

Penerapan terapi spesialis at dan act pada risiko perilaku kekerasan dengan pendekatan model stress adaptasi stuart dan sistem perilaku Johnson = Application of at and act specialist therapies on risk of violent behavior with stuart s stress adaptation model and Johnson's behavioral system model approach

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Abstrak

Orang Dengan Gangguan jiwa ODGJ berisiko tinggi untuk melakukan perilaku kekerasan baik pada diri sendiri, orang lain, maupun lingkungannya. Perilaku kekerasan muncul karena ketidakmampuan ODGJ dalam menghadapi stressor, dan melakukan perilaku kekerasan sebagai koping dalam menghadapi stressor. Tujuan karya ilmiah akhir ini untuk menggambarkan hasil penerapan terapi spesialis AT dan ACT pada risiko perilaku kekerasan. Tindakan keperawatan dilakukan terhadap empat klien risiko perilaku kekerasan dan dilaporkan dalam bentuk laporan kasus case report.

Hasil yang diperoleh yaitu terapi spesialis AT dan ACT terhadap empat klien risiko perilaku kekerasan mampu menurunkan tanda dan gejala pada seluruh aspek tetapi untuk aspek afektif, perilaku dan sosial belum tuntas. Selain itu ditemukan peningkatan kemampuan dalam mengatasi risiko perilaku kekerasan. Laporan kasus ini merekomendasikan pemberian terapi spesialis AT dan ACT dalam penanganan risiko perilaku kekerasan dan dilakukan penelitian lebih lanjut dengan pemberian terapi spesialis AT dan ACT dengan mempertimbangkan lama perawatan, kemampuan proses pikir klien dan dukungan dari lingkungan.People with mental disorders are at high risk for violent behavior both for themselves, others, and the environment. Violent behavior arises because of the inability of people with mental disorders in the face of stressor, and conduct violent behavior as coping in the face of stressor. The purpose of this scientific paper to describe the results of the application of AT and ACT on clients at risk of violent behavior. Nursing actions are performed against four clients at risk of violent behavior and reported in the form of case reports.

The results show AT and ACT on four clients able to reduce the signs and symptoms in all aspects of risk of violent behavior but for affective, behavioral and social aspects have not been completed. It also found an increase in the ability to cope with the risk of violent behavior. This case report recommends the provision of AT and ACT in the treatment of violent behavior risk and further research by providing AT and ACT specialist therapies taking into consideration duration of care, client 39;s thought process and environmental support.