

Penerapan terapi perilaku kognitif, latihan asertif dan psikoedukasi keluarga pada klien halusinasi dan risiko perilaku kekerasan = The application of cognitive behavior therapy, assertive training and family psychoeducation on client with hallucinations and risk of violent behavior

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Abstrak

Skizofrenia merupakan suatu sindroma klinis yang mempengaruhi kognitif, emosi, perilaku dan fungsi sosial. Diagnosa keperawatan terbanyak yang ditemukan pada skizofrenia adalah halusinasi dan risiko perilaku kekerasan. Tujuan penulisan karya ilmiah ini adalah mengetahui perbedaan perubahan tanda gejala dan kemampuan klien halusinasi dan risiko perilaku kekerasan antara yang diberikan tindakan keperawatan ners, terapi perilaku kognitif, latihan asertif dan psikoedukasi keluarga.

Desain karya ilmiah ini case series. Kelompok intervensi I diberikan tindakan keperawatan ners, terapi perilaku kognitif dan psikoedukasi keluarga serta kelompok intervensi II diberikan tindakan keperawatan ners, terapi perilaku kognitif, latihan asertif dan psikoedukasi keluarga dengan jumlah sampel masing-masing kelompok adalah 15 orang.

Hasil asuhan keperawatan menunjukkan intervensi II menurunkan tanda gejala halusinasi dan risiko perilaku kekerasan lebih besar daripada intervensi I. Tindakan keperawatan ners direkomendasikan dilakukan oleh perawat di ruang rawat inap serta terapi perilaku kognitif, latihan asertif dan psikoedukasi keluarga dilakukan oleh perawat spesialis dalam mengatasi halusinasi dan risiko perilaku kekerasan.

.....Schizophrenia is a clinical syndrome that affects cognitive, emotional, behavioral and social functions. The most common nursing diagnoses found in schizophrenia are hallucinations and the risk of violent behavior. The study aims to determine the differences in symptom change and the ability of the hallucinations and the risk of violent behavior between nursing actions, cognitive behavioral therapy, assertiveness training and family psychoeducation.

The study design was case series. The intervention group I was given nursing action ners, cognitive behavioral therapy and family psychoeducation as well as intervention group II were given nursing actions, cognitive behavioral therapy, assertive training and family psychoeducation with the number of samples each group was 15 people.

The results showed intervention II decreases symptoms of hallucinations and the risk of violent behavior is greater than intervention I. Nursing care ners are recommended performed by nurses in inpatient rooms as well as cognitive behavioral therapy, assertiveness training and family psychoeducation performed by a specialist nurse in overcoming hallucinations and risks violent behavior.