



A Study on the Development of a Rational Emotive Behavior Therapy Program for Suicide Prevention in Individuals with Alcohol Dependency

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Abstract. This study aimed to develop a suicide prevention program tailored for individuals with alcohol dependency, based on Ellis's Rational Emotive Behavior Therapy (REBT) principles. The program was created using established counseling and psychoeducational program development models, with the primary objective of reducing suicidal ideation and depressive symptoms by challenging irrational beliefs and fostering rational ones. The program's core components include 'Disputing Irrational Beliefs,' 'Strengthening Rational Beliefs,' 'Emotional Regulation,' and 'Behavior Modification.' Each session is designed with specific goals to promote emotional stability and encourage behavioral change, equipping participants with practical coping strategies to mitigate suicidal thoughts actively. Although the program offers a theoretically robust framework for suicide risk reduction, this study's limitation lies in the absence of real-world feedback and program refinement based on implementation outcomes. Future research should focus on validating the program's efficacy through pre-test, post-test, and follow-up assessments to ensure sustainable results over time. Additionally, randomized controlled trials with larger and more diverse sample populations are recommended to enhance the reliability and generalizability of the findings.

Keywords: Alcohol Dependency, Development, Rational Emotive Behavior Therapy Program, Suicide Prevention.

1. INTRODUCTION

1.1. Significance of Research

Alcohol addiction is a severe mental health concern closely linked to suicide, as evidenced by numerous studies and statistics. In Korea, the prevalence of alcohol addiction is notably high, contributing to an elevated suicide rate compared to other mental disorders. Currently, over 1.95 million people in Korea suffer from alcohol addiction, with a lifetime prevalence rate of 12.2%—a significantly higher rate than that of schizophrenia (0.5%) and mood disorders (5.3%). Furthermore, relapse rates for alcohol addiction far exceed those of other mental health conditions[1]. Among suicides related to mental and substance use disorders, alcohol addiction accounts for 13.25%, second only to depressive disorders[2]. Studies estimate that approximately 18% of suicide deaths are associated with alcohol addiction, with individuals suffering from alcohol dependence being more than twice as likely to experience suicidal thoughts as regular drinkers[3]. The lifetime suicide attempt rate among those with alcohol dependence stands at 38.7%, compared to just 3.47% in the general adult population[4].

These findings highlight that alcohol addiction is more than a substance dependence issue; it is a significant risk factor for suicide, underscoring the urgent need for effective intervention and prevention strategies.

A key factor influencing suicide risk among individuals with alcohol dependence is the presence of irrational beliefs[5]. Irrational beliefs are dysfunctional cognitive processes characterized by excessively negative and pessimistic thoughts about the future[6]. When individuals with alcohol dependence hold strong irrational beliefs, they are more likely to interpret stressful situations in a distorted or exaggerated way. This not only hampers their problem-solving abilities in social and everyday contexts but also fosters negative emotions, especially depression[7]. Research indicates that over 34% of individuals with alcohol dependence experience depression, with significantly higher depression levels compared to the general population[8]. The strong correlation between depression and alcohol abuse is well-established[9], with depression identified as a major suicide risk factor for those with alcohol dependence[10].

Furthermore, individuals with alcohol dependence often lack effective coping mechanisms, making it difficult for them to address stressful situations rationally. When confronted with stress, they tend to resort to drinking as a form of avoidance, rather than tackling issues directly, resulting in a maladaptive coping style in social situations[11]. Those with high levels of depression are especially prone to rigid cognitive patterns that impede effective management of daily stressors. Consequently, their problem-solving capacity decreases, increasing their reliance on alcohol as a coping tool[12]. Thus, reducing irrational beliefs that drive emotional and behavioral problems among those with alcohol dependence is a crucial strategy for lowering depression, enhancing problem-solving skills, and ultimately reducing suicide attempts.

Previous studies on suicide among individuals with alcohol dependence have primarily examined the high suicide risk and the various factors influencing suicidal behavior in this population. These studies generally classify suicide-related factors into cognitive, emotional, and behavioral categories. Irrational beliefs are a key cognitive factor, while emotional factors, particularly depression, have a significant impact on suicidal ideation. A major behavioral factor is the tendency toward avoidant problem-solving. Distorted and rigid thought patterns among individuals with alcohol dependence often lead them to avoid problem-solving directly, resorting to alcohol use as a coping mechanism. This avoidance perpetuates a vicious cycle, further diminishing their problem-

solving abilities and worsening their situation[13].

Non-pharmacological interventions for individuals with alcohol dependence have largely focused on cognitive-behavioral therapy (CBT), aiming primarily to reduce alcohol-related issues. CBT programs for this population often focus on enhancing coping skills in drinking situations and improving interpersonal communication. However, a notable limitation is the complexity of these programs, as they often require a highly detailed exploration of cognitive factors, making implementation challenging[14]. Rational Emotive Behavior Therapy (REBT) offers a simplified, structured approach using the ABCDE model, which makes therapeutic principles more accessible and practical for counselors to implement[15].

Ellis's (1994) Rational Emotive Behavior Therapy (REBT) focuses on correcting irrational beliefs by replacing them with rational ones to address emotional and behavioral issues. The effectiveness of REBT has been demonstrated in various group programs across diverse populations, as it offers a problem-focused, structured approach that provides a clear direction, making it effective even as a short-term intervention. By addressing the social context surrounding individuals, REBT transforms negative emotions and behaviors into more positive outcomes[14]. However, a review of both domestic and international literature reveals a lack of research on developing suicide prevention programs for high-risk individuals with alcohol dependence using the REBT framework. This study, therefore, aims to develop a suicide prevention program for individuals with alcohol dependence, grounded in Ellis's REBT framework.

The program developed in this study is not only intended to prevent suicide among individuals with alcohol dependence but also to help them overcome crises and negative cognitive patterns stemming from irrational beliefs and maladaptive emotions. Additionally, the program seeks to guide individuals toward discovering meaning and purpose in life, ultimately enhancing their subjective well-being and quality of life. By providing an evidence-based program manual, this study offers valuable insights for community nurses and other healthcare professionals, enabling them to implement educational programs for individuals with alcohol dependence more effectively.

1.2. Research Purpose

This study seeks to develop a Rational Emotive Behavior Therapy (REBT) program tailored for individuals with alcohol addiction. The development process involves examining the theoretical foundation of REBT and applying a structured, three-step approach based on established counseling and psychoeducational program development models [16]: goal setting, program design, and preliminary research.

2. RESEARCH METHODOLOGY

2.1. Research Design

This study employs a methodological approach aimed at developing a suicide prevention program for individuals with alcohol addiction, following a systematic framework based on established program development procedures.

2.2. Program Development Procedure

The suicide prevention program in this study was developed using the ABCDE model of Rational Emotive Behavior Therapy (REBT), as conceptualized by Ellis (1979). The program was designed and evaluated according to counseling and psychoeducational program development procedures[16]. The development process consisted of four stages: goal-setting, program design, preliminary research, and program implementation and improvement. In this study, the final program was developed and refined through the first three stages, while the fourth stage—implementation and iterative refinement—was not conducted, marking a limitation of this research. Program development occurred over a period from January 2, 2019, to August 4, 2019.

2.2.1. Stage 1: Goal-Setting Stage

The goal-setting stage is the initial phase, where the program is planned, the needs of target participants are assessed, and session-specific goals are refined based on these findings[16]. At this stage, the purpose and objectives of the program were defined according to Rational Emotive Behavior Therapy (REBT) principles, establishing key components and session-specific goals.

2.2.1.1. Planning of a Suicide Prevention Program

This study developed an REBT-based suicide prevention program specifically for individuals with alcohol addiction. The program aims to help participants identify and transform irrational beliefs into rational ones, thereby reducing suicide risk and enhancing quality of life. Additionally, the program was designed for practical application in real-world settings, providing a structured manual that community nurses can implement with ease.

2.2.1.2. Literature Review on the Development of Suicide Prevention Programs

The initial step in program development involved reviewing prior studies. This literature review focused on interventions for individuals with alcohol dependence, REBT, and the development of suicide prevention

programs, to address the specific needs of this population. Insights from these studies underscored the severe suicide risk among individuals with alcohol dependence and the critical need for effective nursing intervention programs.

The literature review followed the PICO (Patient, Intervention, Comparison, Outcome) framework to analyze groups, interventions, and outcomes. The target group consisted of individuals with alcohol dependence, using search terms like "alcohol dependence," "alcohol addiction," "alcoholic," and "alcohol use disorder." Intervention methods included REBT and Cognitive Behavioral Therapy (CBT), with outcomes focusing on irrational beliefs, suicidal ideation, depression, and problem-solving abilities. Searches targeted domestic and international studies in nursing, medicine, and related fields, drawing on databases like KERIS, NDSL, and KISS for domestic studies, and PubMed and Google Scholar for international studies. This review examined nursing interventions targeting cognitive and emotional factors associated with irrational beliefs among individuals with alcohol dependence, and the program was structured based on REBT components such as cognitive restructuring, emotional regulation, and behavior modification.

2.2.1.3. Needs Analysis for Program Development

To assess participant needs, interviews were conducted with three individuals with alcohol dependence who were registered with Addiction Management Integrated Support Center A. These individuals met the study's inclusion criteria and did not have comorbid diagnoses like schizophrenia or personality disorders, nor were they engaged in other cognitive-behavioral therapy or suicide prevention programs. Each interview lasted approximately 50 minutes, and a small gift was provided as a token of appreciation.

The primary questions in the preliminary interviews were open-ended, such as, "What thoughts usually trouble you?" Active listening encouraged participants to comfortably share their experiences. Additional questions explored suicidal thoughts and coping strategies, with prompts like "How often do you think about suicide?" and "What situations trigger these thoughts?" Participants also discussed the challenges of living with alcohol dependence, experiences of relapse, and suggestions for beneficial program components. Through these interviews, common themes emerged, including self-deprecating thoughts, maladaptive emotions, interpersonal relationship challenges, communication issues, and pessimism about life.

2.2.1.4. Establishment of Program Goals and Objectives

The primary aim of this REBT-based program is to reduce irrational beliefs among individuals with alcohol dependence, thereby decreasing depression and suicidal ideation while enhancing their problem-solving skills. The specific objectives of the program are as follows:

- First, to foster authentic relationships with individuals with alcohol dependence, building trust in their interactions with others.
- Second, to increase participants' awareness of the connections between events, cognition, and emotions through the module 'Understanding Cognitive Processes.'
- Third, under the theme 'Understanding Irrational Beliefs,' to explore types of cognitive distortions, differentiate between irrational and rational beliefs, and understand the impacts of irrational beliefs.
- Fourth, to encourage participants to recognize irrational beliefs and practice replacing them with rational thoughts.
- Fifth, to enhance problem-solving skills and support individuals in recognizing and embracing their transformed selves.

2.2.2. Stage 2: Program Design Stage

The second phase centers on designing the program, beginning with a theoretical review of its objectives and content. Activities are selected, organized, and evaluated for effectiveness, acceptability, and engagement. Based on these evaluations, the most appropriate activities, content, and strategies are chosen to create a cohesive and effective program structure.

2.2.2.1. Program Structure

The therapeutic components included in the program were established through a review of previous studies and an analysis of participant needs. Key references used in developing the program included Rational Emotive Behavior Therapy: Therapist's Guide by Albert Ellis (2007), Cognitive Therapy Techniques by Albert Ellis (2015), Cognitive, Emotional, and Behavioral Therapy by Park Kyung-ae (2020), and Rational Emotive Behavior Therapy by Dryden (2016). A preliminary program draft was developed with input from an addiction specialist nurse and a professor of psychiatric nursing.

To determine the format, session frequency, duration, and group size, an integrative review of intervention programs using Rational Emotive Behavior Therapy was conducted. Research indicated that group-based formats were generally the most effective[20]. Most programs involved 10-11 sessions, with each session lasting 60-120 minutes, conducted twice weekly over 5-8 weeks[21]. Accordingly, this program was structured to

include 10 sessions, each lasting 90 minutes, conducted twice a week over a 5-week period.

Each session follows a structured format, including an introduction, the main activity, and a closing segment with reflection and a preview of the next session. At the beginning of each session, participants review program rules, and at the end, they receive a summary of the current session's content along with an overview of the upcoming session.

2.2.3. Stage 3: Preliminary Research Stage

The third stage involves a pilot study where the initially developed program is administered to a small group of participants. This phase allows for the evaluation of various program aspects, gathering data to inform any necessary adjustments to activities, content, and strategies [16]. During this phase, the preliminary program was implemented, including a pilot survey, analysis of participant feedback, and researcher observations. Expert evaluations were also conducted to assess content validity using the Content Validity Index (CVI).

2.2.3.1. Pilot Implementation and Revision Phase

The preliminary program was piloted through a survey, analysis of participant responses, and researcher observations. Expert consultations were also conducted to validate content accuracy and relevance. On January 4, 2020, a preliminary study was conducted with two individuals with alcohol dependence, registered with an Addiction Management Integrated Support Center, to assess the feasibility of the program content and interventions, as well as to identify potential implementation issues. The preliminary sessions included Session 1: Understanding Rational Emotive Behavior Therapy, Session 2: Understanding Cognitive Processes, and Session 3: Understanding Irrational Beliefs, each lasting 50 minutes. Participant feedback was gathered after each session to evaluate the feasibility of the program content and intervention methods from their perspective.

Feedback from the pilot indicated that the assignments were too extensive, leading to a reduction in the amount of assigned work. Additionally, participants provided suggestions on intervention methods, such as incorporating word cards to facilitate identifying rational coping statements, which were incorporated into the program.

2.2.3.2. Expert Validity Verification

To evaluate the program, content validity was assessed by a panel of six experts, comprising three psychiatric nursing professors, one psychiatry professor, and two level-1 mental health nurses. The Content Validity Index (CVI) was calculated to verify content validity. A 4-point Likert scale survey assessed the appropriateness of the program structure, content, and intervention methods. The resulting CVI score indicated that 5 out of 6 experts rated it as highly appropriate, yielding an I-CVI of 0.80 or above, thus confirming the program's content validity.

2.2.3.3. Final Model Structure

Through the development stages outlined above, the final model for the suicide prevention program was completed. The details of the finalized program are presented in the following section, IV. Research Results.

3. RESEARCH RESULTS

3.1. Suicide Prevention Program Development

3.1.1. Program Objectives

This program was developed through the first three stages of a four-step model based on Kim Chang-dae's (2019) framework for counseling and psychoeducational program development. The stages include goal setting, program design, preliminary research/long-term effect enhancement, and program implementation and refinement.

The program is structured as follows:

- Cognitive Restructuring Techniques (Sessions 1-5)
- Emotional Regulation Techniques (Sessions 6 and 7)
- Behavior Modification Techniques (Sessions 8 and 9)
- Closure/Change Assessment (Session 10)

3.1.2. Program Structure and Content

The program was structured through a comprehensive theoretical review, selection of activities, and content and strategy development. It consists of 10 sessions, each lasting 90 minutes and held twice a week. Each session follows a consistent format, including an introduction, main activity, and closing segment. During the program design phase, a detailed plan was crafted, and after a pilot study and expert evaluation, the final 10-session suicide prevention program was organized as follows: cognitive restructuring techniques (Sessions 1-5), emotional regulation techniques (Sessions 6 and 7), behavior modification techniques (Sessions 8 and 9), and closure/change assessment (Session 10).

The structure and specific content of each session in the developed program are detailed in Table 1.

Table 1: Structure and Specific Content of Each Session.

Component	Session	Topic	Description	Intervention Method
Orientation	1	Understanding Rational Emotive Behavior Therapy	Introduction to Program Goals and Process	Lecture Writing Experience Sharing
			Establishing Confidentiality and Rules	
			Initiating Initial Connections Among Participants	
			Education on the Benefits of Rational Emotive Behavior Therapy	
Cognitive Restructuring	2	Understanding Cognitive Processes	Distinguishing Cognition and Emotion (Thoughts create emotions.)	Lecture Writing Experience Sharing
			Identifying Events, Cognition, and Emotion	
			Separating Facts from Thoughts	
			Present specific types of cognitive distortions	
			Distinguishing Irrational and Rational Beliefs	
	3	Understanding Irrational Beliefs	Writing and Sharing Experiences of Psychological Distress (Reflect and write about a recent experience of personal despair)	Lecture Writing Experience Sharing
			Case-Based Disputation - Apply the ABCDE model to personal experiences	
			Strengthening Rational Beliefs	
			Distinguishing Between Irrational Fears and Rational Concerns	
			Finding Rational Coping Statements (word cards)	
Emotional Regulation	6	Identifying Maladaptive Emotions	Recognizing Positive and Maladaptive Emotions	Lecture Writing Sharing
			Recalling Recent Situations Involving Maladaptive Emotions	
			Practice shifting from intense emotional distress to more adaptive, manageable emotions.	
			Distinguishing Between Regret and Guilt	
			Sharing Maladaptive Coping Experiences in Relationships - Relaxation Techniques	
Behavior Modification	7	Emotional Relaxation	Recognize and address common irrational beliefs affecting interpersonal interactions.	Lecture Writing Experience Sharing
			Practice constructive conversation skills to enhance relationships.	
			"I-Message" Training	
			Recalling and Documenting Shame-Inducing Situations	
			Challenging Overgeneralization	
	8	Strengthening Interpersonal Relationships	Self-worth (whole self-evaluation) VS Specific Behavior Evaluation	Writing Sharing Experience
			Sharing Overcoming Experiences	
			Breaking Free from Shame	
			Program and Self-Evaluation	
			Encouragement and Feedback Among Participants	
Closure	9	Reviewing Changes	Sharing Program Reflections	Experience Sharing
	10			

3.1.2.1. Orientation (Session 1)

The introductory phase includes a single session aimed at building trust and rapport among participants, focusing on the theme of 'Program Orientation and Understanding Rational Emotive Behavior Therapy (REBT).' In this session, the facilitator introduced themselves and provided an overview of the program, including its purpose, activities, schedule, duration, and session content. To encourage intimacy and self-disclosure, participants were asked to write and share a personal introduction, describing their 'ideal self,' which allowed the group to understand each member's goals and desired self-image for transformation throughout the program.

Participants then engaged in an open discussion on the theme, "What kind of person am I to those around me?" This discussion provided a platform for participants to express their experiences, share personal backgrounds, and foster a supportive and empathetic environment. Additionally, group rules were established, and participants were reminded of the importance of confidentiality. A lecture was also provided on the benefits and effectiveness of Rational Emotive Behavior Therapy to set the foundation for the program.

3.1.2.2. Cognitive Restructuring Techniques (Sessions 2-5)

- Session 2: Understanding Cognitive Processes

This session aims to help participants distinguish between cognition and emotion by demonstrating how thoughts generate emotions. A PowerPoint presentation introduces the concept, showing how thoughts influence emotions, either amplifying or diminishing them. Participants practice separating thoughts and emotions in writing, exploring their interaction, and then share their own thought-emotion sheets to reflect on this process. Using "Is this a fact or a thought?" cards, participants learn to differentiate between facts and thoughts, reinforcing their understanding of the relationship between events, cognition, and emotions.

- Session 3: Understanding Irrational Beliefs

This session focuses on recognizing cognitive distortions and differentiating between irrational and rational beliefs. Participants learn about 17 types of cognitive distortions through an in-depth lecture that includes definitions and examples. Using a checklist, they identify distortions relevant to their thinking patterns. A follow-up lecture on the impact of irrational beliefs helps participants recognize how distorted thoughts can lead to unpleasant emotions. Feedback is provided to illustrate the contrasting outcomes between rational and irrational beliefs.

- Session 4: Disputing Irrational Beliefs

In this session, participants use the ABCDE model worksheet to examine personal experiences of psychological distress and dispute irrational beliefs. They document a recent experience of despair or distress, outlining the situation, associated thoughts, emotions, and actions. Afterward, participants receive individualized feedback and counterarguments to challenge their irrational beliefs. Emotional support is emphasized to mitigate distress during reflection. Participants then write a revised interpretation of the experience, validating the process of disputing irrational beliefs.

- Session 5: Strengthening Rational Beliefs

This session helps participants distinguish between irrational fears and rational concerns, guiding them in reframing these thoughts into constructive coping statements. After a lecture on irrational fears versus rational concerns, participants write down their irrational fears and select rational coping statements from word cards. They present these statements, discussing the differences between irrational fears and rational concerns. Participants are encouraged to question the validity of their rational coping statements, emphasizing the importance of realistic, rational thinking rather than simple positive thinking for addressing automatic thoughts.

3.1.2.3. Emotion Regulation Techniques (Sessions 6 and 7)

- Session 6: Identifying Maladaptive Emotions

This session focuses on recognizing both positive and maladaptive emotions and provides activities for transforming distress into more manageable emotional responses. Participants recall and write about a recent event that triggered negative emotions, then identify the emotions on an emotion sheet. They reflect on the outcomes of these emotions, weighing the benefits and drawbacks of their responses. Participants then reframe the event from a different perspective to approach emotions rationally and productively. The goal is to encourage rational engagement with emotions rather than avoidance, equipping participants to handle emotions constructively.

- Session 7: Emotional Relaxation

This session addresses the differences between regret and guilt, with a focus on maladaptive coping in relationships and relaxation techniques. Participants review recent situations involving unsuccessful behaviors in personal, work, or family relationships, assessing their thoughts, emotions, and coping strategies. A lecture clarifies the distinction between regret and guilt, followed by a peer advice session in which participants provide each other with rational coping strategies, fostering self-acceptance and acceptance of others. Additionally, participants practice muscle relaxation techniques and rational emotional imagery, gaining practical strategies for managing stress in daily life.

3.1.2.4. Behavior Modification Techniques (Sessions 8 and 9)

- Session 8: Interpersonal Strengthening Training

This session focuses on identifying irrational beliefs that arise in relationships and practicing positive communication skills, such as using "I-messages" to enhance interpersonal connections. The session includes a lecture with examples of positive "I-messages" in communication, followed by role-playing exercises where participants first engage with negative communication examples to experience the emotions these interactions evoke. Participants then reframe these interactions by using "I-messages" in a second round of role-play to practice more effective communication. Feedback is provided on the shift from aggressive to constructive communication, with the facilitator offering corrections and insights on participants' typical nonverbal communication cues to further enhance interpersonal skills.

- Session 9: Breaking Free from Shame

This session centers on challenging overgeneralized thoughts related to shame-inducing situations. Participants are asked to recall and document a personal experience of shame, including the situation and emotions felt. They share instances where shame led to feelings of resignation, followed by stories of overcoming these moments, with the facilitator providing supportive messages to encourage resilience and growth. Through group sharing, participants recognize that shame and self-loathing are often self-imposed, and exposing their vulnerabilities in a supportive group context fosters mutual understanding rather than judgment.

3.1.2.5. Final Stage: Closure and Change Review (Session 10)

- Session 10: Reviewing and Confirming Personal Changes

The final session focuses on reviewing and affirming participants' personal progress. This session includes

time for participants to share encouragement and feedback with each other, offer reflections on their experiences, and provide feedback to the facilitator about the program. A post-test is administered to assess program outcomes and measure personal change, allowing participants to celebrate their growth and conclude the program with a sense of accomplishment.

4. DISCUSSION

The REBT-based suicide prevention program developed in this study is grounded in Ellis's Rational Emotive Behavior Therapy (REBT) theory, specifically tailored to address the irrational beliefs commonly experienced by individuals with alcohol dependence, with a focus on reducing suicidal ideation and depression. This program differentiates itself from traditional suicide prevention approaches by integrating three core techniques—cognitive restructuring, emotional regulation, and behavior modification—aimed at diminishing the impact of irrational beliefs on suicidal thoughts and depression. The following sections provide a detailed discussion of the program's development process.

The initial stage of program development involved reviewing previous studies to identify the underlying causes of suicidal thoughts and depression in individuals with alcohol dependence. Findings revealed that these individuals frequently experience profound depression and suicidal thoughts due to irrational beliefs, contributing to social isolation and hopelessness, which ultimately heighten their risk of suicide [22], [23]. This insight highlighted the importance of helping individuals with alcohol dependence overcome suicidal thoughts and depression by guiding them in logically challenging irrational beliefs and replacing them with rational alternatives. Accordingly, this study identified the core components of a suicide prevention program for individuals with alcohol dependence based on REBT principles. Through cognitive restructuring activities, the program is designed to support participants in positively transforming their belief systems.

The second stage involved structuring the program to foster active participation among individuals with alcohol dependence. Each session was systematically organized to facilitate engagement and continuity. Content was specifically designed to reduce suicidal thoughts and depression by disputing irrational beliefs and reinforcing rational ones. Additionally, emotional regulation through meditation and behavior modification techniques were incorporated to promote emotional stability and support behavioral change.

In the third stage, a preliminary study was conducted to assess the program's effectiveness and review its implementation. For the pilot, the program was condensed from 8 to 4 sessions to test feasibility. Expert validity testing on the program's content and intervention methods assessed its suitability for individuals with alcohol dependence, and the final program was subsequently refined to enhance its practical application in clinical settings.

The REBT-based suicide prevention program developed in this study is distinct from traditional interventions, incorporating proactive and directive strategies tailored to the specific needs of individuals with alcohol dependence. The ABCDE model-based irrational belief disputation activities proved effective in helping participants reconstruct their belief systems and build self-esteem. This program has strong potential for implementation in both community and clinical settings and is anticipated to serve as a valuable evidence-based intervention for suicide prevention among individuals with alcohol dependence.

This study is distinguished by its unique focus on developing a suicide prevention program specifically for individuals with alcohol dependence—a relatively unexplored area in domestic research—which underscores its significance. Future implementation of this program in clinical settings is expected to contribute meaningfully to reducing suicide risk and improving quality of life for this population.

5. CONCLUSION AND RECOMMENDATIONS

This study developed a suicide prevention program for individuals with alcohol dependency, grounded in Ellis's Rational Emotive Behavior Therapy (REBT). The program was systematically designed following established counseling and psychoeducational program development and evaluation models, with the primary objective of reducing suicidal thoughts and depression by transforming irrational beliefs into rational ones. Specifically tailored to address the negative emotions and distorted beliefs commonly experienced by individuals with alcohol dependency, the program aims to promote emotional stability and behavioral change.

Based on REBT theory, the program's components were identified as Disputing Irrational Beliefs, Strengthening Rational Beliefs, Emotional Regulation, and Behavior Modification, with specific objectives and session-by-session goals outlined accordingly. The program places particular emphasis on practical coping strategies, equipping participants to actively prevent suicidal thoughts. This study provides a valuable evidence-based framework for clinical practice by presenting a program designed to effectively reduce suicide risk among individuals with alcohol dependency.

However, a limitation of this study is that it primarily focused on program development without incorporating feedback from practical field application for further revisions and improvements. Addressing this remains a task for future research. Based on the results and discussion of this study, the following recommendations are proposed:

1.As the REBT-based suicide prevention program developed here shows strong potential for reducing suicidal thoughts and alleviating depression among individuals with alcohol dependency, further research is recommended to validate its effectiveness.

2.To evaluate the long-term sustainability of the program's effects, studies incorporating pre-test, post-test, and follow-up evaluations should be conducted. This approach will help confirm the program's durability and validate its effectiveness over time.

3.To enhance the validity and reliability of study outcomes, further research should employ a randomized controlled trial design with a larger sample size and a more diverse participant base. These should be brief and placed at the end of the text before the references.

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