



## Acceptance and commitment therapy and family psycho education for clients with schizophrenia

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### KEYWORDS

Acceptance and commitment therapy;  
Family psycho education;  
Insight;  
Schizophrenia;  
Violent behavior

### Abstract

**Objective:** This study aims to determine the effectiveness of combining acceptance and commitment therapy with family psycho education on increased insight, diminished symptoms, and the client's improved ability to control violent behavior.

**Method:** The design of this study was a quasi-experimental pretest-posttest utilizing intervention and control groups. The intervention group consisted of 33 people, and the control group was composed of 33 people. Data was collected before and after respondents received both acceptance and commitment therapy and family psycho education.

**Results:** The study showed that patient insight improved significantly, the signs and symptoms of violent behavior decreased, and the client's ability to control such behavior improved with a  $p$  value  $< 0.05$  in the intervention group after they received acceptance and commitment therapy and family psycho education. In the control group, patient insight did not improve significantly, showing a  $p$  value  $> 0.05$ . Therefore, our study recommends that acceptance and commitment therapy and family psycho education should be given to patients with schizophrenia to improve insight into their disease, decrease signs and symptoms of violent behavior and improve their ability to control violent behavior.

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### Introduction

Schizophrenia is a severe mental disorder. The prevalence of schizophrenia is high, with approximately 24 million people worldwide suffering from the disease<sup>1</sup>. In Indonesia, it is found that 1.7 people per mile are diagnosed with schizophrenia<sup>2</sup>. While the causes of the disorder are not exactly known, factors believed to contribute to the incidence of it include abnormal neurotransmitter activity in the brain, a brain virus infection<sup>3</sup>, or genetic factors<sup>4</sup>. Scientists believe

that environmental and behavioral factors may also increase one's chances of developing schizophrenia.

Symptoms of poor insight into one's illness and violent behavior are dominant characteristics of patients with schizophrenia. The majority of patients with schizophrenia had poor insight<sup>5</sup>. The Mental Hospital of Malang states that 92% of their patients diagnosed with schizophrenia experience poor insight<sup>6</sup>. Further, studies have found that 8.4% of patients with schizophrenia display violent behavior<sup>7</sup>.

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Both of these symptoms significantly impact a patient's quality of life. Poor insight into the disease results in a decrease of cognitive abilities, causing patients to reject their diagnosis since they are not aware of the signs and symptoms of the disease that they display. Patients who display this rejection typically do poorly in treatment programs, increasing their risk of recurrence and diminishing their quality of life<sup>9</sup>. Violent behavior brought on by schizophrenia often results in clients injuring or even killing themselves and others<sup>10</sup>.

Efforts to treat schizophrenia typically include treatment and care. The administration of either typical or atypical antipsychotic group therapy is not able to increase patient insight or decrease positive and negative symptoms in those diagnosed with schizophrenia<sup>11</sup>. This difficulty is partly because patients often exhibit non-compliance in taking their medication, requiring nursing actions to help maximize the function of medicine.

This research was conducted at the Soeprapto Psychiatric Hospital of Bengkulu Province, a facility at which the prevalence of clients with schizophrenia who experience violent behavior has increased from year to year. The Soeprapto Psychiatric Hospital's 2014 records showed that out of 1663 patients diagnosed with schizophrenia, as many as 1247 (75%) had poor insight into their disease and 1080 (65%) exhibited violent behavior<sup>12</sup>. A combination of acceptance and commitment therapy and family psycho education was administered to patients with schizophrenia to improve insight, decrease signs and symptoms of violent behavior, and increase the patient's ability to control such behavior.

## Method

This study used quantitative methods with the design of a quasi-experimental pretest-posttest with a control group. The study involved 66 respondents without randomization who were selected by accidental sampling. Measurements were performed twice on the respondents; the pre-test was performed before respondents were given acceptance and commitment therapy and family psycho education, and the posttest was given after respondents are given acceptance and commitments therapy and family psycho education. The samples in this study were patients with schizophrenia who have displayed violent behavior and were being treated at the Soeprapto Psychiatric Hospital in Bengkulu province at the time of the study.

The instrument used in this study was a questionnaire taken from the Birchwood Insight Scale that was translated into Bahasa Indonesia and tested for validity with the value of  $r$  results of  $< r$  table (0.396). The reliability test showed a value of 0.87%. Questionnaires designed to measure signs of violent behavior in patients and their ability to control that behavior were developed by the Department of Mental Nursing at the Universitas Indonesia in 2014 and used in this study. The validity of signs and symptoms of violent behavior in the cognitive, affective, physiological, behavioral and social aspects of each component had a value of  $r$  results  $< r$  table (0.396). The reliability test showed that the value of symptoms in each area varied slightly: cognitive = 0.908, affective = 0.882, physiological = 0.925, behavioral = 0.923 and social = 0.788. The validity test regarding the patient's ability to control his or her

violent behavior had a value of  $r$  results  $< r$  table (0.396). The reliability test showed that value to be 0.895.

In the intervention group, patients were given acceptance and commitment therapy for two sessions, each lasting 45-60 minutes, and the patients' families were given psycho family education for three sessions, each lasting 45-60 minutes. In the control group, patients were enrolled in a patient education program only. The data was collected and analyzed using a computerized program. Data collection was done after the researcher offered a detailed explanation of the study's procedures to the Soeprapto Psychiatric Hospital's staff and prospective respondents. Research was undertaken only after respondents agreed to participate in the study and gave their informed consent. Furthermore, the proposal of this study was validated by the Ethics Committee of Faculty of Nursing, Universitas Indonesia.

## Results

### Characteristics of patients

The results of this study showed the value of central tendency on the variables of age, sex, length experience of mental illness, frequency of hospitalizations, and current length of stay before getting therapy (Table 1). The average age of patients participating in the study was 32.17 years, with the youngest being 18 and the oldest being 49 years of age. The average length that respondents had been experiencing mental illness was 5.74 years, ranging from 0.2 years (6 months) to 21 years. Among participants, the average frequency of hospitalization was 3.23 times, with respondents experiencing from 1 to 12 hospitalizations in their lifetimes. The test results showed that variables of age, mental disorder period, and hospitalization frequency between the intervention and control groups were similar with  $p$  value  $> 0.05$ . The average length of stay when the therapy was given was 3.97 weeks with a minimum stay of 1 week and a maximum stay of 32 weeks. The results showed that the lengths of stay between the intervention and control groups were not similar with  $p$  value  $< 0.05$ .

The results of the study also showed a data distribution of the variables of sex, education, occupation, marital status, medical therapy, drug withdrawal and family visit history (Table 2). Males made up 60, or 90.9%, of the study's participants, and 29, or 43.9%, of respondents stated that their highest level of education was the primary or elementary level. Most of the patients studied were not working, with 36 (54.5%) of participants claiming to be unemployed. Fifty-five patients, or 83.3% of respondents, were single and, as many as 64 people, or 97% of participants, accepted a combination of medical therapies. A history of drug withdrawal was experienced by 42 people, while a history of family visits during the process of hospital care was experienced by 36 people (54.5%).

### Changes observed in patients

Changes observed in patient insight, signs and symptoms of violent behavior, and patients' ability to control violent behavior before and after being given acceptance and commitment therapy and family psycho education can be seen

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