

## Effectiveness of a cognitive behavioral group therapy program for reducing violence risk in persons with schizophrenia

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### Abstract

**Background:** Violent behavior is the dominant sign and symptom in patients with schizophrenia. Proper nursing care can help patients independently control violent behavior. A cognitive behavioral group therapy program in stimulation of perception to identify their experience of violent behavior.

**Purpose:** Knowing the effectiveness of a cognitive behavioral group therapy program for reducing violence risk in persons with schizophrenia

**Methods:** A quantitative research by design an experimental analytic with pre and post-experiment approach. The sample was 18 inpatient at mental hospital, Lampung-Indonesia. By criteria who has a experience of violent behavior.

**Results:** The average score of (pre-treatment) a cognitive behavioral group therapy program in stimulation of perception of 7.94 (SD± 2.838) (post-treatment) of 10.50 (SD±2.203). The test results obtained p-value = 0,000, therefore, there is a significant effectiveness of a cognitive behavioral group therapy program for reducing violence risk in persons with schizophrenia.

**Conclusion:** The evident a significant effectiveness of a cognitive behavioral group therapy program for reducing violence risk in persons with schizophrenia. Suggestions to hospital management to be regularly to apply that therapy as an effort to help clients in control of their violent behavior.

**Keywords:** A cognitive behavioral; Group therapy program; Violence risk; Schizophrenia

### INTRODUCTION

Mental disorder is an individual health condition that is characterized by the occurrence of disturbances in mindset, feelings, mood, ability to interact and the ability to carry out daily activities. Mental disorders is a collection of symptoms reflected in the patterns of thought, feelings and behavior of individuals who are disrupted and affect individual social interactions, the group of symptoms causes individuals to experience incompetence or a significant increase in risk for death, illness and change life functions (Keliat, Pawiro, & Susanti, 2011; Hidayat, Ingkiriwang, Andri, Widya, & Susanto, 2010).

Basic health research results in 2013 described that the prevalence of emotional, mental disorders in the Indonesian population is 6.0 % with the highest case of were Central Sulawesi followed by South Sulawesi, West Java, DI Yogyakarta, and

East Nusa Tenggara and in Lampung Province the case up to 1.2% (Ministry of Health of the Republic of Indonesia, 2013). In some cases, persons with schizophrenia was common in young people between 15 and 30 years, but also occur mostly at the age of 40 years and above. Schizophrenia can affect anyone regardless of gender, race or socio-economic level. Prevalence of schizophrenia is 1% of the total number of humans on earth (Amelia, & Anwar, 2013; Ambari, & Prinda, 2010).

The use of groups in the practice of mental nursing has a positive impact on prevention, treatment or therapy as well as restoring one's health. Increased use of therapeutic groups, modalities are part and give positive results to changes in patient/client behavior and increase adaptive behavior and reduce maladaptive behavior (Muhith, 2015; Siregar, 2009;

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Pramujiwati, Keliat, & Wardani, 2013). Based on data at Lampung mental hospital, inpatient (schizophrenia) in 2014 was 1067 patients, and increased in 2015 to 1244 patients. The signs and symptoms accompanied by violent behavior history was 40%; social isolation 18%; hallucinations 7.2%; low self-esteem 11.5%; delusions 13.3%; self-care deficit 10%. Thus the violence risk behavior became a critical diagnosis for nursing care (Lampung Mental Hospital, 2017).

Behavior is an activity or activity of an organism (living thing) in question, which has an extensive range including walking, talking, crying, laughing, working and so on. Behavior is all human activities or activities, both those that can be directly observed and those that cannot be perceived by outsiders (Notoatmodo, 2012). Violent behavior is a condition in which a person commits an action that can be physically harmful, both to himself and others, accompanied by anger and rowdy, uncontrollable noise (Hidayati, 2012; Nyumirah, 2013; Wuryaningsih, & Hamid, 2013).

**RESEARCH METHODS**

A quantitative research by design an experimental analytic with pre and post-experiment approach. The sample was 18 inpatient at mental hospital, Lampung Indonesia on July 2017. By criteria who has a experience of violent behavior.

Therapists and treatment; the group was led by a therapist and co-therapist. The therapists were mainly psychiatric nurses, but other mental health professionals (e.g., psychologists) were also group leaders. Assessment in pre and post-experiment to know the ability performed by clients in controlling violent behavior in the form of cognitive, behavioral and social abilities. The treatment consisted for 4 week and twice a week, and content of Session 1 is to identify their experience of violent behavior by aim are; 1) The client can mention the stimulus causing anger; 2) Clients can mention the response felt when angry (signs and symptoms of anger); 3) Clients can mention the reaction when angry (violent behavior); 4) Clients can mention the consequences of violent behavior and 5) Clients can practice how to control violent behavior in a physical way (with deep breathing exercises). Each part will take 120 minutes, including a 15-minute break. The analysis used univariate and bivariate analysis using the paired T- test. The Assessment of ability performed by clients in controlling violent behavior by criteria was a good behavior category if the score is  $\geq$  mean / median and a bad behavior category if the score is  $<$  mean/ median.

**RESEARCH RESULTS**

**Table 1. Result of Normality Test Data**

	Kolmogorov-Smirnov <sup>a</sup>			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Pre-treatment	.209	18	.036	.912	18	.092
Post-treatment	.220	18	.022	.814	18	.002

The normality test by Shapiro-Wilk test with 18 participants found that the normally distributed by level of 0.092 >  $\alpha$  (0.05).

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**Table 2. The Average Score of Pre-Treatment and Post-Treatment (N=18)**

Variable	N	Minimum	Maximum	Average	SD
Pre-treatment	18	3	14	7,94	2,838
Post-treatment	18	7	14	10,50	2,203

The average score of (pre-treatment) a cognitive behavioral group therapy program in stimulation of perception for reducing violence risk in persons with schizophrenia of 7.94 (SD± 2.838) (post-treatment) of 10.50 (SD±2.203).

**Table 3. Effectiveness of a Cognitive Behavioral Group Therapy Program for Reducing Violence Risk**

Variable	N	Mean	SD	SE	p-Value
Pre-treatment	18	7,94	2,838	0,669	
Post-treatment	18	10,50	2,203	0,519	0,000

The test results obtained p-value = 0,000, therefore, there is a significant effectiveness of a cognitive behavioral group therapy program for reducing violence risk in persons with schizophrenia.

## DISCUSSION

### Ability performed by clients in controlling violent behavior (Pre-treatment)

The results was similar with previous study regarding the effect of assertive supportive group, therapy reduced the value of violent behavior of schizophrenic patients at the Menur Hospital Surabaya. The results showed that before being given assertive supportive group therapy, the value of the violent behavior of the treatment group was 96.1, while in the control group it was 75.1. After being given assertive supportive group therapy, the value of the violent behavior of the treatment group was 58.4, while the control group was 54.8 (Khamida, 2013; Amelia, & Anwar, 2013; Ari, 2010).

### Ability performed by clients in controlling violent behavior (Post-treatment)

Violent behavior is defined as an act of physical force intended to cause harm to a person or object, aggressive and violent behavior is a range of continuum from suspicious behavior to extreme actions that threaten the safety of others or result in injury or death (Stuart, & Sundeen, 2015; Syahadat, 2013; Yusuf, Fitriyarsi, & Nihayati, 2015; Large, & Nielssen, 2011). The main factors due to violence risk in these groups of due to intensity of public fear, unaccepted in society, disrupts continuity of care, and limitation of community-based mental health services (Swanson, Swartz, Elbogen, & Dorn, 2004).

Anger behavior or response can fluctuate in a range adaptive to maladaptive. The range of angry

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responses where amuk (violent behavior) and aggressive are in the maladaptive range. Effectiveness of a cognitive behavioral group therapy program for reducing violence risk by ability performed by clients in controlling violent behavior in the form of cognitive, behavioral and social abilities (Stuart, & Sundeen, 2015; Syahadat, 2013; Anggraini, 2015; Hedman, Andersson, Ljótsson, Andersson, Rück, Mörtberg, & Lindefors, 2011)

### CONCLUSION

The evident a significant effectiveness of a cognitive behavioral group therapy program for reducing violence risk in persons with schizophrenia.

### SUGGESTION

Hospital management to be regularly to apply that therapy as an effort to help clients in control of their violent behavior. Need further research on group therapy by involving the family, as preparation for patient care after discharging from the hospital.

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