therapy (CBT) in Improving Quality of Life Among Individuals with Methamphetamine Use Disorder

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Background

- **Methamphetamine** → impact on physical health, psychological conditions, social relationships, and **overall quality of life**.
- **Group Cognitive Behavioral Therapy (CBT)** → One of the widely implemented psychosocial approaches to **support recovery**
- **The effectiveness of Group CBT** on various aspects of well-being among methamphetamine users **still requires further scientific validation**.

Objective

This study aims to evaluate the effectiveness of Group Cognitive Behavioral Therapy (CBT) on **quality of life (WHOQOL-BREF)**, **readiness to change (URICA)**, **depressive symptoms (PHQ-9)**, and **general psychopathology (SRQ-20)** in individuals with methamphetamine use disorder at the Drug Rehabilitation Unit of dr. Radjiman Wediodiningrat Hospital, East Java, Indonesia

Methods

Single-Blinding Randomized Controlled Trial design
32 participants

Group 1
(Treatment)
16 participant

- **Group Cognitive Behavioral Therapy (CBT)** based on **Indo-DARRP** (Indonesia Drug Addiction Relapse Prevention Program) module 10 session
- **Therapeutic Community (TC)** approach

Group 2
(Control)
16 participant

- **Therapeutic Community (TC)** approach

Instrument used

- **WHOQOL-BREF** (World Health Organization Quality of Life-Bref)
- **URICA** (University of Rhode Island Change Assessment)
- **PHQ-9** (Patient Health Questionnaire 9)
- **SRQ-20** (Self Rating Questionnaire 20)

Result

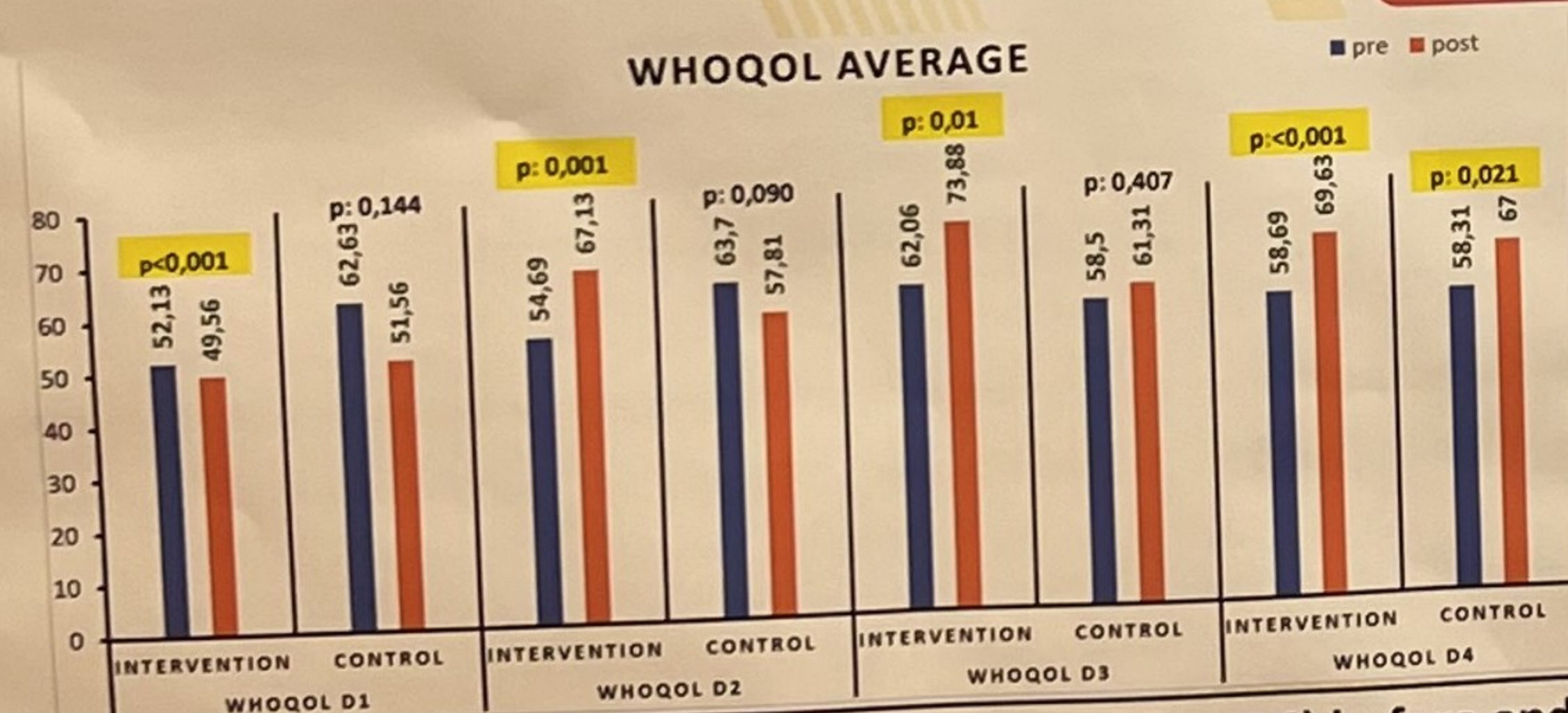


Fig 1. Differences in WHOQOL-BREF scores (D1,D2,D3,D4) before and after CBT in Group I (Intervention group) and Group II (Control group)

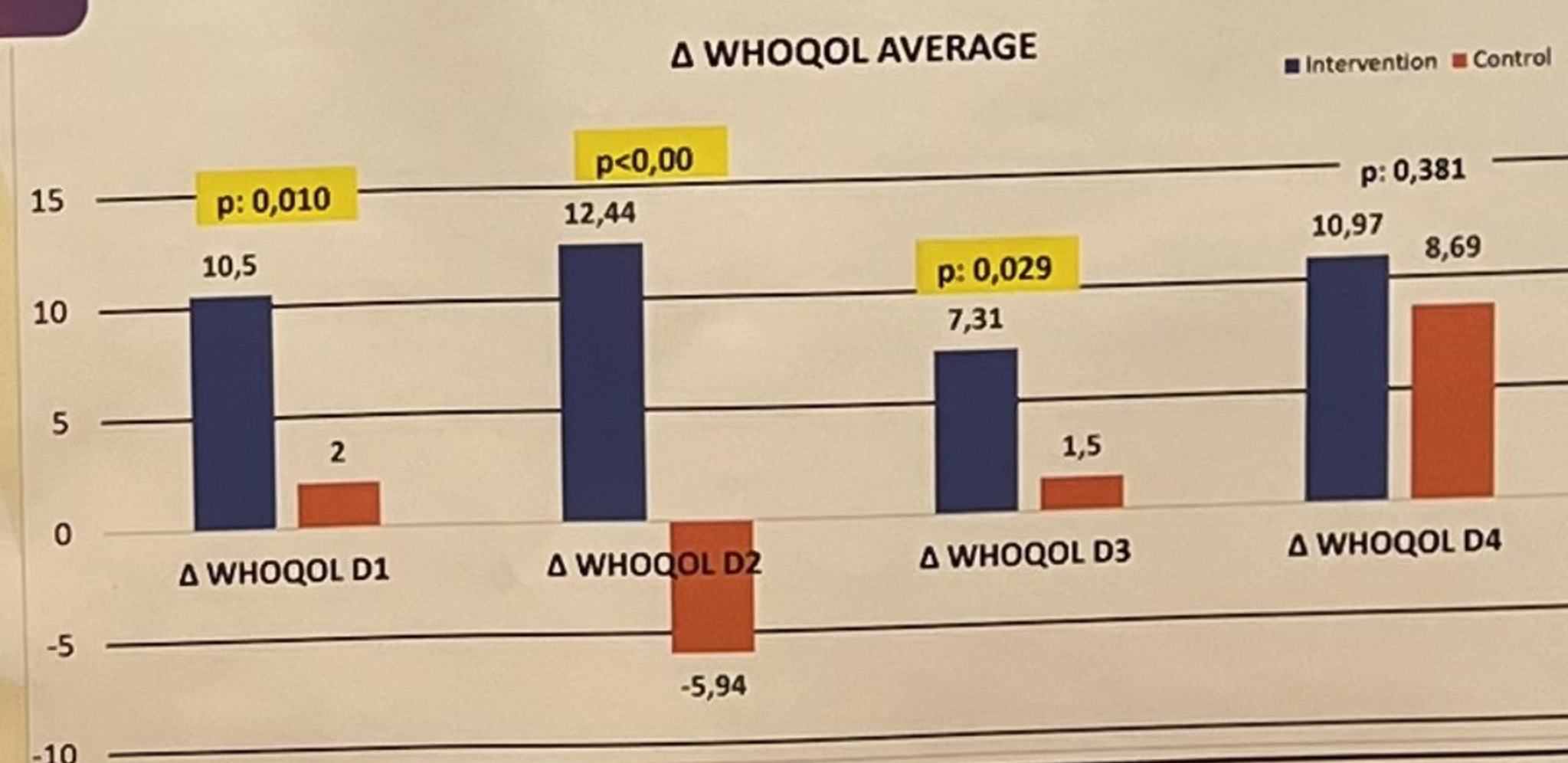


Fig 2. Comparison of the difference between WHOQOL-BREF (D1, D2, D3, D4) in Group I (CBT + TC Group) and Group II (TC)

Discussion

- Readiness to change (URICA)** Not changed significantly, Group CBT do not encourage the transition of the change stage
- Depressive symptoms (PHQ-9)** Treatment in substance users need **special approach**, standard behavioral therapy alone is not sufficient.
- Psychopathology (SRQ 20)** Complex, requires **long-term therapy** and **multimodal approach**
- Quality of life (WHOQOL-BREF)** Significant changes in **physical, psychological, and social domains**. **Environmental aspects** did not show significant differences → uniformity of the research subjects' environment

Conclusion

- **Group Cognitive Behavioral Therapy (CBT)** → improving the **quality of life** of individuals with methamphetamine use disorder, particularly in the **physical, psychological, and social domains**.
- **No significant effects** → readiness to change, depressive symptoms, and general psychological distress.
- **Both groups** → **Improvements in the environmental domain**, indicating that **Group CBT** is relevant for enhancing overall quality of life.

References

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