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# The Co-Design of a Chat Telepsychotherapy Manual for Indonesians with Minor Depression – A Research Protocol

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## Abstract

*The development of technology is affecting the way psychological treatment is being conducted. It is now more common to have psychological treatment from a distance. In Indonesia, where the prevalence of depression has reached 6.1% or approximately 16 million of the population, a psychological treatment using a medium of synchronous texting or "chatting" is favoured. This research protocol presents the collaborative design of Chat-Telepsychotherapy Manual for Indonesians with minor depression. A six stage Collaborative Design with two groups of participants will be conducted via online focus group discussions. One group will consist of Indonesian Clinical Psychologists while the other will consist of Indonesians who are currently experiencing a minor depression episode. As per the researchers' knowledge, this research will be the first attempt to create a manual that guides Indonesian Clinical Psychologists' execution of Chat-Telepsychotherapy to help Indonesians with minor depression.*

**Key words:** Co-design; chat telepsychotherapy; Indonesians; manual; minor depression

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## 1. Introduction

In response to the dramatic rise in information technology and internet usage, it is now possible to conduct psychological treatment with the help of digital technology (Weitz, 2018). There are several approaches to conducting digital based psychological treatment. This study will focus on one specific approach, Chat-Telepsychotherapy (CT). Chatting in this research is defined as real-time text-based online communications using the Internet (Derrig-Palumbo, 2016). CT started to gain attention due to its practical and modern approach. As the younger generation, particularly Millennials and Generation Z, are more used to communicating with each other by chatting, it allows the clients to have a familiar chatting experience by being able to exchange messages in real time with the psychologists (Chicca & Shellenbarger, 2018; Fang, et al., 2018; Gatti, et al., 2016; Nitzburg, & Farber, 2019). A similar pattern is also found in Indonesia, the biggest archipelago country in South East Asia with 16 million of its population dealing with depression (The Ministry of Health of Republic of Indonesia; or Kementerian Kesehatan Republik Indonesia, 2019). Indonesians tend to be reluctant to engage in face-to-face psychological treatment (Duniawati et al., 2020) and are more open to use an internet based psychological intervention for depression (Arjadi et al., 2018a).

To the researchers' knowledge, there are no Indonesian studies or documents that provide guidance on how to conduct CT for Clinical Psychologists in Indonesia in helping Indonesians who suffer from minor depression. This is a large gap in our guidance and knowledge since CT is what Indonesian people appear to be currently seeking. Thus, this study will focus on designing a manual for CT specifically to assist Indonesians with minor depression.

## 2. Theoretical background

### *2.1. The Term Chat-Telepsychotherapy*

Currently, there is no literature that specifically discusses CT as the term "Chat Telepsychotherapy" might only be established in this very research. However, there are many terms for synchronous text based online communications psychological treatment in the literature. Therefore, we will discuss findings regarding similar topics such as: Online Counselling, Online Therapy, Chat Psychotherapy/Counselling, e-Counselling, Text Based Therapy/Counselling and any other forms that could align with CT.

We utilise the term CT to emphasise that the focus of this research is on psychotherapy and not counselling in relation to chatting communication. Jones-Smith (2019) indicates that while counselling is more focussed on problem solving and is short term based aim to help normally functioning people to achieve their goals, psychotherapy tends to have a longer term of intense treatment that aims to reconstruct or to repair the mind and behaviour of a person with serious coping issue in their life.

### *2.2. The use and the effectiveness of Chat-Telepsychotherapy*

Telepsychotherapy in any kind provides an alternative for dealing with practical issues emerging in traditional face-to-face psychotherapy such as time constraints, transportation concerns, caregiving responsibilities, stigma concerns, disability, or living in a rural area that lacks adequate mental health services (Alvares and Azocar, 1999, as cited in Mohr et al., 2008). Clients with specific types of mental disorder could also benefit from Telepsychotherapy. Van Ballegooijen, et al. (2016) describe that Internet Delivered Cognitive Behavioural Therapy (ICBT) could be beneficial for a person who is suffering from panic disorder that is comorbid with agoraphobia. A person who suffers from this type of mental disorder would avoid situations and places with no available escape when the panic attacks occurred. This situation would make the sufferer having a hard time to even leave their house to seek treatment. Thus, having an

option where psychotherapy can be delivered to them without the need to leave their house would be beneficial.

Dowling and Rickwood (2013) included six studies of online chat counselling under their systematic review study and found that all six studies revealed a significant positive outcome. Their study also asserted that online chat counselling could be equally effective to face-to-face counselling and also better than telephone delivered counselling. Ersahin and Hanley (2017) conducted a systematic review of 19 studies of text-based synchronous chat therapeutic support that included 11-25 years old participants. The result of their study showed reasonably positive results, including an increased level in well-being, self-esteem, quality of life and hope.

These reviews provide not only promising findings but also references for future studies. The researchers of the current study found that from all the researches that are reviewed, none of them are focusing on creating a synchronous text based therapeutic program that is based on evidence but rather researching on the existing program. Thus, the current study where the researchers are aiming to co-design a CT manual to help Millennials and Generation Z of Indonesians that experiencing minor depression with the involvement of the stakeholder parties (i.e. The Clinical Psychologists and The Indonesians who experience minor depression) would have an additional value for the literature of synchronous text based therapeutic program.

### *2.3. CT in Indonesian Setting*

Several reasons may be identified for the current popularity of CT in Indonesia. Firstly, exchanging messages using chatting application has become a comfortable way of communicating for Indonesian society. As the fourth most populated country in the world with the total population of 264 million (Whalley, 2020; Indonesian Internet Provider Association or Asosiasi Penyelenggara Jasa Internet Indonesia, 2019), data from 2018 suggests that 64.8% (171.17 million) of the population were actively engaged with the internet with the number one purpose of them accessing the internet was to communicate with other using chatting application (Indonesian Internet Provider Association, 2019).

Another strong reason is the geographical state of Indonesia. As a country comprised of thousands of islands, most psychologists are located on one of the five main islands, Java Island. The official website of Indonesian Clinical Psychologist Association (ICPA; or Ikatan Psikologi Klinis Indonesia, 2021) indicates that of the 2,974 registered Clinical Psychologist in Indonesia, 2,157 or 72.5% are located on Java Island. Finally, Indonesians are still facing the challenge of negative stigma regarding mental health issues. People are reluctant to seek direct face-to-face therapy as the society tends to think that having mental health issues is a sign of weakness or that those with such issues need to be cast out (Asti et al., 2016).

One of the latest major developments of CT in Indonesia happened during COVID-19 pandemic, – an infectious respiratory disease caused by the SARS-CoV-2 virus (World Health Organization, 2021a). As per data of April 7, 2021, the COVID-19 pandemic has affected 132,046,206 people and become the cause of death of 2,867,242 people around the world (World Health Organization, 2021b). As one of the countries affected by COVID-19 with 1,542,516 cases and 41,977 deaths (as per April 7, 2021), Indonesia has emphasized social distancing rules and, as a result, the Indonesian Psychological Association (IPA; or Himpunan Psikologi Indonesia [HIMPSI]) started to utilize Telepsychotherapy to help those in need (Kawal COVID 19, 2020). Hundreds of Indonesian Psychologists started to join this approach and most of them prefer to conduct CT to Phone Telepsychotherapy.

### *2.4. Depression in Indonesian setting and it's cultural consideration*

The Ministry of Health of Republic of Indonesia (or Kementerian Kesehatan Republik Indonesia, 2019) indicated that 6.1% or approximately 16 million of Indonesians are estimated to

be depressed. To this date, Indonesia's Clinical Psychologists based their depression symptom classification on a particular mental health classification system; the Manual of Classification and Diagnosis of Mental Disorder in Indonesia III (or Pedoman Penggolongan dan Diagnosis Gangguan Jiwa di Indonesia III [PPDGJ III], Department of Health of Republic of Indonesia [or Departemen Kesehatan Republik Indonesia], 1993). PPDGJ III based its diagnostic features and criteria on two sources; the International Classification of Disease 10 (ICD 10, World Health Organization, 1993) and the Diagnostic and Statistical Manual of Mental Disorders IV (DSM IV, American Psychiatric Association, 1988). The code and diagnostic criteria for each mental disorder in the PPDGJ III is based on the ICD, whilst it also uses a multiaxial diagnostic system based on the DSM IV (Maramis & Maramis, 2009).

However, both the ICD and DSM diagnostic features and criteria derive from a western psychopathological approach. Consequently, we need to consider culturally specific individualism and collectivism. Individualism is where the society would have a loose tie between the individual while collectivism is where the society is integrated and cohesive. (Hofstede et al., 2010). Western countries such as Australia and the United States are usually regarded as countries with a high level of individualism, where they prioritize the autonomy of the individual. Asian countries on the other hand, are often seen as collectivist cultures that prioritize interrelatedness (Hofstede et al., 2010).

Hofstede (n.d) categorises Indonesia as a collectivist country with a low individualism score of 14. Hofstede postulated that Indonesians tend to conform to the ideal of the groups where they belong. Even though this claim was criticized by a couple of Indonesian researches (Perdhana, 2014; Suharnomo and Syahruramdhan, 2018) for the low variety of sample and disregarding the cultural variation of Indonesia, newer research from Suharnomo and Syahruramdhan (2018) found that Hofstede's finding is still valid. Indonesia in general is still a collectivist country.

Given the above, using a western approach to diagnose Indonesians may therefore be unsuitable. Jacob (2013) argues that imposing a Euro-American paradigm on non-western cultures could become problematic. The standard of abnormality could be different between the two cultural types and could lead to misdiagnosis (Canino & Alegría, 2008). Furthermore, there is evidence that depression shows cultural variation, especially in eastern societies. For example, Chang et al. (2017) argue that depression for Chinese people tends to take the predominant form of somatic symptoms such as lack of sleep, poor appetite and headache, rather than psychological symptoms such as feeling sad and worthless.

In the Indonesian setting, there have been no specific studies that focus on culturally specific expressions of depression. As stated before, Indonesia tends to use the western individualist approach in conceptualizing depression even though the country itself tend to be more collectivist. Several Indonesian studies have used western measurement tools for conceptualising depression, such as the Beck Depression Inventory and the Patient Health Questionnaire (Arjadi et al., 2018b; Ningrum & Kartinah, 2020; Ramdhani et al., 2020). Given this, the proposed project also aims to address the potential variation in the expression of depression in Indonesia.

### *2.5. Culturally Sensitive Psychotherapy*

Culture not only affects the symptoms of mental disorders, but also the nature of psychotherapy intervention. According to Bernstein et al. (2018), psychotherapy emerged in the western culture and thus is essentially individualistic. Applying psychotherapy that originated from one culture to a client from another culture could be ineffective and even harmful (Moleiro et al., 2018).

Therefore, the researchers of this study will use two theories as the conceptual backbone for this project. The first theory is Eight Cultural Elements which was introduced by Bernal et al.

(1995). In this study, the team developed a framework that could help them adapt existing treatment to better suit the Hispanic community. The framework itself consists of eight dimensions: 1) language; 2) persons; 3) metaphors; 4) content; 5) concepts; 6) goals; 7) methods, and 8) context. They later asserted that these dimensions may be valuable for developing culturally sensitive treatments for other ethnic and minority groups.

The second theory is common factor psychotherapy (Rosenweig, 1936), which implies that that all psychotherapies share common factors. Cuijpers et al. (2019) state that the therapeutic relationship has been consistently proposed as the most important common factor. In line with this, the current study will also focus on investigating the therapeutic relationship as a central factor. Norcross and Lambert (2018) explored which factors in the therapeutic relationship are effective. The result of the study yielded six domains that are evidently effective in individual psychotherapy. This study also showed the effect size of each aspect. Aspects with significant effect are: (a) collaboration (d = 0.61); (b) empathy (d = 0.58); and (c) alliance (d = 0.57). The other two aspects, goal consensus (medium effect size) and positive regard and affirmation (small effect size), did not show a large effect size but were still found to be effective. The last aspect, collecting and delivering client feedback which is effective, has a varying effect size (d = 0.14 – 0.49) depending on comparison group and feedback method.

### *2.6. Epistemological Orientation*

Adopting an epistemological orientation indicates that a research topic has clear stand on the nature of knowledge that the research is trying to find and also how to actually unveil that knowledge. Willig (2013) stated that Epistemology could also determine what is the most appropriate general approach (methodology) and the specific research techniques (method) to conduct research. For this study, we are adopting Neo Empiricism as our epistemological orientation. Neo Empiricism comes from an older epistemological orientation which is empiricism. Empiricists believe that knowledge of the world must be derived from the facts of experience and grounded from data (Willig 2013).

However, empiricism faced one major criticism which was the problem of induction (Goldsmith, 2007). It had been doubted on how empiricists could make a general theory to explain infinite number of inferences based on a finite number of sources. This criticism led to a new wave of empiricism which is often called New Empiricism or Neo Empiricism. Unlike empiricism, neo empiricism takes a more loose stand on the claim of the theory. Neo empiricism asserts that every theory made is justifiable, however, the implication of the theory is in the range of probability. Neo Empiricist argues it is impossible to test every outcome of a theory, however every outcome should be close to the justifiable claim that has been made (Goldsmith, 2007). As this study holds on to neo empiricism, the methodology and the methods of this study will emphasize on finding and interpreting the fact of the participants' experiences.

## 3. Methodology

### *3.1. Design*

This study will proceed using a Collaborative Design method called Co-Design. This involves a process of collective creativity between involved stakeholders in the entire design process (Thabrew et al., 2018). In Co-Design, the end user (i.e. the customer of the product) acts as an "expert of their experiences" actively collaborating with researcher, product experts, designer and developers to design a product that would meet their needs and expectation. Furthermore, a Co-Design stages framework proposed by Bowen et al. (2013) will be used in this

study. Table 1 provides the description of the adapted Bowen et al. Co-Design stages that will be implemented in this study.

**Table 1.** *Co-Design Stages*

| No | Stages | Description |
|---|---|---|
| 1 | *Understanding and Sharing Experiences* | In the first stage of Co-Design the aim of the discussion is to share experiences and needs in relation to CT in both the psychologist and client groups. |
| 2 | *Exploring BlueSky Ideas* | Here the output from stage one is used as guidance for further discussion. Both groups discuss broad concepts regarding CT. |
| 3 | *Selecting and Developing a BlueSky Concept* | This includes more practical matters such the design of the sessions, goals and activities per session and potential material to be used in every CT session. |
| 4 | *Compiling a Practical Proposal* | After the psychologist group re-evaluates the BlueSky concept provided by both groups in the previous stage, the psychologist and client groups start to compile a concrete proposal. |
| 5 | *Prototyping* | At this stage, no new design data will be collected. Instead, the researcher starts to create the intervention manual from the data gathered using qualitative thematic analysis. |

An additional feedback stage is added to the above framework. In the feedback stage, the manual prototype that has been produced will be given to both the client and psychologist groups to be thoroughly evaluated. Each of the groups will then be able to give final feedback regarding the prototype before it is finally revised and becomes the final version of the manual.

### *3.2. Setting*

This study will use online focus group discussion (FGD) for the designing stages, in which the researcher and the participants hold video conference sessions. Stewart and Shamdasani (2017) indicate that online FGD can be used to reach consumers with a distance barrier. Tuttas (2015) states that a web conference is able to create real-time communication among participants across various geographical locations. A web conference provides a service where participants and moderator are able to see and hear each in real time. Thus, a similar environment to face-to-face FGD is reached. In this particular research, it has to be noted that that the participants in both Clinical Psychologist and client group might be located in any part of Indonesia. Having an online FGD is more suitable in terms of time and effort compared to gathering all the participants into one place.

However, Tuttas (2015) states that online FGD also have limitations. Firstly, given the nature of a possible time region differences, it is challenging to gather a group of people to actually meet online. Economic barriers and technological requirements can also come to the surface. It is also important to make sure all the participants are familiar with the platform used for the online group discussions. Some participants might have a good quality connection while others may not. In order to minimize this limitation, the researchers include technology literacy as one of the requirements to become participant in this study. The researcher will also discuss the scheduling of the sessions with all participants to ensure that all participants can meet up at the same time.

FGD might also be beneficial for the client group participants who are experiencing minor depression. Peek and Fothergill (2009) share their experience of completing two research projects

with sensitive participants. In one study, the participants were second generation Muslim Americans, following the events of 9/11 attack. Another study aimed to gather experiences of children that were affected by Hurricane Katrina. They found that during the FGD, these participants are able to show their vulnerabilities to the group. The FGD also became a place where they could find people that listened and empathized with them. Thus, the FGD could have a therapeutic effect for these particular participants. Although the FGD in the said research involved face-to-face sessions, the researchers of current study believe that online FGD would lead to similar positive result.

Another consideration for the researchers to use online FGD is because the data gathering process will take place during the ongoing COVID-19 pandemic. During this period of time, it is obviously important for all people to limit their contact with another people and having an online FGD will therefore be more suitable. To sum up, with the consideration of spread locations of the participants, supporting previous researches, calculated possible risk and the current pandemic situation, the researchers believe that using online FGD will be the most suitable data gathering method for this study

### *3.3. Population and Sampling*

There are a total of two groups of participants. The first group will consist of Clinical Psychologists (Clinical Psychologists Group) and the second group will consist of Indonesians who currently experience minor depression (Clients Group). Literature suggest that the ideal size for an FGD would be 5 – 8 participants as numbers that exceed this may hinder active participation and could lead to chaotic and hard to manage flow of the discussion (Krueger, 2014; Mishra, 2016). Drawing from this, we aim to recruit eight participants per group for this study. The highest number from the literature is chosen given the possibility of participants dropping out of the study during the data gathering process.

We also have taken into consideration the fact that this FGD will be conducted via online video conferencing platform which is Zoom. There is no definite guideline on what is the ideal size for conducting online video FGD, however we do found other studies that has done the same method with the same number of participant or even bigger (Islam, et al., 2021; Morrison, et al., 2020; Murfianti, et al., 2020; Rahiem, 2020; Sawarkar, et al., 2020; Verbytska & Syzonenko, 2020; Wirtz, et al., 2019; Zaman, et al., 2020). None of the studies actually commented on the group size and came out with an ideal number. Comments and discussion that are found that related to the online focus group are more into technical matter (Wirtz, et al., 2019) preparation (Morrison, et al., 2020) and managing the flow of the FGD in online setting (Murfianti, et al., 2020; Wirtz, et al., 2019; Zaman, et al., 2020). Thus we have high confidence that eight participants per group will be do able and give us a rich finding. Below are the criteria for each group:

<u>Clinical Psychologists Group</u>

- Identify as belonging to the Indonesian culture
- Identify as having grown up under Indonesian customs and lifestyle
- Able to speak Bahasa Indonesia
- A registered Clinical Psychologist
- Technology literate
- Have experience in Chat/Text Counselling/Psychotherapy for at least 6 months.

<u>Clients Group</u>

- Aged between 19-40
- Identify as belonging to the Indonesian culture
- Identify as having grown up under Indonesian customs and lifestyle
- Able to speak Bahasa Indonesia

- Technology literate
- Have at least one experience as a client where Chat/Text Counselling/ Psychotherapy was utilised.
- Currently has symptoms of minor depression

The exclusion criteria of the clients group participants are based on SCID IV (1) Indonesian Version:

- Substance abuse
- Illness or disease caused by neurological, cerebrovascular, metabolic, endocrine, virus, infection or cancer
- Current or previous psychotic disorder
- Current of previous manic or hypomanic disorder
- Premenstrual Dysphoric Disorder

These exclusion criteria would be asked during interview using SCID IV (1). Participants who present as acutely suicidal, characterized by having suicide plan with preparatory behaviour (Arjadi, et al., 2018b), will also be excluded from this study. Should any participant have any exclusion criteria, the participant will be carefully directed to seek professional help through either a medical or mental health professional.

### *3.4. Research Instrument*

A total of three instruments will be used to assess the level of depression and the overall well-being of the participants in the clients' group.

The Inventory of Depressive Symptomatology Self Report (IDS-SR- Indonesian Version)

The IDS – SR is a freely available depression self-report assessment, that has good psychometric properties (Rush et al., 1996). IDS-SR is chosen in this study due to its ability to detect somatic symptoms. This is important since this study also considers the somatic symptoms of depression in the Indonesian context. The Indonesian Version of IDS-SR was developed by Arjadi et al. (2017) using confirmatory factor analysis of a sample of 1622 Indonesian, ages 16 years old and above.

Structured Clinical Interview for DSM IV – 1 (SCID IV-1) – Indonesian Version

SCID is a widely used semi-structured interview intended to determine whether individual meets criteria for any DSM disorder (Glasofer et al., 2017). The SCID IV is based on DSM IV and used to diagnose Axis I disorders including mood disorders, psychotic disorders, substance use disorders, anxiety disorders, somatoform disorders, eating disorders, and current adjustment disorder. The Indonesian Version of SCID IV – 1 was produced and validated by the Psychiatry Department of University of Indonesia in 2000 (Primasari & Hidayat, 2016). The Indonesian Version of SCID IV – 1 provides descriptions of the severity and exclusion criteria for people with depression. According to SCID IV – 1 Indonesian Version, a minor depression would be indicated by having less than five symptoms for a minimum period of two weeks. Should a person have five symptoms of depression continuously for two weeks, this would result in a diagnosis of major depression.

The World Health Organization Quality of Life BREF Version (WHOQoL-BREF) – Indonesian Version.

The WHOQoL-BREF is a 26-item questionnaire that was developed by the World Health Organization (World Health Organization, 1995). It measures four domains of life: (1) Physical Health; (2) Psychological Health; (3) Social Relationships; and (4) Environment (World Health Organization, 1996). This study will use the Indonesian version of WHOQoL BREF. This measurement tools is used in this study due to its ability to detect the multidimensional correlation between depression and other domains. Depression itself has been showed to correlate with poorer quality of life (Cho et al., 2019).

### *3.5. Recruitment*

To recruit psychologist participants, the researcher will be assisted by the ICPA by endorsing this research via association's social media. The researcher will also use snowball sampling if necessary. The researcher will contact several of his colleagues in Indonesia who fit the criteria of the psychologist participant. The contacted participants could also recommend some of their colleagues to the researcher. Psychologist group participants who are eligible to be in the study will be asked to provide an e-consent.

To recruit the participants in the clients' group, the researcher will use social media to advertise the project. In the advertisement, the researcher will provide a brief explanation about the study. Participants who are then interested in the study will be asked for consent before being administered the IDS-SR-Indonesian Version. All consent forms and screening tools will be transformed into electronic versions and uploaded into Qualtrics, a website for private and secure online surveys where a link can be generated and given to the participants. Should the potential participant meet the cut off score for depression, the potential participant will be invited to be interviewed using SCID IV (1) – Indonesian version to ensure that they meet the minor depression criteria. Participants who experience much severe depression or having suicide plan with preparatory behaviour will be led to a helpline. Client group participants who are eligible to be in the study will again be asked to give e-consent. Before starting the Co-Design process, the participant will again be administered the WHOQOL. The purpose of this measurement is to assess the overall quality of life of the participants.

### *3.6. Study Procedure*

A schedule will be arranged for all the participants to proceed with the Co-design session. Each stage of Co-Design will be in a form of online focused group discussion (online FGD). To proceed with the online FGD, the researcher will use Zoom (https://zoom.us/). This software has a feature where online video conference can be recorded and saved directly to a local computer with encryption. Furthermore, Zoom ensures that no data or recording will be stored on their system. A consultation with Zoom Customer Support was completed on 6 May 2020 in relation to a recent hacking incident suffered by Zoom (Matthews, 2020). Yuan (2020), the CEO of Zoom, has published a statement in regard to the incident and made sure that his company is aware of the issue and has also made several improvements to deal with the incident.

The total duration of the data gathering process is expected to be between six to nine months. However, the participants will only actively engage in the data gathering for between two to four months of the total duration. There will be time during this period where participants will be engaged each week. There will also be a time in this period where the participants will have to wait for the prototype of the manual. During the data gathering stage, they are expected to commit between three to five hours a week. The full data gathering will include the main Co-Design process, the prototyping process and the feedback process. All participants will be compensated for their time. The final outcome of this data gathering will be a full working Chat Telepsychotherapy Manual. Figure one shows the Co-Design process for the two groups

### *3.7. Data Analysis*

Qualitative Data

It is important to acknowledge that the nature of the data collection in this study is a series of continuous evolving multiple online FGDs. Therefore, the researchers of this study will adapt an analysis strategy postulated by Krueger (2014). Krueger (2014) asserts that it is possible to do continuous data analysis for multiple FGDs. This is because the separation is unclear between data collection, entry stops and the beginning of data analysis. In FGD, the first analysis could begin in the first session and data analysis is concurrent. Moreover, in doing so the researcher

could write a field note and record the session to be later review when the session ends. It is also recommended to create summaries after every session (Krueger, 2014). By doing this, researchers can be more alert to identifying more questions that need to be followed up and further discussed in the next session (Krueger, 2014). Finally, Krueger (2014) argues that doing analysis along the way can result in better data collection compared to waiting until all FGD sessions are finished. Another strategy planned by the researchers of this study is to also conduct a second data analysis when all the online FGD sessions are finished. Thematic analysis will be used for this second analysis. Braun and Clarke (2006) provide a six-step process for thematic analysis which are 1) familiarising oneself with the data 2) generating initial codes 3) searching for themes 4) reviewing themes 5) defining and naming themes, and, 6) producing the report. By implementing this strategy, the researchers hope that all the data will be analysed thoroughly during and after the data gathering process.

Quantitative Data

A basic descriptive data analysis will be used to analyse the quantitative data. The quantitative data from this study will be obtained from the measurement tools which are The Inventory of Depressive Symptomatology Self Report (IDS-SR- Indonesian Version) and The World Health Organization Quality of Life BREF Version (WHOQoL-BREF) – Indonesian Version. The basic descriptive data analysis would provide insight regarding the depression level of the client participants and whether or not they experience physical manifestations of depression.

Demographic Data

A basic descriptive data analysis will also be used to analyse the demographic data. Demographic data such as age, gender, ethnicity, domicile and previous experience with Chat/Text Counselling/ Psychotherapy will be obtained from the participants. Analysing the demographic data provides details regarding the overall characteristics of the participants. Furthermore, understanding the characteristics of the participants provides relevant information for other researchers to replicate our study (Hammer, 2011).

### *3.8. Expected Outcomes*

This study is expected to have a primary and secondary outcome. The primary outcome would be a full working manual of Chat Telepsychotherapy that is culturally sensitive for Indonesians. The backbone theories of this study which are Aspects of Culturally Sensitive Psychotherapy by Bernal (1995) and Therapeutic Relationship as the most important Common Factor of Psychotherapy (Rosenweig, 1936; Cuijpers et al., 2019), will guide the discussion of the online FGDs. The secondary outcome from this study is an evidence based preliminary concept of the Indonesian version of depression. The discussion of the secondary outcome will focus on how minor depression manifests in an Indonesian setting.

### *3.9. Ethics Approval and Permits*

This project has been reviewed and approved by the Massey University Human Ethics Committee: Northern, Application NOR 20/53. Permissions to use all research instruments have been obtained. To use The Inventory of Depressive Symptomatology Self Report (IDS-SR-Indonesian Version), the researcher has been in contact with the author and informed that IDS-SR-Indonesian Version is free to use with acknowledgment. To use the Structured Clinical Interview for DSM IV – 1 (SCID IV-1) – Indonesian Version, the researcher has been given training and a permit by the Ministry of Health of Indonesia – Directorate General of Health Services – Central General Hospital, Dr Cipto Mangunkusomo, with the letter number UM.01.05/VII.1/0234/2020. Permission to use The World Health Organization Quality of Life BREF Version (WHOQoL-BREF) – Indonesian Version has been given by World Health

Organization with request number 364228. Finally, a permit to recruit Indonesian Clinical Psychologists as participants in this research has been granted by the Clinical Psychologist Association of Indonesian with a letter number 36/EKT/IPK-Indonesia/P-II.2021.

## 4. Discussion

This is the first study that focuses on developing a CT manual for Indonesians with minor depression. It acknowledges the contextual nature of knowledge. Predictive context-independent theories cannot exist in social science (Flyvbjerg, 2006). Therefore, in order for social science (in this case psychology) to develop, context-dependent knowledge is needed (Flyvbjerg, 2006). The result of this study may or may not be able to be generalized and applied to the whole population of Indonesia. However, findings yielded from this study will contribute to the development of both practical and theoretical psychology in Indonesia. More specifically, this study aims to contribute to the therapeutic effectiveness of the Clinical Psychologist community in Indonesia. The manual as the primary outcome of this study will provide guidance to Clinical Psychologists who use CT to help their Indonesians clients who are experiencing minor depression. This study could also contribute to the development of CT in general, with the manual potentially providing the foundation for CT manuals for other mental health issues. The preliminary information of an Indonesian conceptualisation of depression from this study may contribute to both clinical and theoretical psychology. This study will open renewed discussion as to how the depression manifests in the Indonesian community.

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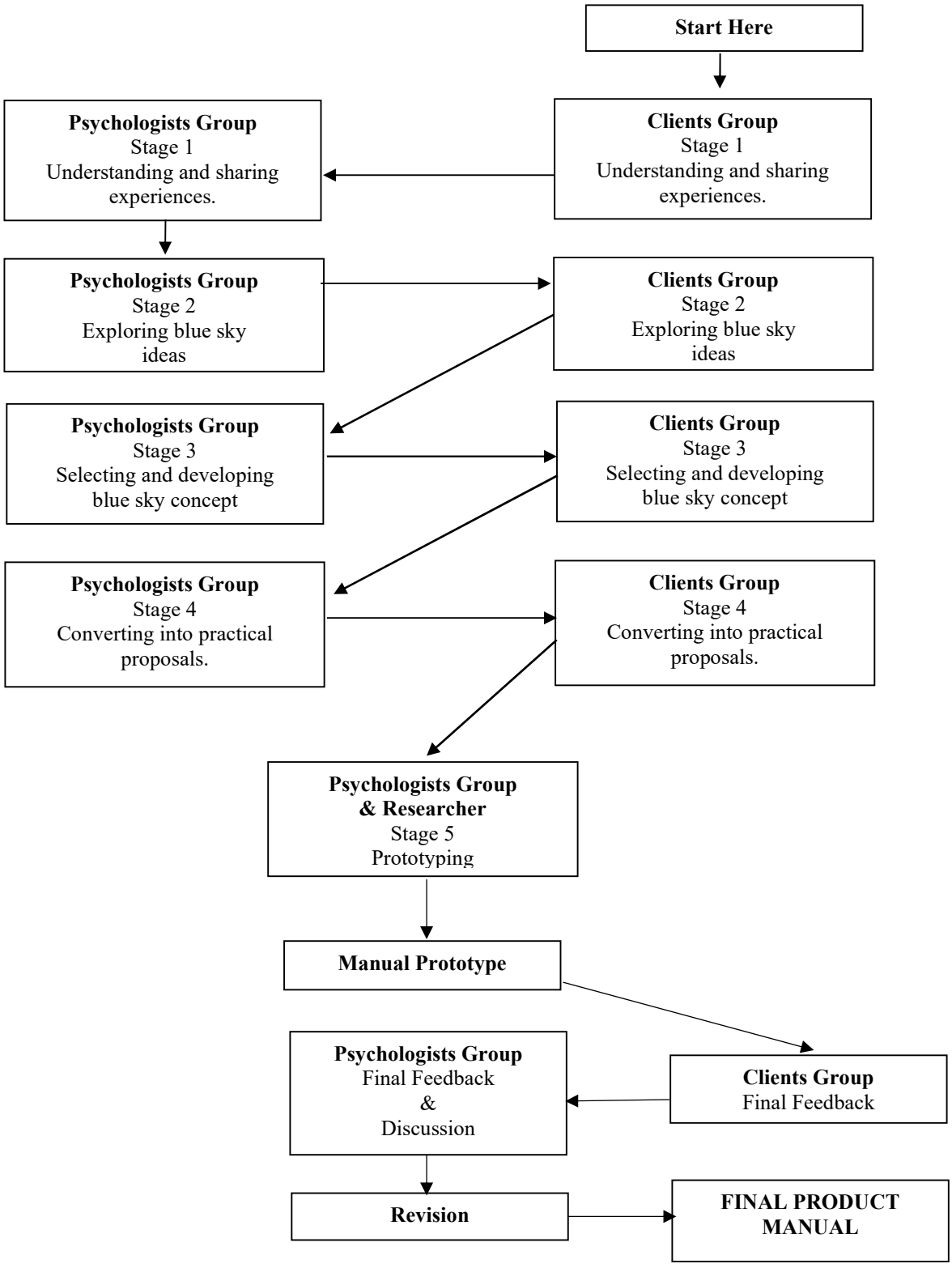
**Figure 1**: Study procedure flow diagram



**References**

American Psychiatric Association. (1988). *Diagnostic and statistical manual of mental disorders* (4th ed.). American Psychiatric Association.

Arjadi, R., Nauta, M. H., & Bockting, C. L. (2018a). *Acceptability of internet-based interventions for depression in Indonesia. Internet interventions*, 13, 8-15.

Arjadi, R., Nauta, M. H., Suryani, A. O., & Bockting, C. L. H. (2018b). *Guided act and feel Indonesia–internet-based be-havioral activation intervention for depression in Indonesia*: A systematic cultural adaptation. Makara Human Behavior Studies in Asia, 22 (1), 3-11.

Arjadi, R., Nauta, M. H., Utoyo, D. B., & Bockting, C. L. (2017*). The Inventory of Depressive Symptomatology Self Report (IDS-SR): Psychometric properties of the Indonesian version*. PloS one, 12(10), e0187009.

Asti, A. D., et al. (2016). *Public stigma terhadap orang dengan gangguan jiwa di Kabupaten Kebumen* [Public stigma towards people with mental health disorderin Kebumen Distict]. Jurnal Ilmiah Kesehatan Keperawatan, 12(3), 176-188.

Bernal, G., et al. (1995*). Ecological validity and cultural sensitivity for outcome research: Issues for the cultural adaptation and development of psychosocial treatments with Hispanics*. Journal of abnormal child psychology, 23(1), 67-82.

Bernstein, D. A., et al. (2018). *Psycholog*y. Cengage Learning Australia.

Bowen, S., et al. (2013). *Engaging teenagers productively in service design*. International journal of child-computer interaction, 1(3-4), 71-81.

Braun, V., & Clarke, V. (2006). *Using thematic analysis in psychology*. Qualitative research in psychology, 3(2), 77-101.

Canino, G., & Alegría, M. (2008). *Psychiatric diagnosis–is it universal or relative to culture?* Journal of Child Psychology and Psychiatry, 49(3), 237-250.

Chang, M. X., et al. (2017). *Cultural identity and the expression of depression: A social identity perspective*. Journal of Community & Applied Social Psychology, 27(1), 16-34.

Chicca, J., & Shellenbarger, T. (2018). *Connecting with Generation Z: Approaches in nursing education*. Teaching and Learning in Nursing, 13(3), 180-184

Cho, Y., et al. (2019). *Factors associated with quality of life in patients with depression: A nationwide population-based study*. PloS one, 14(7).

Cuijpers, P., et al. (2019). *The role of common factors in psychotherapy outcomes*. Annual Review of Clinical Psychology, 15(1), 207-231.

Department of Health of Republic of Indonesia. (1993). *Pedoman Penggolongan dan Diagnosis Jiwa* III [Manual of Classification and Diagnosis of Mental Disorder in Indonesia III]. Departemen Kesehatan Republik Indonesia.

Derrig-Palumbo, K. (2016). *Using chat and instant messaging (IM) to conduct a therapeutic relationship*. In S. Goss, K. S. Anthony, L.S., & D. M. Nagel (Eds.), The Use of Technology in Mental Health (2 ed.). Charles C. Thomas, Publisher, LTD.

Dowling, M., & Rickwood, D. (2013). *Online Counselling and therapy for mental health problems: A systematic review of individual synchronous interventions using chat*. Journal of Technology in Human Services, 31(1), 1-21.

Duniawati, D. S., Muksin, U., & Lukman, D. (2020). *Model Konseling Online Ibunda. Id* [The model of Online Counseling of Ibunda.Id]. Irsyad: Jurnal Bimbingan, Penyuluhan, Konseling, dan Psikoterapi Islam, 8(1), 1-18.

Ersahin, Z., & Hanley, T. (2017). *Using text-based synchronous chat to offer therapeutic support to students: A systematic review of the research literature*. Health Education Journal, 76(5), 531-543.

Fang, L., Tarshis, S., McInroy, L., & Mishna, F. (2018). *Undergraduate student experiences with text-based online counselling*. The British Journal of Social Work, 48(6), 1774-1790.

Flyvbjerg, B. (2006). *Five misunderstandings about case-study research*. Qualitative inquiry, 12(2), 219-245.

Gatti, F. M., Brivio, E., & Calciano, S. (2016). *"Hello! I know you help people here, right?": A qualitative study of young people's acted motivations in text-based counseling*. Children and youth services review, 71, 27-35.

Glasofer, D. R., et al. (2017). *Structured clinical interview for DSM-IV (SCID)*. In T. Wade (Ed.), Encyclopedia of feeding and eating disorders (pp. 1-4). Springer.

Goldsmith, J. (2007). *Towards a new empiricism*. Recherches Linguistiquesa Vincennes, 36, 9-36.

Hammer, C. S. (2011). *The importance of participant demographics*. American Journal of Speech-Language Pathology, 20(4), 261.

Hofstede Insights. (n.d.). *Country Comparison*. Retrieved November 30, 2019 from https://www.hofstede-insights.com/country-comparison/indonesia/

Hofstede, G. H., Hofstede, G. J., & Minkov, M. (2010). *Cultures and organizations : software of the mind : intercultural cooperation and its importance for survival* (3rd ed). McGraw-Hill.

Indonesian Clinical Psychologist Association. (2021, February 06). *Jumlah psikolog klinis anggota IPK Indonesia*. https://ipkindonesia.or.id/jumlah-psikolog-klinis-anggota-ipk-indonesia/

Indonesian Internet Provider Association. (2019). *Penetrasi & profil perilaku pengguna internet Indonesia* [The penetration and the profile of Indonesian internet user] (S-20190518). A. P. J. I. Indonesia.

Islam, A., et al. (2021). *Configuring a blueprint for Malaysian SMEs to survive through the COVID-19 crisis: The reinforcement of Quadruple Helix Innovation Model*. Journal of Entrepreneurship, Business and Economics, 9(1), 32-81.

Jacob, K., et al. (2013). *Diagnostic and statistical manual-5: Position paper of the Indian Psychiatric Society*. Indian journal of psychiatry, 55(1), 12-30.

Jones-Smith, E. (2019). *Theories of counseling and psychotherapy: An integrative approach*. Sage Publications.

kawalcovid19.id. (2020, March 30) *Daftar Layanan Konseling Online Se-Indonesia* [List of online counselling services in Indonesia]. https://kawalcovid19.id/content/817/daftar-layanan-konseling-online-se-indonesia

Krueger, R. A. (2014). *Focus groups: A practical guide for applied research*. Sage publications.

Maramis, W. F., & Maramis, A. A. (2009). *Catatan ilmu kedokteran jiwa edisi 2* [Psychiatry Note 2nd Edition]. Airlangga University Press.

Matthews, L. (2020). *500,000 hacked zoom accounts given away for free on the dark web*. Forbes. https://www.forbes.com/sites/leemathews/2020/04/13/500000-hacked-zoom-accounts-given-away-for-free-on-the-dark-web/#3ff8b05658c5

Ministry of Health of Republic of Indonesia. (2019). *Laporan nasional Riskesdas 2018* [Report of national basic health research 2018]. Lembaga Penerbit Badan Penelitian dan Pengembangan Kesehatan.

Mishra, L. (2016). *Focus group discussion in qualitative research*. Techno Learn, 6(1), 1.

Mohr, D. C., et al. (2008). *The effect of telephone-administered psychotherapy on symptoms of depression and attrition: A meta-analysis*. Clinical Psychology: Science and Practice, 15(3), 243-253.

Moleiro, C., et al. (2018*). Integrating diversity into therapy processes: The role of individual and cultural diversity competences in promoting equality of care*. Counselling and Psychotherapy Research, 18(2), 190-198.

Morrison, D., et al. (2020). *Extending the online focus group method using web-based conferencing to explore older adults online learning*. International Journal of Research & Method in Education, 43(1), 78-92.

Murfianti, F., et al. (2020). *Confronting Media Prosumer People With Manipulated Political Memes In Indonesia's Post Truth Era*. European Journal of Molecular & Clinical Medicine, 7(1), 3772-3783.

Ningrum, D. S., & Kartinah, K. (2020). *Hubungan Dukungan Keluarga dengan Tingkat Depresi pada Anggota Persatuan Wredatama Republik Indonesia di Kecamatan Kartasura* [The relationship between family support and the level of depression on the member of Wredatama Unity of Republic of Indonesia in the Kartasura district]. Seminar Nasional Keperawatan Universitas Muhammadiyah Surakarta, Surakarta, Indonesia.

Nitzburg, G. C., & Farber, B. A. (2019). *Patterns of utilization and a case illustration of an interactive text-based psychotherapy delivery system*. Journal of clinical psychology, 75(2), 247-259.

Norcross, J. C., & Lambert, M. J. (2018). *Psychotherapy relationships that work III*. Psychotherapy, 55(4), 303-315.

Peek, L., & Fothergill, A. (2009). *Using focus groups: Lessons from studying daycare centers*, 9/11, and Hurricane Katrina. Qualitative research, 9(1), 31-59.

Perdhana, M. S. (2014). *Cultural values and leadership styles of managers in Indonesia: Javanese and Chinese Indonesians* [Doctoral Thesis, Deakin University].

Primasari, I., & Hidayat, R. (2016). *General Health Qquestionnaire-12 (GHQ-12) sebagai Instrumen Skrinning Gangguan Penyesuaian. Jurnal Psikologi* [General Health Questionnaiore (GHQ-12) as a screening instrument for adjustment disorder], 43(2), 121-134.

Rahiem, M. D. (2020). *Technological barriers and challenges in the use of ICT during the COVID-19 emergency remote learning*. Universal Journal of Educational Research, 8(11B), 6124-6133.

Ramdhani, S. F., et al. (2020). *Hubungan Tingkat Kecerdasan Emosi Dengan Derajat Depresi Pada Mahasiswa Kedokteran* [The relation between emotional intelligence level with depression level on medical students]. WACANA, 12(1), 110-132.

Rosenzweig, S. (1936). *Some implicit common factors in diverse methods of psychotherapy*. American journal of Orthopsychiatry, 6(3), 412-415.

Rush, A. J., Gullion, C. M., Basco, M. R., Jarrett, R. B., & Trivedi, M. H. (1996*). The inventory of depressive symptomatology (IDS): psychometric properties*. Psychological medicine, 26(3), 477-486.

Sawarkar, G., et al. (2020). *Ayurveda students' perception toward online learning during the COVID-19 pandemic*. Journal of Education and Health Promotion, 9(1), 342.

Stewart, D. W., & Shamdasani, P. (2017). *Online focus groups*. Journal of Advertising, 46(1), 48-60.

Suharnomo, & Syahruramdhan, F. N. (2018*). Cultural value differences among ethnic groups in Indonesia: Are Hofstede's Indonesian findings still relevant?*. Journal for Global Business Advancement, 11(1), 6-21.

Thabrew, H., et al. (2018). *Co-design of eHealth Interventions With Children and Young People [Mini Review]*. Frontiers in psychiatry, 9(481), 1-6. https://doi.org/10.3389/fpsyt.2018.00481

Tuttas, C. A. (2015). *Lessons learned using web conference technology for online focus group interviews*. Qualitative Health Research, 25(1), 122-133.

van Ballegooijen, W., et al. (2016). *ICBT for panic disorder and agoraphobia: From the computer at home to real-life 'in vivo'exposure*. In N. Lindefors & G. Andersson (Eds.), Guided Internet-based treatments in psychiatry (pp. 33-52). Springer.

Verbytska, A., & Syzonenko, O. (2020). *Forced Virtualization for Research Activities at the Universities: Challenges and Solutions.* Revista Romaneasca pentru Educatie Multidimensionala, 12(2Sup1), 93-102.

Weitz, P. (2018). Psychotherapy 2.0: *Where psychotherapy and technology meet*. Routledge.

Willig, C. (2013). *Introducing qualitative research in psychology*. McGraw-hill education (UK).
Wirtz, A. L., et al. (2019). *Computer-Mediated communication to facilitate synchronous online focus group discussions: feasibility study for qualitative HIV research among transgender women across the United States*. Journal of Medical Internet Research, 21(3), e12569.
Whalley, J. (2020). *Economics of G20: A World Scientific Reference (in 2 Volumes)*. World scientific.
World Health Organization. (1993). *The ICD-10 classification of mental and behavioural disorders: diagnostic criteria for research (Vol. 2)*. World Health Organization.
World Health Organization. Division of Mental Health. (1996). *WHOQOL-BREF : introduction, administration, scoring and generic version of the assessment : field trial version*, December 1996. World Health Organization. https://apps.who.int/iris/handle/10665/63529
World Health Organization. (2021a, September 11). *Coronavirus*. https://www.who.int/health-topics/coronavirus#tab=tab_1
World Health Organization. (2021b, April 07). *WHO Coronavirus (COVID-19) Dashboard.* https://covid19.who.int/
Yuan, E. S. (2020). *A Message to Our Users*. Zoom. https://blog.zoom.us/wordpress/2020/04/01/a-message-to-our-users/
Zaman, A., et al. (2020). *ICT intervention in the containment of the pandemic spread of COVID-19: An exploratory study*. arXiv preprint arXiv:2004.09888.