

## **ANALYSIS OF MENTAL NURSING CARE FOR TN.R WITH SENSORY PERCEPTION DISORDERS: AUDITORY HALLUCINATIONS WITH THE IMPLEMENTATION OF DISTRACTION TRAINING IN CONVERSATION AND SCHEDULED ACTIVITIES IN THE SIGMA ROOM OF JAMBI PROVINCE RSJD IN 2023**

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### ***Abstract***

*Mental disorder is a psychological problem or clinical behavior pattern, which occurs in individuals and is associated with distress, disability or is accompanied by a significant increase in risks such as loss of independence, disability, causing illness or even loss of life. The prevalence of severe mental disorders such as schizophrenia reaches around 400,000 people or around 1.7 per 1,000 population. Hallucination sensory perception disorder is one of the main symptoms and most commonly found in clients with schizophrenia. Hallucinations are a symptom of mental illness in which the client experiences sensory changes and perceives false sensations in the form of sounds, images, tastes, touches, smells. The results of the study found that the patient had entered the RSJ for the third time and the patient said that while in the RSJ he only knew about rebooking and did not know the act of conversing and scheduled activities. Writing the final scientific work of nurses aims to analyze the implementation of nursing care in patients with sensory perception disorders: auditory hallucinations using the application of conversational distraction exercises and scheduled activities. The results of this scientific work showed a decrease in signs and symptoms of hallucinations after successfully achieving all the evaluation criteria for conversations and scheduled activities. This application can be used as teaching material for the development of knowledge about sensory perception disorders: auditory hallucinations.*

***Keywords*** : Hallucinations, Conversation, Scheduled Activities

### **Introduction**

Mental disorders are psychological problems or clinical behavioral patterns that occur in individuals and are associated with distress, disability or accompanied by a significant increase in risk such as loss of freedom, disability, causing illness or even loss of life. <sup>(1)</sup> WHO states that there are around 35 million people with depression, 60 million people with bipolar, 21 million people with schizophrenia, and 47.5 million people with dementia. In Indonesia, with various psychological and social factors with a diverse population, the number of cases of mental disorders continues to increase, which has an impact on increasing the country's freedom and human productivity in the long term. <sup>(2)</sup>

Data on mental disorders in Indonesia according to Riskesdas (2018) shows the prevalence of emotional mental disorders with symptoms of depression and anxiety for ages 15 and over reaches 6.1% of the total population of Indonesia. While the prevalence of severe mental disorders such as schizophrenia reaches around 400,000 people or around 1.7 per 1,000

population. One of the most severe mental disorders is schizophrenia. <sup>(3)</sup> Schizophrenia is a group of psychotic disorders characterized by disturbances in thoughts, emotions and behavior, unconnected thoughts, erroneous perceptions and attention, experiencing obstacles in motor activities, flat and inappropriate emotions, and lack of tolerance for stress in interpersonal relationships. <sup>(4)</sup> Schizophrenia itself comes from the Greek "Skhizein" which means cracked and broken, and "Phren" which means mind, which is always associated with emotional function. Thus, someone who experiences schizophrenia is someone who experiences mental disorders or can also be said to have a personality and emotional fracture. <sup>(5)</sup>

Based on the 2018 Basic Health Research (Riskesdas) data, the prevalence of schizophrenia or psychosis sufferers in Indonesia showed 6.7 per thousand households. This means that in 1000 households there are 6.7 households that have household members (ART) with schizophrenia or psychosis. Meanwhile, Jambi Province is ranked 16th with a prevalence rate of 6.6 per thousand households, which shows that the prevalence rate has increased in 2018 from 2013 with a prevalence of 0.9 per thousand households. <sup>(3)</sup>

Symptoms of schizophrenia according to PPDGJ III in Widiyanti, Keliat & Wardhani are divided into two main symptoms, namely the main symptoms, namely positive and negative symptoms. Positive symptoms include delusions, hallucinations, cognitive disorder, speech disorganization, and catatonic behavior such as a state of restlessness. Negative symptoms experienced by schizophrenia patients include flat affect, no will, feeling less or uncomfortable and withdrawing from society. Sensory disturbances of hallucination perception are one of the main symptoms and are most often found in clients with schizophrenia. <sup>(6)</sup>

Based on the current phenomenon, the incidence of mental disorders of the hallucinatory type is increasing. The form of perception or sensory experience that is not stimulated to its receptors is known as hallucinatory mental disorders, which can cause impacts such as hysteria, weakness, inability to achieve goals, excessive fear, bad thoughts and the risk of violence if not treated immediately. Hallucinations are symptoms of mental illness where the client experiences sensory changes and perceives false sensations in the form of sounds, images, tastes, touches, smells. The client feels stimuli that are not actually there. The most common hallucinations suffered are auditory hallucinations reaching approximately 70%, while visual hallucinations rank second with an average of 20%. While other types of hallucinations, namely hallucinations of speech, smell, touch, kinesthetic, and cenesthetic only cover 10%, signs that the patient is experiencing auditory hallucinations are that the patient appears to be talking or

laughing to himself, the patient is angry to himself, covers his ears because the patient thinks someone is talking to him. <sup>(7)</sup>

There are several ways to control hallucinations, including training patients to rebuke hallucinations, training patients to be indifferent, training clients to divert hallucinations by having conversations and doing activities regularly and training patients to take medication according to the 8 correct principles. <sup>(8)</sup> One way to control hallucinations that can be taught to patients is to have conversations and carry out scheduled daily activities. The conversation therapy provided is that the patient is taught the correct way to converse, teaches the benefits of conversing, demonstrates the conversation and trains the patient to converse with his roommate every day and teaches the patient to converse if hallucinations appear. <sup>(9)</sup>

Talking to others is training patients to talk to others. This is also done with the aim of distracting the patient's ears and stopping the whispering sound and aims to improve the speaking ability of people with mental disorders (ODGJ) so that they can control their hallucinations. Conversation therapy can control hallucinations. With conversation therapy, the client's hallucinations will shift to conversations that the client has with others. In scheduled activities, patients are taught to determine a daily schedule that can be done, patients are taught to record their own daily schedule on paper and do all the scheduled activities every day. <sup>(10)</sup>

Activity is an energy or state of movement that humans need to be able to meet their life needs. A person's ability to do an activity such as standing, walking, and working is one of the signs of the individual's health where a person's activity ability cannot be separated from the adequacy of the nervous and musculoskeletal systems. One way to control hallucinations that is trained for patients is to do scheduled daily activities. This activity is carried out with the aim of reducing the risk of hallucinations appearing again, namely by the principle of keeping oneself busy doing scheduled activities. The principle of scheduled activities begins with simple time management. One of the tools that can be used to manage time is a scheduler. The activity scheduler is us making a plan for using time, making a schedule also requires an effective strategy. <sup>(11,12)</sup>

Ulfa Alfaniyah's research entitled Application of Conversation Therapy in Patients with Sensory Perception Disorders: Hallucinations states that the results of the case study of patients experienced an increase in the ability to control hallucinations marked by a decrease in signs and symptoms of hallucinations after being given conversation therapy. This case study shows that the application of conversation therapy is effective in increasing the patient's ability to

control and reduce signs and symptoms of hallucinations . <sup>(13,14)</sup>

According to Muhamad Annis' research entitled efforts to reduce the intensity of hallucinations by motivating to do scheduled activities at the Dr. Arif Zainudin Surakarta Mental Hospital. The results showed that respondents were able to control hallucinations by scheduling activities. Clients build a relationship of mutual trust, clients are able to mention the content, frequency, time, cause and response of clients when hallucinations appear. Clients are also able to reduce the intensity of hallucinations by means of scheduled activities to control hallucinations marked by a decrease in client hallucinations. <sup>(15,16)</sup>

Based on the author's observation results obtained at the Jambi Provincial Mental Hospital, it was found that the room with the most hallucinatory patients who were already cooperative was the Sigma room. The Sigma room is a room for patients who are quite cooperative. The Sigma room has 2 rooms where the room names are Sigma I which has 10 patients and Sigma II which has 12 patients, for a total of 22 patients in the room. Based on the data obtained by the author from the room, it was found that most patients with a medical diagnosis of schizophrenia experienced auditory hallucinations as much as 70%. From the results of interviews and observations by the author with the mental health nurse in the Sigma room, a patient who met the author's inclusion criteria was Mr. R with a medical diagnosis of schizophrenia and auditory hallucination nursing problems. From the results of the interim assessment with Mr. R, it was found that Mr. R had entered this mental hospital for the third time. When the initial assessment was carried out, Mr. R said that while in the mental hospital, he only knew how to scold and did not know how to talk and scheduled activities.

Based on the background description above, the author is interested in taking the Final Scientific Paper for Nurses with the title "Analysis of Mental Nursing Care for Mr. R with Sensory Perception Disorders: Auditory Hallucinations with the Application of Conversation Distraction Exercises and Scheduled Activities in the Sigma Room of the Jambi Province Hospital in 2023" . Purpose general study This is For to provide an analysis of the implementation of nursing care for patients with sensory perception disorders: auditory hallucinations using the application of conversational distraction exercises and scheduled activities.

## **Method**

Study use Case study method conducted for 7 days with the first day being the assessment, the second day to the seventh day (6 days) being the implementation. The selected respondent

was a patient with Auditory Hallucinations. Data collection in this study used interview, observation, and documentation techniques . Data collection tools in the form of Signs and Symptoms Observation Sheets, Hallucination Control Ability Observation Sheets and a predetermined mental assessment format. Data analysis was carried out after the creation of Nursing Care containing data, then the data was analyzed with the analysis domain.

## Results

Based on the results of the assessment that was conducted on June 8, 2023 with Mr. R aged 20 years who was admitted to the hospital on May 21, 2023 in the Emergency Room and entered the second room, namely the Alfa room and was observed after there was a change, the patient appeared calm and was transferred to the Sigma room, the patient came from the Pasir Putih address, Jambi City.

The precipitating factors obtained were that the patient was taken to the hospital because he was disturbing his family, the patient often felt anxious which made the patient noisy and fight with his own family , talk to himself and laugh to himself, the patient seemed to pace back and forth and the patient said that when he was at home he did not take medicine because there was something that influenced him to be lazy to take medicine. While the predisposing factors obtained were that the patient said he had a bad past such as often going to haunted places and having been tied up which made the patient traumatized by haunted things.

Hallucination data was obtained during the interview, namely the patient had auditory hallucinations with subjective and objective data as follows. Subjective data: The patient said that before entering the hospital, he had heard the voice of a ghost that made him anxious, which made a fuss and fought with his own family and made the patient wander out of the house , the patient also said he heard whispers at dusk and at night, when hearing the voice he could be afraid to go to the bathroom, the voice told him to pace back and forth. While Objective Data obtained, the patient seemed to be talking to himself and seemed to be pacing back and forth

Based on the results of the assessment, it was found that the patient's signs and symptoms of hallucinations out of 19 signs and symptoms, there were still 14 signs and symptoms experienced by the patient and the patient's ability to control hallucinations before intervention was given was obtained, namely the patient could recognize the type, content, time, situation that caused hallucinations, frequency, and was able to explain the response to hallucinations,

but the patient was not yet able to explain how, the benefits, how to overcome, demonstrate how, do exercises, and control hallucinations by talking and the patient was not yet able to mention the scheduled activity schedule, make a daily activity schedule, and do all scheduled activities.

The diagnosis of hallucinations is based on the signs and symptoms that appear in Mr. R. The signs and symptoms that appear include saying that before entering the hospital there was a ghost voice that made him anxious and made a fuss and fought his family so that he wandered out of the house, the patient also said he heard whispers at dusk and at night, when hearing the voice he could be afraid to go to the bathroom, the voice told him to pace back and forth. And the patient seemed to be talking to himself and seemed to be pacing back and forth.

The nursing interventions used in this case study were, training the patient to rebuke hallucinations, training the patient to be indifferent, training the client to divert hallucinations by talking and doing activities regularly and training the patient to take medication with the principle of 8 correct .

The implementation was carried out by researchers for 6 days in the case. Implementation conversation therapy and scheduled activities in the nursing care of Mr. R's hallucinations. The activities were carried out from 8 to 13 June 2023 in the Sigma room.

1. First Day, June 8, 2023, the nursing plan carried out by the author was to assess the signs and symptoms of hallucinations. The patient still seemed to be talking to himself and pacing back and forth.
2. Second Day, June 9, 2023, the nursing plan carried out by the author was to control hallucinations by scolding and practicing being indifferent, and the author evaluated the patient's ability to control hallucinations by talking and doing scheduled activities before being given intervention. Then the author immediately taught the patient to practice talking and doing scheduled activities.
3. Day Three, June 10, 2023, the nursing plan carried out by the author was to evaluate the reprimanding and ignoring exercises, and to evaluate the patient's signs and symptoms of hallucinations and to re-teach conversation exercises and scheduled activities.
4. Day Four, June 11, 2023, the nursing plan carried out by the author was to re-teach conversation exercises and scheduled activities and evaluate the patient's signs and symptoms of hallucinations.

5. Day Five, June 12, 2023, the nursing plan carried out by the author was to teach the 8 correct principles of medication and retrain conversation and scheduled activities as well as evaluate the patient's signs and symptoms of hallucinations.
6. Day Six, June 13, 2023, the nursing plan carried out by the author was to re-teach the 8 correct principles of medication, practice conversation and scheduled activities, evaluate the patient's signs and symptoms of hallucinations and evaluate the patient's ability to control hallucinations with conversation and scheduled activities after being given intervention.

Nursing Evaluation of the patient after implementing conversation exercises and scheduled activities for 6 days, the author conducted an evaluation of the patient's signs and symptoms of hallucinations using an observation sheet ,

1. First Day, June 8, 2023, after undergoing conversational exercise therapy and scheduled activities, the patient's signs and symptoms were 14 out of 19 signs and symptoms.
2. Second Day, June 9, 2023, after undergoing conversational exercise therapy and scheduled activities, the patient's signs and symptoms of hallucinations decreased from 14 to 12 signs and symptoms of hallucinations, and the patient's ability to control hallucinations before intervention was given was obtained, namely the patient could recognize the type, content, time, situation that caused hallucinations, frequency, and was able to explain the response to hallucinations, but the patient was not yet able to explain how, the benefits, how to overcome, demonstrate how, do exercises, and control hallucinations by talking and the patient was not yet able to mention the scheduled activity schedule, make a daily activity schedule, and do all scheduled activities.
3. On the third day, June 10, 2023, after undergoing conversational exercise therapy and scheduled activities, the patient's signs and symptoms of hallucinations only experienced 1 decrease in score, namely 11 signs and symptoms of hallucinations.
4. Fourth Day, June 11, 2023, after undergoing conversational exercise therapy and scheduled activities, the patient's signs and symptoms decreased from 11 to 7 signs and symptoms of hallucinations.
5. Day Five, June 12, 2023, after undergoing conversational exercise therapy and scheduled activities, the patient's signs and symptoms decreased from 7 to 5 signs and symptoms of hallucinations.

6. Day Six, June 13, 2023, after undergoing conversational exercise therapy and scheduled activities, the patient's signs and symptoms of hallucinations decreased from 5 to 3 signs and symptoms of hallucinations with the contents of the symptoms being rapid eye movements, attention span of only a few seconds/minutes, and sweating, and the patient's ability to control hallucinations after being given intervention was obtained, namely the patient was able to mention the type, content, time, situation, frequency, and response to hallucinations, and the patient was able to explain how to have a conversation, the benefits of how to have a conversation, how to overcome hallucinations by having a conversation, demonstrating how to have a conversation, doing conversation exercises, and being able to control hallucinations by having a conversation and the patient was able to mention the scheduled activity schedule, make a daily schedule, and be able to do all scheduled activities.

## **Discussion**

### **1. Case Analysis**

The patient was taken to the hospital because he was disturbing his family, the patient often felt anxious which made the patient go berserk at home and hit people at home, talk to himself and laugh to himself. The patient said he had a pretty bad past, namely liking to go to haunted places and was once taken by a shaman and the patient was tied up by the shaman.

The patient feels that the situation is a burden, a mental pressure that presses on the patient which makes it a traumatic experience situation for the patient. This situation is an experience starting from

Social conflict trauma includes feelings of not accepting betrayal, being hurt by people around (for example a very emotional environment) including inner conflicts such as experiences of unwanted events in the form of thoughts, images or memories of individuals that are considered by individuals as something disturbing and annoying, as well as other experiences in emotional states. This is a predisposing factor where patients have excessive stress that triggers unstable emotions to anxiety, from there the participant's thought patterns can create a wrong perception that triggers the emergence of auditory hallucinations.

The patient had previously been admitted to a mental hospital last year, and this was his third time being admitted to a mental hospital. The patient said he was not diligent in taking his medication so that the patient experienced drug withdrawal. Nyumirah, Keliat, & Helena explained that 70% of the precipitating factors of clients with drug withdrawal can experience



hallucinations again. After receiving action regarding medication compliance education to the client, the client was able to mention eight correct drugs, the name and benefits of the drugs consumed with the help of a nurse. Control of hallucinations that have been given by the client also needs to be carried out to the family so that treatment can be carried out when the client is at home. According to Keliat, precipitating factors are factors that enable the emergence of mental disorders or in general, clients with mental disorders experience disorders after hostile relationships, isolation pressure, feelings of uselessness, hopelessness and helplessness. Individual assessments of stressors and coping problems can indicate the possibility of relapse, and these factors will cause mental disorders to recur with precipitating factors where relapses that occur can be caused by precipitation. This theory is in accordance with Mr. R's case, that the factors that influence the recurrence of hallucinations are irregular medication intake and infrequent check-ups, ultimately the patient experiences a relapse, this is one of the precipitating factors for the emergence of hallucinations in patients. <sup>(17)</sup>

According to Direja, nursing diagnosis is a question that explains an individual's response to health status or risk of group changes, where nurses have the responsibility to identify with certainty in order to maintain health status, decrease, limit, and change the client's health status. The problem tree in hallucinations can cause the client to experience a loss of control over themselves, so that they can endanger themselves, others and their surroundings. <sup>(18)</sup>

Based on the results of the assessment conducted by the author on patient Mr. R, the author raised the main nursing diagnosis, namely sensory perception disorders: Auditory hallucinations in Mr. R as the main problem priority supported by subjective data, including the client said he heard strange voices telling him to pace back and forth, the voices can make the patient anxious and uncontrolled so that when at home the patient is noisy and fights with his own family.

Implementation carried out on patient Mr. R, the author determined the following actions: On the first day, the author built a relationship of mutual trust with Mr. R. On the second day, the author implemented it to Mr. R, namely re-explaining about hallucinations and teaching how to rebuke. On the third day, the author implemented it, namely teaching the patient to talk to his roommate. On the fourth day, the author implemented it, namely teaching the patient scheduled activities, by recording the patient's daily schedule and motivating the patient to do these activities every day. On the fifth day, the author implemented it, namely teaching the patient to be obedient in taking medication and the importance of taking medication, as well as

teaching the patient 8 correct principles of medication.

Evaluation of the patient's results for 6 days with sensory perception disorder problems: auditory hallucinations were completely resolved. Patient Mr. R in one meeting was able to build a relationship of mutual trust and in five days the patient was able to recognize hallucinations, was able to control hallucinations and utilize medication compliance well. This is in accordance with Kusumawati & Hartono's theory that evaluation is a continuous process carried out continuously to assess the effects of nursing actions that have been carried out. <sup>(19)</sup>

## **2. Intervention Analysis**

Intervention of conversation and scheduled activities in patients with auditory hallucinations is the intervention chosen by the researcher in this study. The results of the study before and after the intervention was given for 6 days showed a decrease in signs and symptoms of hallucinations in respondents. Intervention of conversation and scheduled activities is an appropriate option given to patients with hallucinations compared to scolding, because it shows more significant evaluation results. <sup>(20)</sup>

The evaluation results of the conversation therapy conducted for 6 days showed a decrease in signs and symptoms of hallucinations. In patient Mr. R on the first day before the conversation intervention, the frequency of hallucinations occurred 3 times / day at Maghrib at 18.00 WIB, evening at 20.00 WIB and 23.00 WIB. Before the intervention, the patient scored 14 out of 17 signs of hallucination symptoms with the statement that there was no decrease in signs of hallucination symptoms, the visible signs were smiling or laughing inappropriately, rapid eye movements, slow verbal responses, liking to be alone, increased heart rate, increased blood pressure, unable to distinguish hallucinations and reality, attention only a few minutes / seconds, sweating, tremors, terror behavior due to panic, withdrawing, unable to respond to complex commands, unable to respond to more than 1 person .

The level of knowledge in controlling hallucinations by talking gets a score of 6 out of 15 questions where 6 questions contain the ability to recognize hallucinations and 6 questions contain the ability to talk about hallucinations. Able to answer questions about the ability to recognize hallucinations where able to mention the content, time, situation, feelings during hallucinations, knowing that talking is one way to control hallucinations, mentioning the methods used so far to overcome hallucinations, namely by scolding. Unable to answer questions such as mentioning the effectiveness/benefits of talking, explaining how to talk, mentioning how to overcome, demonstrate, control hallucinations by talking, and doing talking

exercises according to the schedule, and 3 questions containing the ability to carry out scheduled activities where unable to mention the schedule of scheduled activities, unable to make a daily schedule of activities, unable to do all scheduled activities.

In conversation therapy, patients are taught how to converse correctly, teach the benefits of conversing, demonstrate conversation and train patients to converse with roommates every day and teach patients to converse if hallucinations appear. This is in line with Donner & Winklun's research, namely that a decrease in the intensity of hallucinations can be prevented by encouraging patients to carry out conversations. The distraction process will occur when a person or sufferer communicates with other people. Without realizing it, the sufferer's attention is no longer focused on the hallucinations but instead shifts his attention to the conversation. The sufferer's ability to socialize has the opportunity to be improved with this conversation exercise, because it turns out that conversation can grow and increase the sufferer's self-confidence in interacting with other people. <sup>(21-25)</sup>

In scheduled activities, patients are taught to determine a daily schedule that can be done, patients are taught to record their own daily schedule on paper and do all the scheduled activities every day. Scheduled activities that patients do if their hallucinations appear are such as watching TV, exercising and the most frequent ones are spiritual activities such as reading the Yasin letter. According to Keliat 2014, scheduled activities, patients will not experience free time alone. Scheduled activities can be done with spiritual therapy or dhikr, this is in line with Dermawan's research, there is an effect of spiritual therapy to control hallucinations. After 6 meetings, it was found that Mr. A, Mr. R and Mr. N were able to control hallucinations. <sup>(26,27)</sup>

After being given intervention of talking and scheduled activities for 6 days, Mr. R experienced a decrease in the frequency of hallucinations to 1x/day at Maghrib at 18.00 WIB. Mr. R experienced a decrease in signs and symptoms of hallucinations to 3, namely having rapid eye movements, attention only a few minutes/seconds and sweating and getting a score of 15 out of 15 questions in the knowledge of controlling hallucinations by talking and scheduled activities, namely being able to mention all the questions given.

The description above shows the success of Mr. R's patient in providing intervention where the patient is better at controlling his hallucinations, able to have conversations with his roommate, and able to carry out scheduled activities and is marked by a decrease in signs and symptoms after being given intervention for 6 days from a score of 14 to a score of 2. This is in line with O Fresa's research by providing individual conversation therapy, the ability to

control has increased in controlling his hallucinations. Individual conversation therapy can improve the ability to control hallucinations in patients with auditory hallucinations. According to Afnuhazi, reducing the risk of hallucinations appearing is by keeping yourself busy by doing activities. By doing activities on a schedule, the patient will not experience free time alone. Scheduled activities can be done with spiritual therapy or dhikr according to Keliat. <sup>(28-30)</sup>

## **Conclusion**

Signs and Symptoms of Hallucinations shown by the patient after the intervention of conversation and scheduled activities the patient showed a decrease in signs and symptoms of hallucinations from a score of 14 to a score of 3 where the signs and symptoms that were still shown were rapid eye movements, attention span of only a few minutes and sweating, and the patient was able to mention the content, type, time, frequency, situations that caused and was able to explain the response to hallucinations.

From the results of the study, it was found that the patient's mental disorder was caused by two factors, namely precipitation factors and predisposition factors. Predisposition factors consist of psychological aspects. Psychological aspects include having a bad past such as often going to haunted places and having been shackled which made the patient traumatized by haunted things. Precipitation factors consist of biological aspects, namely the biological aspect is due to unsuccessful treatment where the patient said he was not diligent in taking his medication, which made the patient stop taking his medication.

After the conversation intervention was carried out, the patient went from being unable to being able to explain how to have a conversation, mention the benefits of having a conversation, say how to overcome hallucinations by having a conversation, demonstrate how to have a conversation, carry out conversation exercises according to schedule, and be able to control hallucinations by having a conversation when the hallucinations appear.

After the scheduled activity intervention, the patient was able to state the daily activity schedule, was able to make a daily activity schedule, and was able to carry out all scheduled activities.

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