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Application of Therapeutic Communication Techniques Improves Self-Control in Patients with Violent Behavior

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Abstract

Background: *Schizophrenia* is a mental disorder characterized by the sufferer's difficulty in distinguishing reality from fantasy. *Schizophrenia* includes several symptoms such as violent behavior, hallucinations, delusions, social isolation and low self-esteem. Violent behavior if not treated can cause harm to the sufferer himself, others, and the surrounding environment to disrupt the quality of life of the sufferer. Objective: To determine the application of therapeutic communication techniques in patients with violent behavior in Mr. Z and Mr. T who experience the main problem of violent behavior in *schizophrenia* patients. Method: This study is a qualitative descriptive study with a case study approach, using 2 respondents, namely patients who experienced violent behavior in the Lily 13 Room of the Ministry of Health, Soerojo Hospital, Magelang City. The application was carried out for 4 consecutive days with an application time of 30 minutes, observing signs and symptoms of self-care deficits before and after the application of the action. Results: Therapeutic Communication Techniques can reduce signs and symptoms of violent behavior through the results of observations of signs and symptoms of violent behavior in *schizophrenia* patients relatively decreasing. Conclusion: The application of therapeutic communication techniques in increasing self-control in *schizophrenia* patients.

Keywords: *Schizophrenia*; Therapeutic Communication; Violent Behavior.

1. INTRODUCTION

Schizophrenia includes several symptoms such as violent behavior, hallucinations, delusions, social isolation and low self-esteem. One of the nursing problems that can arise in people with *schizophrenia* is violent behavior, which is excessive or even uncontrolled anger that can verbally or even injure other people and damage the environment with major symptoms such as threatening, saying harsh words, speaking curtly, attacking other people, hurting oneself or others, destroying the environment, and showing aggressive behavior or tantrums. A sharp or glaring gaze, clenched fists, clenched jaw, red face and stiff body posture are minor signs and symptoms of violent behavior (Tim Pokja SDKI DPP PPNI, 2017).

Pharmacological management to control violent behavior can include anti-anxiety drugs and anti-depressive drugs. Non-pharmacological means using therapeutic modalities, because violent behavior easily recurs and endangers oneself and others (Afnuhazi, 2015). Nurses can use management to manage and prevent violent behavior with preventive strategies (self-awareness, client education, assertive training), anticipatory strategies (communication, environmental changes, behavioral actions, spicopharmacology), containment strategies (crisis management, seclusion, restrains) (Yosep , 2016).

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Research by Wahyudi et al, (2021) with the title "The Influence of Therapeutic Communication on Violent Behavior in Mental Patients at the Rejoso Community Health Center, Nganjuk Regency" using pre-experimental methods and a total of 20 respondents. It was found that the results of therapeutic communication could influence changes in violent behavior. Violent behavior before therapeutic communication techniques were carried out received a score of 8, namely 9 respondents (45%). After carrying out therapeutic communication techniques, the score dropped to 5, namely 10 respondents (50%).

Therapeutic communication is communication that is planned and carried out by nurses and the effectiveness of interventions in mental nursing is influenced by the nurse's skill in carrying out therapeutic communication (Damaiyanti, 2013). Therapeutic communication can be carried out for the healing or recovery process in patients with violent behavior (Afnuhazi, 2015).

Violent behavior needs to receive more specific therapeutic communication measures in mental nursing care, so that violent behavior carried out by sufferers towards themselves and others can be minimized (Yosep, 2016). Providing therapeutic communication can enable patients to clarify and reduce some or all of the burden on the patient's thoughts and feelings (Musliha, 2014).

Research by Arini et al, (2021) showed that therapeutic communication at Tampan Mental Hospital had an effect on violent behavior. Changes in violent behavior can be attempted through several methods, such as self-awareness, health education, assertive training, and therapeutic communication. We also know that the therapeutic communication given to patients is not only influenced by the patient's demographic condition, but is also influenced by self-awareness and the health care that patients receive from health workers.

Data obtained from Wisma Lily 13 Ministry of Health, Soerojo Hospital Magelang, the total number of patients was 16 people and there were more than 40% of patients who experienced schizophrenic mental disorders with nursing problems with violent behavior. All patients who have violent behavior problems have not been fully trained in how to control violent behavior using therapeutic communication techniques. The application of therapeutic communication techniques is carried out on an ongoing basis by cultivating the patient's ability to control themselves in patients with violent behavior in *schizophrenia* patients. Anger control training to overcome the problem of violent behavior has been implemented well at the Ministry of Health, Soerojo Hospital, Magelang, but in reality the majority of patients have not implemented it and are always reminded by nurses during implementation.

Patients do not have the independence to carry out this technique so the results are not optimal.

2. LITERATURE REVIEW

Schizophrenia is the most common mental disorder, a syndrome characterized by changes in cognition, perception, emotions and other aspects such as behavior. Behavioral changes are a form of symptom found in patients with *schizophrenia*. Changes in behavior suffered that can endanger oneself, other people and the environment are called violent behavior (Rustika, 2020).

Violent behavior is a situation where a person carries out actions that can cause physical harm, both to themselves and others. It is often also called restless noise or tantrums where an angry person responds to a stressor with uncontrolled motor movements (Yosep, 2016).

Signs and symptoms that appear in patients with violent behavior according to Estika (2021) include flushed faces, bulging eyes, harsh words, shrill voices, irritability, attacking or injuring other people, destroying the environment, not caring, insulting other people.

Violent behavior arises due to external triggers as a mixture of frustration and stimulus. Everyone has the potential to commit acts of violence. Basically, people are able to avoid violence, although recently more and more people tend to respond to aggression. Violent behavior is the most maladaptive response to anger which is characterized by strong feelings of anger and hostility accompanied by a loss of angry control. People can damage themselves, others, or the environment. Violent behavior is an angry response to stress, anxiety, low self-esteem, guilt, hopelessness and helplessness. The internal response to anger can take the form of unassertive and self-destructive behavior, while externally it can take the form of aggressive destructive behavior. Angry responses can be expressed verbally, suppressing, and challenging. Express anger with constructive behavior by expressing words that can be accepted and understood without hurting others. When anger is expressed in aggressive and oppositional behavior, it is done on the basis that someone feels strong (Yusuf et al., 2015).

Pharmacological management can be done by administering antianxiety drug therapy, sedative hypnotics and antidepressant drugs. The drug eliminates the aggressiveness of patients with mental disorders. Apart from that, with the provision of Electro Convulsive Therapy / ECT therapy. Electroconvulsive therapy (ECT) is a form of therapy for patients

that causes seizures by passing an electric current through electrodes attached to the patient's temples (Muliani, 2019).

Non-pharmacological management with anger control management, identifying and managing expressions of anger in an adaptive and non-violent manner (PPNI, 2018), including observation, identifying causes/triggers of anger, identifying behavioral expectations regarding expressions of anger, monitoring potential non-constructive aggression, taking action before being aggressive , monitor progress by generating data, if necessary. Therapeutic by using a calm or reassuring approach, facilitating adaptive expression of anger, preventing physical damage due to expressions of anger (using weapons, preventing activities that trigger aggression (punching bags, pacing, excessive exercise, exercising external control (restraints, time-outs, and isolation), if necessary, support implementing anger control strategies and adaptive anger expression, provide reinforcement for the successful implementation of anger control strategies.

Educate by explaining the meaning, function of anger, frustration, and angry responses, encourage asking a nurse or family for help during times of increased tension, teach strategies to prevent maladaptive expressions of anger, teach methods to modulate the experience of strong emotions (assertive training, relaxation techniques, journaling, activities energy distribution). Collaborative administration of medication, if necessary.

3. METHODS

This research is a qualitative descriptive study with a case study approach, using 2 respondents, namely patients who experienced violent behavior in Lily Room 13, Ministry of Health, Soerojo Hospital, Magelang City. The implementation was carried out for 4 days from 6 – 9 April 2024 consecutively with an implementation time of 30 minutes, observing signs and symptoms of self-care deficits pre and post implementation of the action. Data collection methods use participant observation, unstructured interviews, test methods using questionnaires containing related questions from the patient's demographics and health history. The data collection instrument uses a nursing care format according to the provisions consisting of assessment, nursing diagnosis, nursing implementation, and nursing evaluation. Data Validity Testing uses source triangulation, namely using clients, nurses, clients' families as sources of information and sources of documentation to validate the data that has been obtained.

The data analysis method used in qualitative research is descriptive, namely connecting one data with other data, then drawing conclusions from the data, so that a complete picture of a phenomenon is studied in depth.

4. RESULTS

The case study was conducted at the Ministry of Health Soerojo Magelang Hospital which is located on Jl. Ahmad Yani No.169, North Kramat, Magelang City, Central Java. Ministry of Health Soerojo Magelang Hospital is a hospital belonging to the Ministry of Health of the Republic of Indonesia which is a referral center in the field of mental health but also provides general health services for 40% of the available beds. The bed capacity at the Ministry of Health Soerojo Hospital Magelang is 400 with a land area of 409,450 m², building area 27,724 m². The type or class of the Ministry of Health's Soerojo Magelang Hospital is a type A special hospital with plenary level accreditation status.

Researchers conducted a case study at Wisma Lily 13, Ministry of Health, Soerojo Hospital, Magelang, which is a mental ward. Wisma Lily 13 is to the north of Wisma Anggrek and in front of Wisma Lily 15. Wisma Lily 13 has 2 patient rooms, a nurse's room, a medicine room, a nurse's room, a living room, a meeting room, a kitchen, a dining room, a bathroom and a terrace. The patient rooms are divided into 2 with each room having 10 beds equipped with 1 bathroom.

a. Nursing Assessment

The case study was carried out using 2 respondents who experienced violent behavior nursing problems in accordance with the inclusion criteria written by the researcher. Researchers carry out identification.

Table 1. Results of the Assessment of Criteria for Respondents' Violent Behavior

No	Citeria	Mr.Z		Mr.T	
		Yes	Tidak	Yes	Tidak
1.	Patients with problems violent behavior in the hospital	Yes		Yes	
2.	Patients who don't have a hearing disability	Yes		Yes	
3.	Patients who can speak well	Yes		Yes	
4.	Cooperative patient	Yes		Yes	
5	A willing patient be a respondent	Yes		Yes	

The conclusion from the table above is that both respondents met the inclusion criteria to then be used as subjects for the case study. The mental nursing assessment carried out by researchers on the two respondents obtained the results of the assessment described in table 2.

Table 2. Nursing Assessment

Nursing Assessment		
Patient identity	Mr.Z	Mr.T
No.RM	0118xxx	0118xxx
Gender	Man	Man
Age	38 years old	45 years old
Address	Magelang	Tegal
Religion	Islam	Islam
Tribes	Java	Java
Education	Junior High School	Senior High School

Status Mental		
Main complaint	The patient said no routine and lazy to taking medicine, getting angry, don't want a grave, throwing things away and overly suspicious	The patient said no want to take medicine, angry for no reason and always use layered clothes
Reason for entry	Patient's family said the patient was screaming, wont to sleep, not wanting to take medicine, throw away stuff and suspicious excessive	Patient's family said the patient wont to sleep, whatever I want myself, using 3-5 layers of clothing, wont to take medicine and get angry for no reason
Predisposing factors and precipitation	The patient does not have family members who experiencing mental disorders. The patient had previously experienced mental disorder	The patient does not have family members who experiencing mental disorders.
Physical assessment	TTV: TD: 110/80mmHg S:36 ℃ N:88 x/minute RR: 24x/minute	TTV: TD:100/70mmHg S:36,5℃ N:78 x/minute RR: 20x/minute

Psychosocial		
Self concept	The patient is a man 38 year old male, has no physical disabilities, the patient feels angry because people around his house make fun of him often	The patient is a man 45 year old man, no physical disability, the patient felt sad because he had to undergo treatment at the hospital
Social relations	The person who matters is his father and mother, in patient's home environment rarely socialize and Sometimes patients get angry when invited to interact with nurses or other patients.	The person who matters is mother and sister, the patient in the home environment rarely interact with other people and when being treated in hospital the patient just kept to himself a lot.

Status mental		
Appearance	The patient looks neat, long hair, short clean nails, dressed as usual.	The patient looks neat, short hair, short clean nails, dressed as usual.
Talks	When examined the patient was able answer questions, talk quickly and be curt if asked too much or too long.	When studied patient can answer and talk well.
Motor activity	When examined the patient appeared tense, speak curtly and use a high tone.	When examined the patient appeared tense and threatening.
Affect	When assessing the patient's unstable affect, emotions change quickly.	When assessing the patient's affect unstable, emotions change quickly.
Interaction during interview	The patient's eye contact is visible confused and easily switched.	Patient eye contact looked confused and easy to switch.
Perception	The patient said he missed his home. The patient appears to be angry with other patients.	When examining the patient said angry with his older brother took him to the hospital.
Level of awareness	When examined the patient appeared confused, good orientation to place, person and time.	Orientation to place, time and good people.
Memory	The patient did not experience it impaired memory short term and long term.	The patient did not experience it impaired memory short term and long term.

Table 3. Medical Therapy

Drug name	Rule	Route	Medication administration		Indication
			Mr. Y	Mr. W	
Clozapine 25mg	10 mg/ 24 Hour	Oral	√	√	Anti-psychosis medication given to sufferers *schizophrenia*
Trifluoperazine 5mg	10 mg/ 12 Hour	Oral	√	√	Anti-psychotic medication usually used for reduce anxiety in patients *schizophrenia*
THP (Trihexyphenidyl) 2mg	2 mg/ 12 Hour	Oral	√	√	Medicine for reduce stiffness, tremors and seizures
Noprenia oral solution (Risperidon oral solution)	2 ml/ 12 Hour	Oral	√	√	Overcome *schizophrenia*, bipolar disorder acute, dementia is up to disease Alzheimer

b. Nursing diagnosis

The main nursing diagnosis in the two research subjects that appeared in the research was violent behavior as shown in the results of the study in table 4.

Table 4. Signs and Symptoms of Violent Behavior

No	Signs and Symptoms	Pre			
		Mr.Z		Mr.T	
		Of	No	Of	No
1.	Threaten	√		√	
2.	Swearing with harsh words	√		√	
3.	Loud noise	√		√	
4.	Speak harshly	√		√	
5.	Eyes bulging or sharp look	√		√	
6.	Hands clenched	√		√	
7.	Jaw clenched	√			√
8.	Face flushed	√		√	
9.	Stiff body posture	√		√	
	Amount	9	0	8	1

The results of the examination above found that both respondents experienced violent behavior such as threatening, swearing with harsh words, loud voices, speaking harshly, glaring eyes, sharp gazes, clenched fists, clenched jaws, flushed faces, stiff body postures. The percentage obtained from Mr. Z 100% and on Mr. T 88% so that the nursing problem of violent behavior can be established.

After conducting an initial assessment of Mr. Z and Mr. T, next the researcher carried out an assessment of the violent behavior of the two respondents, so that problems could be found that emerged with the results of the examination outlined in table 5.

Table 5. Data Analysis

Sign/symptom	Etiologi	Problem
Mr.Z Ds: 1. The patient said he was not routinely taking medication and was lazy 2. The patient said he was angry, didn't want to eat, threw things away and was overly suspicious Do: 1. Face looked tense 2. The patient sometimes seems angry with other patients 3. Patients sometimes threaten other patients with fists 4. Unstable affect Speak curtly and loudly	Inability handle angry impulse	Behavior violence
Mr.T Ds: 1. The patient said he did not want to take medication 2. The patient said he was angry for no reason and always wore layers of clothing. Do: 1. The patient's face looks tense and red 2. Labile affect 3. The patient cannot focus and concentrate Speak curtly and loudly	Inability handle angry impulse	Behavior violence

Mr. Z

Violent behavior disorder is related to the inability to control angry impulses as evidenced by subjective data: the patient said that before he was taken to hospital he threatened his neighbors, got angry for no reason, and threw away things at home. Objective data: the face looks tense, the patient sometimes looks angry with other patients, the patient sometimes threatens other patients with a fist, his affect is unstable, he cannot focus and concentrate.

Mr. T

Violent behavior disorder is related to the inability to control angry impulses as evidenced by subjective data: the patient said that before he was taken to hospital he often felt annoyed with his older brother, wanted to get angry, and broke things. Objective data: The face looks tense, gaze is sharp, affect is unstable, unable to focus and concentrate, often opposes questions.

The conclusion from the data analysis above shows that Mr. Z and Mr. T experiences violent behavior related to the inanability to control anger.

c. Before the implementation of the action

Researchers examined the two respondents to determine the signs and symptoms experienced with the results:

Tabel 6. Observation Before Action

No	Question	Pre			
		Tn.Z		Tn.T	
		Yes	No	Yes	No
1.	Verbalization of threats to others	Yes		Yes	
2.	Verbalization of swear words	Yes		Yes	
3.	Loud noise	Yes		Yes	
4.	Talk loud	Yes		Yes	

The results of the above examination found that both respondents experienced violent behavior such as threatening, swearing with harsh words, loud voices, and curt voices. Based on the examination data, the researcher carried out nursing action planning, namely anger control management with therapeutic communication techniques to overcome the nursing problem of violent behavior in schizophrenic patients and to determine the results of the actions given.

d. Implementation

Before carrying out the action of applying therapeutic communication techniques, the researcher planned nursing care according to Indonesian nursing intervention standards (SIKI), anger control management (I.09290), namely identifying and managing

expressions of anger in an adaptive and non-violent manner. Therapeutic communication techniques are communication between patients and nurses that can influence and gain experience to overcome problems experienced by patients and improve the patient's emotional experience in order to achieve patient recovery (Anjaswarni, 2016).

Before carrying out the action of applying therapeutic communication techniques, both respondents had understood the explanation of this case study research and signed the informed consent given to Mr. Z and Mr. T. The application of therapeutic communication techniques is provided in accordance with Standard Operational Procedures (SPO) (PPNI, 2021). The application of therapeutic communication techniques is carried out for 4 days with a time of 10 – 15 minutes by making a time contract, explaining the procedure, purpose of action and environmental preparation.

The first meeting trains patients to communicate things that make them angry and the responses that arise when anger occurs. The second meeting trains you to express how to meet the needs that make you angry. The third meeting teaches therapeutic communication techniques in meeting unmet needs and causing anger to arise. The fourth meeting teaches saying no to requests and reasons for rejecting other people's irrational requests.

e. Evaluation

Evaluation is carried out after completing nursing actions using therapeutic communication techniques. The purpose of the evaluation is to monitor and observe signs and symptoms of violent behavior experienced by the patient. The evaluation results are described in table 7.

Table 7. Observation Results
After Applying Therapeutic Communication Techniques to Mr.Z

No	Question	Tn. Z							
		H1		H2		H3		H4	
		pre	post	pre	post	pre	post	pre	post
1.	Verbalization of threats to others	Yes	Yes	Yes	Yes	Yes	No	No	No
2.	Verbalization of swear words	Yes	Yes	Yes	Yes	No	No	No	No
3.	Loud noise	Yes	Yes	Yes	Yes	Yes	No	No	No
4.	Speak harshly	Yes	Yes	Yes	Yes	Yes	Yes	No	No

Table 8. Observation Results
After Applying Therapeutic Communication Techniques to Mr.T

No	Question	Tn. Z							
		H1		H2		H3		H4	
		pre	post	pre	post	pre	post	pre	post
1.	Verbalization of threats to others	Yes	Yes	Yes	Yes	Yes	No	No	No
2.	Verbalization of swear words	Yes	Yes	Yes	Yes	No	No	No	No
3.	Loud noise	Yes	No	Yes	No	No	No	No	No
4.	Speak harshly	Yes	No	Yes	No	No	Yes	No	No

Tables 7 and 8 show that violent behavior decreased after implementing therapeutic communication techniques for 4 consecutive days. Starting from the first day to the fourth day there was an increase in controlling violent and angry behavior.

f. Analysis

The results of the analysis of the application of therapeutic communication techniques for 4 days with a meeting time of 15 minutes are expected to increase self-control, in accordance with the results criteria in the SLKI. The results of the implementation analysis can be seen in table 9.

Table 9. Criteria for Self-Control Results

No	Question	Tn.Z		Tn.T	
		pre	post	pre	post
1.	Verbalization of threats to other people	3	3	3	4
2.	Verbalization of swear words	2	3	3	4
3.	Loud noise	2	4	4	4
4.	Talk loud	2	4	4	4

Observation of the application of therapeutic communication techniques using the Indonesian Nursing External Standards (SLKI) for self-control. The results of observations before implementation showed signs and symptoms in Mr. Z, namely verbalization of threats to other people in the moderate range (3), verbalization of swearing in the moderately increased range (2), loud speaking in the moderately increased range (2), cursing speech in the moderately increased range (2) and Mr. T verbalization of threats to other people and verbalization of swearing is in the moderate range (3), speaking loudly and curtly is in the moderate range (4). Application of therapeutic communication techniques for 4 consecutive days with an interaction time of 15 minutes. The results of observations after 4 days showed a decrease in signs and symptoms in the patient Mr. Z, namely verbalization of threats to other people and verbalization of curses in the moderate range (4), loud voices and curt speech in the moderate range (3) and for Mr. T, namely verbalization of threats to other people and verbalization, loud voices and curt speech in the moderately decreasing range (4).

5. DISCUSSION

The characteristics of the respondents in this study were male, men experienced more behavior than women because the demands on responsibilities and roles that men had to fulfill in the family were higher than women, which resulted in more stressors (Mustikasari, 2015). The ages of the respondents in this study were in the productive age range, namely in the adult age group. Respondent's education Mr. Z only completed junior high school at a lower level than Mr. T with a high school education level. A person with low education will experience difficulty in conveying ideas, notions or opinions, which can affect the way a person relates to other people, solves problems, makes decisions and responds to sources of stress (Livana, 2019). Occupation of respondent Mr. Z is not working and Mr. T worked as a laborer and is now unemployed. The main nursing diagnosis in both *schizophrenia* patients was violent behavior. The condition before the application of therapeutic communication techniques to violent behavior in the two schizophrenic patients still showed symptoms of violent behavior in the form of verbalization of threats to other people, verbalization of loud noises and speaking loudly. Respondents were then given action interventions to apply therapeutic communication techniques for 4 days, which were evaluated every day after implementation. The results obtained from the study showed that both respondents experienced violent behavior which was very dangerous to themselves, other people and also the environment. The application of therapeutic communication techniques is communication that is planned and carried out by nurses and the effectiveness of interventions in psychiatric nursing is influenced by the nurse's skill in carrying out therapeutic communication (Damaiyanti, 2013). Evaluation of the development of violent behavior problems is assessed using an observation sheet for signs and symptoms of violent behavior in accordance with the Indonesian Nursing Diagnosis Standards (SDKI) book.

6. CONCLUSION

The conclusion of this study is a nursing diagnosis that can be established in Mr. Z and Mr. T is violent behavior related to the inability to control angry impulses. Signs and symptoms in both subjects before therapeutic communication techniques were carried out were obtained in Mr. Z 9 and Mr. T 8 signs and symptoms of violent behavior. After 4 days of intervention in the form of applying therapeutic communication techniques to both respondents, data was obtained that both respondents experienced a decrease in signs and symptoms of violent behavior. The final results show Mr. T experienced a significant reduction in signs and symptoms compared with Mr. Z. This is because Mr. When Z was

given therapeutic communication techniques, he still lacked focus and often diverted his attention, so Mr. Z still engages in the behavior of cursing harsh words at other patients, speaking loudly and curtly. Mr. T is able to listen well. So it can be concluded that the application of efficient therapeutic communication techniques is carried out to increase self-control in Mr. Z and Mr. T with the nursing problem of violent behavior.

7. LIMITATION

The study has several limitations that should be addressed to improve its validity and generalizability. Firstly, the sample size is very limited, involving only two respondents. This small sample restricts the ability to generalize findings to a broader population. The intervention duration was notably short. Lastly, the study was conducted at a single observation point. To strengthen the study, future research should involve a larger and more diverse sample size. Additionally, longer observation periods and multiple assessments over time could provide deeper insights into the long-term effects therapeutic communication.

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