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Implementation of Action to Control Hallucinations: Training to Rebuke Auditory Hallucinations in the Saraswati Room of dr. H. Marzoeki Mahdi Hospital, Bogor

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Abstract

Hallucinations are mental disorders in which clients experience changes in sensory perception, feel false sensations in the form of sound, sight, taste, touch, or smell. Signs and symptoms of hallucinations include: talking, laughing and smiling to themselves, getting angry for no reason, covering their ears, covering their nose, and being afraid of something unclear. Ways to prevent hallucinations include managing stress by doing relaxation techniques such as meditation, avoiding triggers that cause stress, getting enough sleep, maintaining mental health, and avoiding mentally detrimental environments. The author's purpose in this scientific paper is to implement actions to control hallucinations: training to rebuke auditory hallucinations. This writing uses a descriptive case study method design that aims to create descriptions and descriptions of training to rebuke, data collection using interviews, observations, documentation, and demonstrations. The results obtained were after being carried out for three days from February 27, 2023 to February 29, 2023, at the third meeting it was found that when training to rebuke had a great effect on patients with auditory hallucinations because it could reduce the signs and symptoms experienced, so it can be concluded that training to rebuke is very effective in patients with auditory hallucinations. The conclusion is the application of actions to control hallucinations: training to rebuke can reduce the appearance of signs and symptoms of hallucinations, patients are very cooperative in participating in activities.

Keywords: Hallucinations; Hearing; Rebuke; Mental Disorders

Introduction

In patients with mental disorders who have been treated as outpatients, they often experience relapses, because they believe that they are healthy and do not need further treatment. Failure and non-compliance in taking medication according to the program will cause relapses in these patients. Compliance with taking medication is how appropriate a person takes medication according to the instructions or prescriptions given by health workers. Compliance with taking medication is very important for patients with mental disorders to prevent relapse.

The family must support, accompany, and encourage patients to comply with the medication that has been given (Kaunang, Kanine, & Kallo, 2015).

Nurses must teach families and patients about the importance of medication compliance because relapses in mental disorders can also be caused by lack of knowledge about treatment such as overdosing, or irregular medication, therefore nurses need to provide health education so that families and patients can understand the importance of medication compliance and patients can also comply with their treatment.

Side effects of single-dose antipsychotics in the first and second generations include: Haloperidol is an antipsychotic drug that belongs to the butyrophenone class while chlorpromazine belongs to the phenothiazine class. The difference between these two drugs lies in the affinity in binding to dopamine D2 receptors. Haloperidol is estimated to be 50 times stronger than chlorpromazine. Each has a different affinity strength in binding to D2 receptors in the striatum, namely 70% in chlorpromazine and 90% in haloperidol. So that treatment with first-generation antipsychotics often causes side effects in the form of greater extrapyramidal syndrome (Yulianty et al., 2017).

People with Mental Disorders (ODGJ) are people who experience disorders in their thoughts, behavior, and feelings in the form of a collection of symptoms or behavioral changes, which can cause suffering and obstacles in carrying out the functions of people as human beings, and are entitled to health care (Wicaksono & Susilowati, 2019). Nursing diagnoses for ODGJ include: risk of violent behavior, hallucinations, social isolation, self-care deficits, and chronic low self-esteem. Based on the nursing diagnoses that have been described, this case study is included in the nursing diagnosis, namely: Hallucinations.

According to (Ginting, 2022) Mental disorders are defined as behavior caused by distress or suffering that causes disruption to one or more functions of human life. According to (Utami, 2020) mental disorders are inabilities and invalidities that are not good individually or in groups that will hinder the development of individuals and their environment. Severe mental disorders are known as psychosis and one example of psychosis is schizophrenia.

Schizophrenia comes from the word schizos which means split or branched, while phrenia means soul. This term explains the splitting of thoughts, emotions, and behavior in patients with the disorder. In general, schizophrenia patients are unable to distinguish between fantasy and reality. Symptoms of schizophrenia are divided into two, namely positive symptoms and negative symptoms. Negative symptoms of schizophrenia include loss of motivation or apathy, depression that does not want to be helped.

While positive symptoms include delusions, delusions, and hallucinations (Aldam & Wardani, 2019). The prevalence of mental disorders and schizophrenia in Indonesia according to data from (Basic Health Research, 2018), proves that the prevalence of severe mental disorders such as schizophrenia in Indonesia is 7% per 1000 households. Which means that out of 1000 households, there are 70 household members (ART) who suffer from severe mental disorders.

According to (Dewi & Pratiwi, 2022) hallucinations are a symptom characterized by sensory changes that occur, so that someone can assume that something that does not actually happen

is a symptom of hallucinations. Hallucinations are caused by 2 factors, namely predisposing factors and precipitation factors. These predisposing factors include: developmental factors, social and cultural factors, biochemical factors, psychological factors, and genetic factors. While these precipitation factors include: physical dimensions, emotional dimensions, intellectual dimensions, social dimensions, and spiritual dimensions.

Hallucinations have signs and symptoms such as: withdrawing, sitting still (imagining), smiling to oneself, talking to oneself, etc. The impact of hallucinations on behavior that is often experienced by patients varies depending on the type of hallucination and its phase. The higher the patient's anxiety level, the more controlled the behavioral hallucinations are. Nursing care and stimulation therapy are carried out to overcome the effects of hallucinations. The purpose of this nursing action is to increase the patient's awareness in real life. To control hallucinations, this perceptual stimulation therapy is done by reprimanding by covering the ears, obediently taking medication, talking, and doing activities that the patient likes (Pardede, 2022).

The implementation strategy for hallucinations is a consistent nursing care approach that aims to reduce or control the mental health nursing problems faced, train families to care for their patients (family members) with hallucinations, and listen to music and reprimand are two strategies that can be used for patients who experience hallucinations (Ramadani & Wardani, 2020).

According to the World Health Organization (WHO, 2019), there are around 450 million people worldwide who suffer from mental disorders. However, data from the Basic Health Research (Riskesdas, 2018) shows that the number of cases of mental disorders in Indonesia is increasing. In Indonesia itself, there are 6.7 people per 1000 who suffer from mental disorders, which means that 6.7 people per 1000 households have family members who suffer from schizophrenia or hallucinations. More than 90% of patients with schizophrenia in Indonesia experience hallucinations. The types of hallucinations experienced by many patients vary, but most of them are hallucinations related to auditory hallucinations.

Based on data obtained from the register records in the Saraswati Room of the dr. H. Marzoeki Mahdi Bogor obtained patients who were treated in the last 6 months from September 2022 to February 2023. In September 2022, the total number of patients was 37 people (a total of 35 hallucination patients) if the percentage of hallucination patients was 94.59%, In October 2022, the total number of patients was 45 people (a total of 44 hallucination patients) if the percentage of hallucination patients was 97.77%, In November 2022, the total number of patients was 45 people (a total of 45 hallucination patients) if the percentage of hallucination patients was 100%, In December 2022, the total number of patients was 40 people (a total of 39 hallucination patients) if the percentage of hallucination patients was 97.5%,

In January 2023, the total number of patients was 32 people (a total of 44 hallucination patients) if the percentage of hallucination patients was 97.77%, In hallucinations as many as 29 people) if presented hallucination patients as many as 90.62%, and In February 2023 the

total number of patients was 45 people (total number of hallucination patients as many as 42 people) if presented hallucination patients as many as 93.33%. The role of nurses in carrying out various nursing actions to help hallucination patients, one of which is implementing a hallucination implementation strategy.

Method

This writing uses a descriptive case study method design which aims to create a description and description of training to rebuke. This writing was carried out with the aim of describing the Implementation of Hallucination Control Actions: Training to Rebuke Auditory Hallucinations in the Saraswati Room of Dr. H. Marzoeki Mahdi Hospital, Bogor for 3 times in 3 days and carried out for 15 minutes.

Results and Discussion

Client Identity

On February 27, 2023, an assessment was conducted in the Saraswati ward, the date of admission was February 20, 2023, the patient registration number was 0387448, and the medical diagnosis was paranoid schizophrenia. The client with the initials Mrs. H is 67 years old with a divorced and deceased marital status, Muslim, the client is of Sundanese ethnicity, the last education was elementary school, with the address Jl. Sukasari 2 No. 7 Kel. Sukasari Kec. East Bogor and the source of information from the client.

Reason for Admission

The client came to the Marzoeki Mahdi Mental Hospital in Bogor via the Emergency Room on February 20, 2024, the client came with her child because for the past 2 days the client had been throwing tantrums like messing up things at home, often not wearing clothes inside or outside the house, often daydreaming, talking nonsense, talking alone. The client likes to mention the names of her family members who have passed away (died). The client has a history of mental disorders ≥ 10 years. The client has often received outpatient treatment for years at the Marzoeki Mahdi Mental Hospital in Bogor. The client takes medication regularly, the last client check-up was on February 7, 2024. The client has a history of hypertension, diabetes, and asthma. The general condition when coming to the Emergency Room was confused, lazy to take medication, and looked silent. The client's RPO: Divalproex ER 1x500mg, Olanzapine 1x10mg, Lorazepam 1x2mg, and Setralin 1x50mg.

Predisposing Factors

The client has experienced mental disorders in the past ≥ 10 years. The last patient was treated at dr. H. Marzoeki Mahdi Hospital, Bogor in 2022, with the main complaint of the client going berserk and messing up things at home. Previous treatments were less successful / less effective, there was a history of trauma where the client was the perpetrator of violence in his family (explanation: the client has a history of mental disorders ≥ 10 years, the client was admitted to RSJMM for inpatient care 2 times.

The client has often received outpatient treatment for years at RSJMM, previous treatments were less successful / less effective because the client relapsed by going berserk like messing up clothes and the client admitted that he liked to hear whispering voices like calling his name. Nursing Problems: Risk of Violent Behavior and Auditory Hallucinations), no family members who have mental disorders, and unpleasant experiences in

the past, namely the client was left by her husband forever, Nursing Problems: Low Self-Esteem.

Data Analysis

Sensory Perception Disorders: Auditory Hallucinations. DO:

- The client appears anxious because he often hears whispers from his left and right ears.
- The client appears to often daydream.
- The client appears to be talking to himself.

DS:

- The client says he often hears whispers calling his name at night when the patient is resting or when the client is daydreaming.
- The client says he feels disturbed by the whispers.

Social Isolation. DO:

- The client appears to prefer being alone.
- The client's verbal response is slow.

DS:

The client says he has difficulty socializing, does not want to interact with other people and always wants to be alone.

Low Self-Esteem. DO :

- Lack of eye contact.
- The client sometimes stutters and likes to repeat things.
- The client seems insecure.

DS :

- The client says she feels ashamed, useless, and unable to do anything.
- The client says she feels like a burden to her family.

Risk of Violent Behavior. DO :

- The client's emotions seem unstable.
- The client's face looks tense when telling her frustrations.

DS :

The client says she often gets angry at her family and when she gets angry, she screams and throws clothes around her.

Nursing Interventions

Sp 1

Identify the type, content, time, frequency, situations that cause, and responses to hallucinations.

Teach the patient to rebuke hallucinations.

Sp 2

Provide health education on regular medication use.

Sp 3

Train the patient to control hallucinations by talking to others.

Sp 4

Training patients to control hallucinations by doing activities (activities that patients usually do).

Progress Notes

Day One. When the author identified the type of hallucination, the content of the hallucination, and the time of the hallucination. After that, the patient answered that the type of hallucination felt was an auditory hallucination because the patient often heard whispers, while the content of the auditory hallucination was in the form of whispers calling his name, the time of the hallucination occurred at night when the patient was resting.

After that, the author taught the patient to rebuke to control his hallucinations, and it was found that the patient still needed help to rebuke to control his auditory hallucinations, because the patient was not focused on doing it. The patient was successfully assessed and rebuked to control his auditory hallucinations.

His auditory hallucinations were still there, then the patient would be taught the rebuke technique again to control his auditory hallucinations, on February 28, 2024 at 10:00 WIB. The second day,

according to the previous program contract, the nurse trained the rebuke technique. The nurse re-identified the frequency, situations that caused, and responses to his hallucinations. After that, the patient answered the frequency of his hallucinations, the patient said it was not certain, it could be 4-5 times a night so that the patient could not sleep well, the situation that caused his hallucinations appeared when the patient was daydreaming alone, and the patient's response to his hallucinations, the patient said anxious, restless, and afraid.

After re-identifying the patient's hallucinations, the patient was re-taught the scolding technique to control his auditory hallucinations, with the result that the patient followed the scolding technique with focus that the nurse taught the patient and the patient started to do it himself, but the patient was still confused and sometimes forgot how to scold that had been taught by the nurse, so the patient was helped again to do the scolding technique.

There were several symptoms of the patient's auditory hallucinations that had begun to decrease, such as the patient felt his anxiety reduced, his restlessness subsided, and he was no longer afraid. Furthermore, the nurse made a program contract with the patient for February 29, 2023. The patient seemed happy and enthusiastic in doing this scolding technique. Auditory hallucinations were still there. Furthermore, the patient was re-taught the scolding technique to control his hallucinations independently.

On the third day, according to the previous program contract, the nurse re-trained the scolding technique. The patient was re-taught the technique of scolding to control his auditory hallucinations independently without the help of a nurse, with the result that the patient successfully performed the technique of scolding independently, the patient felt happy to be able to do it independently, the patient seemed very enthusiastic, the patient said that he was no longer confused about performing the technique of scolding, the patient was much calmer and no longer felt afraid. This result was obtained when the patient did it independently when the nurse was not with him, after the nurse made direct contact with the patient, the rest of the time the nurse only observed the patient.

There are still some symptoms of auditory hallucinations such as, the patient sometimes still hears the whispering voices in the morning/evening, the whispering voices only last for a moment, the patient is sometimes found daydreaming, is no longer anxious, and is no longer afraid. Auditory hallucinations are still there. Furthermore, the patient will be taught about the use of medication regularly, to know what medications the patient is taking, and their benefits and uses.

Conclusion

The implementation of nursing is carried out in accordance with the interventions that have been prepared by the author for patients with auditory hallucinations. The author takes action to control hallucinations: training to scold. The results of training in scolding patients with auditory hallucinations, the author found that patients were able to recognize the hallucinations they were experiencing and patients were able to control their hallucinations by scolding them..

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