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Research Paper

Assertive training to increase social communication in schizophrenic patient

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ABSTRACT

SW (male / 38 years) experiences a variety of stressors which put a great stress on his life. Based on the results of interviews, observations, graphic tests (BAUM, DAP & HTP), SSCT, WWQ and WAIS, subjects were diagnosed with schizophrenia with poor social communication problems. This makes the subject develop maladaptive behaviors such as daydreaming, smoking, confining themselves in the room, unstable emotions and sleeping for a long time. The intervention aims to improve the subject's social communication skills using assertive training techniques. The intervention consisted of six sessions. The subject experienced an increase in social communication skills after the intervention. Behavior such as daydreaming, locking himself in the room, getting angry, smoking and sleeping are reduced. The subject can communicate well and no longer avoid the social environment but is willing to join a group of friends.

Keywords: *Assertive training, Social communication, Schizophrenia*

Schizophrenia is one of the most severe disorders of a psychiatric disorder others by replacing many different types of symptoms that people with schizophrenia have lost touch with reality (Oltmanns & Emery, 2013; Stefan, Travis, Murray, & Keshavan, 2002). Schizophrenia is also associated with deep deficits start and survive someone in good activities independence, social, and its activities (Cuijpers, Van Straten, & Warmerdam, 2007; Hopko, Magidson, & Lejuez, 2011; Mairs, Lovell, Campbell, & Keeley, 2011; Scholten, van Honk, Aleman, & Kahn, 2006).

Schizophrenia is a psychotic disorder characterized by major problems related to the mind, there are differences related to flat or inappropriate affect and various interactions with strange activities. Patients withdraw from many people and realities and are involved in fantasy life that is full of delusions and hallucinations. Schizophrenia can be defined as a disorder that can be caused by genetic and socio-cultural factors (Davidson, 2012).

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Some of the prominent behaviors in schizophrenia are very diverse, one of which is withdrawal behavior (avolition) which is one of the negative symptoms of schizophrenia. This behavior is characterized by an inability to decide on something, ambivalence, and loss of will, being apathetic, just sitting lazily in a chair all day, not washing and combing his hair for days, maintaining personal hygiene and having difficulty in carrying out daily activities (Hooker & Park, 2002).

The above problems occur in the subject, where the lack of willingness of the subject to perform daily activities that causes it to only sleep and feel tired. In addition the subject has a visual hallucination in the form of frequent viewing of women and the beach in his room so he feels comfortable spending time in the room. and has delusions of being proud of oneself, thinking of himself as the most handsome and authoritative. The subject was diagnosed with schizophrenia by a psychiatrist since he was 15 years old when the subject entered class VIII of junior high school. After several times taken to the hospital and psychiatrist, the subject did not experience significant changes and often experienced relapse. And finally the subject was brought to the foundation by the father. He has been in the foundation for more than 4 years, but for 4 years in the foundation there has been no significant progress on the subject. Where the subject still likes to be alone and spends his time in the room. The most important and truly debilitating aspect of schizophrenia is the malfunction of interpersonal relationships.

Sosial communication is a skill that must be taken on individuals who undergo interactions with individuals in interactions with other individuals or groups of individuals. In social communication there are three aspects that must be met, namely trust, supportive attitude and open attitude (Driskill & Goldstein, 1986).

During stay at home, subjects were rarely given money by their parents and were often left out of town working. This then makes subject communication with parents limited and rare. Besides rarely meeting and communicating with parents, he also rarely talks with his two siblings. Because according to him his two siblings had other activities so he could not disturb him and preferred to remain in the room. And his two siblings are also busy with themselves, as well as their parents who rarely spend time together when at home. So that the subject does not have the opportunity to tell stories or convey the difficulties it faces to the family. In addition, the subject said if he could not speak and claimed to prefer silence, even though he talked a lot. According to him talking with just anyone was not allowed, because it could be that the person invited to talk was busy so it became less fitting the situation. That is what later also made him prefer silence and not communicating with his environment.

The core of assertive training is the inculcation of trust that assertiveness can be trained and developed, choosing the right words for the goals they want, mutual support, repetition of assertive behavior in various situations, and feedback for each participant from trainers and participants (Twentymen & Zimering, 1979). Assertive training in several previous studies was found to be an effective technique for improving communication skills and dealing with others (Boket, Bahrami, Kolyaie, & Hosseini, 2016; Gultekin, Ozdemir, & Budak, 2018; Mousa, Imam, & Sharaf, 2011; Omura, Maguire, Levett-Jones, & Stone, 2016).

METHODOLOGY

The assessment is used to establish the correct diganosa through a series of methods including interviews, observation and psychological tests. Interviews were conducted on the subject and also the family to obtain more in-depth information about the history of the

problems experienced by the subject. Observations were made to examine the subject's mental status and to obtain information on the subject's behavior and activities while at the foundation. While the psychological tests used include:

1. Graphic test (BAUM, DAP and HTP). Graphic tests are needed to find out more about the subject's personality.
2. Woodworth's questionnaire (WWQ) to determine the clinical condition of the subject.
3. Sack Sentence Completion Test (SSCT) to find out the problems that arise in individuals.
4. Wechsler adult intelligence scale (WAIS) to determine the subject's intellectual capacity and mental decline.

Diagnosis

Based on the case description, assessment results and references in the Diagnostic and Statistical Manual of Mental Disorder Fifth Edition (DSM-V) (Association, 2013), a diagnosis can be made that the subject meets the diagnostic criteria for schizophrenia 295.90 (F20.9). Schizophrenia disorders with symptoms include delusions and hallucinations and the development of negative symptoms. Schizophrenia disorders experienced by the subject at present with less social communication problems.

Intervention

Interventions using assertive training techniques. Assertive training is one of the techniques in handling behavioral disorders where the subject is instructed, directed, trained, and supported to be assertive in dealing with situations that are uncomfortable or unfavorable for him. Assertive training is a systematic summary of skills, regulations, concepts or attitudes that can develop and train the ability of individuals to express frankly their thoughts, feelings, desires and needs with confidence so that they can relate well to their social environment (Corey, 2013).

Assertive training usually begins with role playing. This role play aims to assert the subject. Self-assertion behavior is first practiced in situations of role play, and from there then there is an attempt to have that self-affirming behavior practiced in real life situations. Through role playing, new social skills will be acquired so that individuals are expected to be able to learn to express their feelings and thoughts more openly (Corey, 2013).

The target of assertive training interventions is to increase the subject's social communication. This assertive training consists of six sessions, the description of each session is as follows:

Session 1 Identify the problem

In this session the therapist identifies the subject matter. After the assessment, the therapist then identifies the problem experienced by the subject. Then the therapist asks the subject to tell openly the problem at hand and something that is done or thought about when the problem arises. This session runs quite smoothly, the subject can identify what the problem is and get results if the subject actually has one main problem which then becomes the cause of the other problems.

Session 2 Choose a situation to be overcome

After knowing the problems experienced by the subject then the therapist together with the subject sets the target behavior to be achieved.

Session 3 Modeling

This session of the therapist demonstrates ways of communicating and assertive behavior including eye contact, body posture, body movements, facial expressions, voice and speech content. Although initially the subject was rather difficult to be invited to role play for reasons of being lazy and sleepy but finally the therapist managed to persuade the subject to take part in session 3. From the beginning of session 3, the subject did it according to what the therapist instructed, he also paid close attention to what was exemplified by therapist.

Session 4 Role play

This session is done by playing roles together with his friends to see how far the subject is able to apply what has been taught by the therapist. Next, giving the task to apply to real situations outside the therapy room then the subject is asked to report what has been done to the practitioner.

In this session the subject was invited to play with his friends. The type of game that is done is team play. In this game the subject is taught how to establish communication with his friends. The games given are uno stacko and origami games. When playing games he is able to give advice to a teammate who has difficulty deciding which one to take, the expression shown is appropriate when speaking, being able to play sportsmanship and understanding the procedures given and being able to defend his rights when deemed wrong by his friends.

Session 5 Provide feedback and evaluation

The therapist provides feedback and evaluates what efforts can already be learned. This session evaluates the results obtained and the subject listens to the therapist's direction. The subject said that from today onwards he would continue to establish communication with his friends and not be lazy anymore in his room so that his illness would not recur again.

Session 6 Prevents of relapse

The therapist provides provisions on how to express and express their disapproval in the form of behavior, words and facial expressions, and provides reinforcement in the form of motivation so that the subject is able to express assertive behavior so as to reduce the pressure due to the problems he is experiencing at this time.

RESULTS

The results of the intervention showed that the target in each session was reached. Subjects have increased communication, verbal communication is quite well developed subjects and subjects can express the contents of the mind and respond to the statement of others by increasing the number of words spoken. Non-verbal communication of the subject is increasing, indicated by the harmony of statements and actions that the subject does make communication is in line with both, such as touching his partner, expressions and body language in harmony with spoken language.

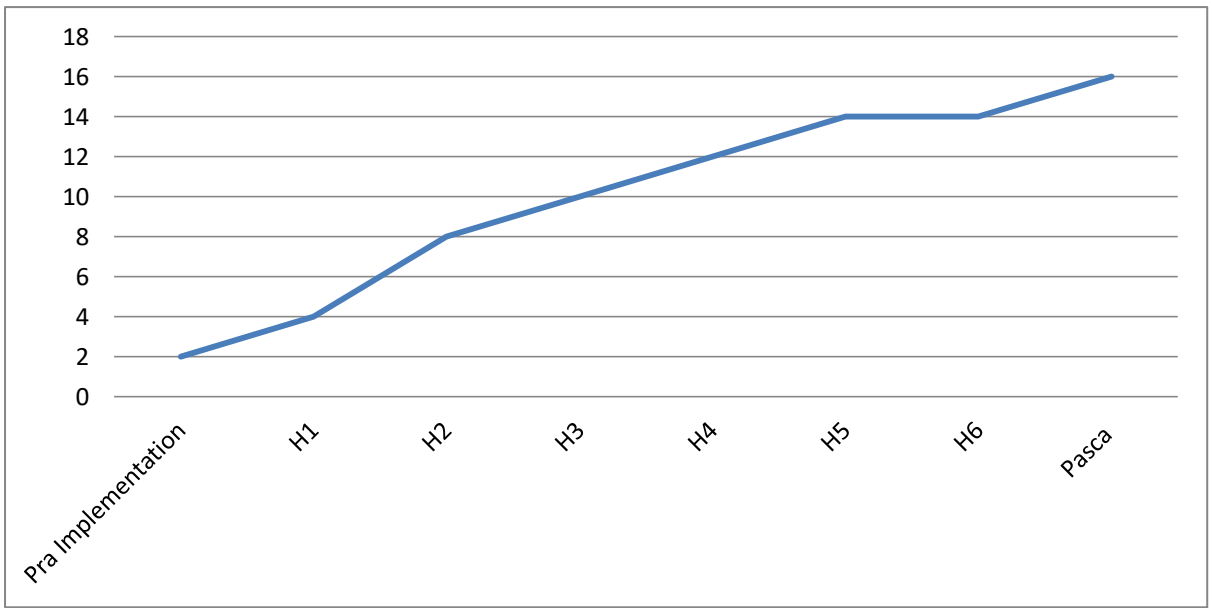

Figure 1. social communication subject

Based on the graph above, the activities carried out by the subject show changes and progress during the monitoring phase of daily activities. Before the intervention is carried out the subject tends not to do the activity by lazing by often saying tired and laying down on the bed until lunchtime. But after intervention, daydreaming behavior, confining themselves in the room, angry, smoking and sleep depleted. The subject can communicate well and no longer avoid the social environment but is willing to join a group of friends.

DISCUSSION

Social dysfunction is a characteristic of schizophrenics (Addington & Addington, 2008). The inability to deal with the social environment is believed to be a major source of stress for patients, and can trigger relapses and contribute to poor quality of life. Therefore, patients with schizophrenia need to learn about the skills that have been lost (Nilsson, Grawe, Sten, & Lovaas, 1998).

Activities in program implementation are made interesting so that subjects are interested in doing it but it is not easy for schizophrenic patients to implement all activities on a regular basis. Therefore, the therapist involves all patients who are there so that the subject feels there is support for doing the activity and feel not alone. All parties involved in the intervention process have an important role in improving program results.

Assertive training gives positive changes to the improvement of the subject's social communication skills because the determination of targeted behaviors or activities that are realistically designed and the existence of reinforcement (reinforcement) to the increase in assertive behavior. Operant conditioning is the right theoretical basis for explaining assertive training through reinforcement given to the subject can improve assertiveness in schizophrenic patients. The formation of behavior according to Skinner depends on the consequences that follow the behavior and the individual tends to maintain a behavior if there are pleasant consequences for him for the behavior (Olson & Hergenhahn, 2011).

Reinforcement (reinforcer) in the form of giving food or praise to the subject not only becomes material reinforcement but also as social reinforcement. From the reinforcer given, the subject feels he gets attention from the social environment that he did not get from his previous family. The consequences designed to follow the expected behavior are called engineering consequences that are part of assertive training strategies (Watson & Tharp, 2007).

Assertive training is conceptualized as a highly structured behavior change procedure that can change withdrawal or inhibiting behavior into socially appropriate, expressive, and open behavior (Pfammatter, Junghan, & Brenner, 2006; Tsang & Pearson, 2001).

CONCLUSIONS

Assertive training can help schizophrenic patients improve their social communication skills. Realistic targeting and positive reinforcement of any improvement in each behavioral indicator that has been established are important aspects of interventions that help achieve the intervention targets. Assertive training plays a role in helping schizophrenic patients improve their social communication skills. Realistic targeting and positive reinforcement of any improvement in each behavioral indicator

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Conflict of Interest

The author declared no conflict of interests.

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