



LITERATURE REVIEW: THERAPY REDUCES THE RISK OF VIOLENT BEHAVIOR

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ABSTRACT

Background: Schizophrenia is a serious mental illness with an alarming prevalence, one of the symptoms of schizophrenia that makes it difficult for caregivers or families, namely violent behavior. **Objective:** Describe interventions/therapies that can be done to reduce the risk of violent behavior. **Methods:** Literature review uses articles from electronic databases, namely google scholar and direct science with the keywords "violent behavior", "schizophrenia", and "therapy" which meet the inclusion criteria, namely English or Indonesian with a publication year between 2015 and 2020 and following the topic of discussion. 135 articles were collected and 10 articles were eliminated. **Results:** Based on the literature review, there were 6 therapy groups including group activity therapy by making daily schedules, psychoreligious therapy, murottal therapy, spiritual therapy, family therapy, and relaxation therapy. **Conclusion:** Group activity therapy, psychoreligious therapy, murottal therapy, spiritual therapy, family therapy, and relaxation therapy are proven to reduce the risk of violent behavior.

Keywords: *schizophrenia, therapy, Violent behavior*

INTRODUCTION

Mental health is a condition of emotional, psychological, and social health that can be seen from satisfying interpersonal relationships, effective behavior and coping, positive self-concept, and emotional stability. Videbeck, S. L. (2008), Mental disorder is a disease caused by confusion of thoughts, perceptions, and behavior in which individuals are unable to adjust to themselves, other people, society, and the environment. A person's understanding of mental illness comes from what is regulated as a causative factor related to Yani Hamid's biopsychosocial (2013). Various kinds of mental health that can happen to a person, one of which is schizophrenia.

Schizophrenia is one of the most common types of mental disorders. Wahyuningsih (2009) states that schizophrenic clients have a history of violence either as behavior or victims as

much as 62.5%. Patients with schizophrenia who live in communities will usually not fall into the persistent violent behavior category but they may exhibit acutely violent and aggressive behavior. Research reports that 24-44% of violent behavior is committed by individuals with schizophrenia during the acute phase of their illness.

Based on data on violent behavior obtained from Mental Hospital Jambi Province in the last three years from 2013 to October 2015. In 2013 there were 133 behavioral clients, 266 in 2014 violent behavior, and 386 cases of violent behavior in 2015. This behavior can be detrimental to both oneself and others. Seeing the impact, the handling of clients in violent behavior is carried out quickly and precisely by professional nurses. Handling of patients with social impairment problems can be done with a combination of psychopharmacology and psychosocial interventions such as



psychotherapy, family therapy, and occupational therapy that show better results (Tirta & Putra, 2008).

Nursing interventions for patients at risk of violent behavior are focused on physical, intellectual, emotional, and socio-spiritual aspects. One of them is occupational therapy, occupational therapy is a method or form of supportive psychotherapy that is important to do to improve patient recovery (Djunaidi & Yinarmurni, 2008). Based on this background, it is important to emphasize handling people with the risk of violent behavior so as not to harm themselves or others. Therefore, we wrote a literature review aimed at finding out interventions that can be done for people at risk of violent behavior.

MATERIAL AND METHODS

The method of writing in this scientific paper uses a literature review. The literature used is in the form of textbooks and articles obtained from electronic media such as google scholar and science direct, using the keywords schizophrenia, violent behavior, therapy. The inclusion criteria used were articles in Indonesian and English with a publication year between 2010 and 2020 and according to the topic of writing. The exclusion criteria were the year of publication that was not included in the inclusion criteria, languages other than English and Indonesian, and not in accordance with the topic of writing. The following are the stages of the literature review that the author has done:

RESULT

The interventions used to control violent behavior include non-pharmacological techniques, namely group activity therapy by making daily schedules, psychoreligious therapy, murottal therapy, spiritual therapy, family therapy and relaxation therapy. Of all the journals that

have been reviewed, it shows that they are effective in controlling violent behavior, because the interventions listed can complement the reduction of violent behavior in schizophrenic patients.

The first research was conducted by Nofrida Saswati (2016) with the title Effect of Nursing Care Standards Implementation Violence Behavior. This study used experimental design techniques, with a research sample of 32 people, pretest and posttest two group sample techniques Sample characteristics, in this study was conducted by controlling disease and taking the medication regularly and managing stress that could worsen the disease, by measuring the observation sheet. and interviews by asking 10 questions related to the ability to control violent behavior. The results showed that each respondent experienced an increase in the ability to control violent behavior after the implementation of nursing care for violent behavior in the intervention group, this can be seen from the P-value = 0.000, it can be concluded that there is a significant increase in the average controlling violent behavior before and after application. and the control group experienced a slight increase in controlling violent behavior with a P-value of 0.136 but the results were not optimal.

The second study was conducted by Dwi Ariani Sulistyowati, E. Prihantini (2015) entitled The Effect of Psychoreligious Therapy on Decreasing Violent Behavior in Schizophrenic Patients. This study used Quasi-experimental techniques, the research design used One Group Pre and Post-test Design. This study was conducted using wudhlu water to stimulate the nerves in our bodies. Thus the blood flow in our bodies becomes smooth so that our bodies will relax and will reduce tension. The results of the study show that the response to violent behavior by observation includes behavioral responses, physical responses, emotional responses, and verbal responses.



The third study was conducted by Ahmed et al. (2015) A randomized study of cognitive remediation for forensic and mental health patients with schizophrenia. This study used RCT techniques, in this study a control group was conducted: computer games activity for 20 weeks (meetings once a week) with a duration of two and a half hours playing computer games, and 30 minutes of group discussions related to healthy behavior. Intervention group: cognitive remediation, which is to provide cognitive enhancement therapy with brain fitness program 2.0 software that is played on a computer for 50 minutes and 10 minutes to discuss cognitive therapy, daily activities, life goals, etc. following the Neuropsychological Educational Approach module, 2008). The results of the study show that in general, there are no significant results in either group related to self-aggression ($p = 0.311$) or object aggression ($p = 0.433$). But in the verbal aggression subsection, there was a significant decrease in the intervention group ($p < 0.001$) and physical aggression ($p < 0.001$).

The fourth research was conducted by Nancye, P. M. (2015.) Entitled The Effect of Family Therapy on Family Support in Caring for Clients with Violent Behavior Problems. This study used a quasi-experimental technique with a pre-post test design with control group design, with a sample of 48 families, in this study the research respondents were divided into two groups, namely the intervention group (treatment) and the control group (without treatment) then the family therapy intervention was given. in the intervention group, while the control group did not get family therapy intervention, but was still given generalist therapy after the study. The results showed that family support in caring for clients with violent behavior problems who received family therapy increased after being given family therapy, this condition shows that therapeutic

intervention family is effective in increasing family support in caring for clients with violent behavior problems.

The fifth study entitled The Effectiveness of Daily Activity Schedules on the Ability to Control Violent Behavior by Anton Surya Prasetya (2018) with the Quasy Experiment research design with the design of the pre-post test design with control group Patients with the intervention group take actions to control violent behavior by hitting pillows, relaxing breathing, deep, giving. medicine, and verbal and spiritual techniques and is equipped with a daily schedule that is monitored by their independence in doing it for one week. The results of this study indicate a higher increase in the ability to control violent behavior which is given a daily schedule (intervention group) psychomotor compared to those who were not given daily schedules (control group) were the difference 1.64 The sixth study entitled Effectiveness of Progressive Relaxation Therapy among Clients with Risk of Violence Behavior in Indonesia by Vita Lucya, Wini Handayani, and Lia Juniarni (2019) with the research design Quasi-Experimental Pre-Post Test one group design, the implementation of this research by doing progressive muscle therapy relaxation (PMR) or progressive muscle relaxation but no further PMR therapy procedure is described. This therapeutic mechanism involves deep muscle relaxation techniques by repeatedly stretching and relaxing the muscles to reduce tension and anxiety through relaxation by targeting the autonomic nerves. The result is that it can be concluded that progressive relaxation can be recommended for health care providers as an action strategy in managing clients with violent behavior or the risk of violent behavior, especially to control anger and aggression.

The seventh research was carried out by Rizki Muliani, Imam Abidin, Ridha



Adawiyah (2019) with the title The Effect of Emotional Freedom Technique (EFT) on the Aggressiveness of Patients with the Risk of Violent Behavior with a Pre-Experimental Research Design with a pre-Group Pretest Posttest design, EFT implementation techniques. In this study, the Borrowing Benefit technique was used, where the respondents followed the EFT (Tapping) therapy flow by watching or watching videos. For 5 days with the results of the effect of the Emotional Freedom Technique on the level of patient aggression on the risk of violent behavior P-value 0.00

The eighth research was carried out by Rina Hernyati, Hema Malini, Netrida (2019) with the title The effect of murotal therapy on changes in violent behavior of schizophrenic clients, the research design was Quasy Experimental with the design of the Pre Test and Post Test control Group Design technique used The intervention group received murotal therapy minutes in a day for 7 days. With the results, there is a significant difference between the violent behavior of schizophrenic clients before and after giving murottal therapy (p-value 0.000).

The 9th study was conducted by Ernawati, Samsualam, Suhermi (2020) with the title The Effect of Spiritual Therapy on Patients 'Ability to Control Violent Behavior with the Pre Experimental One Group Pretest-Posttest Design design, the technique used to provide spiritual healing with dhikr and read the Al-Qur' twice a week for one month guided by a religious therapist or a nurse in a hospital. After that, the patient studied and observed how much the patient was able to control his violent behavior. The results showed that there was a significant influence between the implementation of spiritual therapy on the patient's ability to control violent behavior which was obtained ($p = 0.003$) $\alpha < 0.05$.

The tenth research was conducted by Jek Amidos Pardede1, Laura Mariati Siregar, Efendi Putra Hulu (2020) with the title Effectiveness of Behavior Therapy on the Risk of Violent Behavior in Schizophrenic Patients with the Quasi-Experimental pre-post test design used Behavior Therapy, with the results of Schizophrenia there is a significant influence between Behavior Therapy on the Risk of Violent Behavior in Schizophrenia Patients with a p-value = 0,000 ($p < 0.05$).

DISCUSSION

Violent behavior can also be called rowdy restlessness or amok, which is an extreme result of anger or maladaptive fear (panic), someone responds angrily to a stressor with uncontrolled motor movements and takes actions that can be physically harmful, either to myself and to others. (Stuart and Laraian, in Sulistyowati & Prihantini, 2015). In this *review literature*, we analyzed several *evidence-based practice* articles regarding various therapeutic methods that are effective in reducing or reducing violent behavior.

Saswati (2016) researched by applying nursing care standards to improve the client's ability to control violent behavior. The ability to apply effective nursing care implementation strategies and the formation of interpersonal relationships between nurses and patients will achieve the desired nursing care goals and vice versa. The results showed that the application of nursing care standards for violent behavior affected the ability to control violent behavior.

Sulistyowati and Prihantini (2015) use Psychoreligious therapy as a therapy in controlling or reducing violent behavior. Psychoreligious therapy, which involves religious teachings in therapy. This therapy can relax the body and reduce the tension that leads to anger. The results of his research show that Psychoreligious therapy



affects reducing violent behavior. This decrease includes a decrease in behavioral responses, physical responses, verbal responses, and emotional responses. So the results of this study can be used as input in the field of care to be more effective in guiding or conducting Psychoreligious therapy in treating patients with violent behavior.

Violent behavior in schizophrenic clients can be controlled by using *cognitive remediation*, which is a cognitive function training program by playing computer-based *brain fitness 2.0* application software, which includes progressive activities to train hearing processing starting from *basic sensory* processing skills to the ability to process more complex sounds such as *verbal memory*. This has proven to be effective in reducing the violent behavior of schizophrenic clients according to research conducted at the *East Central Regional Hospital*, Augusta City in Georgia, Eastern Europe. The study involved clients from the *forensic* and *mental health* department who were then randomly mixed and grouped into the control group and the intervention group.

In Anton Surya Prasetya's research, (2018) entitled The effectiveness of daily activity schedules on the ability to control violent behavior, the researcher used the Quasy Experimental method with a pre-post test design with a control group. The first step in the study was that patients with the intervention group took measures to control violent behavior by hitting pillows, relaxing breath, deep, administration of drugs, and verbal and spiritual techniques and is equipped with a daily schedule that is monitored independently in doing it for one week while the control group is not given daily schedules after that all samples are given a questionnaire to fill in, namely questionnaire A which consists of characteristics data respondent which

includes age, gender, occupation, education level, marital status and duration of illness, and questionnaire B about the ability to control violent behavior and the instrument has been tested for validity and reliability.

Lucya, et al (2019) in their research in controlling behavior and reducing client aggression with violent behavior using *Progressive Muscle Relaxation* (PMR) therapy or progressive muscle relaxation therapy, which is a therapeutic mechanism that involves deep muscle relaxation techniques by repeatedly stretching and relaxing muscles. This therapy can reduce tension and anxiety through relaxation by targeting the autonomic nerves. This means that progressive muscle relaxation can be recommended for health care providers as a strategic action in managing clients with violent behavior or the risk of violent behavior, especially to control anger and aggression. This therapy can also be used as a preparation for patients to be discharged from the hospital.

According to research conducted by Rizki Muliani, Imam Abidin, Ridha Adawiyah (2019) entitled The Effect of *Emotional Freedom Technique* (EFT) on the Aggressiveness of Patients with the Risk of Violent Behavior with the *Pre-Experimental* method of the *Oe Group Pretest Posttest design*. With the technique *Purposive sampling* with a population of 126 people 19 respondents. EFT was carried out for 5 days in the amount of 1 time a day for 7 minutes with a period from 9-11 noon. EFT in this study carried out the *Borrowing Benefit* technique, where respondents followed the EFT (*Tapping*) therapy flow by watching directly or watching videos. EFT is done by tapping two fingers on 12 meridian points so that it will affect the level of aggressiveness of the patient.

This research was conducted at the Mental Hospital of West Java Province by measuring the level of aggressiveness



using a questionnaire: *The Aggression Questionnaire* Conducting EFT with the implementation guide of EFT therapy. From these measurements, the results of the level of aggressiveness before and after EFT were carried out in RSJ with 4 aspects, namely: *Physical Aggression, Verbal Aggression, Anger, Hostility*. The effect of EFT before therapy is high 17 respondents after doing EFT therapy 10 respondents are high. (p-value 0.00) It was concluded that there was an effect of the *Emotional Freedom Technique* on the level of aggressiveness of patients at risk of violent behavior

In a study conducted by Rina hernyati, Hema malini, Netrida (2019) with the title *The effect of murottal therapy on changes in violent behavior in schizophrenic clients. using a QuasyExperimental design with a Pre Test and Post Test control group design with a sample of 46 people, 23 respondents in the intervention group, 23 group respondents. control did not get murottal therapy. Murottal therapy was given once a day for 15 minutes a day for 7 days. With the results of the study, there was a significant difference between the violent behavior of schizophrenic clients before and after giving murottal therapy (p-value 0,000). There was a difference in the mean of client violence behavior. schizophrenia, namely 46.48, which means there is a change in the behavior of schizophrenic clients violence after being given murottal therapy*

Behavior Therapy is one of the techniques used in solving behavior caused by internal encouragement and the urge to meet life's needs, which is carried out through a learning process so that you can act and behave more effectively, and then be able to respond to situations and problems in a more effective way. effective and efficient (Pardede, et al, 2015).

The results of this study indicate that there is a significant effect on the change in risk symptoms of violent behavior between before and after *Behavior Therapy* in schizophrenic patients. This can be seen from the mean value of risk symptoms of violent behavior before therapy with a cognitive response value of 18.77 and a value after therapy of 10.69. The affective response value before therapy was 20.54 and the after value was 12.00. The value of social responsibility before therapy was 22.77 and the value after therapy was 11.92 and the value of behavior response before therapy was 20.31 and the value after 9.69. The composite value before therapy was 82.39 and the value after was 44.3.

CONCLUSION

Interventions to decrease the behavior of violence in patients with schizophrenia that can be done by way of nonpharmacology I like doing *Therapy Activities Group (TAK)* stimulation perception to control the behavior of violence. As do the techniques of breath in, to vent frustration with the way of hitting the pillow, provide therapy religious as murottal, therapy Occupation, and schedule activity day the patients, the therapies are proven to decrease the behavior of violence in patients with schizophrenia who had been carried by several researchers, therapeutic activity This group is well done to minimize violent behavior in schizophrenia patients

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