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IMPLEMENTATION OF ASSERTIVE ACCEPTANCE COMMITMENT THERAPY (AACT) IN SCHIZOPHRENIA WITH VIOLENCE AT RSJD DR. AMINO GONDOHUTOMO CENTRAL JAVA PROVINCE

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Abstract

The risk of violent behavior is a problem that most often arises in schizophrenic. The inability to control emotions will lead to aggressive behavior both verbally and non-verbally directed at oneself, others and the surrounding environment. Assertive Acceptance Commitment Therapy (AACT) is one of the interventions that can be given by integrating Assertive Training (AT) and Acceptance and Commitment Therapy (ACT). AACT can provide skills for assertive behavior so that patients will be able to accept the problems experienced with adaptive behavior and have a commitment to maintain that behavior in all conditions. The purpose of this study was to apply and analyze the results of the AACT intervention in schizophrenic patients at risk of violent behavior. The method used in this research is a case study, namely research that aims to investigate an existing event or phenomenon. Data were analyzed by directly interpreting and describe the results of calculating the increase in the GAFR score and then explaining by using textual and discourse analysis. The results of this study showed that there was a significant improvement in the General Adaptive Function Response (GAFR) score after the AACT intervention was given. The average increase in GAFR score was 16,33 (intensive 2). It means that, all patients experience an increase in the ability of Adaptive Function Response. AACT can help schizophrenic patients with violence to have a more assertive behavior, accept the problem, their condition, and commit to maintaining adaptive behavior so that clients can control their anger.

Keywords: *Schizophrenia, Risk of Violent Behavior, AACT.*

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INTRODUCTION

Mental disorder is a condition where there is disorder of thought, behavior, and perception which is manifested in a set of symptoms. Mental disorders can cause suffering and obstacles to individuals in carrying out their normal functions as human beings, because individuals are unable to adapt to themselves, other people, and the surrounding environment (Kemenkes, 2020; Saswati, 2016). The World Health Organization (WHO) in 2017 reported that it is estimated that the number of people with mental disorders in the world is around 450 million people (Kemenkes, 2020). The results of the 2018 Basic Health Research (Riskesdas) also show that in Indonesia the prevalence of whose family members suffer from schizophrenia is as much as 7% per mile, meaning that per 1000 households there are 7 households experiencing ODGJ. This figure has increased significantly when compared to 2013 which only amounted to 1.7% (Baisoeni, Mohammad Risky, 2020). National Institute of Mental Health (NIMH) predicts mental health problems will continue to increase by 25% in 2030 (Rizki, Dhaifina Dini Ghassani, 2020).

Schizophrenia is a mental disorder in the form of neurobiological disorders of the brain that cause disturbances in thinking, feeling, and interacting (Rizki D, 2020). Patients with schizophrenia usually experience cognitive impairment, unable to express their feelings and thoughts effectively and assertively. This results in the emergence of interpersonal communication problems, interpersonal conflicts, anxiety, frustration, depression, and anger (Ustun, Gonca, 2020). One of the most common problems in schizophrenic patients is violent behavior (Kandar, 2019). This violent behavior arises due to the individual's inability to control emotions or anger, causing aggressive behavior both verbally and non-verbally directed at oneself, others and the surrounding environment. society and rejection of schizophrenic patients. Other people will assume that schizophrenic patients are synonymous with violent and dangerous behavior (Subu MA, Holmes D, 2016). This will certainly be a barrier in the recovery process and improving the quality of life of patients with schizophrenic mental disorders (Rizki, Dhaifina Dini Ghassani, 2020; Setiawan H, Keliat BA, 2015).

Risk management for violent behavior can be carried out by implementing several interventions consisting of interventions as preventive and anticipatory strategies (A., 2015). The usual form of nursing intervention is generalist nursing actions in the form of implementation strategies (SP) regarding how to control violent behavior by physical means, taking medication, verbal, and spiritual (Handayani F, Wahyudi DT, Damayanti A, 2020; Wijayanti DY, Sari SP, 2018). In addition, specialist nursing actions can also be given in the form of individual, group, and family therapy (Wijayanti DY, Sari SP, 2018).

One of the individual therapies that is often carried out to manage the risk of violent behavior in patients with mental disorders is Assertive Training (AT), which is therapy to train individual abilities to express feelings, rights and opinions honestly and openly without feeling anxious, insulting, offensive or hurting the feelings of others (Kurniati SR, 2019; Utami A., Ibrahim M, 2021). Assertive training will help individuals express themselves and their thoughts appropriately and assertively, creating good interpersonal relationships so that violent behavior can be controlled (Kurniati SR, 2019; Nihayati H, Kadji R, Rachmawati P, Yusuf, Ah, Fitryasari R, Tristiana D, 2020). But based on research conducted by Rustafariningsih, Yusuf & Hanik in 2018 shows that AT training alone is not enough because behavior without commitment in maintaining adaptive behavior can make patients repeat their violent behavior. ACT) and SP (Rustafariningsih, Yusuf Ah, 2018).

Assertive Acceptance Commitment Therapy (AACT) is a combination therapy between AT and ACT. In AT there is a learning process and knowledge about how to express anger appropriately so that the patient's knowledge of expressing anger becomes better than before (Utami A., Ibrahim M, 2021). Meanwhile, ACT is more directed at patient learning in acceptance of situations that make him angry. The combination of these two interventions provides the patient with skills related to assertive behavior so that the patient will be able to accept the problems experienced with adaptive behavior and in the end the patient is expected to have a commitment to maintain this adaptive behavior in all conditions (Rustafariningsih, Yusuf Ah, 2018).

Based on the results of observations made in the UPIP Room RSJD Dr. Amino Gondohutomo, Central Java Province, the nursing intervention that is often performed on VIOLENCE patients is SP, but there are still many patients who show non-

assertive behavior and even some patients have repeated violent behavior. The results of the recapitulation of nursing diagnoses in the Psychiatric Intensive Service Unit Room (UPIP) at RSJD Dr. Amino Gondohutomo, Central Java Province in January-October 2021 also showed that the most patients who entered the UPIP Room were patients with the Risk of Violent Behavior (VIOLENCE), namely 529 patients. Some of them are cases of recurrent VIOLENCE. Therefore the authors are interested in knowing more about the influence of Assertive Acceptance Commitment Therapy (AACT) on violent behavior in patients with mental disorders.

METHOD

Case Presentation

Tabel 1. Patient Characteristics

Patients	History
Mr. S 24 years old	Mr. S has been suffering from mental disorders since 2015 and has been admitted to the mental hospital more than 10 times due to aggressive behavior, the last being Mr. S went berserk, carrying objects angrily to hit people around and throwing things around. Mr. S has a history of not routinely controlling and taking medication. Currently the client is undergoing treatment on the 2nd day with a medical diagnosis of Schizophrenia not detailed (F20.3). Mr. S had an unpleasant experience with his parents' marriage problems, his father remarried and often scolded him with harsh words. The client also feels sad and annoyed with people who always talk about his father because Mr. s very loves his father. The antipsychotic drugs included are Olanzapine 2x5 mg, Depakote 2x125 mg, Zyprexa 10 mg/14 hours for 2 days.
Mrs. N 37 years old	Mrs. N has been suffering from mental disorders since 2010 and has been admitted to the mental hospital 5 times because of aggressive behavior, anger, wandering around, talking incoherently, and threatening to hurt other people around him. Mrs. N always routinely controls and takes medication as directed by doctors and nurses. Currently the client is undergoing treatment on the 2nd day with a medical diagnosis of Schizophrenia not detailed (F20.3). Mrs. N has a history of unpleasant incidents, namely bullying and divorce 3 times with her husband. In the past few days, the client had to work overtime and admitted that he was very tired so he felt stressed and pressured by his family and the environment around his house who always talked about negative things about him and his family. Drug orally consumed by Mrs. N including Risperidone 2x1 mg and Chlorpromazine 2x50mg.
Mr. K 37 years old	Mr. K has been suffering from mental disorders since 2009 and has been admitted to the mental hospital 7 times due to aggressive behavior by hitting his mother and getting angry for reasons that are not clear. Mr. K always had regular check-ups, but reduced the dosage of his own medicine without the doctor's knowledge when he was at home on the grounds that he often felt sleepy and had difficulty getting up early to help his mother sell the stalls. Currently the client is undergoing treatment on the 2nd day with a medical diagnosis of Schizophrenia not detailed (F20.3). Mr. K has the experience of always harboring the problems that befall him and always venting them on whatever is around him. The client's father died when the client was a child. Mr. K is an only child who currently lives alone with her mother. The oral medication that Mr. K include Risperidone 2x2 mg and Chlorpromazine 2x100mg.

Table 1 shows that the study subjects were violence patients, 2 male and 1 female. The patient has a history of mental disorders since 2009, 2010 and 2015. Each patient also has a history of being hospitalized >5 times due to repeated aggressive behavior. Currently the patient is on day 2 of treatment with an unspecified medical diagnosis of schizophrenia (F20.3).

Intervention

The intervention used in this case study is Assertive Acceptance Commitment Therapy (AACT). AACT is a therapy that comes from the integration of Asertive Therapy (AT) and Acceptance Commitment Therapy (ACT). In AT there is a learning process and knowledge about how to express anger appropriately so that the patient's knowledge in expressing anger becomes better than before. Meanwhile, ACT is more directed at patient learning in accepting situations that make him angry. The combination of these two interventions provides patients with skills related to assertive behavior so that patients will be able to accept the problems experienced with adaptive behavior and in the end the patient has a commitment to maintain this adaptive behavior in all conditions.

AACT was held in seven sessions: Session 1: Identify events, feelings, thoughts, needs and desires that arise as well as the impact of behavior and its consequences. Session 2: Identifying client values based on their experience. Session 3: Train

clients to express their thoughts, feelings, needs and desires. Session 4: Train clients to express anger by saying "no" to irrational requests and explaining the reasons. Session 5: Train the client to accept events using the selected value. Session 6: Train the client to commit to preventing relapse. Session 7: Maintain client assertive behavior in various situations.

RESULTS AND DISCUSSION

Tabel 2. Patient's Responses to AACT Intervention

Session	Phase	Patient	Responses
1. Identify events, feelings, thoughts, needs and desires that arise as well as the impact of behavior and its consequences	Bad/unpleasant events experienced	Mr. S	Father often scolded him with harsh words His father remarried to another woman so his relationship with his birth mother did not get along Other people often talk about his father
		Mrs. N	The experience of being bullied, ostracized and beaten by friends when I was in junior high school because I came from a family with a weak economy Always kept the problems to himself Divorced experience 3 times because of his sometimes unstable condition The experience of being shackled by his family These few days work overtime and lack of rest
		Mr. K	Felt neighbors talking about him. The client hit his mother for no reason Lack of sleep
	The thoughts and feelings that arise are related to events or events that happened	Mr. S	Emotions. Thoughts messed up Want to slam things and hit people Sad
		Mrs. N	Distracted mind Feelings of sadness, anger, and emotion appear
		Mr. K	Feeling irritated. Sorry
	Needs and desire	Mr. S	He wants his father to be less angry again Wants his mother to get along with his father Wants to move rooms immediately
		Mrs. N	Want to recover quickly and get back to work Wants to continue saving to prepare for his son's school fees. Wants to recover and doesn't go back and forth to the hospital because he feels it's a burden to his family Want to have someone who can be invited to share complaints when being hit by problems
		Mr. K	Wants to help his mother work
	The behavior performed at the time of the incident	Mr. S	Enter the room, Cry, Rampage
		Mrs. N	Furious, Wandering around aimlessly
		Mr. K	Hit the wall, cupboard or door
2. Identifying client values based on their experience	Efforts made are related to the events	Mr. S	Lock yourself in the room Istighfar Sometimes tantrums

Session	Phase	Patient	Responses
	experienced based on experience (can be family relationships, social, work, health, spiritual) both destructive and constructive		
		Mrs. N	Keeping your problems and feelings in check Denying feelings of sadness and anger that arise when remembering unpleasant events in the past Expressing anger emotions by all means Consuming drugs regularly Pray for the best to Allah
		Mr. K	Going home, harboring his feelings Going berserk, hitting walls or cupboards Reducing the dose of drugs Routine control
	Determine the efforts that are appropriate and good	Mr. S	Istighfar
		Mrs. N	Take medication regularly Pray for the best to Allah
		Mr. K	Routine control
3. Train clients to express their thoughts, feelings, needs and desires	Discussion of thoughts and feelings	Mr. S	Sad to want to go home Feel down every time remember his father angry
		Mrs. N	Always feel afraid that his privacy will not be maintained if he tells the problem to other people
		Mr. K	Feeling sorry, sad
	Discussion of needs and wants	Mr. S	He wants his father to return to the way he used to be Want to see his mother and father get along well and not get angry often Want to move rooms immediately because the situation is too busy making him emotional and want to throw tantrums
		Mrs. N	I really want to go home and get back to work
		Mr. K	Wants to help his mother work, look after and care for his mother. The client knows he needs to take medicine, but doesn't know if Reducing the dose can make it unable to control emotions
	Practice expressing thoughts, feelings, needs and desires well	Mr. S	Clients can practice expressing feelings, thoughts, needs and wish well
		Mrs. N	Clients can practice with nurses on how to express their thoughts, feelings, needs, and desires well
		Mr. K	Clients are able to express their feelings and desires well
4. Train clients to express anger by saying "no" to irrational requests and explaining the reasons	Discussion of examples of irrational requests and their reasons	Mr. S	Clients can provide examples of irrational requests and reasons
		Mrs. N	Clients are able to understand examples of irrational requests and the reason

Session	Phase	Patient	Responses
		Mr. K	The client understands that it is important to take regular medication and not to reduce the dose yourself
	The patient's usual way of refusing an irrational request and its effects	Mr. S	Answered in a high tone, resulting in a fight
		Mrs. N	Feeling angry, refusing in a slightly raised tone which has an impact on conditions that are getting heated and not improving
		Mr. K	Go straight away, feeling emotional and overflowing on the objects around him
	Practice saying "no" to irrational requests and presenting assertive reasons	Mr. S	Clients can practice saying "no" to irrational requests and presenting assertive reasons
		Mrs. N	Clients can convey assertive reasons for irrational requests, namely by first thanking them for the offer that has been made, then apologizing for not being able to accept the offer by including reasons that make sense and can be accepted by others.
		Mr. K	Clients practice refusing requests with good verbal
5. Train the client to accept events using the selected value	Determine one of the behaviors that still needs to be improved to be trained together	Mr. S	Learn to speak well
		Mrs. N	Convey feelings and thoughts assertively
		Mr. K	Convey thoughts and feelings openly
	Follow and repeat the way that has been exemplified	Mr. S	The client is able to repeat the method that has been exemplified in AACT
		Mrs. N	Clients are able to follow and repeat how to express feelings with assertiveness that has been taught and trained together
		Mr. K	Clients can express their thoughts and feelings with good verbal
	Practice behaving according to the chosen value	Mr. S	The client can behave according to the selected value
		Mrs. N	Clients can implement behavior that matches the shared values
		Mr. K	Clients practice controlling violent behavior in an assertive way that is taught
6. Train the client to commit to	The commitment that the patient	Mr. S	Control anger by learning to convey his feelings to others

Session	Phase	Patient	Responses
preventing relapse	has to avoid repeating the misbehavior that occurred		
		Mrs. N	Clients always try to control their emotions and convey feelings and thoughts more assertively and keep their tone of voice so as not to escalate
		Mr. K	The client promises not to reduce the dose of the drug and to keep regular control
	Efforts are made to maintain and improve good behavior	Mr. S	Always practice good ways of expressing feelings to others
		Mrs. N	Clients always practice and get used to and relax themselves first when they are emotional before speaking
		Mr. K	Clients practice according to the schedule of daily activities that are made
	Disclose the consequences if the problem is not addressed immediately	Mr. S	The client said that if it was not treated, he would continue to enter the hospital
		Mrs. N	The client said that if he didn't get used to it, the client would be brought to the mental hospital again and again and it would be a hassle for his family
		Mr. K	The client will be taken to the hospital
	Disclose the benefits of treatment for clients	Mr. S	The client said the treatment he was undergoing was very useful even though he wanted to go home
		Mrs. N	The client says that by undergoing treatment he feels his condition get better, his emotions are more controllable, and can get enough rest
		Mr. K	Not emotional, can sleep
7. Maintain client assertive behavior in various situations	Instruct the client to use assertive changes that have been rehearsed before	Mr. S	Clients are able to apply and maintain assertive behavior in other situations
		Mrs. N	Clients are able and willing to adopt a more assertive attitude as they have been trained during treatment
		Mr. K	Clients show assertive behavior during treatment: talk nicely, pray regularly and take medication, do activities with friends, practice controlling violent behavior according to what is taught
	Discuss the barriers to assertive behavior and their benefits	Mr. S	Interlocutor barriers (people with mental disorders)
		Mrs. N	Clients say the obstacles in implementing assertive behavior while undergoing treatment are limitations in socializing with other people (especially nurses and/or practicing students) because during treatment patients are asked to spend more time in the room to rest
		Mr. K	Emotionally unstable and unaware of his behavior
	Instruct the client	Mr. S	Clients are able to apply and maintain assertive behavior in other

Session	Phase	Patient	Responses
	to maintain assertive behavior in other situations		situations
		Mrs. N	The client says he will try to always apply assertive behavior in any situation, not only when the client feels emotional
		Mr. K	Clients try to behave assertively in all activities carried out

Table 2 shows the various responses during the AACT intervention sessions 1-7. The 3 patients had bad or unpleasant events in the past, but they were able to identify values based on their individual experiences, were able to practice and express thoughts, feelings, desires, needs well, and were able to commit to preventing relapse without repeating sessions.

Table 3. Changes in the GAFR score in patients with violent behavior before and after being given the AACT Intervention.

No.	Patients	GAFR Score		Mean Score After Intervention
		Before / Intensive	After / Intensive	
1.	Mr. S	10 / 1	18 / 2	16.33
2.	Mrs. N	7 / 1	11 / 2	
3.	Mr. K	10 / 1	20 / 2	

Table 3 shows an increase in the GAFR score in all patients with an average score of 16.33

Violence is a condition in which individuals have a risk of endangering themselves, others, and their environment physically, emotionally, and sexually (Farhang M, Ghaderi M, Soleimani R, 2017; Supinganto A, Yani AL, Kuswanto, Darmawan D, Paula V, Marliana T, 2021). In studies that have been conducted, violence appears in patients with schizophrenia. This aggressive behavior arises as a result of disturbances in brain function and structure which results in a condition in which individuals find it difficult to control the emotions that arise.[21,22] In this study, the 3 patients showed the same symptoms, namely violence without other symptoms such as hallucinations and delusions.

All 3 clients have had unpleasant experiences in the past. Environmental exposure to psychological stress factors, in addition, past trauma can increase the risk of disease phenotypic expression. A study mentions the influence of the clinical picture of schizophrenia in individuals with emotional traumatic experiences that occurred in the past. The clinical picture appears to be indicative of the severity of the cognitive deficits and symptoms productive of hallucinations and delusions. The mechanisms involved are deregulation of the hypothalamic-pituitary-adrenal (HPA) axis and loss of hippocampal neurons. Increased glucocorticoid secretion related to stress is also associated with hippocampal atrophy which results in learning and memory disabilities. Past unpleasant experiences are also associated with the severity of psychotic and depressive symptoms in adulthood, with decreased brain volume and an increase in the amygdala when compared with total brain volume. Mood and anxiety symptoms are also strongly influenced by traumatic experiences (Popovic, 2019; Trovao, 2021).

The 3 clients in this case study already had a history of the same treatment at the psychiatric hospital because of a relapse. Based on the results of the study, 1 out of 3 clients experienced recurrence due to non-compliance with the treatment process, namely not routine control, not taking medication regularly, and reducing drug doses without consulting a doctor first. Non-adherence in medication, especially in the consumption of drugs that are not routine, has been proven to be the main cause of recurrence of symptoms in clients with mental disorders. This is in accordance with research conducted by Dewi in 2020 concerning the relationship between medication adherence and recurrence of schizophrenic patients at Surakarta Hospital. This study, which was conducted on 46 respondents, showed the results of a relationship between adherence to taking antipsychotic

medication and recurrence of schizophrenic clients. Other supporting research was also conducted by Melda in 2019 on schizophrenic patients who were undergoing outpatient care. The study, which was conducted on 32 schizophrenic patients at the Hayunanto Medical Center Special Hospital in Malang, showed that 53% of the respondents did not adhere to taking their medication and 71.87% of the respondents experienced a relapse (F., 2020; Lestari, 2019).

Non-adherence in treatment is one of the phenomena that causes recurrence in patients with schizophrenia. Some of the factors that encourage clients to non-adherence to treatment include lack of knowledge, lack of family support, and side effects that arise as a result of taking neuroleptic drugs. Relapse itself occurs because the prophylactic effect of the drug has been removed (Bogers Jan, Hambarian G, Vermeulen J, Michiels M, 2020; Moncrieff J, Gupta S, 2019).

AACT is a therapy from the integration of AT and ACT in which the combination of the two interventions provides patient with skills related to assertive behavior so that the patient will be able to accept the problems experienced with adaptive behavior and in the end the patient has a commitment to maintain this adaptive behavior in all conditions. The results of the study after the AACT action was carried out showed quite good results, which were to reduce violent behavior in clients. In addition to having assertive behavior skills, clients also have a commitment to implement these behaviors while undergoing treatment at the Asylum. In addition, the client also experienced a decrease in the RUFA score.

The AACT procedure was given to 3 schizophrenic clients with violence in the Psychiatric Intensive Service Unit of Amino Gondohutomo Hospital, Central Java Province, namely Mr. S (24 years), Mrs. N (37 years) and Mr. K (37 years). Evaluation of all sessions in AACT is carried out every day by monitoring behavior during the AACT action period. And the results obtained were that the three clients were able to apply assertive behavior in daily activities on the ward and showed an improvement in the GAFR score after being given this AACT intervention. The results of this study are in line with research conducted by Rustafariningsih, Ah Yusuf, and Hanik in 2018 concerning the effect of AACT on the ability to control violent behavior in 32 schizophrenic patients at Surabaya Hospital. In this study, respondents were divided into 4 groups with each group consisting of 8 respondents. The first three groups were the intervention group which were given the AT, ACT, and AACT treatments respectively. While the other 1 group was the control group which was given the SP action. The intervention was given for 3 days with a meeting duration of 45-60 minutes. Based on this research, the results showed that there was a difference in clients' violent behavior after being given AT, ACT, AACT, and SP interventions with $p = 0.04$ ($p < 0.05$). The AACT intervention group showed better results than the AT (with a mean diff = 0.75), ACT (with a mean = 1.25) and SP (with a mean diff = 0.000). Based on these results, it is concluded that AACT can reduce violent behavior in clients by optimizing personal and interpersonal systems by providing mutual support through a commitment to maintain adaptive behavior.

The success of the combined interventions between AT and ACT can be proven because each of these interventions basically really helps clients with violence to be able to control their anger. AT is a communication technique used to assist clients in increasing assertive beliefs and behavior, changing perspectives about their personality, and building self-confidence and interpersonal communication skills. Assertive individuals will be able to create good interpersonal relationships with other people and be able to convey positive and negative thoughts without feeling guilty, anxious, or violating the rights of others.

In this study, the AT for the 3 clients showed quite good results. In previous treatment experience, the 3 clients admitted that they had never received knowledge and training about what and how assertive behavior is. During the therapy period, the client is able to apply assertive communication and behavior both to nurses, practical students, and to other fellow patients while on the ward. The signs and symptoms of violent behavior observed also decreased. These results are consistent with research conducted by Yanuar, Mustikasari, and Novy in 2020 regarding changes in signs, symptoms, and management of anger in patients with violence. In that study, AT intervention was carried out to 11 respondents which was integrated with psychoeducation for the family. The results of the study showed a decrease in the signs and symptoms of violent behavior and an increase in the respondent's ability to deal with the risks of violent behavior (Fahrizal Y, Mustikasari D, 2020). The effectiveness of AT in controlling violent

behavior in schizophrenic patients was also carried out by Hanik, et al in 2020. The study was conducted on 36 respondents who were divided into control groups and the intervention group each of 18 respondents. The data used by the T-Test ($p \leq 0.05$) showed an increase in the ability to control anger in the intervention group after being given AT ($p=0.000$) and there was no difference in the control group before and after giving AT ($p=0.097$) (Nihayati H, Kadji R, Rachmawati P, Yusuf, Ah, Fitryasari R, Tristiana D, 2020). ACT is a therapy given to clients to be able to use coping strategies as a process of psychological acceptance of stress/pressure that is difficult to overcome, both from internal and external factors. In the process, individuals will be guided and assisted to be able to accept unpleasant events, identify, and then focus and commit to implementing positive behavior directly in accordance with the goals to be achieved. The development of this therapy is based on acceptance and commitment factors, which can have a very large impact on the development of individual conditions (Farhang M, Ghaderi M, Soleimani R, 2017; Supinganto A, Yani AL, Kuswanto, Darmawan D, Paula V, Marliana T, 2021). In other words, this ACT accommodates the patient's cognitive abilities and behavior through recognition with previous unpleasant incidents and finding a value that can be taken from the unpleasant incident earlier. After that, the client will choose and realize which values are good and which are not, choose positive values to be taken, and commit to these values.

In research that has been done, after being given the ACT intervention, all 3 clients showed a decrease in signs and symptoms of violent behavior. The results of the study also show an increase in managing emotions, being able to identify unpleasant events that are experienced and trying to accept these events instead of fighting them. In this ACT, clients are also taught how to commit to more adaptive behavior in living their daily lives based on the values they believe in. Adaptive behavior here leads to daily behavior which includes how to deal with the feelings and emotions that are being felt. Especially in preventing violent behavior on clients. The results of this study are in line with research conducted by Andi, Budi, and Herni in 2020 regarding the application of ACT to clients with schizophrenia and aggressive behavior. Research conducted on 4 clients showed the results of a decrease in signs and symptoms of violent behavior in cognitive, affective, psychological, behavioral, and social aspects. In addition, there has also been an increase in anger management, acceptance of the problems that are being experienced, and commitment to more adaptive behavior. However, in this study the intervention was carried out for 6 weeks while in this study the intervention was only carried out for approximately 3 days because it adjusted to the period of nursing care and the time spent in the UPIP room. Even though they differ in the implementation period, all the techniques in the ACT given are mostly the same and show quite good results. intervention group with 33 respondents each. Research has shown that there is an increase in knowledge of clients about their illness, a decrease in signs and symptoms of violent behavior, and an increase in the ability to control violent behavior.

CONCLUSIONS

Risk for Violent Behavior is a condition where individual behavior risks harming physically, emotionally, and or sexually to oneself or others. Non-adherence in treatment and stressors such as unpleasant experiences or past trauma are two factors that cause patients with schizophrenia to have symptoms of violence. Violence itself mostly arises because the patient is unable to control emotions in an adaptive way. Integration between Assertive Training (AT) and Acceptance and Commitment Therapy (ACT) interventions as a therapy that optimizes assertive personal and interpersonal systems by providing mutual support through a commitment to maintain adaptive behavior has succeeded in reducing signs and symptoms and increasing the ability to control violent behavior in 3 clients. Thus, AACT is said to be more effective in controlling violent behavior in schizophrenic patients with violence.

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