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Application of De-Escalation Nursing Interventions with Emotional Experience Writing in Clients With Risk of Violent Behavior

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Abstract

The risk of violent behavior in nursing diagnosis is usually arise because of aggressiveness which is often associated with people with schizophrenia. Affects and emotions in schizophrenic patients affect behaviors such as hand and body movements, facial expressions, and tone of voice that can be seen clearly when a person expresses and experiences feelings and emotions. This study aims to analyze the effectiveness of applying de-escalation with expressive writing exercises in reducing signs and symptoms of risk of violent behavior. The client is a 23-year-old woman with schizophrenia. The therapy given is generalist nurse intervention and by applying Emotional Experience Writing as a form of de-escalation. Emotional Experience Writing is part of expressive therapy that is used to help recovery and improve mental health. Emotional Experience Writing is one of the intervention techniques developed from expressive writing therapy techniques used in counseling, psychotherapy, and rehabilitation. The procedure for implementing emotional experience writing is also based on expressive writing, which is oriented towards disclosing the emotional experiences experienced. The evaluation was carried out using an evaluation sheet for signs and symptoms of risk of violent behavior developed by the Department of Psychiatric Nursing, Faculty of Nursing, University of Indonesia. The results of this study indicate that the application of Emotional Experience Writing is effective in reducing the signs and symptoms in client with the risk of violent behavior. Emotional Experience Writing exercises are recommended to be an alternative de-escalation intervention, especially for clients with the risk of violent behavior.

Keywords: Emotional Experience Writing, Risk of Violent Behavior, Schizophrenia, Nursing Interventions

Introduction

Indonesia experienced an increase in mental illness cases in 2018, with approximately 450,000 severe mental illnesses. This increase can be seen based on the prevalence of households with Patients with mental disorders (ODGJ) in Indonesia. The number increased to 7 per thousand households, meaning that every

1,000 households have 7 households with ODGJ (Data and Information Center of the Indonesian Ministry of Health, 2019). The top three types of mental illness in 2017 in Indonesia were depressive disorders, anxiety disorders, and schizophrenia (Ministry of Health Information and Data Center, 2019). In 2019, the number of people with

schizophrenia in Indonesia reached 829,735 people (Institute for Health Metrics and Evaluation, 2019).

Schizophrenia is a serious mental disorder that affects the way a person thinks, feels, acts and behaves (Videback, 2013). People with schizophrenia experience decreased ability to think, behave and relate to others due to cognitive impairment (Stuart, Keliat, & Pasaribu, 2016). Therefore, schizophrenia can cause individuals to commit violent acts that harm themselves, others, and the environment (Pardede, Siregar, & Hulu, 2020). Extreme and sudden changes in behavior pose a risk of violent behavior.

Several studies have shown an association between schizophrenia and the risk of violent behavior. People with schizophrenia are five times more likely to commit violent acts than the general population (Sari & Dwidiyanti, 2014). Several studies have been conducted to assess the risk of violent behavior and mental disorders, including schizophrenia, in 18,423 people at high risk of violent behavior. A systematic review analyzing 20 articles found that the rate of violent behavior in schizophrenia patients was 13.2%, while the rate of violent behavior in the general population was 5.3% (Fazel et al., 2019). The results of this study support the statement that people with schizophrenia may be at risk of violent behavior.

Violent behavior is the actualization of feelings of anger by committing actions that harm oneself, others, and the environment. Violent behavior can be physical or verbal against oneself, others, or an object (Keliat & Akemat, 2011). Common symptoms of violent behavior include sharp eyes, clenched hands, high-pitched voice, tense face, and broken objects (Keliat & Akemat, 2019). The more signs, the higher the risk of violent behavior (Fahrizal, Mustikasari, &

Daulima, 2020). According to Indonesian national data in 2017, the risk of violent behavior is around 0.8 per 10,000 people (Pardede et al., 2020). Based on this, interventions are needed to reduce the incidence of violent behavior. Nurse interventions for patients with nursing problems at risk of violent behavior help patients understand the causes, signs and symptoms of the risk of violent behavior, as well as the consequences of violent behavior and teach how to overcome the risk of violent behavior by controlling their emotions.

Strategies to reduce violent behavior include psychopharmacology, psychotherapy, and environmental modification. Psychiatric drugs used are antipsychotics, both typical, atypical, and a combination of typical and atypical (Rueve & Welton, 2008, Volavka, 2014). Nursing psychotherapy actions are carried out in the form of generalist nursing actions and specialist nursing actions for clients with violent behavior (Keliat & Akemat, 2011). Nursing actions to reduce violent behavior are by taking deep breaths, hitting mattresses and pillows, gymnastics, speaking well such as expressing feelings of anger, and refusing well, deescalating, namely expressing feelings of anger verbally or in writing, performing worship activities such as prayer, prayer, other worship activities and obeying taking medication properly (Keliat, et al., 2021). The author is interested in combining existing nursing actions with deescalation actions with emotional experience writing.

Emotional Experience Writing can be considered as a subset of expressive writing, but it focuses on the release of emotions based on the emotional experiences one has lived through (Sanjani et al., 2022). Writing about stressful experiences and emotions experienced can help to manage emotions (Nurmaliza, 2022). Expressive

writing is part of expressive therapy used to help recovery and improve mental health (Kurniawan & Kumolohadi, 2015). In a study, it was found that expressive writing is quite effective as a medium for expressing pent-up feelings or increasing to improve self-disclosure abilities in patients with hebephrenic schizophrenia (Rohmah & Praktikto, 2019). Not only in patients with hebephrenic schizophrenia, other studies have also been conducted on paranoid schizophrenia patients with the same results, namely expressive writing can be a medium for someone to express the feelings or emotions they experience (Nisaa, Masruroh, & Praktikto, 2022). Providing therapeutic interventions Writing emotional experiences can be used to help clients with violent behavior towards the ability to control emotions in clients Violent Behavior (Damaiyanti and Purwanti, 2018).

Method

This study was conducted in the Utari room of Dr. H. Marzoeki Mahdi Mental Hospital Bogor (RSJMM) on Mrs. A (23 years old) with a diagnosis of Schizophrenia. The evaluation was carried out using an evaluation sheet of signs and symptoms of risk of violent behavior developed by the Department of Mental Nursing, Faculty of Nursing Science, University of Indonesia. The implementation of the emotional experience writing procedure was carried out in 5 sessions for five consecutive days with a length of time for each session of approximately 15-30 minutes. Each meeting is carried out opening, providing explanations and motivating clients to continue to follow the procedure until the end, entering the writing session the client is asked to write with the theme Childhood experience, love me, listen to me, goodbye stress, goodbye angry, goodbye worry, my

hopes and desires, entering the closing session the patient is asked to reflect on what has been written.

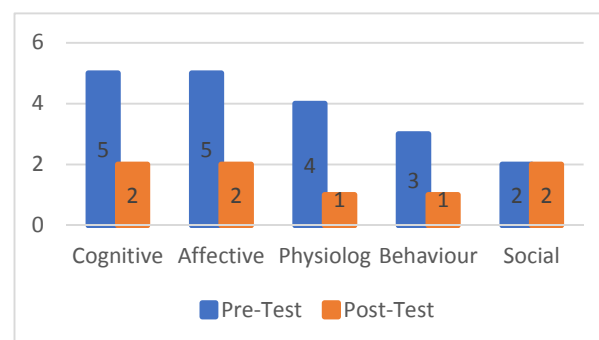
The procedure is carried out in an open space with a writing table and chair by maintaining the client's privacy in writing down their emotional experiences. The lighting and temperature were adequate and comfortable for the client to do the writing process. The tools used for writing are writing tools in the form of a puplen and HVS paper and a walking board.

Results

1. Generalist Nursing Interventions

Generalist nursing on Mrs. A began on September 26, 2023 until September 27, 2023. During the two days of implementing the intervention, Mrs. A was evaluated for signs of symptoms and the ability to control violent behavior.

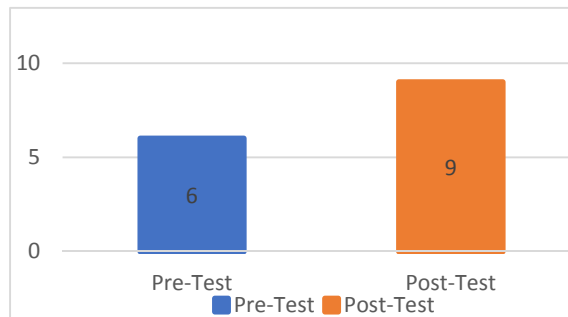
Figure 1. Measurement Results of Signs and Symptoms of Violent Behavior Generalist Intervention



Results Measurement of signs and symptoms of violent behavior Mrs. A experienced a decrease in several aspects after two days of generalist intervention. Aspects that experienced a decrease in the value of symptomatic signs were cognitive aspects (Saying hate / upset with someone, Being easily offended), affective (unstable affection and unnatural or excessive euphoria), physiological (Feeling palpitations),

behavior (like yelling, dominating the conversation, dominating the conversation, high tone of voice). In the social aspect, there is no change in the value of symptomatic signs.

Figure 2 Measurement Results of Ability to Control Violent Behavior Generalist Intervention

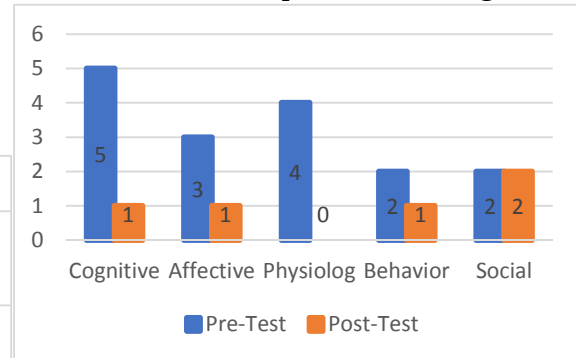


The results of measuring the client's ability to control violent behavior show an increase. Before applying the generalist intervention the client applied 6 abilities and after being given a generalist nursing intervention the client applied 9 abilities.

2. Nursing Intervention De-escalation Exercise with Emotional Experience Writing

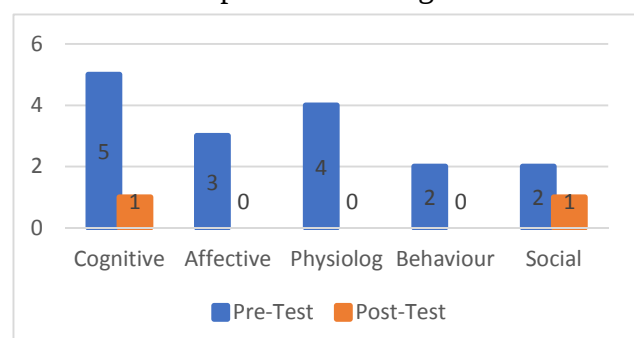
Nursing interventions Deescalation Exercise with Emotional Experience Writing on Mrs. A began on September 28, 2023 until October 03, 2023. Before performing nursing interventions Deescalation Exercise with Emotional Experience Writing the author conducted a pre-test of signs of symptoms and ability to control violent behavior in Mr. A on September 28, 2023 and conducted the first post-test on October 03, 2023. A on September 28, 2023 and conducted the first post test on October 03, 2023. Then the second post test was conducted on October 07, 2023 after independent writing exercises on October 04, 2023 - October 6, 2023.

Figure 3. Measurement Results of Signs and Symptoms of Violent Behavior Before and After De-escalation Exercise with Emotional Experience Writing.



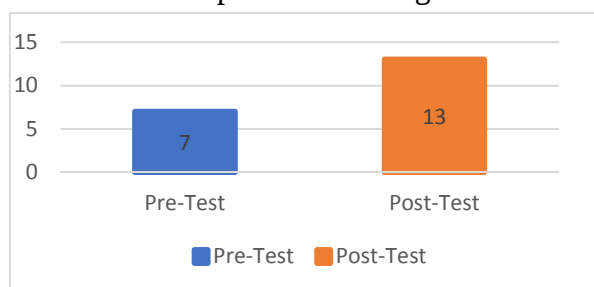
The results of measuring signs and symptoms were carried out before the writing intervention was given. The measurement results after being given the Emotional Experience Writing deescalation exercise intervention for five days obtained a score of 5. The measurement results show a significant decrease in the signs and symptoms felt by the client Mrs. A. The aspects that have decreased are cognitive aspects (irritability), Affective (unnatural or excessive euphoria), physiological, behavioral (angry expressions when talking about others). In the social aspect (dominating the conversation, high tone of voice) there are assessors who show that there are still signs of natural symptoms

Figure 4. Results of the second Measurement of Signs and Symptoms of Violent Behavior Before and After De-escalation Exercise with Emotional Experience Writing.



The results of measuring signs and symptoms were carried out before the writing intervention was given. The measurement results after being given the Emotional Experience Writing deescalation exercise intervention independently, the measurement results show a significant decrease in the signs and symptoms felt by the client Mrs. A. Signs and symptoms that still remain in the cognitive aspect (irritability and dominating the conversation).

Figure 5. Measurement Results of Ability to Control Violent Behavior Before and After De-escalation Exercise with Emotional Experience Writing



The results of measuring the client's ability to control violent behavior show an increase. Before applying the intervention the client applied 7 abilities and after being given a generalist nursing intervention the client applied 13 abilities.

Discussion

The client is a 23-year-old woman. The client's initial diagnosis is Schizophrenia and has been diagnosed approximately since 2018. This means that the client has been suffering from Schizophrenia since the age of 18. The age of 10-18 years is in the adolescent age range (Ministry of Health, 2015). One of the neuropsychiatric groups, Schizophrenia, has a typical onset in adolescence because the end of this age is a critical period in brain development, making it very vulnerable to

psychosocial problems (Gogtay, Vyas, Tasta, Wood, & Pantelis, 2011).

The client had a vocational high school education and did not go to college due to economic constraints. Economic conditions and lack of financial resources can be life stressors (Shives, 2012). The level of education influences how people think, handle problems, make decisions and assess stressors. Coping strategies are closely related to cognitive function (Stuart, 2013). The results of research conducted by Hastuti (2013) as many as 46.5% of clients who committed violent behavior had secondary education and above. The level of education and poor economic conditions can be a factor in violent behavior.

In the second session of de-escalation training with emotional experience writing, the client wrote that the people who love her are her biological mother, biological father, her three younger siblings, her ex-boyfriend, stepfather and six close friends, and her husband. The results of this client's writing show that the client can remember who are the people who always provide support and affection for her. Continued on the next day with the third session the client wrote with the theme listen to me (clients write things that make sad, things that make happy, things that make angry).

The client wrote down his feelings of sadness because he was far from family, felt sad to be in the hospital, the thing that made him happy was that he could make his mother proud because of his achievements at school, felt angry when his younger siblings did not listen to what he said. Furthermore, the client is given praise for what he has done well. The writing exercise here provides a platform to pour out previously unexpressed emotions and in this way allows the client to make peace and make an end to the event. Because generally when traumatic

events occur, individual expression of emotions is suppressed (Barcaccia et al., 2017).

In de-escalation exercises with emotional experience writing in the fourth and fifth sessions, emotional experience writing with the theme in the fourth session is Goodbye Stress, Angry, and Worry and in the fifth session with the theme of hopes, desires, and ideals. The client wrote down the lessons and experiences he gained while in the hospital. The client also wrote down ways to overcome stress, anger and worry. The client wrote down hopes to want himself and his friends to recover. The client also hopes that the family can understand his situation and get together with the family. The client's wish is to go home quickly and gather with family and family harmony. From the results of patient writing shows a form of self-regulation. This regulation process is to control individual emotions, thoughts, and behavior towards an event. Expressive writing works by increasing clients' confidence in their ability to regulate emotions, which was previously lost after a traumatic event (Barcaccia et al., 2017).

Writing about stressful experiences and emotions experienced can help to manage their own emotions (Nurmaliza, 2022). Emotional Experience Writing is one of the techniques in the implementation of expressive writing therapy, which is commonly used in counseling, psychotherapy, rehabilitation, and other medical fields. Expressive writing can help individuals understand themselves better, help deal with depression, distress, anxiety, addiction, fear of illness and loss and changes experienced in life (Pennebaker & Seagal, 1999). Therefore, expressive writing can be used as an adaptive coping strategy to improve cognition, and

increase social interaction (Tonarelli et al., 2017).

However, after deescalation exercises with emotional experience writing for five consecutive days left 5 signs and symptoms out of 16, some signs and symptoms of risk of violent behavior were still found. After doing independent writing exercises for 3 consecutive days and doing a post test, it showed a decrease in signs and symptoms to 2. This is in line with previous research that nursing actions can reduce signs and symptoms of violent behavior (Pertiwi, 2019; Sulastri, 2019).

After de-escalation exercises with emotional experience writing, some signs and symptoms of risk of violent behavior are still found. The results of evaluating the symptoms of violent behavior in clients after the application of emotional experience writing interventions have changed. The client experienced a decrease in the value of signs of symptoms in the cognitive aspect from 5 to 1. Signs and symptoms that are still found are in the objective cognitive aspect, namely irritability. As is known, signs and symptoms of risk of violent behavior are related to aggressiveness. Aggressiveness according to Buss and Perry (1992) is a personality trait that is grouped into four factors, namely, physical aggression, verbal aggression, anger and hostility. Aggression is also characterized as the result of the relationship between emotions (anger), thoughts (hostility), and aggressive behavior. According to research by DeWall, Finkel, and Denson (2011) people behave aggressively because of a failure of self-control for acts of aggression and violence. Self-control involves a variety of responses, including how to regulate emotions, suppress thoughts, and control behavior.

The results of the first post test found that the social symptom sign did not

decrease from number 2 after the emotional experience writing intervention. This is not in line with previous research. The author concludes that emotional experience writing interventions carried out without other interventions have not been able to reduce signs of violent behavior symptoms. The results of the second post test conducted after independent writing exercises showed a change in the sign of social response symptoms in clients from a value of 2 to 1. Assertive Communication taught to clients includes good word selection and volume and tone of speech. Although the client had difficulty during the exercise, after being asked to familiarize the client could do well gradually. The client also showed progress in socializing skills, when the first few days of the meeting the client seemed lazy to do activities. However, after being given the emotional experience writing intervention, the client seemed eager to participate in routine activities and interact with other clients. This is in line with the statement (Damaiyanti and Purwanti, 2018) that emotional experience writing therapy intervention helps clients with violent behavior to control emotions in clients with violent behavior.

The results of the post test conducted showed changes in the signs of affective response symptoms in the client from a value of 3 to 0. The affective response that was previously still shown by the client was annoyance / upset / anger, unstable affect and unnatural or excessive euphoria. After carrying out nursing actions and emotional experience writing interventions on patients, signs and symptoms have decreased. The author when intervening focuses on the client's ability to control violent behavior and helps clients recognize feelings. Action on this affective aspect is necessary because clients sometimes

have difficulty identifying, expressing, and regulating feelings. In every interaction, the author motivated and guided the client to manage his emotions. Nurses must use a variety of communication skills for the successful implementation of nursing actions related to the affective needs of clients. Communication skills that are important for clients are the ability to empathize; reflection of feelings; open, feeling-oriented questions; validation; opening up; and confrontation (Stuart, 2016).

According to Freud's psychoanalytic theory, behavior is influenced by subconscious feelings and thoughts (Videbeck, 2020). The concept of the theory is in accordance with Mrs. A's condition where every interaction seems enthusiastic, excited, and motivated. The author in implementing nursing interventions encourages clients to continue to express their opinions, feelings, and practice analyzing a condition. It is possible to be a stimulus for clients to change their perceptions and behavior for the better. Thus, signs of violent behavior symptoms can be reduced after nursing interventions to control violent behavior. The emotional experience writing intervention effectively reduces behavioral response symptoms in clients at risk of violent behavior.

The results of the post-test ability to control client nursing behavior have increased. Before being given nursing care intervention the client applies 6 out of 9 abilities. After being given nursing care the client applies 7 out of 13 abilities. The client's ability to show improvement is seen in the independence of doing writing exercises. In addition, it is also seen in the ability to speak well, do activities to make the bed, sweep, interact with the environment, and enthusiastically do morning exercises and group activity therapy. The increased

ability displayed by the client can be due to exercises that are carried out regularly and recorded in the daily activity schedule. The daily activity schedule is prepared to make it easy for clients to remember and increase client awareness of doing activities according to plan (Stuart, Keliat, & Pasaribu., 2016).

This de-escalation exercise with emotional experience writing is emotion-focused coping. Emotion-focused coping aims to reduce the emotional consequences of stressful or traumatizing events by helping to evaluate emotional experiences to be resolved and their consequences can be reduced (Schoenmakers et al., 2015).

Behavior control is carried out on generalist nursing care actions, starting from deep breathing, hitting pillows, speaking assertively and doing spiritual activities. With the signs and symptoms that still arise until the completion of emotional experience writing exercises, there are factors that influence during the provision of nursing care, namely the lack of maximum provision of generalist nursing care that focuses on behavior control. When compared to when doing emotional experience writing exercises, clients are more enthusiastic about doing emotional experience writing exercises. When given generalist nursing actions, clients tend to be less excited and more often divert the conversation. As a result, the provision of generalist therapy is still not optimal and still leaves signs and symptoms after generalist therapy and emotional experience writing exercises.

Conclusions

This study was conducted on respondents, namely Mrs. A with nursing problems at risk of violent behavior. The main nursing problem found in Mrs. A who received treatment in the Utari room of Dr H Marzokei Mahdi Bogor Hospital was the Risk of Violent Behavior with

signs and symptoms of feeling powerful, saying upset, irritable, not confident, unstable affect, unnatural or excessive euphoria, feeling palpitations, angry expressions when talking about others, like arguing, dominating the conversation, and high and loud tones of voice. Generalist nursing care for the risk of violent behavior that is compiled and implemented is deep breath relaxation training, pillow hitting training, speaking well, deescalation with emotional experience writing, spiritual activities, and taking medication. After generalist nursing care, signs and symptoms that still appear are saying hate or annoyance with someone, irritability, unstable affect, unnatural or excessive euphoria, like yelling, like arguing, feeling palpitations, dominating the conversation, and high and loud tones of voice. After the Emotional Experience Writing exercise, the client showed a decrease in signs and symptoms of risk of violent behavior. Until the last termination, the signs and symptoms that are still shown are still irritable and dominate the conversation.

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