

ASSERTIVE TRAINING THERAPY FOR SCHIZOPHRENIC PATIENT WITH RISK OF VIOLENT BEHAVIOR: A CASE REPORT

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ABSTRACT

Violent behavior is one of the symptoms of severe mental disorders such as schizophrenia. Violent behavior has a very significant impact not only on patients, but also on health care professionals, families and society. An assertive training therapy can be utilized to manage risk of violent behavior. This study aimed to apply an assertive training therapy to reduce the risk of violent behavior. This program showed a significant improvement of signs and symptoms of violence, and also a stable condition during treatment. Thus, it is recommended to apply this therapy for schizophrenic patients with risk of violent behavior.

Keywords: Assertive training therapy, violent behavior, schizophrenia

1. Introduction

Violent behavior is one of the symptoms of mental disorders. It is an intentional use of physical force or power, either in threatened or actual conditions, against oneself, another person, or a group or community that potentially result in injury, death, psychological damage, developmental disorder, or deprivation (1). Violent behavior is a form of physical assault that can cause harm and is one of aggressive behaviors (2). It is widely accepted that violent behavior is possibly viewed as an intentional behavior that can harm oneself, other people, and also environment.

The incidence of violent behavior indicates a quite alarming phenomenon. It is reported that over 1.3 million global deaths each year is caused by violent behavior in various forms, i.e. self-violence, interpersonal violence, or collective violence, and this number is 2.5% of global mortality. Violent behavior is also the fourth leading cause of death worldwide in 15 to 44-year-old people (3). Although the data reports violent behavior in general, it is reported that violent behavior committed by people with mental disorders shows a significant number. As many as 45% of psychiatric patients show aggressive behavior, while 33% of them show violent behavior (4). In addition, the diagnosis of schizophrenia is identified as a predictor of violent behavior in psychiatric inpatients and in community (5,6).

In Indonesia the prevalence of severe mental disorders reaches 1.7 percent, in which Aceh and Yogyakarta are recorded as the highest prevalence for 2.7 percent; while West Kalimantan is recorded as the lowest prevalence for 0.6 percent (7). The Ministry of Health of the Republic of Indonesia reports that in 2010, the number of people with mental disorders in Indonesia reaches 2.5 million, and this number comprises patients with violent behavior. It is estimated that around 60% of mental disorders in Indonesia suffered from violent behavior.

Violent behavior, especially in people with mental disorders is caused by some complex and interrelated risk factors, such as demographic, genetic and pathophysiological factors, a history of family violence, a history of violence in the social environment, drug abuse, delusions and hallucinations, lack of self-esteem, non-compliance with medication, treatment side effects, and pathological antisocial personality (8). In addition, several other factors can also cause violent behavior in people with schizophrenia. Those factors include the existence of toxic results in prenatal disruptions, development of psychotic symptoms, neurocognitive disorders, lack of care in childhood, nerve conduction disorders, and unpleasant experiences. Those are considered as contributive conditions to the emergence of violent behavior (9).

Assertive training therapy on schizophrenic patients with risk of behavior is still not widely applied in Indonesia, but it's also not something uncommon. However, this paper discusses the use of assertive training therapy for schizophrenic patients who have lack of insight, which made this case quite unique and challenging. Lack of insight is one factor that can affect treatment adherence. It is caused by the failure of recognizing the need for treatment, leading to treatment non-adherence (10). Thus, in this study, the challenge of delivering quality nursing care will be described as a case report.

2. Objectives

This study aims to apply an assertive training therapy to treat people with risk of violent behavior.

3. Methods

This study employed a case study design focusing on one patient with a risk of violent behavior. This study was conducted in the Marzuki Mahdi Hospital Bogor.

Informed consent was obtained from the patient. Meanwhile, the principles of confidentiality and anonymity were guaranteed by the researcher.

4. Case

The subject of this study was a 38-year-old male who was diagnosed with Schizophrenia. In prior admission, he was reported of committing violent behaviors at home such as raging, slamming furniture, and physical assaults. The patient admitted that his father frequently beat him during his childhood. He argued that he did not know why he was taken to the Mental Hospital because he did not feel he has any illness. He admitted that he easily got angry if someone accused him of lying, and frequently lost control of his behavior.

The patient received therapy in the form of basic mental health intervention and advanced therapy in the form of assertive training therapy. He completed 5 sessions of therapy. In the first session, he was encouraged to identify events or situations that caused anger and violent behavior. He was also encouraged to practice how to express needs and desires assertively. During session 2, he was involved in an exercise of expressing needs and desires assertively. In session 3, he learnt how to say “no” for irrational requests. In session 4, he learnt an activity consisting of exercises to accept dissent and expresses assertiveness. In session 5, both the patient and the nurses evaluated the benefits of assertive training therapy.

After completing 5 sessions of therapy, the patient showed significant improvement of signs and symptoms. He became less verbally aggressive and reported no history of physical aggression during his admission period. Moreover, he became cooperative with treatment and medication program. He managed to identify events or situation that can trigger aggressive behavior. He mentioned that he became easily angry if his family did not believe in his words. He also reported that any verbal insults made him furious. He would react aggressively such as throwing objects toward people or presenting his anger by using physical force. Patient preferred physical exercises such as deep breathing technique to help him deal with his anger and projected his physical force to less damageable objects such as pillow or mattress. He admitted that this therapy could help him manage his anger in a more adaptive way

5. Discussion

This study revealed that the therapy showed a positive influence on the patient. This is because assertive training therapy is one of the systematic management techniques used to help individuals to change self-concept and assist individuals to express themselves and their thoughts easily and appropriately. Violent behavior is a maladaptive response when a person is unable to express his feeling, desires, or opinions in a more assertive way. Therefore, the patient is taught to express opinions, thoughts, and desires in a more adaptive way through this exercise. Helping patients to learn new responses to previous anger triggers is the key to get better result of the therapy.

Assertiveness training therapy is one of the structured management techniques used to help individuals change self-concept and assist individuals to express themselves and their thoughts easily and appropriately (11–13). Many

other researches showed positive outcomes of the therapy. They showed that assertiveness training is effectively designed to enhance assertive beliefs and behavior, change one's perspective on their self-personality, and build self-confidence as well as interpersonal communication (14). Assertive individuals create good interpersonal relationship with others and can express a variety of positive and negative thoughts without feeling guilty, anxious, or violating the rights of others (15). Assertiveness is recognized as an important social skill which promotes an individual's well-being (16). Assertiveness also correlates with self-efficacy and problem skills, and they are related to mental health of well-being (17). Thus, assertiveness training therapy is an effective intervention to help patient with violent behavior deal with their aggressiveness.

The result of the study shows that this study has the same effect as that of the previous studies. The previous studies showed that assertive training therapy has been used many years ago to treat aggressive and destructive behavior (18,19). Another study showed that assertive training therapy was able to improve interpersonal assertive communication skills in chronic schizophrenic patients (20). A patient with violent behavior who received basic nursing intervention and assertive training therapy significantly showed improved signs and symptoms compared to a patient who only receives a general therapy (21). Nurses send an assertive training therapy to improve the patient's coping mechanism in solving the problem (21). The result of this study is supported by other studies indicating that parents' ability to communicate assertively increases after therapy. Thus, there is a decrease in parental violence behavior in children (22,23). In addition, assertive training therapy can also significantly increase assertiveness in the risk of domestic violence (24).

One of the challenges in managing this case is the patient's lack of insight in which he did not recognize and was unaware of his illness. He argued that he took his medicine and complied with all treatment programs because he wanted to be discharged as soon as possible. It is a known fact that schizophrenic patients can also show lack of insight. Lack of insight in schizophrenia is frequently found and can inhibit treatment and adherence to treatment (25). Despite his lack of insight, he managed to get involved in the therapy and medical treatment due to mutual understanding by both nurse and patient about his risk of violent. Furthermore, he also received health education of his diagnosis.

People who are diagnosed with schizophrenia may exhibit wide ranging deficits in many cognitive domains, such as goal maintenance, working memory, and processing speed (26). Thus, in this study, therapeutic communication skill was used during therapy, as it is an important factor to gain mutual trust and understanding between patient and the therapist. It helped patient to understand the goal of the therapy, the learning and training process, and also the benefit of the therapy. Nurse communication strategy to prevent aggressive or violent behavior can be performed by several ways. They are: expressing a calm attitude, speaking gently, speaking wisely, speaking naturally and concretely, keeping a distant communication between the nurses and the client, showing respect, preventing indirect eye contact for a long time, showing ability to control situation, facilitating the patient to talk, listening to the patient, preventing initial interpretation, showing

enthusiasm and commitment to the action's purpose, and understanding time of using assertive training therapy. Several characteristics such as authenticity, empathy, understanding of illness and the person, non-stigmatization and the ability to work as a team are also essential for the therapist or nurse to make the therapeutic relationship be more effective (27). Established therapeutic relationship between patient and nurse can be very helpful for the patient of schizophrenia, even with lack of insight of the disease.

Despite its strength in managing violent behavior issue, assertive training therapy can also have several limitations. It is important to identify patient's need and characteristics as not all patient with psychiatric problems can cooperate with such therapy. For example, patient with personality disorders are often not aware of their inadequacy and do not invest in communication thus it will make it difficult to get them involved in the therapy (28). Another limitation is sociocultural factor. Asians, compared to Westerners, are very low in self-assertiveness and they tend to suppress confrontations or expression of negative verbal message (29). So, it might be difficult to teach them how to refuse an irrational request or to express their needs and opinion as part of the therapy.

The limitation of this study is the absence of using specific instruments for measuring the risk of violent behavior. The patient's response was assessed and documented by using standard nursing process. However, changes in behavior can be measured through observation of signs and symptoms of violent behavior as long as the client is in the hospital.

6. Conclusion

Assertiveness training therapy is one of advanced interventions that is applicable to overcome patient's violent behavior. Assertiveness training therapy is a form of structured training to help individuals change their self-concept and enable them to express themselves and their thoughts appropriately. Assertive individuals can create good interpersonal relationships with others, and thus, individuals' violent or aggressive behaviors are controllable. When performing assertiveness training therapy, psychiatric nurses must practice the principles of performing this exercise, especially the principles of communication with patients. The principles of implementation will affect the results of provided nursing actions on clients. In addition, the nurses can apply this assertiveness training therapy in hospital or community services to overcome the patients' problem of violent behavior.

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