

## Case Report

### COMPREHENSIVE CARE ACCEPTANCE COMMITMENT THERAPY (ACT) IN CLIENTS WITH TYPE 2 DIABETES MELLITUS TOWARD COMPLIANCE AND HELPLESSNESS

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#### ABSTRACT

**Background.** Diabetes Mellitus (DM) is a health problem with an increasing prevalence and a high risk of serious and often fatal complications. DM is included in the group of metabolic disorders characterized by hyperglycemia due to abnormalities in insulin secretion, insulin action, or both, one of which is a concern because it occurs due to dietary failure. Clients who have had diabetes for more than a year are almost entirely helpless. This study's aim was to determine the benefits of acceptance and commitment therapy (hereinafter abbreviated as ACT) in resolving problems in clients with type 2 diabetes mellitus.

**Research Method.** Case report on the implementation of ACT to reduce helplessness and increase dietary adherence. The subjects used were three clients with type 2 diabetes mellitus who experienced helplessness. In this case, implementation studies of three to four weeks with comprehensive care.

**Findings.** The results of the study show that giving acceptance commitment therapy (ACT) can reduce helplessness and improve dietary compliance.

**Conclusion.** ACT is recommended to improve dietary compliance and reduce the helplessness of DM clients.

**Keywords:** Diabetes Mellitus (DM), Dietary compliance, Helplessness.

#### BACKGROUND

Diabetes (hereinafter abbreviated as DM) is a public health issue with a rising prevalence and a high risk of serious and fatal complications. DMs in this group have a marked metabolic disturbance: hyperglycemia as a result of abnormal insulin secretion, insulin action, or both. Because the consequences of failure pattern eating occur, it becomes attention-getting.[1] Polyuria, polydipsia, and polyphagia are common diabetic symptoms, as are weight loss and blurred vision. Type 2 diabetes is characterized by insulin resistance with declining insulin secretion, whose severity levels differ with deficiency dominance.[2] DM is a long-term condition that requires intensive and long-term treatment to overcome it. Clients must maintain their blood glucose within normal limits to avoid complications. Lifetime dose and diet affect client adherence. Previous studies have shown that factors that are significantly related to adherence in type 2 diabetes clients include socio-cultural support,

race or ethnicity, self-efficacy, and family support. Management of type 2 DM does not reach optimal levels without the client's own awareness. Wrong behavior can result in treatment failure, cause very detrimental complications, and ultimately be fatal.[3, 4] Powerlessness is a psychological problem that arises from the feeling that the problem cannot be overcome or the stimulus received cannot be prevented or controlled.[5] Clients who have had diabetes for more than a year are almost entirely helpless. Helplessness occurs when a client experiences complications and is treated more than three times a year.[6] The problem of unresolved powerlessness makes the quality of life unproductive, and the death rate of DM clients increases.[6] Signs and symptoms of powerlessness include thinking that you are out of control and outside of yourself, feeling helpless and unenthusiastic, and being unable to contact others.[5] The effect of helplessness is hopelessness, resulting in clients not receiving treatment, not following a diet, being unenthusiastic, and being weak [7] For all DM clients who experience helplessness, 66% of clients remain untreated because the focus of health workers' problems is only on physical problems.[8]

One of the family actions taken is acceptance and commitment therapy (ACT). ACT is based on psychological interventions that use engagement and behavior change strategies and acceptance and caring strategies mixed in different ways.[9] The goal of ACT is not to eliminate difficult emotions but to embrace them as places where life thrives [10]. There are a few study explain implementation of ACT to resolving problems in clients with type 2 diabetes mellitus with helplessness. Based on the description above, the study is conducting a case report. The purpose of this case report was to determine the benefits of acceptance and commitment therapy (ACT) in resolving problems in clients with type 2 diabetes mellitus.

## **CASE REPORT**

The subjects used were three clients with type 2 diabetes mellitus who experienced helplessness. In this case, implementation studies begin on October 18, 2021 and continue until November 26, 2021. Ethical trials have been carried out and passed to carry out psychotherapy actions in community settings. Studies like this use the questionnaires "Dietary Adherence" and "The Powerlessness Assessment Tool for Adult Clients (PAT)" to measure helplessness [11].

The assessment of the client with diabetes mellitus resulted in a sense of helplessness. In addition, clients in this study experienced poor dietary adherence. Long-term diabetes

mellitus exposure causes overall helplessness. Dietary adherence is also lacking, resulting in unstable blood sugar levels. Because the client's unsteady blood sugar is causing other complaints, ACT was performed with maximum intensity because the client felt the need and felt that moment, and this condition has the negative consequences of helplessness and disobedience.

Non-compliance in cases discovered due to low motivation, he realized that encouragement is required to do healthy behaviors, so very precise ACT performed on the client made respondents to the study in this manner. After conducting ACT on the whole, the client's overall helplessness fades after 3-4 weeks of monitoring and the adherence of two of the two clients improving, with the remaining client still in need of additional assistance.

## **DISCUSSIONS**

Diets are an important treatment for people with type 2 diabetes because they help to restore internal insulin regulation, lower weight, care for the body's health, and prevent DM severity. Cognitive skills influence pattern thinking in the participant. Participants tend to find a suitable solution for the problem in question. Likewise, if participants have type 2 diabetes that requires a diet, according to the findings of this study, a large number of participants believe that a diet is a better way to deal with stress than therapy. Depression is twice as common in diabetics as it is in the general population, according to Gailliot et al, (2007), with 15–30% of DM clients meeting the criteria for depression [5]. Recent research indicates that diabetics, particularly those with complications, are three times more likely to suffer from depression than the general population. People with diabetes experience many changes in their lives. Changes in life cause a variety of psychologically negative reactions or symptoms, such as hypersensitivity, helplessness, increased anxiety, stress, and depression in people with diabetes, which are difficult to manage and thus become problems [12] Stress could cause symptoms that occur as a cause of or consequence of DM disease. High awareness allows you to manage stress with ease. Because a diet that necessitates awareness may Diabetes clients can use it to control blood sugar levels and relieve stress.

Not much is different for DM clients than for men in general. People with different personalities who have DM can find meaning in their lives through the suffering they have endured. It is possible to accept things that are tragic and unavoidable (illness, death, etc.) with a sincere and unwavering attitude. We can change the meaning and wisdom of disease from the perspective of DM clients, which is initially colored by suffering (pain), to

something else. Disease (complications) in DM clients is associated with the number of illnesses experienced or the number of exacerbating circumstances. Diabetics who can change their perspective on their suffering may see the meaning and wisdom of their illness. This is consistent with Frankl's (2004) belief that the meaning of life is found in avoidable suffering.

Clients experience changes depending on their abilities. The results of the case study indicated that there were significant changes in adherence and helplessness after commitment acceptance therapy. Self-acceptance is the self-recognition of good and evil with self-awareness that the client learns to accept and the client's obligation to adapt to biological, psychological, and social stimuli after the acceptance process. Setting goals through Lawrence (2010) It starts with the process of accepting commitments to conditions and habits and motivating them to live a quality life [13]. Another case report that supports the results of this case study is the one by Widuri et al. (2012). We found that the use of ACT in clients with chronic renal failure reduced their response to helplessness. This is also supported by case studies where DM clients participated in ACT to further improve self-management and glycemic control behavior [14].

## CONCLUSION

Acceptance and commitment therapy (ACT) is effective in reducing powerlessness and improving adherence. This therapy, which is carried out over four meetings with five therapy sessions, can reduce helplessness and increase compliance. 2 out of 3 clients experienced a significant increase in adherence. The suggestions are as follows ACT is used as a mandatory therapy for patients with type 2 diabetes mellitus because diet is important to integrate into everyday life. Effort is needed to develop online psychotherapy and outcome control to provide maximum results.

## REFERENCES

- [1] Bongor Z, Shiferaw S, Tariku EZ. Adherence to diabetic self-care practices and its associated factors among patients with type 2 diabetes in addis Ababa, Ethiopia. *Patient Prefer Adherence* 2018; 12: 963–970.
- [2] Sonne DP, Hemmingsen B. Standards of medical care in diabetes-2017. *diabetes care* 2017;40(Suppl. 1):S1-S135. *Diabetes Care* 2017; 40: e92–e93.
- [3] Lim TL, Kow MY, Mahdzir A ABN. Table of of contents”, Proceedings International Conference on Innovation and Management. *Proc Int Conf Innov Manag* 2016; 2125: 61–77.

- [4] Roth R. J RMP. HHS Akses Publik penulis naskah. 2013; 1–5.
- [5] Gailliot MT, Baumeister RF, Dewall CN, et al. Self-control relies on glucose as a limited energy source: Willpower is more than a metaphor. *J Pers Soc Psychol* 2007; 92: 325–336.
- [6] Heyman M. How Diabetes Impacts Your mental Health.
- [7] Lestari S, Nasution R, Fitra MR, et al. The Compliance Evaluation of Type-2 Diabetes Mellitus Patients Treating Therapy Diet Review from Theory of Planned Behavior. 2020; 26942–26952.
- [8] Of S, Care diabetes M. Introduction: Standards of medical care in Diabetesd2018. *Diabetes Care* 2018; 41: S1–S2.
- [9] Morris EMJ. Acceptance and Commitment Therapy. *CBT Psychos Process Ther Third Wave* 2018; 79–97.
- [10] Hayes SC, Pistorello J, Levin ME. Acceptance and Commitment Therapy as a Unified Model of Behavior Change. *Couns Psychol* 2012; 40: 976–1002.
- [11] Braga CG, Cruz D de ALM da. Instrumento de Medida do Sentimento de Impotência para pacientes adultos. *Rev da Esc Enferm da USP* 2009; 43: 1063–1070.
- [12] Sublett, J. W., & Bernstein JA. Reactions: An Updated Review Address Correspondence to : 803–809. *MSJ*.
- [13] Lawrence. NoACT as an Adjunctive Treatment for Chronic Combat-related PTSD A Meaning-based Intervention. Title. *Int J Psychol Behav Res*; 4.
- [14] Hayes, Steven., Waltz T. *Acceptance and Commitment Therapy in Cognitive Behavioral Therapy in clinical Practice*. New York: The Guildford Press, 2010.



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