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The Effect of Family Psychoeducation on Clients' Ability to Overcome Violent Behaviour

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ABSTRACT

Background: *Violent behaviour is a response to stressors that endanger themselves, others and the environment, until now it has not received appropriate treatment. Efforts made to overcome this are generalist and specialist nursing actions, one of which is family psychoeducation. This action can improve patient care skills and have a positive impact on families in managing stress.*

Purpose: *This study aims to see the effect of family psychoeducation on clients' ability to cope with violent behaviour.*

Methods: *The research method used was pre-experiment with One Group Pre Test-Post Test design. Data were collected through questionnaires with statements of nursing action implementation strategies (SP) 1-4 violent behaviour compiled by the researchers themselves based on Stuart's theory (2016), psychoeducation modules using family psychoeducation therapy modified from modules that have been developed by Nurbani (2009) with a sample of 30 families who have members with ODGJ in the Kuranji puskemas area. Data analysis used the T-Test test.*

Results: *The results obtained before the family psychoeducation action showed the client's knowledge ability was an average of 18.91 (60.51%), namely the middle category, the client's psychomotor ability was an average of 12.34 (39.37%), namely the low category, after the family psychoeducation action showed the client's knowledge ability was an average of 67.38 (87.30%), namely the high category, the client's psychomotor ability was an average of 62.53 (85.43%), namely the high category.*

Conclusion: *There is an effect of family psychoeducation on the client's ability to overcome the problem of violent behaviour (P=0.000). It is recommended that Puskesmas integrate family psychoeducation in mental health services by involving cadres and community leaders.*

Introduction

Mental disorder is a change in mental function that causes disturbances in mental function, so that it can cause suffering to individuals and or obstacles in carrying out social roles (Gusdiansyah & Ananda, 2023; Undang-undang No 18, 2014). People with Mental Disorders (ODGJ) are people who experience disturbances in thoughts, behaviors, and feelings that are manifested in the form of a set of symptoms or meaningful changes in behavior, and can cause suffering and obstacles in carrying out human functions (Gusdiansyah & Ananda, 2023; Undang-undang No 18, 2014).

According to statistics from the directorate of mental health, the mental

health problem with the largest clientele of mental disorders (70%) is schizophrenia. According to the (World Health Organization (WHO), 2023), 450 million people worldwide will suffer from depression, bipolar disorder, dementia, and other mental illnesses, of which 24 million will have schizophrenia. According to the *National Institute of Mental Health* (NIMH), schizophrenia is one of the 15 leading causes of disability worldwide (Gordon, 2023). According to the (American Psychiatric Association (APA), 2023), 1% of the world's population suffers from schizophrenia. The prevalence of mental disorders is quite high in productive age.

According to the 2018 Basic Health Research (Riskesdas), more than 19 million people over the age of 15 have mental emotional disorders and more than 12 million people over the age of 15 suffer from depression. The prevalence of schizophrenia or psychosis in Indonesia increased to 7% per mile. Among the 34 provinces in Indonesia, the highest prevalence rate of schizophrenia is in Bali Province at 11.0%, followed by DI Yogyakarta with an incidence rate of 10.4%, and West Sumatra Province with an incidence rate of 9.1% is in fourth position (Riskesdas, 2018).

Schizophrenia is a group of psychotic reactions that affect individual functions including the functions of thinking and communicating, receiving and interpreting reality, feeling and showing emotions and behaving (Stuart, 2016). Schizophrenia is caused by a disturbance in the structure of the brain which results in changes in thinking, language, emotions, social behavior and the ability to deal with reality appropriately (Varcarolis, E., Halter, M., Shoemaker, 2022). According to (Gusdiansyah et al., 2020; Videbeck, 2017) clients with schizophrenia have characteristics of positive symptoms, which include the presence of delusions, hallucinations, disorganization of thoughts, speech and irregular behavior in the form of violent behavior.

Violent behavior is one of the responses to stressors faced by someone who is shown by violent behavior either to themselves or others and the environment both verbally and non-verbally (Stuart, 2016). The prevalence of violent behavior clients worldwide is approximately 24 million people. More than 50% of violent behavior clients do not get treatment (Gusdiansyah et al., 2020). Violent behavior is carried out due to the inability to cope with stress, not understanding social situations, not being able to identify the stimulus at hand, and not being able to control the urge to commit violent behavior (Volavka, 2021).

As a result of violent behavior, it can injure or injure yourself or others, it will even cause death carried out by the behavior and as a condition that can occur due to feelings of anger, anxiety, tension, guilt, frustration and hostility(Videbeck, 2017) in (Pulungan et al., 2022) Based on this response that patients with violent behavior have a very specific response when their violent behavior recurs. Efforts made to

overcome violent behavior are by providing psychopharmacology, psychotherapy, environmental modification, generalist nursing actions and specialist nursing actions, one of which is Family Psychoeducation (B. . & P. Keliat, 2016).

A very important family action is that after the client goes home, the family accompanies the client for follow-up care at the nearest health center or hospital, for example in the first month: 2 times per month, second month: 2 times per month, third month: 2 times per month and then 1 time per month (Gusdiansyah et al., 2020; B. Keliat, 2016).

Family psychoeducation is a therapy used to provide information to families to improve their skills in caring for their family members who experience mental disorders, so that it is hoped that families will have positive coping with the stress and burden they experience (Gusdiansyah & Ananda, 2023). By conducting psychoeducation, a nurse will be able to directly provide effective and efficient services to solve problems to families with family members of violent behavior. The benefits of psychoeducational therapy for clients and families are first for the family, namely being able to have the ability to care for clients and overcome problems that arise from caring for clients and second for clients, namely getting optimal care provided by the family.

Based on previous research on family psychoeducation conducted by (Wiyati, R., Wahyuningsih, D., & Widayanti, 2010) entitled the effect of family psychoeducation on family abilities in caring for social isolation clients, the results showed that both cognitive and psychomotor family abilities increased in the intervention and control groups after family psychoeducation, each of which was: the cognitive ability of the intervention group was 77.5% and the control group was 64.17. the psychomotor ability of the intervention group was 75.83 and the control group was 65 with a P-value of 0.000. And research conducted by (Gusdiansyah et al., 2020) entitled Family Psychoeducation on Family Ability in Caring for Family Members with Violent Behaviour The results showed that family ability increased in the intervention and control groups after family psychoeducation, namely 26.21 (25.21%) and 23.40 (22.51%) respectively with a P-value of 0.000.

This therapy is proven to be effective because it can provide information on the ability of families who experience distress, provide education to them to improve their ability to understand and have strong coping so that problems do not occur in family relationships. This therapy is proven to be effective because it can provide information on the ability of families experiencing distress, provide education to them to improve their ability to understand and have strong coping so that problems do not occur in family relationships (Gusdiansyah, 2024; Gusdiansyah et al., 2020).

The effectiveness of the implementation of nursing care obtained by clients and families is not optimal, both at the hospital and at the health center when the client returns home. Ineffective management will result in the emergence of symptoms of violent behavior and relapse. Recurrence is the onset of symptoms that have previously progressed (Stuart, 2016).

Methods

1. Research Design
   This this type of research used *Pre Experiment* with *One Group Pre Test-Post test* approach.

2. Setting and Samples
   This research has been conducted in the working area of the kuranji padang health centre with data collection carried out for 4 days from 6 to 9 2025. The population is all families who have family members with violent behaviour as many as 75 people and a sample of 30 people who live in the same house with clients with purposive *sampling technique*.

3. Intervention
   This study is a pre-experiment on one intervention group in three stages, namely the first stage of pretest conducted on the first day by giving a questionnaire to the family, the second stage of intervention provided in 3 sessions / 3 meetings consisting of generalist nursing actions and specialist psychoeducational actions with a duration of 30-40 minutes for 20 days. The third stage of the posttest was carried out on day 21 to the family.

4. Measurement and Data Collection
   Data were collected through questionnaires with statements of nursing action implementation strategies (SP) 1-4 violent behaviour compiled by the researchers themselves based on Stuart's theory (Stuart, 2016) consisting of 25 statements, psychoeducational modules using family psychoeducational therapy modified from modules developed by Nurbani (2009) consisting of 5 sessions. The questionnaire used has been tested for validity and reliability using the Person Product Moment correlation with 0.60 with a range of r counts between 0.678-0.60 (r count> r table).

5. Data Analisys
   The data analysis used is univariate analysis, which is to describe the characteristics of each research variable and also the ability of violent behaviour clients is numerical data which is analyzed to calculate the mean, median, standard deviation, 95% confidence interval, maximum and minimum values. While bivariate analysis is used to prove the difference in the ability of violent behaviour clients in the intervention group before and after family psychoeducation using Paired T-test analysis. Before conducting bivariate analysis, the data normality test was

first carried out using the Shapiro-Wilk test, because the number of samples in this study was less than 50 people.

6. Ethical Considerations
   The research has been carried out *Ethical Clearance* with number: KEPK/STIKes- Alifah/I/2025/009. Data analysis used is univariate and bivariate with the *T-Test* test.

Results

1. **Characteristics of clients with violent behavior by ages**

Table 1. Characteristics of Respondents Based on Age of Clients With Behavior In the Area Kuranji Health Center Working (n= 30)

Variables	n	Mean	SD	SE	Min- Max
Age	30	56,94	9,919	1,753	34-50

Based on table 1 above explains the average total age of violent behaviour clients (56.94) years with the youngest age 34 years and the oldest age 50 years.

2. **Characteristics of clients with violent behavior by gender, education level, employment history, length of hospital discharge, and frequency of recurrence**

Table 2. Frequency Distribution of Clients: Gender, Education Level, Employment History, Duration of Return from Ruymah Sakiy and Frequency of Recurrence in Kuranji Health Centre Working Area (n = 30)

No	Family Characteristics	*f*	%
1.	Gender		
	a. Male	21	70,0
	b. Female	9	30,0
2.	Education Level		
	a. Low	18	60,0
	b. Mediu	12	40,0
	c. High	0	0
3.	Work History		
	a. Not Working	25	83,3
	b. Work	5	16,7
4.	Length of time the client has been discharged from hospital		
	a. ≥ 1 Year	18	60,0
	b. < 1	12	40,0
5.	Recurrence Frequency		
	High	18	60,0
	Medium	12	40,0

Based on the description of the results of the analysis of client characteristics in table 2 above, it can be seen that the gender characteristics of the client are male (70.0%), the client's education level is low education (60.0%), the client's work history is not working (83.3%), the length of time the client has been discharged from the hospital is ≥ 1 year (60.0%) and the frequency of recurrence is high (60.0%).

3. Client's Ability Before Family Psychoeducation Action

Table 3. Family Ability Before Family Psychoeducation In Kuranji Health Centre Working Area (n=30)

Family Capability	n	Mean	SD	SE	Min-Max
Knowledge	30	18,91	3,847	0,680	8-25
Psychomotor	30	12,34	1,911	0,338	9-17

Based on table 3 above, before the family psychoeducation action shows the client's knowledge ability is an average of 18.91 (60.51%), namely medium knowledge ability, the client's psychomotor ability is an average of 12.34 (39.37%), namely low psychomotor ability

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4. Client's Ability After Family Psych education Action

Table 4. Family's Ability After Family Psychoeducation In Kuranji Health Centre Working Area (n=30)

Family Capability	n	Mean	SD	SE	Min-Max
Knowledge	30	35,69	1,975	0,349	20-28
Psychomotor	30	37,35	2,669	0,472	13-23

Based on table 2 above, after the family psychoeducation action shows the client's knowledge ability is an average of 35.69 (87.30%), namely high knowledge ability, the client's psychomotor ability is an average of 37.35 (85.43%), namely high psychomotor ability.

The Effect of Family Psychoeducation on Clients' Ability to Overcome Violent Behaviour in the Kuranji Health Centre Working Area

Table 5.The Effect of Psychoeducation on the Client's Ability to Overcome Violent Behaviour in the Kuranji Health Centre Work Area

	Paired differences					Sig. (2-tailed)
	Mean	Std. deviation	Std. error mean	95% confidence interval of the difference		
				Lower	upper	
Pre-test-Post-test	7.2	5.166	.959	6.00	20.00	0.0000

Based on table 5, it can be seen that there is an effect of family psychoeducation on the client's ability to overcome the problem of violent behaviour in the Kuranji puskesmas work area carried out by the Non Parametric statistical test obtained a p value (0.0000) p <0.05.

Discussion

1. **Client's Ability Before Family Psychoeducation Action**

   The results of research on the ability of violent behaviour clients before family psychoeducation actions show the client's knowledge ability is an average of 18.91 (60.51%), namely medium knowledge ability, the client's psychomotor ability is an average of 12.34 (39.37%), namely low psychomotor ability.

   This study is in line with the study conducted by (Gusdiansyah et al., 2020) entitled Family Psychoeducation on Family Ability to Care for Family Members with Violent Behavior The results of the study showed that before the family psychoeducation action was carried out, the family's knowledge ability was an average of 31.61 (56.44%) which is moderate knowledge ability, the family's psychomotor ability was an average of 21.55 (44.89%) which is low psychomotor ability. This study is also in line with the study conducted by (Darmita, D., Febriawati, H., & Fredrika, 2023) entitled The Effect of Family Education on Family Knowledge in Caring for Clients at Risk of Violent Behavior (RPK) at the Soeprapto Mental Hospital, Bengkulu Province, the results of the study showed that of the 15 respondents, family knowledge before being given education, most of them had sufficient knowledge, namely 7 people (44.7%). These two studies are in line with the research conducted by the researcher, namely that both had low

knowledge and psychomotor abilities before the family psychoeducation action was carried out.

The client's ability to control violent behavior is very possible to be improved again. The client's ability in this case *personal* ability is the ability to overcome problems including seeking information, identifying problems, finding alternatives and plans to carry out problem solving (B. . Keliat, 2016; Stuart, G. W., & Sundeen, 2016) . A person's knowledge and intelligence are other sources of coping that can make a person see other ways of dealing with stress. violent behavior by physical, drug, verbal/ social spiritual and relaxation skills, changing negative thoughts, irrational beliefs and negative behaviors. *Personal abilities of* clients of violent behavior include the ability to control.

The ability of violent behaviour clients before being given family psychoeducation, the highest ability possessed is knowledge ability and the low is psychomotor ability where the client understands and knows how to control anger when treated at a mental hospital but the client rarely takes these actions when the client returns home and at home. And clients have not known or realised the thoughts, perceptions and beliefs that are wrong or irrational towards an event or event experienced.

Based on the above statement, it can be concluded that training can perfect existing abilities by repeating certain activities and clients can practice their skills in everyday life if they are able to do it automatically. By practicing continuously, it is hoped that clien can apply their abilities without being instructed again by family or others. The ability possessed should be maintained by the client. So that the ability possessed by the client can be maintained and the role of the family is very important to be improved.

2. Client's Ability After Family Psychoeducation Action

The results of the study after family psychoeducation showed that the client's knowledge ability was an average of 67.38 (87.30%), namely high knowledge ability, the client's psychomotor ability was an average of 62.53 (85.43%), namely high psychomotor ability.

This research is in line with research conducted by (Gusdiansyah, 2024; Gusdiansyah et al., 2020) entitled Family Psychoeducation Towards Family's Ability to Care for Family Members With Violent Behaviour. (2020) entitled Family Psychoeducation Towards Family Ability in Caring for Family Members with Violent Behaviour The results showed that after family psychoeducation actions were taken, the family's knowledge ability increased with an average of 47.38 (84.61%), namely high knowledge

ability, family psychomotor ability increased with an average of 46.03 (82.20%), namely high psychomotor ability. This research is also in line with research conducted by (Darmita, D., Febriawati, H., & Fredrika, 2023) entitled The Effect of Family Education on Family Knowledge in Caring for Clients at Risk of Violent Behaviour (RPK) Mental Hospital Soeprapto Bengkulu Province the results showed that of the 15 respondents family knowledge after being given education most of their knowledge increased, namely 10 people (66.7%).

(Notoatmodjo, 2017) that factors play a role in shaping a person's behavior, namely: There is a person's intention to act in relation to an object or stimulus outside of himself, the support of the surrounding environment, the availability of information related to the actions that will be taken by a person, the existence of autonomy or personal freedom and the existence of conditions or situations that allow it.

The ability of clients violent behavior after being given family psychoeducation actions, client abilities in this study both experienced an increase between cognitive and psychomotor. This increase in psychomotor ability is assumed because clients are always asked to repeat the skills taught until the client is able to perform the skills taught by researchers and families. Researchers only continue nursing action if the client has indeed been able to perform and apply the skills that have been taught to the client, every time starting nursing action the researcher also evaluates the previous skills that have been taught to the client. By providing a daily activity schedule for the client, the researcher can evaluate the client's ability to overcome the problem and the client can record events that make them angry or upset and the attitudes that arise then the client writes down the exercises performed to prevent violent behavior (Gusdiansyah, E., 2024).

Based on the above statement, it can be concluded that training can perfect existing abilities by repeating certain activities and clients can practice their skills in everyday life if they are able to do it automatically. By doing exercises continuously, it is hoped that clients can apply their abilities without being instructed again by family and others.

3. The Effect of Family Psychoeducation on Clients' Ability to Overcome Violent Behaviour in the Kuranji Health Centre Working Area

The results of the analysis showed that there was an increase in the ability of violent behaviour clients before and after family psychoeducation by 7.2 (30%) with significant results in the effect of

family psychoeducation on the client's ability to overcome the problem of violent behaviour in the Kuranji puskesmas work area carried out by Non Parametric statistical test obtained p value (0.0000) p <0.05.

The results of this study are in line with research conducted by (Suerni, T., Keliat, B. A., & CD, 2013) Dr. H. Marzoeki Mahdi Bogor Hospital, namely the client's ability after being given generalist nursing actions and family psychoeducation specialist actions showed an increase (100%). And in line with research conducted by (Gusdiansyah et al., 2020) entitled Family Psychoeducation on Family Ability to Care for Family Members with Violent Behavior The results showed an increase in meaningful knowledge and psychomotor between the intervention group and the control group by 76.84% with (p value<0.05).

Knowledge is a very domain important for the formation of actions that refer to rational thought, learning facts, making decisions and developing thoughts, while psychomotor or practical abilities are muscular movements that are the result of knowledge conditions and demonstrate mastery of a task or skill (Gusdiansyah, E., 2024; Gusdiansyah, 2024).

The ability of clients violent behavior after being given family psychoeducation, the highest ability possessed is ability knowledge, where in the process of action is given knowledge and trained how to control their anger and to the family who cares for the client. The increase in the client's cognitive abilities in this study is assumed by the researcher because in the process of implementing nursing actions, both researchers and families always provide examples in advance of the skills being trained and clients are asked to observe. In this case the five senses of hearing and vision are certainly involved because most of a person's knowledge is obtained through the senses of hearing and vision. Then the researcher and family ask the client to repeat what has been studied, so here the process of calling up pre-existing memories after observing what has been done by the researcher and family. Clients who are given psychoeducational actions are very influential in improving the client's ability, because the client is able to do how to control anger coupled with family support that always reminds and motivates clients to do how to control anger.

Perfect existing abilities by repeating certain activities and clients can practice their skills in everyday life if they are able to do it automatically. By doing exercises continuously, it is hoped that clients can apply their abilities without being instructed again by family or others. Based on the above statement, it can be concluded that training can

Conclusion

This study showed that family psychoeducation had a significant effect on improving clients' ability to cope with violent behaviour. Prior to the intervention, clients had intermediate levels of knowledge and low psychomotor skills in controlling violent behaviour. However, after being given family psychoeducation, there was a significant increase in knowledge and psychomotor aspects, where clients were better able to recognise, understand and control their violent behaviour.

Statistical analysis showed that the family psychoeducation intervention significantly improved clients' ability to cope with and manage violent behaviour (p-value <0.05). This proves that family involvement in the treatment process is very important in supporting clients to achieve better changes. With the right education, families can provide emotional support, understanding, and practical skills that help clients overcome violent behaviour problems.

Therefore, family psychoeducation canbe an effective intervention strategy in the management of violent behaviour in clients. This program can be implemented more widely in various health care facilities to improve clients' quality of life and prevent relapse of violent behaviour.

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