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ABSTRACT

Employees mental unpreparedness due to termination of employment (PHK) causes depression and lack of self-control which has an impact on social relations problems for those concerned and their environment. Efforts are needed to overcome these problems through psychosocial therapy, including Cognitive Therapy and Thought Stopping Therapy or a synthesis of both to reduce depression and lack of self-introspection for layoff victims. This research aims to overcome depression problems and improve your capacity for mental self-control. This study has an experimental pre-post test design with a control group, the sampling technique is purposive. The sample size is 48 respondents were split into four groups. The duration of the study was 2 months, with the method of observing and giving therapy to layoff victims who had depression and lacked the capacity for introspect. Based on the Wilcoxon test, the results obtained were $p = 0.003$, Cognitive Therapy (CT) $p = 0.003$, Thought Stopping (TS) $p = 0.002$, the value was less than $p 0.005$ which means it was very significant because there were differences in the results in the treatment and control groups. Post-treatment Kruskal Wallis test on depression variable obtained $p = 0.001$. The Wilcoxon test on the variable Cognitive Thought Stopping Therapy (CTST) obtained a value of $p = 0.002$, Cognitive Therapy (CT) $p = 0.003$, Thought Stopping (TS) $p = 0.002$ meaning that there is a significant difference in value for each variable measured. The capacity for control negative ideas based on the Kruskal Wallis test $p = 0.000$. The results of the study explain that there is a significant effect of CTST on reducing the level of depression and increasing the ability of self-introspection in victims of layoffs after the Covid-19 pandemic in the agro-industry area.

Keywords: agronursing; cognitive thought stopping therapy (ctst); layoffs; self-introspection

INTRODUCTION

At the end of 2019 the world was shocked by the existence of a new emerging infectious disease which was first detected in China where this case was caused by the Coronavirus Disease Covid-19 (Zu et al., 2020). The case fatality rate (CFR), CFR Covid-19 is less than CFR SARS. With this incident, WHO assesses the risk due to the virus as a high category at the global level, Consequently, the situation has been declared a Public Health Emergency of International Concern (PHEIC) as of January 30, 2020. As part of the International Health Regulation 2005 (IHR 2005) instruments, the WHO has also released temporary guidelines, including instructions for surveillance and response (Suni, 2020).

Efforts to deal with these conditions specifically require the international community's participation quickly, especially from mental health professionals. Because apart from that a consequence of the COVID-19 pandemic on mental health conditions that have increased specifically related to general anxiety, trauma, and other symptoms (Hoerger et al., 2020). From a psychological point of view, characters that threaten an individual's mental health due to several things such as disruption of daily routines, loss of work, increased stress, and increased uncertainty are potentially traumatic (Blanc et al., 2020).

Losing a job can be a cause of more stress and can cause emotional exhaustion, if it occurs in a situation where the environment is full of uncertainty. Losing a job is often equated with losing loved ones (Fowler, 2019). In fact, not a few may also experience psychiatric disorders, this can occur if the stress experienced is not managed properly, so that layoffs can have a much more serious impact on the victims (Anastasia, 2019). mental unpreparedness of employees due to termination of employment (PHK) causes depression and lack of self-control which has an impact on the problem of increasing the incidence of depression and the inability to self-introspection so that efforts are needed to overcome these problems through the provision of psychosocial therapy, including Cognitive Therapy and Thought Stopping Therapy or a mixture of both to controlling depression and increasing the ability of self-introspection for victims of layoffs.

METHOD

This study employed a combination of cognitive therapy and thought-stopping interventions in an experimental pre-post test with control group design, which examines the impact of depression control interventions and the self-inspection abilities of layoff victims after the Covid-19 pandemic before and after being given the intervention. This study compared four groups of clients who were victims of layoffs, notably the non-intervention group, the intervention group that received cognitive thoughts stopping therapy, cognitive therapy, and thought stopping therapy.

RESULTS

Table 1.

Distribution of Respondent Characteristics Based on Age, Gender, and Education Grades in the Groups of Cognitive Therapy, Thought Stopping, Cognitive Thought Stopping Therapy and Control Clients of Layoff Victims

Respondent Characteristic	CT		TS		CTST		Control	
	Amount		Amount		Amount		Amount	
	f	%	f	%	f	%	f	%
Age								
Adult (25-65 years)	9	75	7	58,3	9	75	9	75
Geriatric	3	25	5	41,7	3	25	3	25
Gender								
Male	8	66,7	6	50	7	58,3	6	50
Female	4	33,3	6	50	5	41,7	6	50
Educational Grades								
Elementary School	9	75	7	58,3	9	75	9	75
High School	3	22	5	41,7	3	25	3	25

Table 1 shows that the most respondent characteristic by age is adult, by gender is male, and by educational grade is elementary school.

Table 2.

The level of depression in clients who were victims of layoffs before and after Cognitive Thought Stopping Therapy (CTST), Cognitive Therapy (CT), Thought Stopping (TS) and the Control Group

Group	Pre			Post			P (Wilcoxon)
	Median	Min	Max	Median	Min	Max	
CY	13,00	11	15	8,00	7	13	0,003
TS	14,00	12	17	8,00	4	11	0,002
CTST	12,00	8	13	5,00	3	12	0,003
Control Group	13,00	10	15	13,00	10	15	1,000
P (Kruskal Wallis)	0,473			0,001			

Table 2, it shows that at the beginning of the measurement, all respondents in the control group and the treatment group experienced depression problems. Following delivery Cognitive Thought Stopping Therapy (CTST), Cognitive Therapy (CT), Thought Stopping (TS), the level of depression decreased. The median before (Pre) is Cognitive Therapy (CT) 14.00, Thought Stopping (TS) 13.50, Cognitive Thought Stopping Therapy (CTST) 13.00 and control 13.50 and after (Post) given treatment is Cognitive Therapy (CT) 9.00, Thought Stopping (TS) 8.00, Cognitive Thought Stopping Therapy (CTST) 7.00 and controls 13.50.

Wilcoxon test results for Cognitive Thought Stopping Therapy (CTST) showed $p = 0.003$ ($p < 0.05$), Cognitive Therapy (CT) showed $p \leq 0.05$, Thought Stopping (TS) shows $p = 0.002$ ($p < 0.05$) meaning that in each treatment group there were significant differences in depression problems before and after being given Cognitive Thought Stopping Therapy (CTST), Cognitive Therapy (CT), Thought Stopping (TS). And in the control group it showed $p = 1.000$ ($p < 0.05$) meaning that there was no significant difference before and after being given treatment. The results of the Kruskal Wallis test for depression post scores showed a value of $p = 0.001$ ($p < 0.05$) the meaning of H_0 was rejected, so there was a significant difference among groups. The impact of Cognitive Thought Stopping Therapy (CTST), Cognitive Therapy (CT), Thought Stopping (TS) and Control Group on control ability negative thoughts in layoff clients.

Table 3. Control ability negative thoughts on layoff clients before and after *Cognitive Thought Stopping Therapy (CTST), Cognitive Therapy (CT), Thought Stopping (TS)* and group control

Group	Pre			Post			P (Wilcoxon)
	Median	Min	Max	Median	Min	Max	
CY	12,00	9	14	18,00	17	20	0,002
TS	13,00	11	13	18,00	12	19	0,003
CTST	14,00	13	15	18,00	17	20	0,002
Control Group	12,50	13	15	13,50	12	15	0,157
P (Kruskal Wallis)	1,000			0,000			

Table 3, it shows that at the beginning of the measurement all respondents in the treatment group and the control group experienced problems in the capacity to restrain negative thoughts. After being given Cognitive Thought Stopping Therapy (CTST), Cognitive Therapy (CT), Thought Stopping (TS) the problem of ability to command negative thoughts has increased. The median before (Pre) is Cognitive Therapy (CT) 12.50, Thought Stopping (TS) 14.00, Cognitive Thought Stopping Therapy (CTST) 14.00 and control 14.00 and after (Post) given treatment is Cognitive Therapy (CT) 18.00, Thought Stopping (TS) 18.00, Cognitive Thought Stopping Therapy (CTST) 18.00 and controls 13.50. Wilcoxon test results for Cognitive Thought Stopping Therapy (CTST) showed $p = 0.002$ ($p < 0.05$), Cognitive Therapy (CT) showed $p = 0.003$ ($p < 0.05$), Thought Stopping (TS) showed $p = 0.002$ ($p < 0.05$) meaning that in each of the treatment groups there was a important distinction in ability to manage negative thoughts before and after being given Cognitive Thought Stopping Therapy (CTST), Cognitive Therapy (CT)), Though Stopping (TS). And in the control group it showed $p = 0.157$ ($p < 0.05$) meaning that there was no significant difference before and after being given treatment. The results of the Kruskal Wallis test showed that the value of post problem ability to command negative thoughts showed a value of $p = 0.000$ ($p < 0.05$) meaning that H_0 was rejected, so there was a significant difference between groups.

DISCUSSION

The impact of Cognitive Therapy on controlling depression and increasing the ability of self-introspection in victims of layoffs after the Covid-19 pandemic through Cognitive Therapy

(CT) researchers on the intervention of CTST combined therapy to see the effect on the level of depression in clients who have been laid off. The results of the study show that CT intervention has an influence on the level of depression and control ability negative thoughts on clients layoff victims. Where there were significant changes between before and after being given the CT intervention. This is in line with previous research. According to Bhar et.al (2007) found that cognitive therapy has the same effect as psychopharmaceuticals in reducing signs and symptoms of depression. Kristyaningsih (2009) in his research found that cognitive therapy has the opportunity to reduce depression by 31.2% and is estimated to be able to reduce the value of depression by 6.29 points. The results of this study indicate that cognitive therapy alone can reduce depression. Giving cognitive therapy to layoff victims with depression difficulties tries to assist clients so that they may continue to think logically about the events they face even when they are experiencing bad thoughts or feelings. If this research is carried out with more sessions, it might be able to improve the therapeutic impact that the client experiences and have an impact on biological problems.

The client's results will vary depending on how the time is used. One of the factors that affect depressive alterations may be the number of sessions and length of therapy. The client or the psychology team in the research ward must independently monitor the cognitive therapy implementation in order to achieve the best results. Continuous use of cognitive therapy will have a major impact on the client's ability to develop more adaptable coping and problem-solving techniques. The impact of Thought Stopping Therapy on the level of depression and the capacity to restrain negative thoughts in clients who have been laid off. Thought stopping therapy is a type of psychotherapy that emphasizes and improves thinking skills. TS is one of the interventions that underlies the CTST intervention. The results of the study show that TS interventions have an influence on the level of depression of clients who have been laid off. Where there were significant changes between before and after being given the TS intervention in line with O'Neill and Whittal (2002) proving that thought-stopping therapy is also effective in clients with psychosis, depression, panic, agoraphobia, generalized anxiety disorder, body dysmorphic disorder, substance dependence and alcohol, smoking cessation programs, and auditory and visual hallucinations. Psychological problems in stroke clients such as anxiety and depression are also indications of thought-stopping therapy. This study provides advice on how to suppress thoughts that increase depression. Clients are assisted to analyze and stop the negative thoughts that exist in this mind. This is very beneficial for clients who experience layoff depression. In a sick condition the client often thinks of negative things that make the client depressed. Silence such as activities and daily activities that cannot be carried out as usual due to physical weakness, decrease in muscle strength and so on. So this therapy is needed to be able to overcome the problems faced by these clients.

The impact of Cognitive Thought Stopping Therapy on the level of depression and control ability negative thoughts in clients who have been laid off. Cognitive Thought Stopping Therapy (CTST) as a combined intervention from CT and TS. This therapy was carried out for 4 sessions by integrating two pre-existing interventions, namely CT (5 sessions) and TS (3 sessions). The results showed that in the group that received cognitive therapy and thought-stopping therapy, there was a significant decrease in depression from moderate to mild depression. The implementation of cognitive therapy and thought-stopping therapy improves the client's cognitive functions, such as the ability to think logically, the ability to make judgments and decision-making, and the ability to solve problems. A person's ability to perceive events or stimuli is influenced by a person's ability to maximize his cognitive function. Negative thoughts due to depression are trained with mind activities such as training way of perceiving something from an adaptive way. Regular practice will increase the client's ability to command

his cognitive function, in this case control ability or control disturbing thoughts. The results of a comparison of cognitive therapy and thought-stopping therapy show that the mixture of cognitive therapy and thought-stopping therapy shows more significant results than cognitive therapy alone. The mixture of cognitive therapy and thought-stopping therapy shows that the continuity of cognitive and behavioral training will have a more meaningful impact. This condition occur because giving cognitive therapy that focuses on negative thoughts or mind distortions will increase the client's ability to solve problems. Improved problem-solving skills occur because clients are trained to change the point of view of an event so as to teach clients to see the positive side. Seeing things from the positive side will teach the client to better understand the current condition of the disease. Stanley & Beck (2000) stated that other social factors that influence anxiety and depression are the level of education, employment status. Cognitive training will improve personal ability to solve problems. The group that did not get cognitive therapy and thought-stopping therapy had a decrease in depression from moderate to mild depression but not significant. This condition shows the importance of psychiatric nursing interventions, especially psychotherapy to help clients improve their ability to command unpleasant thoughts. Generalist nursing care to address clients' psychosocial problems can also be improved so that control ability the negative thoughts of stroke clients can be further enhanced. If the stroke client is not taught improve power over negative ideas, the client will be increasingly unable to cope with psychosocial problems.

Differences between Cognitive Thought Stopping Therapy and Cognitive Therapy and Thought Stopping Therapy at the Level of Depression and the ability to exert control over unfavorable thoughts. The results showed that there was a difference between Cognitive Thought Stopping Therapy and Cognitive Therapy and Thought Stopping Therapy. This difference was seen from the P values that varied between groups. The group that experienced depression and was given the intervention there was a change between Pre and Post. The CT group had a different significance from the TS, CTST and control groups. This difference shows the effectiveness of each therapy given to depressed clients. This table also illustrates that the group that received Thought Stopping had a better level of effectiveness than the group between Cognitive Therapy, Cognitive Thought Stopping Therapy, and Control. However, on the other hand, in the ability to exert control over unfavorable thoughts, the group that received Thought Stopping therapy had a significantly different value from the Cognitive Therapy and Cognitive Thought Stopping Therapy groups. By looking at this significant level, the CT and CTST groups had a better level of effectiveness than the TS group. Townsend (2009) claims cognitive therapy is a form of psychotherapy focusing on abnormal mental processes, with the goal of changing maladaptive thinking distortions and behaviors. Cognitive therapy is a process of identifying or recognizing negative and destructive thoughts that can encourage towards low self-esteem and persistent depression (Boyd & Nihart, 2008).

CONCLUSION

Clients who have been laid off and are depressed or struggle to restrain their negative thoughts, after being given Cognitive Therapy experience a decrease in degrees of depression and the ability to regulate unpleasant thoughts increases in layoff clients. Clients who are victims of layoffs who experience depression problems and lack the control over one's negative thoughts, after being given Thought Stopping Therapy experience a decrease in the severity of depression and one's capacity for self-control increases in layoff clients. Clients who are victims of layoffs who experience depression problems and lack the ability to exert control over unfavorable thoughts, after being given Cognitive Thought Stopping Therapy have decreased levels of depression and control ability negative thoughts has increased in layoff clients. Each group has different results, namely the therapy given to the group that received Cognitive Thought

Stopping Therapy has a different effect than the Cognitive Therapy and Thought Stopping Therapy groups.

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