

## INTERVENTIONS TO CHALLENGE AUDITORY HALLUCINATIONSTHROUGH STRENGTHENING COPING AND MOTIVATION IN PATIENTS WITH SCHIZOPHRENIA: CASE REPORT

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Disubmit: 24 Juli 2023

Diterima: 07 Agustus 2023

Diterbitkan: 01 Oktober 2023

Doi: <https://doi.org/10.33024/mahesa.v3i10.11177>

### ABSTRACT

Interventions for hallucination patients include recognizing hallucinations, and teaching patients to challenge hallucinations. Factors that influence the client's ability to control hallucinations are the client's response attitude towards hallucinations. The generalist interventions of shaming are done with coping strengthening and motivation as a therapy to change maladaptive thoughts and focus the mind. This case report aims to evaluate coping strategies and motivational reinforcement in an intervention to control auditory hallucinations. This paper was written using the case report method of scientific monitoring days in nursing care. A 15-year-old female client was admitted to the psychiatric hospital with complaints of talking to herself and attempted suicide by cutting her wrist veins. The client did not complain of physical problems. Based on the results of the assessment, the client appeared to be daydreaming and talking to herself. Clients are given generalist therapy to block hallucinations to strengthen motivation and coping. Motivational and coping strengthening was carried out by encouraging the client to convince himself that the hallucinations he heard were not real and encouraging the client to change his beliefs and thoughts to something positive such as the client's ability. This intervention focuses the mind to focus on the real thing around the client and convinces the self to ignore the hallucinatory sound by "stopping" following the sound. The results of the intervention on the client after the client's action can do how to rebuke by convincing themselves, managing thoughts about the sounds they hear are not real. The intervention of hallucinatory rebuking with motivational and coping reinforcement can increase the client's belief in unreal hallucinatory sounds, this intervention is performed as an additional intervention strategy of rebuking in clients with auditory hallucination disorder.

**Keywords:** Auditory Hallucinations, Coping Strategies, Motivation, Schizophrenia

### INTRODUCTION

Schizophrenia is a severe and serious mental disorder, schizophrenia can be experienced from a young age and can continue to be chronic or more severe in old age (elderly). Schizophrenia affects changes that include physical,

psychological, and socio-cultural aspects (Hidayat et al., 2015). The World Health Organisation (WHO) 2019 reported that 20 million people worldwide experience schizophrenia (World Health Organisation, 2019). Based on the results of Basic Health Research, the prevalence of

schizophrenia in Indonesia reached 7.0 per mile, or the equivalent of 400,000 people. (Ministry of Health of the Republic of Indonesia, 2018). Of all schizophrenia, 70% of them experience hallucinations (Hayati, Purba et al., n.d.).

Hallucinations are a frequent symptom found in clients with mental disorders, the incidence of hallucinations is identified with schizophrenia. Types of Hallucinations in Schizophrenia According to Stuart and Sundeen in Irwan in 2019, 70% of patients experience auditory hallucinations, 20% visual hallucinations, and 10% taste, tactile and olfactory hallucinations (Irwan, 2019). Hallucinations are a problem with impaired perception where the client perceives something that is not happening. An application of the five senses without any external stimulus. An appreciation that is experienced as perception through the five senses without external stimulus false perception. The process of hallucinations based on Yosep 2011 in Putri in 2020 begins or people suffering from hallucinations will assume the source of their hallucinations comes from their environment or external stimuli (Putri, 2020).

Based on Stuart and Sundeen in Damayanti 2014, explains that the type of hallucination most commonly found in patients with schizophrenia, or 90% of schizophrenia patients is auditory hallucinations. Auditory hallucinations according to Damayanti in 2014, is a condition where clients hear sounds that are not related to real stimulation that others do not hear. (Damayanti & Hernawaty, 2014). Signs and symptoms of hallucinations according to Azizah, 2016 signs and symptoms need to be known to determine the problem of

hallucinations, among others: Talking, laughing, and smiling to oneself, behaving as if listening to something, stopping talking for a moment in the middle of a sentence to listen to something, disorientation, inability or lack of concentration, quickly changing thoughts, chaotic train of thought, inappropriate responses, withdrawal, often daydreaming (Azizah, 2016).

The stages of hallucinations according to Stuart and Laraia in Pratiwi, 2018 consist of 4 phases, namely in Phase I Patients experience deep feelings such as anxiety, loneliness, and fear and try to focus on pleasant thoughts to relieve anxiety here patients smile or laugh inappropriately, move their eyes quickly, and preoccupy themselves. Phase II Disgusting and frightening sensory experiences. The patient begins to lose control and tries to distance themselves from the perceived source increasing vital signs. Phase III The patient ceases hallucinatory resistance and succumbs to the hallucinations. Here the patient has difficulty relating to others, is unable to obey orders from others, and conditions are very stressful, especially about others. Phase IV The sensory experience becomes threatening if the patient follows hallucinatory commands. Here there is violent behavior, agitation, withdrawal, and inability to respond to complex commands and inability to respond to more than 1 person (Pratiwi & Setiawan, 2018).

Generalist interventions in hallucination patients according to Keliat et al in Pratiwi & Setiawan, 2018 include recognizing hallucinations, teaching patients to rebuke hallucinations, taking the medication regularly, having conversations with others when hallucinations appear, and doing

scheduled activities to prevent hallucinations (Pratiwi & Setiawan, 2018). In this case report, the client has been given the intervention of hallucinatory chanting given by the room nurse, but in this case, the client was not successful in controlling hallucinations by chanting hallucinations. The rebuking intervention that has been given to the client is a way to control hallucinations and is carried out together in a room with all hallucination patients. In this case, the method in the process of providing the hallucination grounding intervention that has been given to the client is less able to maximize the client's grounding process.

Hallucination rebuking is an attempt to control oneself against hallucinations by rejecting the hallucinations that appear (Zega, 2022). Some factors that can affect the client's ability to control hallucinations are the attitude of the client's response to hallucinations, honesty in providing information, the client's personality, experience, and ability to remember (Wahyuningsih & Astarini, 2018). Based on these factors, the cause of the client's problems is the process of accepting control of hallucinations of rebuking, where in this case the client responds indifferently and does not follow the recommendations, and tends to accept his hallucinations. So that in this case report, efforts to control the hallucinations of rebelling in clients with strengthening coping and motivation are carried out again.

Strengthening coping and motivation itself is one of the approaches that can be carried out in conjunction with nursing interventions to control hallucinations, one of which is by

strengthening coping and motivating clients to believe that what they hear is not real (Pratiwi & Setiawan, 2018). Cognitive therapy in the form of strengthening the motivation and coping of individuals with schizophrenia is a therapy that aims to change irrational beliefs, faulty reasoning, and negative statements about the existence of individuals. Therapy to improve coping strategies focuses on changing the client's interpretation of events. Interpretations that are not by reality will cause changes in a person's emotions and behavior maladaptive (Suryaningrum, 2013).

Several studies have taken the approach of strengthening coping and providing motivation in nursing interventions by rebuking auditory hallucinations, research conducted by Andri, et al in 2019 discusses cognitive implementation with a focus on self-control and the behavior of schizophrenic patients at the North Sumatra Provincial Mental Hospital which reports that the incidence of providing motivation and influencing changes in coping and behavioral changes in clients with schizophrenia (Hastuti & Setianingsih, 2016). Based on this background, the author evaluates coping strategies and motivational reinforcement in interventions to control auditory hallucinations.

## LITERATURE REVIEW

Auditory hallucinations are sensory perceptions of hearing in the absence of an external stimulus. Auditory hallucinations can refer to a plethora of sounds. These voices can be distressful when they are threatening, derogatory, commanding, or haunting, affecting an individual's social and occupational functioning. Etiology patients with schizophrenia increased activity in the striatal and

thalamic subcortical nuclei, paralimbic regions, and hypothalamus or deficits in left temporal lobe functioning (Thakur & Gupta, 2020).

Hallucination Generalist Intervention Action hallucinations general is a common therapy given to help the patient recognize hallucinations, train, rebuked hallucinations, converse with others, practice doing scheduled activities, as well as taking medication regularly (Suheri & Mamnu'ah, 2014). Rebuking hallucination is an effort to control oneself against hallucinations by rejecting the hallucinations that appear. Patients are trained to say no to the hallucinations that appear or ignore the hallucinations (Hulu, 2020).

Motivational and Coping Mechanisms in Auditory Hallucinations Cognitive sciences to train social skills and selective use of Behavior modification is an effective treatment for schizophrenia related to nursing practice. Behavior modification techniques based on principles Operant conditioning systematically reinforced positive reward behavior. Participate in activities deemed worthwhile or appropriate, behavioral use of this technique is also mentioned in the treatment of hallucinations. Terms Maladaptive Processes reflect a negative view of hallucinations and manifestations. To have little effort from the literature to help or understand terminally ill people's positive symptoms. The cognitive approach questions the belief held by the individual and in so doing helps them to see alternative perspectives. In this way, the negative beliefs are challenged and gradually changed (Blom, 2015).

Therefore, in this writing,

the author aims to evaluate coping strategies and motivational reinforcement in interventions to control auditory hallucinations. Then the research question in this writing is to evaluate how to apply interventions to rebuke hallucinations with a motivational and coping approach to clients with auditory hallucinations.

## METHOD

The method used in this writing is a type of *case report* or case report in nursing care which includes assessment, diagnosis determination, nursing interventions, nursing implementation, and nursing evaluation. *Case Report* in this writing evaluates case findings on Miss. V with the problem of auditory hallucinations with *maladaptive coping style* responses which are then carried out interventions to control hallucinations strengthening coping and motivation. *Case Report* is a case description based on scientific observations. Then based on Sun 2013 also explains the systematic writing of the *Case Report* including abstract, introduction, case description, and case discussion (Sun et al, 2013)

Data collection in this writing was carried out for 1 week, during 06-14 September 2023. This data collection process is integrated in nursing care including assessment carried out over a period of 2 days, then the process of determining the problem and carrying out generalist interventions on days 3-4. The intervention process with the provision of Group Activity Therapy (TAK) was carried out on day 5, then carried out the Intervention to rebuke hallucinations by strengthening coping and motivation on day 6, and then carried out the Final Evaluation on day 9 or on 14

September 2023.

Data collection that has been carried out is obtained using observation, interviews, and validating secondary data collection based on the results of medical records. Then ethical considerations in writing this case report have obtained client consent during the action and kept the client's identity confidential.

### Case

Female client Ms. V was 15 years old with a medical diagnosis of Schizophrenia at the Mental Hospital in a quiet room on 24 August 2022 and was assessed on 06 September 2022, the client came delivered by her parents with complaints of raging, talking to herself and attempting suicide by cutting a blood vessel in her wrist. Based on secondary data from medical records, the client had previously been admitted to the same mental hospital in early August 2022 with complaints of talking to himself and hitting his brother. Then on 24 August 2022, the client was brought back to the Mental Hospital after 2 weeks back home because the client talked to himself again and made a suicide attempt.

**Predisposing Factors** The client said he had experienced the trauma of physical abuse at the age of 10 as a victim which was carried out by his mother. The client was also a victim of sexual abuse at the age of 9. After the incident of sexual abuse spread in the school where the client went to primary education, the client felt alienated and experienced social rejection by his family and friends. Then the **Precipitating factor**, the client said it was uncomfortable when living at home with his mother because he often fought, and did not have friends to play with at home. The client said before being taken to the

Mental Hospital in the last month the client had hallucinations that whispered the client to commit suicide.

During the assessment, the client did not complain of physical problems. Based on the client's explanation, the client currently lives with his biological father and mother, and his older brother. The client's parenting pattern based on the client's explanation is the Neglectful type where parents do not involve themselves in their children's lives at all, the client said that they never involved communication in solving problems or client desires that were not fulfilled and the client's activities at home were only doing household chores such as washing clothes, sweeping, going to the market.

The client's mental status with appearance, and how to dress accordingly and neatly based on the observation of the client seemed to comb his hair frequently. The client's speech is slow and sometimes loud, the client's motor activity looks lethargic and weak, and the client's emotional state when conveying during the assessment interview shows feelings of sadness and regret, the client says he regrets doing and hurting others such as hitting his cousin. The effect shown by the client was dull, during the interview the client had no change in facial expression either when asked sad or pleasant questions. The client's self-view said the client was not aware of his condition but the client realized he was currently in a mental hospital, the client realized there were symptoms of voices that disturbed the client, and the client realized he had attempted suicide due to hearing voices.

The client's interaction during the interview was cooperative, the client's perception

during the assessment said the client heard a whispering voice that ordered the client to kill himself. The client's thought process during the interview the client always repeats sentences, then when in the middle of the interview the client experiences *blocking* or stops talking without external interference then resumes talking.

Nursing problems in clients show problems with auditory sensory perception disorders: Auditory hallucinations and suicide risk problems. The making of this mental nursing diagnosis is based on the Indonesian Nursing Diagnosis Standards 2018.

### Nursing Interventions

During his stay at the psychiatric hospital, the client was medically diagnosed with schizophrenia and prescribed Risperidone, Clozapine, and Trihexipendi. The client gets a nursing diagnosis of auditory hallucinations, then according to Keliat et al., in Andri et al in 2019 Generalist interventions carried out on clients with hallucinatory mental disorders are the recognition of the type, content, and time of hallucinations and continued with the intervention of controlling hallucinations by rebuking hallucinations (Andri et al, 2019).

Interventions, in this case, reports are focused on interventions to control hallucinations by rebuking hallucinations. The reason the author only focuses on the generalist intervention of rebuking is that in the case based on the results of the assessment of the client's self-view, the client has not been able to realize his illness but is aware of the onset of hallucinatory symptoms by hearing whispers, then after hallucination control the client appears to follow how to rebuke but does not believe that what he is

doing aims to stop the whispering voice. So the author intervenes to rebuke hallucinations accompanied by strengthening coping and motivation which in this case aims to change the client's beliefs and self-confidence in controlling hallucinations. This is marked by when conducting an assessment the client said he heard a whispering voice asking the client to commit suicide. The client said the voice came at night before the client slept, what the client did after hearing the hallucinatory voice the client listened to the voice and said sometimes happy with the voice that accompanied the patient at night when the client could not sleep.

Then the author intervenes in auditory hallucinations with group activity therapy: in the auditory hallucination client group totaling 8 clients with the same type of hallucinations. The reason the group activity therapy intervention was carried out as an intervention to rebuke hallucinations was because the results of the evaluation of the process method of rebuking hallucinations in clients who had been given previously experienced facilitator obstacles and lack of active participation from hallucination clients, so the group activity therapy process was carried out again to control hallucinations. Where the implementation of group activity therapy can stimulate perception and control perceived hallucinations (Herawati et al, 2020).

Group activity therapy is carried out for 45 minutes. The implementation of group activity therapy was carried out at the 6th meeting consisting of session 1 to session 2 attended by 8 patients. In session 1, group activity therapy was conducted, namely recognizing hallucinations and the second

session controlling hallucinations by rebuking hallucinations. Then the author conducted an evaluation of rebuking hallucinations in clients and obtained the results of the evaluation of clients still hearing hallucinatory sounds. Furthermore, the author intervenes to control hallucinations by applying coping and motivational reinforcement strategies to strengthen and convince clients to "stop" listening to hallucinatory voices. The client is directed to think of positive things such as activities to be done today, or the client's wishes.

Based on Morrison, 2013, increasing the strengthening of coping is included in cognitive psychotherapy, clients with schizophrenia with positive symptoms of hallucinations are carried out cognitive techniques by focusing on improving client coping strategies. Where this is by the criteria of clients with a diagnosis of schizophrenia and experiencing

dominant symptoms of auditory hallucinations. (Morrison, 2013)

Then based on Susilaningsih et al, 2019 also said that coping techniques can be applied by using overlearning, simulation, and role-playing techniques, adding joint coping strategies for implementation, reviewing responses to problems, and applying behavioral coping through graded practice or practice (Is Susilaningsih, Alfiana Ainun Nisa, 2019). The intervention was carried out on clients by applying coping reinforcement strategies by examining problem responses with the implementation of auditory hallucination rebuking exercises. The following stages of intervention that have been carried out by the author in carrying out generalist interventions of rebuking and by strengthening coping strategies, and motivating clients are attached in Table 1

**Table 1 Stages of Intervention carried out on the client**

<b>Stages</b>	<b>Step</b>
First	Assessing the content of the hallucination And Explaining the reason why chastising is needed as a hallucination control.
Second	<ol style="list-style-type: none"> <li>1. Discuss with the client his/her wishes regarding his/her illness.</li> <li>2. Building Commitment and motivation toward the desire</li> <li>3. Apply confrontation techniques in the client's mind by breaking the content of the hallucinations that the client hears, by convincing the client that what is heard is not real, and if only the client hears it is a lie and not real.</li> <li>4. Teaching to focus attention and mind and "stop" listening and distract the mind with something positive that the client enjoys</li> </ol>
Third	Rebuking Auditory Hallucinations Advocate mentally rebuking the auditory hallucinations and focusing the mind. Teaching rebuking with "Close your ears, believe in your heart it's not real"

## RESULTS

After the implementation of rebuking with strengthening coping and client motivation for 4 meetings on clients with auditory hallucinations. Motivational changes in clients before intervention in the cognitive aspect of the client's desire to rebuke when done together with other patients. In the affective aspect of the client, motivation responds maladaptive, the client does not rebuke independently. Then changes on day 1 after the intervention on the cognitive aspect of the client said he realized and knew to control hallucinations as a way to stop the client's whispering voice. The client responded positively and cooperatively when the suggestion of grounding was made.

On day 2, the client's change in motivation in the cognitive aspect said the client knew the whispering voice was not real when the client only listened alone. In the affective aspect, the client said his desire to ignore the unreal voice. On day 3 of cognitive motivational change, the client said the client knew the voice was not real and the client said he would control the hallucinations by ignoring them. Effectively, the client expressed his desire to control the hallucinations by ignoring the hallucinations.

On day 4, motivational changes in cognitive aspects, the client knows the hallucinations of hearing whispers that cause the client to be treated, the client knows real and unreal voices, and the client also says the importance of convincing the client self of the voice and the importance of ignoring the voice. Then in the coping changes in the client before the intervention, the strengthening coping in the cognitive aspect of the client considers hallucinations to be lonely friends, in the affective

aspect the client trusts and responds positively to negative commands. And in psychomotor the client performs hallucinatory voice commands by slashing the wrist.

After the intervention of strengthening coping changes on day 1, the client said the voice had been harming the client and said the voice of the client's lonely friend was not real and harmful. Effectively the client said he would try to slowly ignore the voice. In the psychomotor aspect, the client said he would change the client's beliefs and said he did not follow the direction of the voice was not real and detrimental. On day 2 of cognitive coping changes the client said the client could ignore the voice with the help of his roommate when sleeping accompanied him by holding the client's hand to reduce loneliness. Effectively the client shows a positive response change to his belief that the voice is not real. In psychomotor the client shows adaptive changes where the client seeks alternatives to fulfill the feeling by holding the hand of his next roommate when feeling lonely and ignoring the hallucinatory voice.

Day 3 on cognitive coping changes the client said the client's belief that the voice was a friend was a mistake. Effectively the client shows his desire to change his belief in the hallucinatory voice. In the psychomotor response, the client shows a change not to follow suicide orders. On day 4 of cognitive coping changes the client said the client's belief in the voice changed the voice was a mistake and harmed the client and the client had to ignore or avoid it. Effectively the client shows a change in mindset and changes his beliefs to stop the hallucinatory voice. In the psychomotor aspect, the client shows changes by not



following suicide orders and looking for alternatives to accompany the client's loneliness at night. Then on changes in controlling hallucinations in clients before the intervention of rebuking hallucinations, the client shows how to control hallucinations by saying "Close your eyes, close your ears you are not real, you are not real".

After the intervention of rebuking hallucinations with strengthening coping and motivation, changes in how to rebuke the client show a positive response shown in psychomotor changes on day 1 of the client by rebuking hallucinations by convincing himself, and saying closing his ears, saying "you are not real". On day 2 after the intervention, the client said that he controlled the hallucinations by convincing himself that the voice did not exist, only the client's feelings. Psychomotor changes on day 3 The client showed a response of rebuking hallucinations without closing her ears and ignoring the voice by talking with his roommate. Then changes in controlling hallucinations on the 4th day the client showed a response to control hallucinations by closing her eyes

the sound was not real without making a sound and diverting by talking to a friend beside her.

Changes in coping and motivation as well as the client's ability to rebuke hallucinations show changes in the client's signs and symptoms during the intervention. Changes in signs and symptoms in hallucination patients are carried out using the *AHRS (Auditory Hallucinations Rating Scale)* questionnaire/scale This hallucination questionnaire in Indonesian is taken from Simatupang's research, 2019. Which was adapted from Gillian Haddock (1994). This questionnaire. consists of 8 items and each item consists of signs and symptoms that appear in patients with auditory hallucinations. The results of changes in signs and symptoms in clients after the intervention for 4 days, signs of symptoms attached based on Direja's research in 2011 are attached in table 2 The results of changes in signs and symptoms after the intervention of rebuking with strengthening coping and motivation. Using the *AHRS (Auditory Hallucinations Rating Scale)* questionnaire.

**Table 2 Results of changes in signs and symptoms after intervention**

Aspects	Before Intervention	After Intervention			
		Day 1	Day 2	Day 3	Day 4
<b>Affective</b>					
• Talking to yourself	Symptoms present	Yes (sometimes)	No	No	No
• Smile to yourself	Symptoms present	Yes (sometimes)	Yes (sometimes)	No	No
• Smile to yourself	Symptoms present	No	No	No	No
• Laughing to yourself	Symptom spresent	No	No	No	No

• Moving lips without sound	No symptoms	No	No	No	No
• Less focused attention to the environment	No symptoms	No	No	No	No
• Unable to follow orders	Symptoms present	No	No	No	No
• Panic	No symptoms	No	No	No	No
<b>Psychomotor</b>	No symptoms	No	No	No	No

Based on this table, the results of changes in signs and symptoms in hallucination patients are based on signs and symptoms according to Direja in 2011. In clients before the intervention there are signs and symptoms of affective aspects there are symptoms of talking to themselves, smiling to themselves, laughing to themselves, and not being able to follow orders. In the psychomotor aspect, there are symptoms of tense facial expressions in the client. Then after the intervention was carried out to block hallucinations by strengthening coping and motivation, the results on day 1 were still symptomatic signs of talking to themselves with a frequency of sometimes and smiling to themselves. As well as showing a tense facial expression.

Then on day 2 changes in the client's signs showed a smile on their own and in the psychomotor aspect, the client still showed a tense face. On evaluation days 3 and 4, it was found that the client did not experience hallucinatory symptoms from both the affective and psychomotor aspects.

## DISCUSSION

The onset of schizophrenia disorder is caused by several factors, the first factor is related to parenting since childhood with the neglectful type, namely parenting patterns where parents are not involved in child development, or can also be called parenting patterns where parents ignore children (King & Laura, 2013).

Client relapse factors consist of various internal and external factors. Internal factors include medication non-compliance, poor emotional control, and maladaptive coping styles. Schizophrenia recurs due to an imbalance of neurotransmitters that disrupt the workings of the brain, so patients need medication and mind management therapy.

External factors play a role in increasing the risk of client relapse. Family figures who lack assertiveness in communication often cause conflict with the client's personality who is easily sensitive to criticism. The neighborhood where the client lives is also ostracising and does not provide opportunities for the client to establish relationships as a result the client has a lot of free time to daydream every day. When

the client is alone, hallucinations of sounds around the client often appear (Sari et al., 2013).

In the case of the client having hallucinatory content that commands the client to commit suicide, in the case of Ms V, the client attempted suicide by injuring or slashing the client's wrist which had an impact on the client's life. In hallucination patients, problems that may arise in clients with hallucinations based on Keliat et al in 2010 cause maladaptive behavior such as the risk of violent behavior and the risk of suicide. This is because *maladaptive* coping from hallucinations received by clients causes clients to be vulnerable to aggression when experiencing pressure/stress. This is exacerbated by the client's inappropriate coping skills in dealing with stressors. Clients often harbor problems and use *Escape avoidance coping* techniques where clients avoid problems that certainly do not help solve problems. Individuals who have the right *coping style* have a more responsive attitude when undergoing therapy (Premkumar, 2014).

Generalist interventions on hallucinations according to Keliat et al in 2006 in Andri et al in 2019 include assessing hallucinations based on content, time, type, and controlling hallucinations by rebuking hallucinations, controlling hallucinations by having conversations, controlling hallucinations by exploring positive aspects owned and controlling hallucinations by obeying taking medication (Andri et al, 2019).

In this case report, the author intervenes to collaborate in the administration of drugs to clients and performs generalist interventions by assessing the content, type, and time of hallucinations and controlling

hallucinations by rebuking. Then in this writing, the author focuses on the generalist intervention of hallucinations with a coping and motivational approach. Coping and motivational reinforcement aims to focus on how to change negative thoughts or beliefs (Suryaningrum, 2013).

One of the application interventions controls hallucinations by increasing client coping which can reduce hallucination symptoms in schizophrenic patients. Where this is in line with Stuart's research, in Irwan et al in 2019 which states that strengthening coping aims to change irrational beliefs, and negative statements about individual existence (Irwan, 2019).

The application of improving coping strategies is carried out by providing motivation, and client confidence, increasing the client's real focus which aims to increase the client's self-awareness of the problem. Where this serves to change the client's thinking function in a positive direction and ultimately creates pleasant feelings. Feelings arising from positive thinking will make the client behave constructively so that even though the client experiences hallucinations the client can adjust to the environment (Tarrier, 2014).

The results of changes in improving coping strategies support improvement with changes in symptoms in clients after the end of the meeting evaluation. The dominant symptom of clients with schizophrenia that is felt to occur in clients is auditory hallucinations. According to Mueser et al 2013 said that providing increased coping in the intervention of hallucination rebuking is effective as a change in thought process and application of motivation in self-adjustment and reducing hallucination symptoms, and preventing relapse in clients

with schizophrenia (Mueser & Gingerich, 2013).

The decrease in client hallucination symptoms is due to changes in the ability of schizophrenia clients who are evaluated after being given generalist interventions to rebuke hallucinations accompanied by strengthening coping and motivation. During the process of implementing therapy, clients are always motivated to do exercises independently in the form of how to reassure themselves and rebuke and focus the mind to "stop" and think about positive things (Caturini et al., n.d.).

Therapy by improving coping strategies with rebuking interventions shows symptom change and prevents symptom recurrence in patients with schizophrenia and can improve changes in the client's thought process of hearing hallucinatory voices as unreal voices and training focus on the real orientation around them (Turkington et al., 2013).

Then the therapy of strengthening coping strategies and motivation in the generalist intervention of rebuking, in this case, the study can reduce the incidence of relapse in schizophrenia due to the client's *maladaptive coping*. Clients learn the symptoms of relapse of hallucinations for clients to immediately ignore "stop" by motivating themselves and changing their thoughts toward positive things where which aims to prevent the recurrence of auditory hallucinations (Sulaiman, 2016).

## CONCLUSIONS

Strengthening coping strategies and motivation carried out with generalist interventions to rebuke schizophrenia patients with

auditory hallucinations can reduce hallucination symptoms based on the results of the evaluation of observations of *AHRS (Auditory Hallucinations Rating Scale)* questionnaire symptoms in the affective and psychomotor aspects.

Strengthening coping and motivation can improve the thought process toward real situations changing the client's thinking of hallucinatory content. Suggestions in this writing for future researchers, need to conduct further research on the effect of rebuking with strengthening coping and motivation on hallucination clients with observation and research with original article types.

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