



## Assertive Training *Intervention* on Anger Control in Patients with Violent Behavior with Paranoid Schizophrenia

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### ABSTRACT

**Introduction:** Paranoid schizophrenia is characterized by a cycle of relapses. This relapse is usually caused by bad events before they are revived with anger. Violent behavior is that and anger or rage. A problem that usually results from violent behavior is the patient's inability to control his anger. Anger management must be done to prevent unwanted things, one way to control violent behavior is through verbal interventions, namely assertiveness training. Based on WHO (2021). 35 million people have depression, 60 million have bipolar disorder, 47.5 million have dementia and 24 million have paranoid schizophrenia.

**Purpose:** The purpose of this case study is to provide a nurse for patients with violent behavior with a self-efficacy training intervention for anger management. The method used is a descriptive and case study approach. The sampling technique was adopted by one patient with paranoid schizophrenia and violent behavior problems in BLUD Banjar City Hospital.

**Method:** a nursing process-based method using a qualitative descriptive design that includes assessment, diagnosis, intervention, implementation, and evaluation. Nursing refers to SDKI, SIKI, SLKI, and nursing assessments are documented using the SOAPIER method. A researcher conducted a thought-stopping therapeutic intervention for patients suffering from auditory hallucinations. A random sampling technique was used in this case study, ie one patient with auditory hallucinations was included. The analysis method uses interviews, observations and documentation.

**Result:** The results of this study in the evaluation phase showed that the patients often threw tantrums, hit the walls, kicked the doors, spoke rudely quickly and sharply. Prescribed nursing diagnosis is violent behavior refers to Indonesian Nursing Diagnosis Standards (SDKI), intervention refers to Indonesian Nursing Intervention Standards (SIKI), Indonesian Nursing Outcome Standards (SLKI), evaluation and documentation refers to SOAPIER. The intervention uses 3 strategies to implement violent behavior and the focus of the intervention is assertiveness training.

**Conclusion:** Providing an anger management training program for patients with violent behavior has been shown to be effective in paranoid schizophrenic patients with violent behavior problems.

**Keywords:** *Assertive Training, Paranoid Schizophrenia, Violent Behavior*

## Introduction

Mental health is a state of prosperity where people have the ability to realize their potential, overcome the pressures of life, work productively and contribute to their communities. People who frequently experience emotional distress, anxiety, and dysfunction have a significant chance of experiencing mental health disorders. According to the classification, the most common mental disorder is paranoid schizophrenia Based on data (Pardede and Hasibuan, 2020) (Martini et al., 2022). According to the World Health Organization (2021), 35 million people suffer from depression, 60 million from bipolar disorder, 47.5 million from dementia and 24 million from schizophrenia, of which 40.8% suffer from paranoid schizophrenia. Although the prevalence of schizophrenia is relatively low compared to other mental disorders, according to the National Institute of Mental Health, paranoid schizophrenia is one of the 15 leading causes of disability worldwide, people with paranoid schizophrenia are more likely to reproduce. risk of suicide. Meanwhile, according to Basic Health Research (Riskesdas) 2019, the prevalence of schizophrenia in Indonesia is 7% per 1,000 households. This shows that 70 out of 1000 households have a family member with paranoid schizophrenia/severe psychosis. (Wulandari and Dwi Sulisetyawati, n.d.) (Muhammadiyah et al., 2021).

Paranoid schizophrenia is also a collection of clinical syndromes characterized by changes in cognitive, emotional, perceptual, and other behavioral aspects. This relapse is usually caused by bad events before their relapse, the behavior of paranoid schizophrenics is difficult to predict, suddenly there is shouting and anger, Dwiyantoro (2021). Such violent behavior usually begins with a change in behavior. Changes in behavior are one of the symptoms of paranoid schizophrenia. Violent behavior is a situation where a person takes an action that can cause physical harm to themselves or others. It is also called agitation or rage when an angry person reacts to a stressor with uncontrolled motor movements (Mei Hadip Musyafak et al., 2020). (Kamila, n.d.) (Unusa et al., n.d. 2020) (Martini et al., 2022). The consequences and harm caused by patients who engage in violent behavior must be handled by professionals. (Makhruzah et al., 2021b) Treatment of patients with paranoid schizophrenia is pharmacological and non-pharmacological. One of the non-pharmacological treatments for patients with paranoid schizophrenia is assertiveness training. Validity Training is a technique to honestly, naturally and openly express feelings and opinions to yourself and others, the ability to be confident and respect each other. In addition, such behavior can also be for the self-improvement of the patient. Assertiveness training in patients with chronic paranoid schizophrenia (Ramona et al., 2022) (Mei Hadip Musyafak et al., 2020) improves assertiveness behavior and interpersonal skills immediately after administration of assertiveness training (Martini et al., 2022).

A preliminary case study has been carried out on cases of mental hallucinations at the Banjar City Hospital, there are around 12 cases with schizophrenia or around 6.35% with a period of 2 years from January 2020 to December 2021 and are included in the 6th of the top 10 most diseases in the Banjar City Hospital in psychiatric nursing. There were 12 patients with schizophrenia in the period from January to December 2022 there were 12 patients, there was a decrease in the 2023 period to 10 patients and there was an increase in 2024 in the period from January to June there were 13 schizophrenia patients with 7 of them experiencing violent behavior. Seeing this, the role of nurses in overcoming violent behavior is by providing nursing care. A case study of the assessment has been carried out on May 28, 2024 in the Tanjung BLUD Room, Banjar City Hospital on Mr. I with a nursing diagnosis of

violent behavior with signs and symptoms of frequent anger, rough speech and not connecting, patients also often kick doors and hit walls, resulting in violent behavior, therefore it is necessary to carry out *Assertive Training* intervention.

Based on the above background, the author is interested in making a case study with the title "**Assertive Training Intervention on the Ability to Control Anger of Violent Behavior Patients with Paranoid Schizophrenia**" at BLUD RSU Banjar City.

**Objective**

The purpose of this case study is to provide direct and comprehensive nursing care for Mrs. I in patients with violent behavior using self-efficacy training on anger management in violent paranoid schizophrenic patients.

**Method**

The method in this article uses descriptive methods and literature studies. In the descriptive method, the approach used is a case study where the author manages 1 case using a qualitative approach. The data collection method uses interviews and observations.

**Results**

On May 28, 2024, a patient named Mr. Me, 38 years old, male, Muslim, living in Randegan, Banjar. On 27 May 2024 at 09:00 WIB, the patient's family took him to the emergency room of Banjar City Hospital, after which the patient went to the Tanjung room at 12:46 WIB because his condition became more alarming before he was accepted. to the hospital, the patient often became angry and beat his father, continued to speak in a loud and squeaky voice, damaging household items. The complaint started when a video of him drunk went viral a month ago, after which the patient locked himself up and did not communicate with other people. However, last week he often became confused and slurred his speech. During the assessment, the patient appears anxious, continues to speak in a loud and violent voice, becomes angry, kicks the door and bangs against the wall, the mood changes rapidly, but when the patient is spoken to, can answer questions well. The emerging diagnosis is: violent behavior. Zyprexd Olanzapine 10 mg, Diazepam 1 amp.

**Table 1 Data Analysis**

Symptom	Etiology	Problem
Subjective Data: 1. Patients say they are upset 2. The patient said he would hit the person who spread his video	Violent Behavior ↑ Rampage ↑	<b>Violent Behavior</b>
Objective Data : 1. The face looks tense 2. Sharp view 3. Speak harshly, loudly and harshly 4. Kicking the door	Video of himself drunk spread	

## Intervention, Implementation, Evaluation

**Table 2. Intervention, Implementation, Evaluation**

Intervention	Implementation	Evaluation
SP 3 1. Evaluation of past activities (SP 1 and SP 2) 2. Practice Assertive <i>Training</i> (express well, accept requests and reject well) 3. Input in the schedule.	SP 3 1. Evaluating SP 1 and 2 <b>Response:</b> The patient said that he was able to do deep breathing physical exercises and divert his emotions when hitting the pillow/mattress. 2. Assertive <i>Training</i> (express well, accept requests and reject well) <b>Response</b> : At the beginning of the exercise, the patient had refused because he was bothered by questions about the video, over time the patient was willing and followed the exercise well.	<b>S :</b> - Patients said they could control their emotions with deep breaths, hitting pillows. - Patients say they already know how to control their emotions verbally - The patient understands and starts chatting with his ward mates - The patient seems to be asking well when he wants something - The patient refuses well when he does not want to answer the questions asked <b>O :</b> - The patient seems to understand <b>A :</b> - Violent Behavior Problems <b>P :</b> - Maintain the SP 3 Intervention - Continue SP 4 Intervention

## Discussion

After the nursing care process was carried out on Mr. I with a cheerful behavior in the Tanjung BLUD room of the Banjar City Hospital from May 28 to May 30, 2024 for 3 days.

During the evaluation on Tuesday 28/05/2024, subjective information was found for the first time, that the patient was often angry and furious before being transported to the hospital, constantly talked, spoke loudly and sharply, the patient often also spoke violently, hitting the biological father. The complaint started when a video of his drunkenness went viral in his village, after which the patient changed his behavior. This is further supported by objective data, namely the patient appears in shock, the patient's hands are clenched, the patient is seen hitting the wall and kicking the door. The data analysis in the above case was

consistent with the theory presented by the author. From the results of the evaluation of Mr. I with subjective data and objective data obtained in comparison with the theory presented by Dwiyantoro, who stated that the signs, willpower, hitting when you are unhappy, shame about yourself illness and activity . external illness, auditory hallucinations and violent behavior, but not all patients are at high risk, show hostility or hit or strike objects or people (Malfasari et al., 2020). Based on the research results, in these cases subjective and objective data were found, which led to the diagnosis of functional sadness, sensory perception disorders, hallucinations and violent behavior, which led to self-harm in the patients (according to the theory presented by the patient) . Sabrina, 2020). (2023).

Based on the author's data analysis, the primary diagnosis in nursing is violent behavior, in the absence of immediate treatment, becomes a threat that can result in patient loss or injury. , others or the environment. According to the case experienced by Mr. I, the priority is to immediately deal with the problem, namely the violent behavior. So the action plan, which is implemented within 3 days of the appointment, it is hoped that the patient will be able to control the violent behavior. The first procedure is carried out using BHSP (Building Relationships of Mutual Trust) by introducing yourself, identifying the patient, first approaching with frequent but short contact methods. Another intervention teaches. The third action is carried out by controlling anger (asking, accepting, expressing well) in the assertiveness training carried out in this third embodiment. Practice expressing anger verbally.

The execution done by the author is always related to all the plans drawn. Realized implementation always refers to all plans made. The first nursing job was to introduce BHSP (Building Relationships of Mutual Trust). On the second day, the author adopted the following implementation strategy, namely first he validated the problem and evaluated the previous exercises and taught how to control anger by hitting the pillow. The following implementation strategy, which taught patients to manage anger and violent behavior verbally (ask, accept, express well), was implemented in implementation 3 of the assertiveness training technique.

Before deployment, responses were received from patients who were still angry when something bothered them. At the same time, when self-assertive training was applied, a response was obtained from patients who could control their anger. Implementation of valid training takes place in several process phases, which are preparation, familiarization, work phase, completion and evaluation.

On the second day of assessment, the patient showed changes as she patient's anger response when she was angry. On the third day, the patient was able to change his violent behavior by hitting the wall and kicking the door, hitting the pillow/mattress so that the patient stopped hitting the wall and kicking the door. And it can be seen that after 3 days of nursing of the patients.

Just during the intervention of a cooperative patient, wants bothers him. methods that affect patients, therapy. Because involves a general procedure that can reduce the patient's angry reaction. Assertiveness exercise therapy, which generally makes patients comfortable, can be seen by patients who are also cooperative and want to communicate and talk with others around them. techniques and hitting the pillow/mattress, the anger generated at that time can only be reduced. Significant changes were seen in the assertiveness training intervention.

## Conclusion

After nursing Mr. I through violent behavior at BLUD RSUD Banjar City for 3 days from the 28th to the 30th. May 2024, the author can conclude that assertiveness training has been proven to control anger in suffering patients. violent behavior So that nurses can perform these nonmedical interventions to control anger in patients with mental illness.

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