ABSTRACT

The ongoing Covid 19 pandemic in Indonesia has an impact on psychosocial conditions for everyone. The elderly is a vulnerable group for COVID-19, the elderly experiences a decrease in the ability of body functions both physically and psychologically of a physiological nature. Decreased body function in the elderly is caused by changes in muscle morphology and degenerative diseases, these can cause health problems in the elderly. The implementation of this community service activity aims to teach Cadres and the elderly about Cognitive Behavior Therapy as an effort to increase the independence of the elderly during the COVID-19 pandemic. The method used in this community service activity is to provide training and education health services. This activity was carried out during April-May 2022 which was attended by 12 health cadres and 22 residents in RW 06 Wonokromo Village, Surabaya. The results show that the activity has achieved success according to the success indicators that have been set, namely as many as 12 health cadres were successfully recruited; average attendance is 100%, participants participate in activities enthusiastically, knowledge of cadres after training and residents after counseling increases significantly.

Keywords: Cognitive Behavior Therapy; COVID-19; Independence; Elderly.
INTRODUCTION

The Covid-19 pandemic has had an impact on psychosocial conditions in the elderly. After entering old age, a person will tend to experience cognitive and psychomotor functions, the decline in cognitive aspects causes a decline in the actions and behavior of the elderly which includes learning activities, understanding, attention and understanding (Pujaningsih & P Sucitawathi, 2020). The psychomotor function in the form of decreased movement and action and coordination of the elderly becomes immature so that the personality of the elderly changes. Feelings of anxiety and helplessness experienced by the elderly can reduce self-confidence so that it will also have an impact on self-care to maintain their health status (Alessi et al., 2020) (Rajkumar, 2020) (Lee et al., 2016).

The dependency rate for the elderly in Indonesia increased from 11% in 2010 and 14.49% in 2018 (Kementrian Kesehatan Republik Indonesia, 2019). This condition, of course, reduces the number of elderly independence and subsequently becomes a burden on the family, including the burden of financing. Riskesdas 2018 data shows that nationally, the number of independent elderlies is 74.3% and light dependence is 22% (Riskesdas, 2018). The dependence factor of the elderly due to several degenerative diseases, including the incidence of hypertension in RW.06 Wonokromo Village as much as 87%.

So far, the coverage of the elderly who attend the Integrated Healthcare Center is still lacking due to various reasons the elderly do not attend the elderly Integrated Healthcare Center so that there are many undetected hypertension events that result in late treatment and increase the dependence of the elderly. In addition, there is no socialization regarding cognitive therapy that can be given to the elderly to fulfill their independence in performing self-care.

Cognitive therapy can be given as an effort to increase the independence of the elderly, namely cognitive behavior therapy. The psychotherapy approach that is carried out helps clients to think positively and increase their self-confidence and carry out self-care properly without depending on others which will have an impact on increasing immunity and health status (Wang, 2018) (Hofmann et al., 2012) (Mohamadian et al., 2018).

OBJECTIVES

General Purpose

The implementation of this community service activity aims to teach Cadres and the community regarding Cognitive Behavior Therapy as an effort to improve elderly independence of the COVID-19 pandemic.

Special Purpose

1. Optimizing cadre empowerment programs to improve elderly independence.
2. Increase elderly knowledge about independence training.

PLAN OF ACTION

Strategy Plan

The implementation method is planned systematically starting from the pre-activity stage, the activity implementation stage and
the evaluation stage of the activities that have been carried out. The pre-activities stage of the service team carried out: 1) the implementation strategy meeting was carried out by involving the RW Chair. 06 Wonokromo Village and its Cadres to discuss the strategy and planning of the community service program carried out, 2) prepare learning media and prepare facilities and infrastructure such as video Cognitive Behavior Therapy, tensimeters and cholesterol checking tools 3) conduct a site survey one day before the activity is carried out to carry out appointments with counseling participants, preparing and arranging the equipment used during the activity

Implementation

The activity implementation stage is the main stage of the community service program. The implementation of this community service has received approval from Universitas Nahdlatul Ulama Surabaya with letter of assignment number 445/UNUSA-LPPM/Adm-E/IV/2022. The target of activities at the implementation stage are Cadres and residents in RW.06 Wonokromo Village where in the implementation of the community service team will provide socialization to Cadres and residents by implementing health protocols at the RW.06 Wonokromo Village Office, the activity will be divided into 4 sessions with the distribution of the implementation is as follows:

Cadre training

The core activity of this community service is providing education and demonstrations to Cadres regarding how to improve independence of elderly with Cognitive Behavior Therapy before conducting outreach to residents.

Counselling

The core activity of this community service is counseling or material presentation about how to exercise using the Cognitive Behavior Therapy for residents which aims to increase knowledge and understanding to improve independence. Counseling or material presentation will be delivered by speakers implementing community service activities using the lecture, question and answer method and demonstration (direct practice).

Figure 1. Providing Education to Cadres.

Cognitive Behavior Therapy Demonstration

After the counseling is complete, the activity will be continued by seeing and practicing the Cognitive Behavior Therapy movement which is carried out directly by residents with assistance from the community service team.

Pre-test and Post-test

Pre-test is an activity to test the target's level of knowledge about the material to be delivered, in this case is knowledge about improve independence with Cognitive Behavior Therapy. This activity is carried out before the presentation by the presenter. Test the level of knowledge using a questionnaire containing questions related to the material that will be given to
residents and filled in according to the ability of the residents.

Post-test is an activity to test the target's level of knowledge about the material that has been delivered by the presenter. This activity aims to determine the increase in people's knowledge from before listening to the counseling exposure to the knowledge after listening to the counseling presentation that has been delivered by the speaker.

**Figure 2.** Counselling.

*Setting*

The implementation of community service activities regarding Cognitive Behavior Therapy as an effort to improve elderly independence of the COVID-19 pandemic was carried out at the RW.06 Office of Wonokromo Village in April-May 2022

*Target*

The target for the implementation of community service is 34 residents of RW.06 Wonokromo Village.

**RESULTS AND DISCUSSION**

Based on table 1, it can be seen that almost all of the respondents (76.47%) are in the age of 46-55 years which are included in the category of early elderly.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Respondent n (30)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
</tr>
<tr>
<td>Late adulthood</td>
<td>3  8.83</td>
</tr>
<tr>
<td>(36-45 years)</td>
<td></td>
</tr>
<tr>
<td>Early elderly</td>
<td>26 76.47</td>
</tr>
<tr>
<td>(46-55 years)</td>
<td></td>
</tr>
<tr>
<td>Late elderly</td>
<td>5  14.70</td>
</tr>
<tr>
<td>(56-65 years)</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td></td>
</tr>
<tr>
<td>Primary school</td>
<td>3  8.83</td>
</tr>
<tr>
<td>Junior High School</td>
<td>24 70.59</td>
</tr>
<tr>
<td>Senior High School</td>
<td>7 20.58</td>
</tr>
</tbody>
</table>

This is in line with the results of research from Sukrayasa et al., (2018) that the more mature the individual is, the more mature a person's thought process is. Age affects the individual's perception and mindset. At the early age of the elderly, if they gain knowledge, they will play an active role in society and social life. Most (70.59%) of respondents have high school education, so it is necessary to provide education to respondents to improve independence in the COVID-19 pandemic.

In the implementation of the extension activities, it takes ± 100 minutes, starting with a pre-test to find out the respondents' insights. After that, the transfer of knowledge was carried out through the learning media that had been prepared, namely video cognitive behavior therapy which was useful as an exercise guide when carrying out live demonstrations. Then it was followed by a post-test session to measure the level of understanding of the material provided along with a discussion that could be used as a benchmark for the
team's level of success in providing educational materials.

The counseling activities carried out on Cognitive Behavior Therapy as an effort to improve elderly independence of the COVID-19 pandemic early through the results of the pre-test and post-test questionnaires are shown in table 2.

Table 2. Results of pre-test and post-test.

<table>
<thead>
<tr>
<th>Knowledge Category</th>
<th>n</th>
<th>p (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Test Less</td>
<td>23</td>
<td>67.6</td>
</tr>
<tr>
<td></td>
<td>9</td>
<td>26.5</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>5.9</td>
</tr>
<tr>
<td>Post-Test Less</td>
<td>4</td>
<td>11.8</td>
</tr>
<tr>
<td></td>
<td>10</td>
<td>29.4</td>
</tr>
<tr>
<td></td>
<td>20</td>
<td>58.8</td>
</tr>
</tbody>
</table>

Based on table 2, the knowledge of the respondents during the pre-test had low knowledge (67.6%) about cognitive exercise that can be done as an effort to improve independence, after the counseling activities the respondents' knowledge increased to good knowledge (58.8%). Increased knowledge can be influenced by age and education (Notoatmodjo, 2012), the increasing knowledge, the better the individual response in dealing with disease.

The activities of residents of RW.06 in their spare time are only taking care of grandchildren, research by Dunsky et al., (2017) states that the elderly who are less active have health risks compared to the elderly who are diligent in doing activities. Cognitive exercise can be done in free time either at home or at work. Daily activities that can be done by the elderly include doing housework, gardening, doing hobbies, recreation and exercising. One of the types of exercise that can be done by the elderly is cognitive behavior therapy.

Cognitive Behavior Therapy (CBT) is a modification action to change maladaptive beliefs to solve problems (Fenn & Byrne, 2013). The Cognitive Behavior Therapy approach tries to focus thoughts, beliefs, or forms of self-talk about current problems without forgetting past experiences. Cognitive behavior therapy aims to help a person identify patterns of cognitive, emotional, feeling and behavior that arise as a thought on a problem (Li et al., 2020).

CONCLUSION

Community service activities have the aim of increasing the independence of the elderly with cognitive behavior therapy in RW.06 Wonokromo Village and are enthusiastically welcomed by participants during the activity. This activity is a solution to the problems that exist in RW06. Residents need cognitive therapy to maintain health during the COVID-19 pandemic.

REFERENCES


