

ASSERTIVENESS TRAINING THERAPY TO ADOLESCENCE DEVELOPMENT

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ABSTRACT

During adolescent age, the teenagers are struggling for their self identity. The obstacle of teenagers to gain their self identity to some extent can be manifested through their deviant behaviors. The purpose of this scientific paper was to explore the result of Assertiveness Training to improve adolescence growth and development. Teenagers with a difficulty of being assertive were given Assertiveness Training. This was a quasi-experimental research, using pre-post without control group. A number of 16 samples were recruited using purposive sampling technique. The results of these interventions showed the improvement particularl on diferrent aspects and developmental task of teenagers, especially in emotion and psychosocial aspects. Assertiveness Training was recommended that this report would be utilized as a standard of mental health-psychiatric nursing specialized treatment and to be socialized at all community mental health care settings.

Key Words: Self-identity, Teenagers, Assertiveness Training

A. INTRODUCTION

Mental health problems need to be the main focus in every effort to increase human resources, especially children and adolescents, bearing in mind that children and adolescents are a generation that needs to be prepared as assets and strengths of the nation. If viewed from the proportion of the population, 40% of the total population consists of children and adolescents aged 0-16 years. The prevalence of mental health problems of children and adolescents tends to increase in line with the increasingly complex life and community problems, therefore adequate mental health services are needed so as to enable adolescents to get optimal growth and development opportunities. Development is a dynamic and continuous process throughout life. In adolescents there is a contradiction between physical growth with social, psychological, and emotional development, where adolescent physical growth equals and has abilities like adults, but socially, psychologically, and emotionally is still unstable and still has a high dependency. This condition often makes it difficult for adolescents to determine their identity, which results in adolescents failing in the search for and the formation of identity. If the developmental task is not achieved, it will result in failure which is partially or wholly in the achievement of other tasks faced by adolescents. Such a situation creates conflict and instability in the achievement of self-identity which results in various health problems for adolescents such as violent behavior. Teenagers in the process of searching for their identities mimic, assess and perceive what is happening around them. Individuals as personal systems have perceptions, self-assessments, and self-images as a result of interactions with others and the environment throughout their developmental age. Many

adolescents overcome emotions in negative ways such as overreacting at school (bullying, fighting) to actions criminals (such as stealing) and status violations such as running away from home and playing truant. Lewis (2001) states that violent behavior is not a disease but behavior that is generated and has a range of intensities starting from refuting, opposing, demanding, making verbal threats, physical contact, brutal or brawl. The intensity of these events is more frequent in preschoolers and reaches a peak in middle adolescence.

Vulnerable violent behavior occurs in adolescents, at a stage of development, especially if there are risk factors attached to them. Adolescents who are vulnerable to violent behavior have a low tolerance for frustration and are less able to postpone pleasures, 7 tend to react quickly to their aggression, lack self-reflection, 8 and are less responsible for the consequences of their actions. These are of course can disrupt the achievement of self-identity in adolescents. Assertive behavior is a direct and honest expression of expression that enables youth to defend their personal rights without taking aggressive actions that interfere with the personal rights of others. Besides being assertive, there are also passive and aggressive behaviors. Passive where the individual is not able to convey what he wants or opinions. While aggressive behavior tends to lead to violent behavior. Aggressive behavior is defined as actions intended to injure or hurt others, both physically and psychologically, 10.8 which cause harm or harm to others or damage the property of others. Assertive exercises are carried out repeatedly and applied to adolescents to create assertive behavior, so that intensive guidance and direction from a therapist is needed. The form of exercise stimulating aspects of adolescent emotions is in the form of assertive therapy. This therapy trains one's ability to express opinions, feelings , attitudes and rights without being accompanied by anxiety. Assertive exercise has been tested in research conducted by Novianti (2010), proven to be able to practice assertive responses in various situations. Research conducted by Sert (2003) states that assertive training can significantly improve assertive behavior. Another study conducted by Agbakwuru and Stella (2011) also stated similarly that assertive training has a positive effect in increasing adolescent self-esteem where self-resistance affects one's coping.

B. DISCUSSION

Participants who participated in this report were 16 teenagers. The teenagers were pre-tested about aspects of adolescent development and assertive training instruments. Then an assertive exercise was carried out using a group workbook consisting of 8 teenagers in each group and carried out for five weeks. After therapy, a post test is then carried out on aspects of adolescent development and evaluation using assertive training instruments. The implementation of assertive exercise therapy is done in 5 sessions. Session I understanding assertiveness, passivity, aggressiveness; session II trains expressing negative thoughts and feelings; Session III trains to convey wants and needs; session IV training to express frustration; Session V trains saying "no" to irrational requests. Nursing care is provided to adolescents with the potential achievement of adolescent self-identity. The long journey of adolescents in receiving

stimulus in adolescence will be raised in the form of behavior, both adaptive and maladaptive.¹⁸ Behavior that is raised is a coping mechanism for adolescents to defend themselves against the stimuli they receive. The following will explain how adolescent behavior is seen from 10 aspects of adolescent development. The ability of adolescents before being given the maximum therapy is the physical and psychosexual aspects which have reached 92.71%, followed by the moral and spiritual abilities of adolescents by 82.14%. The lowest emotional and psychosocial abilities before therapy were 42.70%. While the two other abilities, namely cognitive and language, are also lacking at 47.26%, this is the reason why assertive exercise therapy is needed to stimulate adolescent growth and development. Assertive therapy is given if there are unstable adolescent emotional conditions. Unstable emotions in adolescents can be caused because the ability to deal with and resolve social conflicts is still lacking, therefore assertive therapy is needed in overcoming adolescent problems. After being given therapy, it can be seen that the achievement ability of aspects of adolescent development has increased

The expected outcome after adolescents participate in a series of specialist therapy programs according to their needs is healthy behavior viewed from various aspects adolescent development. The following will explain differences in adolescent abilities viewed from aspects of adolescent development before and after the administration of therapy

Table 4
Difference in Adolescent Ability
Before and After
Assertive Therapy Given (n = 16)

Self Identity Variable	Specialist Therapy	
	Assertive therapy (%)	
Physical & Psychosexual	Before	92.71
	After	100
	Difference	7.29
Cognitive & Language	Before	47.26
	After	85.54
	Difference	38.28
Moral & Spiritual	Before	82.14
	After	96.42
	Difference	14.28
Emotions & Psychosocial	Before	42.70
	After	81.25
	Difference	38.54
Talent & Creativity	Before	72.32
	After	92.86
	Difference	20.53

Based on table 4 it can be seen that from several aspects of development that are still lacking before the administration of therapy are cognitive and language aspects with an average of 47.26% and emotional and psychosocial aspects with an average of 42.70%. After being given assertive therapy, it can be seen that the most ability achievement is on the emotional and psychosocial aspects of 38.54%, followed by cognitive and language aspects up by 38.28%. Based on specialist therapy that is assertive therapy that has been given it appears that the ability of adolescents increases greater. The ability of adolescents before being given the maximum therapy is physical and psychosexual which has reached 100%, followed by adolescent moral and spiritual abilities of 96.42%. The lowest emotional and psychosocial abilities before therapy were 42.70%. While the two other abilities, namely cognitive and language, are also still lacking at 47.26%. Physical and psychosexual aspects have a high value before being given therapy because most of the components of physical and psychosexual aspects are being experienced by adolescents that have appeared signs of puberty, weight gain and height, arising interest in the opposite sex, having fantasy / sexual fantasies, and begin to pay attention to self appearance. In adolescents there is rapid physical growth, but it is not matched by social, psychological, and emotional development, where adolescent physical growth equals and has abilities like adults, but socially, psychologically, and emotionally is still unstable and still has high dependency. Cognitive responses have an important role in the adaptation process that influences the impact of an stressful event and chooses which coping to use. Cognitive responses also affect a person in decision making and planning in his life. The same thing also said by Santrock (2007) is that teenagers have started to have a mindset to make a plan to achieve goals in the future. Piaget (1936 in Papilia, D.E., 1992) said that during adolescence cognitive maturity occurs, namely the interaction of brain structures that have been perfect with an increasingly broad social environment that allows teens to think abstractly. At this stage, adolescents have begun to be able to think about something and have begun to imagine things they want in the future.

One of the developmental tasks that adolescents must achieve is achieving emotional maturity. This is in line with Hurlock (2008) which says that adolescent maturity includes emotional, sexual, social, and physical maturity. Srivastava (2005) also said the same thing that emotional maturity was important in the transition from adolescents to adulthood. Teenagers are said to reach emotional maturity when a stable feeling reaction to a problem so as to make a decision or do something based on consideration and not easily changeable. The behavior shown from emotional maturity that is able to express emotions constructively, able to find solutions to problems encountered in ways that are good and acceptable, and is expected to be able to balance between thoughts and feelings. After five weeks of being given assertive therapy, it was seen that there was a significant increase in the emotional and psychosocial aspects of 38.54%. In addition, cognitive and language aspects also increased by 38.28%. Assertive therapy is more effective if done in groups. Assertive therapy has been tested in research conducted by Novianti (2010), proven to be able

to practice assertive responses in various situations. Another study conducted by Agbakwuru and Stella (2012) also stated similarly that assertive exercise therapy has a positive effect in increasing adolescent self-defense where self-esteem affects one's coping. Assertive therapy can increase adolescent emotional maturity. There are several studies that link the deviant behavior of adolescents with emotional maturity. The results of research conducted by Soetjningsih (2010) show that brawl, free sex, and drug addiction that occurs in adolescence is a behavior that reflects the immaturity of emotions. In addition, there are also research results that show that individuals are drinking alcohol has low emotional maturity. Research by Soetjningsih (2010) also shows that the higher the emotional maturity of adolescents, the lower the aggression behavior. The results of these studies are in line with what was stated by Sarwono (2011) that one of the causes of the high deviant behavior of adolescents is the lack of ability in controlling emotions and expressing emotions in a way that is acceptable to the norm, immature individual emotions cause individuals to be easily carried away by environmental influences to perform an act.

In the results found in this study, it was found that cognitive and emotional aspects influence one another, namely aspects emotions and cognitive aspects that previously had a low value eventually increased after it was done therapy. These results are in accordance with Soetjningsih (2010) which says that cognitive development is inseparable from the emotional development of adolescents who are up and down. One of the tasks of adolescent development is the ability to think more mature and rational, have more mature considerations in problem solving, have goals and plan strategies. Murniati and Beatrix (2000) in their research stated that adolescents today place more emphasis on independent thoughts and actions and personal initiatives which also indicate a tendency to place self-interests above the interests of groups. This shows that teenagers are still concerned with aspects of the emotional ego in making a decision. So the cognitive and emotional aspects must be handled properly because they both influence each other.

C. CONCLUSION

This study provides an overview of case management in adolescents who are given assertive therapy. Assertive therapy is given to 16 teenagers. Assertive therapy is done in groups. Seen from the achievement of cognitive and language aspects increased by 38.28%, emotional and psychosocial aspects increased by 38.54%. The results on improving 10 aspects of development are higher in adolescents after receiving Assertive Therapy. Adolescents who have been given therapy can be peer counselors for other adolescents with assistance. Soul Care Services should facilitate and support the implementation of the Community Mental Health Nursing program with other agencies such as the Office of Education and Puskesmas. Mental Nursing Services provides basic information to mental health cadres about signs of deviant behavior in adolescents so that they can inform CMHN nurses to be followed up. CMHN nurses collaborate between programs, especially with holders of the UKJS (School Mental Health Efforts) program to detect deviant teenage behaviors, so they

can be followed up on. The findings in this study should be used as evidence based in developing assertive therapy in various groups especially adolescents so that it becomes an effective therapeutic modality for mental nursing in preventing the onset of mental health problems and improve mental health Public.

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