



The Effectiveness of Assertiveness Training (AT) Therapy on Reducing Signs and Symptoms of Violent Behavior in the Acute Room of the Maluku Provincial RSKD

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ABSTRACT

Violent behavior is a response to stressors shown by self-injurious behavior, damaging the environment, and injuring others, both verbally and in the form of behavior (Nanang et al., 2021). Assertiveness Training (AT) is one of the nursing actions provided to prevent violent behavior and this intervention is part of a preventive strategy. The application of Assertiveness Training is given as a form of therapy, in the form of behavior therapy (Firmawati & Biahimo, 2021). General objectives: The formulation of the problem in this final scientific work is to assess the effectiveness of Assertiveness Training (AT) therapy in reducing signs and symptoms of violent behavior in schizophrenia patients in the acute room of the Maluku Province Hospital. Method: The method used is a descriptive method in the form of a case study with a nursing care approach to one respondent by providing Assertiveness Training (AT) therapy implemented for 4 days. Nursing care results: In this scientific work using nonpharmacological interventions in the form of providing Assertiveness Training (AT) interventions, based on evaluation for 4 days, after assertiveness training therapy, self-control in Mr. R can increase and experience a decrease in symptoms. R can increase and experience a decrease in signs of violent behavior. Recommendations: the application of assertiveness training therapy is effective in increasing self-control and reducing signs of violent behavior symptoms.

INTRODUCTION

Violent behavior is still a serious problem in various settings, both in the family environment, education, and mental health care institutions. Violent behavior is a response to stressors shown by self-injurious behavior, damaging the environment, and injuring others, both verbally and in the form of behavior (Nanang et al., 2021). People who experience violent behavior often show changes in behavior such as threats, violence, inability to be quiet, speeding, fear, loud voices, tense facial expressions, talking excitedly, anger, loud voices, puffy eyes, and excessive excitement (Afendi & Errix, 2022). The better the ability to control violent behavior, the fewer signs of symptoms that appear (Fahrizal, Mustikasari, & Daulima, 2020). Violent behavior that occurs in schizophrenic client's needs to be handled appropriately so that something unwanted does not happen. One of the efforts made to deal with violent behavior in schizophrenic clients is by using Assertiveness Training therapy.

Assertiveness Training (AT) is one of the nursing actions taken to prevent violent behavior and this intervention is part of a preventive strategy. The application of Assertiveness Training is given as a form of therapy, in the form of behavior therapy (Firmawati & Biahimo, 2021). The application of Assertiveness Training in patients with violent behavior is carried out consciously and regularly. The application is in the form of simulating real life which is simplified in a role play (Purwaningsih et al., 2021). The method of implementing Assertiveness Training (AT) training includes five elements: describing, modeling, role playing, feedback and transferring. (Haryono, 2022)

This study aims to assess the effectiveness of Assertiveness Training (AT) therapy in reducing signs and symptoms of violent behavior through a case study approach.

LITERATURE REVIEW

Nursing Concepts of Violent Behavior

Violent behavior is the result of extreme anger (rage) or fear (panic) in response to feelings of threat, whether in the form of threats of physical attack or self-concept. violent behavior is one of the angry responses expressed by making threats, injuring others, and or damaging the environment (Pardede, 2019).

This feeling of threat can come from external (physical assault, loss of significant others and criticism from others) and internal (feelings of failure at work, feelings of lack of affection and fear of physical illness) stressors. Violent behavior is a form of behavior that aims to hurt someone physically or psychologically and can occur in two forms, namely during violence or a history of violent behavior. Violent behavior is a maladaptive response of anger due to the client's inability to cope with the environmental stressors he is experiencing (Estika, 2021).

So, it can be concluded that violent behavior is someone who can hurt others physically or verbally due to someone who is unable to cope with environmental stressors. Violent behavior is one of the responses to stressors faced by a person faced by a person who is shown by violent behavior both to oneself and others and the environment both verbally and non-verbally. Forms

of violent behavior carried out can be tantrums, hostility that has the potential to injure, damage both physically and words (Kio, Wardana & Arimbawa, 2020). H1: Assertiveness Training (AT) therapy is effective in reducing signs and symptoms of violent behavior.

Basic Concepts of Assertiveness Training (AT)

Assertiveness training is the application of behavioral training with the aim of assisting individuals in developing ways of relating directly in interpersonal situations. The focus is on practicing through role play, newly acquired social skills skills, so that individuals are expected to be able to overcome inadequacies and learn to express their feelings and thoughts more openly with the belief that they have the right to show these open reactions (Purwaningsih et al., 2021).

Assertiveness Training is an action to train someone to behave assertively (Nanang et al., 2021). Assertive training is a combination of social skills training therapy and cognitive behavioral therapy so that it is very effective for use in mental patients, especially violent behavior (Budi & Iman, 2019)

The ultimate goal expected in the provision of Assertiveness Training is to form assertive behavior (Kaplan & Saddock, 2005). The objectives of Assertiveness Training are: increasing the assessment of self and others, increasing self-esteem, reducing anxiety, increasing the ability to make life decisions, expressing something verbally and nonverbally, expressing needs and rights, training one's basic interpersonal skills, learning cognitive, affective and behavioral procedures to improve interpersonal abilities, reducing cognitive and affective barriers to assertive behavior such as anxiety, irrational thoughts, feelings of guilt and anger, helping individuals understand: (1) that aggression is a form of behavior that must be understood, accepted, modified and controlled, (2) the expression of anger for one situation is not necessarily appropriate for another situation and (3) methods to overcome aggressive behavior are used to better reduce aggression.

The Assertiveness Training Implementation technique carried out in this study is divided into five sessions, namely:

- a. Session one: practicing the ability to express thoughts and feelings.

The goal: clients are able to identify thoughts and feelings and express thoughts, feelings in an appropriate way. Implementation techniques through describing, modeling, role playing, feedback, transferring.

- b. Session two: train the ability to express wants and needs.

The goal: the client is able to identify needs (something that is really needed by the client) and wants (something that is desired but not needed by the client) and is able to express it in an appropriate way. Implementation techniques through describing, modeling, role playing, feedback, transferring.

- c. Session three: expressing anger.

The objectives are: to identify the causes of anger, reasons, common expressions of anger and their impact and train clients how to express anger appropriately which includes how, why and alternatives. Implementation

techniques through describing, modeling, role playing, feedback, transferring.

d. Session four: saying "no" to irrational requests and giving reasons.

The objectives: to train clients to identify irrational requests and reasons, identify the client's usual way of refusing and its impact, say "no" to irrational requests and reasons assertively. Implementation techniques through describing, modeling, role playing, feedback, transferring.

e. Session five: maintaining assertive changes in various situations.

The goal: clients understand the assertive behavior that has been trained, understand the barriers to assertive behavior, understand the benefits of assertive behavior and maintain assertive behavior in other situations.

Implementation techniques through describing, transferring and feedback.

H2: patients who get Assertiveness Training (AT) therapy show an increase in the ability to manage emotions and communicate positively.

METHODOLOGY

The method used is a descriptive method in the form of a case study with a nursing care approach to one respondent by providing Assertiveness Training (AT) therapy which is implemented for 4 days, then comparing the patient's condition before and after Assertiveness Training therapy.

RESULTS AND DISCUSSION

When the assessment was carried out on January 08, 2025 at 08:15 Wit on Mr. R, aged 27 years in the acute room, the results showed that the patient said a lot of thoughts, difficulty sleeping, angry because his mother did not understand his heart, at home did not like to tell others. R, 27 years old in the acute room, the results showed that the patient said a lot of thoughts, had difficulty sleeping, was angry because his mother did not understand his heart, when at home did not like to tell others. Patients appear talkative, restless, aggressive, pacing, rigid posture, insomnia, speak in loud tones, angry and say harsh words. Violent behavior can have a negative impact on the client, others, and the environment. Clients who show signs of these symptoms do not have the ability to control their emotions or anger, leading to the emergence of violent behavior.

From the existing nursing problems, the author focuses more on overcoming the signs and symptoms of violent behavior in Mr. R. R. Nursing action planning is prepared by adjusting the theory, the goal after assertiveness training nursing action is expected to increase self-control.

Implementation carried out by researchers for four consecutive days with the application of assertiveness training interventions on Mr. R to reduce signs and symptoms of violent behavior. R to reduce signs and symptoms of violent behavior, From the results obtained before assertiveness training therapy on January 08, 2025 at 08:00 Wit, Mr. R said he was sad to think about his family and did not want to be away from them. R said he was sad to think about his family and did not want to be away from them, Mr. R said at home he preferred to be alone. R said at home he preferred to be alone and did not like to confide in his family, angry because his mother did not understand his heart, Mr. R said he

wanted his mother to know his heart. R said he really wanted his mother to know his heart. after assertiveness training therapy Mr. R said when he got home, he would go home and talk to his mother. R said that when he got home, he would convey his heart well, without emotion and rebel against his mother and apologize to his mother, father, and brother, because he had rebelled at home with objective data Mr. R looked restless, pacing around. Mr. R looks restless, pacing, difficulty sleeping, talking a lot, and cannot concentrate well, his eyes are easily distracted. On the second day of January 09, 2025 at 08:00 Wit, before assertiveness training therapy was carried out Mr. R said he was angry because the water bottle was taken. R said he was angry because his water bottle was taken by a friend, Mr. R looked angry, his posture was stiff. Mr. R looked angry, had a stiff posture, and said harsh words to the friend who took his water bottle. after assertiveness training therapy Mr. R said he was angry because his water bottle was taken by a friend.

R said he wanted to forgive the friend who took the water bottle, did not want to get angry again, did not want to follow the incitement of friends to fight with objective data obtained by tn. R looked restless, pacing and talking a lot. On the third day of January 10, 2025 at 08:00 Wit, before assertiveness training therapy was carried out Mr. R was angry because he was tied up. R was angry because he was tied up, Mr. R said that last night he rebelled and fought with his friend because Mr. M told him to beat him. M told him to beat up his friend. after assertiveness training therapy Mr. R said he wanted to go home quickly, Mr. R said he wanted to go home quickly, Mr. R said he wanted to go home quickly. R said he wanted to go home quickly, was happy because he had apologized to his friend with objective data looking restless. On the fourth day of January 11, 2025 at 08:00 Wit, Mr. R looked calmer, there were no complaints. R looked calmer, there were no complaints of difficulty sleeping, and there was no deviant behavior, the fifth session of assertiveness training therapy was maintained

Thus, it can be seen very clearly, that the application of assertiveness training interventions carried out for 7x in 4 days of meetings is effective in reducing signs and symptoms of violent behavior.

Based on the evaluation for 4 days, after assertiveness training therapy, Mr. R's self-control can increase and experience a decrease in signs of violent behavior. R can increase and experience a decrease in signs of violent behavior. This is evidenced by the results of the evaluation on day 4 with the results, Mr. R was able to do all five sessions, there were no more signs and symptoms of violent behavior. R was able to do all five sessions, there were no more signs and symptoms of violent behavior, Mr. R looked calmer, there were no complaints. R looked calmer, there were no complaints of difficulty sleeping, and there was no deviant behavior.

Assertiveness Training has a positive effect on the ability to communicate and behave assertively. Assertive training is an implication of reeducative psychotherapy because this theory emphasizes behavior change, eliminating habits and forming more beneficial habits. The implementation method of Assertiveness Training will motivate clients to take a more active role in thinking

and practicing the social or verbal skills taught. This causes Assertiveness Training to be more effective in reducing violent behavior.

Assertiveness Training has been shown to be effective in reducing symptoms and increasing the ability of clients at risk of violent behavior. Assertiveness Training is not only effective for use on clients in hospitals, schizophrenia clients at risk of violent behavior in the community can also be suppressed by signs of aggressive symptoms with AT (Nihayati et al., 2020). From the results of the research and the explanation above, it shows that the provision of generalist therapy and Assertiveness Assertiveness is effective for increasing the cognitive response of violent behavior clients so that they are more adaptive in dealing with a stressor. This is also in line with the results of research conducted by Ni Kadek et al., 2024, namely the results of research using implementation strategies with assertive training, it was found that patients were able to overcome the violent behavior they experienced, feeling calmer and less anxious.

CONCLUSIONS AND RECOMMENDATIONS

After the author makes nursing care in compiling this final scientific work, the author can conclude that before Assertiveness Training (AT) therapy, the patient said a lot of thoughts, had difficulty sleeping, was angry because his mother did not understand his heart, when at home did not like to tell others. Patients appear talkative, restless, aggressive, pacing, rigid posture, insomnia and tone of voice when given orders, angry and rude, and after Assertiveness Training (AT) therapy for 4 days the patient looks calmer, there are no complaints of difficulty sleeping, and there is no deviant behavior so it can be concluded that Assertiveness Training (AT) intervention is effective in reducing signs and symptoms of violent behavior in children. It is recommended that this therapy can be used to reduce signs and symptoms of violent behavior in patients.

FURTHER STUDY

This study has methodological limitations, such as the limited number of participants and the absence of a comparison control group. Therefore, future studies are recommended to use an experimental design with a randomized controlled trial (RCT) to increase external validity and test the effectiveness of the intervention more thoroughly.

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REFERENCES

Akasyah, W., & Apriyanto, B. S. (2022). Determinan kekambuhan orang dengan gangguan jiwa berat: A scoping review. *Jurnal Keperawatan Medika*, 1(1) 41-53.

Efendi, Y., & Errix, K. J. S. (2022). Strategi Pelaksanaan Tindakan Pada Keperawatan Jiwa. Guepedia Group.

Estika, M. W. (2021). Asuhan Keperawatan Jiwa Pada Pasien Dengan Resiko Perilaku Kekerasan Dirumah Sakit Daerah Dr Arif Zainuddin Surakarta (Doctoral dissertation, Universitas Kusuma Husada Surakarta).

Fahrizal, Y., Mustikasari, M., & Daulima, N. H. C. (2020). Changes in The Signs, Symptoms, and Anger Management of Patients with A Risk of Violent Behavior After Receiving Assertive Training and Family Psychoeducation Using Roy's Theoretical Approach: A Case Report. *Jurnal Keperawatan Indonesia* 23(1), 1-14.

Firmawati, & Biahimo, N. U. 2021. Hubungan Assertiveness Training Terhadap Perilaku Kekerasan Di Rumah Sakit Jiwa Prof.Dr.V.L Ratumbuysang Manado Provinsi Sulawesi Utara. *Jurnal Ilmu Kesehatan* 5(1), 1-7.

Kio, A. L., Wardana, G. H., & Arimbawa, A. G. R. (2020). Hubungan Dukungan Keluarga terhadap Tingkat Kekambuhan Klien dengan Resiko Perilaku Kekerasan. *Caring: Jurnal Keperawatan*, 9(1), 69-72. <https://doi.org/10.29238/caring.v9i1.592>

Liviana, & Suem, T. (2019). Faktor predisposisi pasien resiko perilaku kekerasan. *Jurnal Ilmiah Kesehatan Jiwa*, 1(1), 27-38.

Mashudi, S. (2021). Buku Ajar Asuhan Keperawatan Skizoprenia. Global Aksara Pres.

Pardede, J. A. (2019). Standar Asuhan Keperawatan Jiwa Dengan Risiko Perilaku Kekerasan. December. <https://doi.org/10.31219/osf.io/we7zm>

PPNI (2016) 'Standar Diagnosis Keperawatan Indonesia', in. Dewan Pengurus Pusat Persatuan Perawat Indonesia. p. 0146.

Purwaningsih, Khairani, A. I., & Lubis, T. E. M. (2021). Teknik assertiveness training dalam penurunan perilaku kekerasan pada pasien skizoprenia di rs. jiwa prof. dr. muhammad ildrem medan. *Jurnal Riset Hesti Medan Akper Kesdam I/BB Medan*, 6(1), 74-84. <https://doi.org/10.34008/jurhesti.v6i1.236>

Riskesdas, K. (2018). Hasil Utama Riset Kesehatan Dasar (RISKESDAS). *Journal of Physics A: Mathematical and Theoretical*, 44(8), 1-200. <https://doi.org/10.1088/1751-8113/44/8/085201>

Slauta, M., Tuasika, H., & Embuai, S. (2020). Upaya Mengontrol Perilaku Agresif Pada Perilaku Kekerasan Dengan Pemberian Rational Emotive Behaviour Therapy. *Jurnal Keperawatan Jiwa*, 8(1), 27-32.

Thalib, R., & Abdullah, R. (2022). Pemberian rational emotive behavior therapy dalam mengontrol perilaku agresif pada pasien perilaku kekerasan. 127-137.

Tim Pokja SDKI DPP PPNI, (2016), Standar Diagnosis Keperawatan Indonesia (SDKI), Edisi 1, Jakarta, Persatuan Perawat Indonesia

Tim Pokja SDKI DPP PPNI. (2017). Standar Diagnosis Keperawatan Indonesia (SDKI): Definisi dan Indikator Diagnostik. Edisi 1 Cetakan III (Revisi). Jakarta: Dewan Pengurus Pusat Persatuan Perawat Nasional Indonesia.

Tim Pokja SLKI DPP PPNI. (2019). Standar Luaran Keperawatan Indonesia (SLKI): Definisi dan Kriteria Hasil Keperawatan. Edisi 1 Cetakan II. Jakarta: Dewan Pengurus Pusat Persatuan Perawat Nasional Indonesia.

Dewan Pengurus Pusat Persatuan Perawat Nasional Indonesia. Tim Pokja SIKI DPP PPNI. (2018). Standar Intervensi Keperawatan Indonesia (SIKI): Definisi dan Tindakan Keperawatan. Edisi 1 Cetakan II. Jakarta: Dewan Pengurus Pusat Persatuan Perawat Nasional Indonesia.

Videbeck, S. (2020). Psychiatric Mental Health Nursing. (Leo Gray (ed.); 8th edition). Wolters K. Wahyuningsih, S., & Mamnu'ah, M. A. (2015). Hubungan faktor keturunan dengan kejadian gangguan jiwa di desa Banaran Galur Kulon Progo Yogyakarta (Doctoral dissertation, STIKES Aisyiyah Yogyakarta).

World Health Organization (2022). Schizophrenia. <https://www.who.int/newsroom/factsheets/detail/schizophrenia> (diakses pada 10 februari 2023)