Healthy Tadulako Journal (Jurnal Kesehatan Tadulako)
Vol. 11 No. 4, October 2025
P-ISSN : 2407-8441/e-ISSN : 2502-0749

Original Research Paper

Application of Verbal De-Escalation and Assertive Training on Anger Control in Schizophrenia Patients with Violent Behavior

Sri Wulandari[1*], Laili Nur Hidayati[2], Titik Sri Purwanti[3]

[1] *Nursing Professional Education Study Program, Faculty of Medicine and Health Sciences, Universitas Muhammadiyah Yogyakarta*
[2] *Nursing Science Study Program, Faculty of Medicine and Health Sciences, Universitas Muhammadiyah Yogyakarta*
[3] *Mental Hospital Prof. Dr. Soerojo Magelang*

Access this article online
Quick Response Code :

DOI : 10.22487/htj.v11i4.1889

Email Corresponding:
sriwulandr.0220@gmail.com

Page : 583 - 591

Article History:
Received: 2025-05-08
Revised: 2025-09-25
Accepted: 2025-09-25

Published by:
Tadulako University, Managed by Faculty of Medicine.

Website :
https://jurnal.fk.untad.ac.id/index.php/htj/index

Abstract

Background: Violent behavior is a harmful action directed toward oneself or others, commonly observed in patients with schizophrenia, and requires structured behavioral management such as de-escalation and assertiveness training. **Objective:** This case study aims to evaluate the effectiveness of de-escalation and assertiveness training in improving anger control among schizophrenia patients exhibiting violent behavior. **Methods:** A case study was conducted over four days one day in the Intensive Ward and three days in the Maintenance Ward on a male paranoid schizophrenia patient (Mr. J) using psychiatric nursing care guidelines from Muhammadiyah University of Yogyakarta and the PANSS-EC (Positive and Negative Syndrome Scale Excited Component). The intervention incorporated the KSS (frequent but brief contact) and BHSP (building a helping and supportive relationship) approaches. **Results:** After four days of intervention, the patient demonstrated improved emotional regulation, reduced irritability, and increased ability to communicate assertively. The PANSS-EC score decreased from 22 to 18, indicating a clinically meaningful reduction in the severity of violent behavior symptoms. The patient also showed greater self-awareness and cooperation during therapy sessions, suggesting enhanced anger control and self-regulation. **Conclusion:** De-escalation and assertiveness training are effective nursing interventions for reducing violent behavior and improving anger management in schizophrenia patients.

Keywords: *Schizophrenia; violent behavior; de-escalation; assertiveness training.*

Introduction

Mental health is a condition of mental health that enables a person to lead a harmonious and productive life as a result of their overall well-being[1]. Mental disorders are a set of symptoms that affect the thinking and behavioral processes of individuals that interfere with important aspects of life such as socialization, education, economics, and others[2]. Mental disorders can be caused by various trigger factors including biological, psychological, and social in the diversity of the population causing cases of mental disorders in Indonesia to increase[3]. In 2019, WHO noted that there were 301 million individuals suffering from anxiety disorders, 280 million individuals with depression, 40 million individuals diagnosed with bipolar disorder, and 24 million individuals or equivalent to 1 in every 300 people (0.32%) in the world with schizophrenia[4]. Although schizophrenia has a lower prevalence compared to other mental disorders, the National Institute of Mental Health (NIMH) asserts that schizophrenia is among the 15 leading causes of global disability[5].

Based on Riskesdas in 2018, the prevalence of schizophrenia in Indonesia was recorded at 6.7 per 1,000 households. This means that out of every 1,000 households, there

are between six and seven households with a family member diagnosed with schizophrenia[6]. Schizophrenia is a common mental disorder characterized by damage to the individual's thoughts, perceptions, emotions, movements and deviant behaviors[7]. Stress-related schizophrenia is a neurobiological disorder characterized by problems in thinking[8]. Symptoms of schizophrenia have three types, namely cognitive symptoms, negative symptoms, and positive symptoms. One of the positive symptoms is violent behavior[9].

Violent behavior is a form of behavior that aims to harm oneself, others, or the environment both physically and psychologically, in the form of actions and speech[10]. Violent behavior is one of the reactions to the stress experienced by individuals, which can cause harm to individuals, others, and the environment[11]. Signs include intimidating, boisterous, restless, pacing, unsettled, loud voice intonation, tense expressions, and aggressive actions[12]. Management of clients with violent behavior disorders including environmental manipulation, bonding or isolation, pharmacological interventions, assertive and de-escalation exercises[13].

De-escalation is a psychological intervention to manage someone with aggressive behavior. After de-escalation, physical interventions and visualizations can only be implemented and other strategies can be used to help patients[14]. Verbal de-escalation techniques are communication used with angry or disturbed clients to minimize violence and get the patient to regain a sense of calm and self-control[15]. Aggressive patients need three people who can apply therapeutic communication, work with a calm attitude, and are not too far away or even too close to the client[16]. The successful implementation of de-escalation techniques is influenced by the frequency of exercises, the ability to understand aggressive clients and their management and handling[17]. If the patient is calmer, it is necessary to monitor with other management, one of which is to carry out assertiveness training in patients with violent behavior.

Another management in patients with violent behavior disorders is using assertiveness training. Assertiveness training is one of the components of behavioral therapy and the learning process of individual communication about needs and desires, rejecting unrealistic requests, expressing feelings openly, honestly, directly, and according to understanding[18]. Implementation assertive training using the describing, modelling, role play, feed back and transferring[19]. Assertive exercises applied in daily activities will help the patient in conveying the things that the patient really wants to convey in a good way according to the goal and help the patient reduce the risk of violent behavior[20].

Preliminary studies conducted on April 29, 2025 obtained data that patients with violent behavior during April were 169 patients out of a total of 300 patients. It can be concluded that most of the patients in the Intensive Care Ward are the majority of patients with violent behavior. Intervention in patients with violent behavior in the Intensive Ward of Mental Hospital Prof. Dr. Soerojo Magelang used de-escalation techniques and then continued with chemical restraint. Meanwhile, this case study intervened in patients with violent behavior using de-escalation techniques and continued with assertiveness training if the patients were calm. Based on the above data, this case study was conducted with the aim of finding out whether there is an effect of the application of de-escalation and assertiveness training on anger control of schizophrenia patients with violent behavior. This intervention approach is expected to enhance patients' self-control and

reduce the recurrence of violent behavior episodes

Materials and Methods

Research Design

This study uses a case study design with a qualitative approach. This approach was chosen to gain an in-depth understanding of the application of de-escalation techniques and assertiveness training in patients with violent behavior due to paranoid schizophrenia. The study was conducted by observing and analyzing nursing interventions during the patient's treatment period in a psychiatric hospital.

Sample

The subject of this study was a male patient with the initials Mr. J, aged 30 years, who was diagnosed with paranoid schizophrenia with violent behavioral nursing problems. The patient was treated in stages in two service units, namely one day in the Intensive Ward and three days in the Maintenance Ward at the Mental Hospital Prof. Dr. Soerojo Magelang. Sample selection was carried out purposively by considering the characteristics of the case in accordance with the purpose of the study.

Data Collection Techniques

Data were collected through in-depth interviews, hands-on observation, and documentation studies. Interviews were conducted with patients to understand perceptions, attitudes, and behavioral changes after the intervention. Observations are carried out to monitor the patient's behavior directly during the intervention process. Documentation in the form of medical record records and nursing care formats are used to complete the required information.

The instruments used in this study include the format of psychiatric nursing care that has been adjusted to the provisions of the University of Muhammadiyah Yogyakarta to evaluate the success of assertiveness training interventions. In addition, the Positive and Negative Syndrome Scale Excited Component (PANSS-EC) scale was also used to measure the effectiveness of de-escalation interventions in reducing the intensity of patients' agitation symptoms and violent behavior.

Data Analysis Techniques

Data obtained from interviews and observations were analyzed qualitatively using a narrative descriptive method. The analysis was carried out in the stages of data reduction, data presentation, and conclusion drawn. The results of observation and PANSS-EC scores were evaluated comparatively to see changes before and after the intervention. Patterns of change in patient behavior were also identified to understand the impact of the intervention as a whole.

Etical Consideration

This research has received ethical approval from the Health Research Ethics Committee of the University of Muhammadiyah Yogyakarta. In addition, informed consent or approval of the action has also been obtained from the patient directly before the intervention is carried out. The researcher guarantees the confidentiality of the identity and rights of the subject during the research process. Ethical principles such as respect for autonomy, beneficence, non-maleficence, and justice are upheld during the implementation of the study.

Results

This case study was conducted on a 30-year-old patient, who is a Catholic man, educated at a vocational school, unmarried, and not working. The patient was diagnosed with paranoid schizophrenia (F.20.0) with the main symptom being violent behavior. Medical therapies given to patients include risperidone 3 mg three times a day, Trihexyphenidyl 2 mg twice a day,

Clozapine 100 mg once a day, Diazepam 10 mg once a day, and Lodomer 5 mg once a day. Predisposing factors in patients include a history of mental disorders, the patient has undergone treatment at the Prof. Dr. Soerojo Magelang Mental Hospital three times, but the previous therapy has not been successful because the patient has stopped taking medication since the last month.

The precipitation factor in patients based on the results of medical records is that the patient is confused, the patient is also easily emotional. The results of the interview found that the patient said that he always wanted to be angry when he remembered the incident when his husband scolded him. The patient also said that when she was scolded by her husband, she would come out of the house and vent her anger by disturbing other people she saw on the street such as suddenly hitting the helmet of a stranger. The patient's current condition is seen pacing back and forth, talking loudly and loudly when asked, praying with shouts. The patient also said that he had an unpleasant experience, namely from childhood he was often scolded and treated unworthily by his husband, besides that the patient had worked in a bank office and was always not considered by his colleagues. The assessment of mental status obtained results that the conversation looked loud, agitated motor activity where the patient looked anxious and paced, the patient looked angry, the patient stared sharply, the patient did not concentrate where the researcher had to repeat the question, the patient's current condition was unstable, during the interview the patient was easily offended, especially if asked about the patient's relationship with her husband, the value of panss ec 22 where the P4 score was restless: 4, G14 impulse control: 5, P7 hostility: 4, G4 tension: 5, and G8 inoperability: 4.

The patient's nursing diagnosis is that violent behavior is associated with an inability to control anger impulses. Implementation is carried out in accordance with the interventions that have been determined, namely the implementation of de-escalation and assertiveness training. The implementation of de-escalation intervention was carried out three times a day, the first de-escalation was carried out at 08.10 WIB, namely by approaching first using the KSS method (frequent but short contact), then the researcher de-escalated by applying therapeutic communication to the patient. The second de-escalation was carried out at 10.30 WIB, namely by first approaching using the KSS method. Then the researcher de-escalated by applying therapeutic communication to the patient. The third de-escalation was carried out at 12.20 WIB by first approaching using the KSS method. Then the researcher de-escalated by applying therapeutic communication to the patient such as asking about what the patient was feeling at the time, and asking about what the patient wanted at that time.

Based on the results of de-escalation interventions carried out three times a day were obtained; The first intervention was patients are still closing themselves, The patient is also still seen pacing back and forth, the patient's tone is still loud, the patient is still stiff, the panss ec score: 21 where P4 score restlessness: 4, G14 impulse control score: 4, P7 hostility: 4, G4 tension: 5, G8 uncooperative: 4. The second de-escalation was obtained The patient said he just wanted to be angry. The patient is still seen pacing back and forth, the patient's tone is still loud, the patient is still stiff, the panss ec score: 20, P4 score of restlessness: 4, G14 score of impulse control: 4, P7 hostility: 3, G4 tension: 5, G8 uncooperative: 4. The third de-escalation intervention was successful The patient said he was now quite calm. The patient still often paced back and forth, the patient's tone of speech was no longer sharp, and it was slow (not loud), as well as the panss ec score: 18 P4

score restlessness: 3, G14 impulse control G14 score: 3, P7 hostility: 3, G4 tension: 5, G8 uncooperative: 4. Patient moved in the Ward Intermediate Intensive, then the patient was also transferred to the Ward Maintenance on the same day, after the patient was transferred to the Ward Maintenance The interventions used are also different.

The second intervention is to teach assertiveness training to patients. The implementation of *the* assertiveness training intervention was carried out for three days at the Maintenance Ward. The first day was held at 14.20 WIB by first approaching using the BHSP method (fostering a relationship of mutual trust) then the researcher provided education and taught how to express feelings. The second assertiveness training intervention was carried out at 08.30 WIB by first approaching using the BHSP method, then the researcher provided education and taught how to ask and reject something properly. The third day of the assertiveness training intervention was carried out at 10.00 WIB by approaching the BHSP method, the researcher re-evaluated the assertiveness training to the patient.

Based on the results of the assertiveness training intervention carried out for three days, the results were obtained: First intervention: the patient said he would try to dare to express what he felt without hurting others, the patient also said that at this time he no longer wanted to be angry, he was a little calm, the patient still often paced back and forth. The second intervention on the application of assertiveness training was successful: the patient said he would try to dare to ask for help or refuse something, the patient said that he didn't want to be angry anymore. The third day's intervention on the application of assertiveness training was successful: patients said they would try to dare to express what they felt, dare to ask, and refuse well without hurting others. The patient said that now he no longer wants to be angry, and has calmed down. The patient was seen still pacing back and forth, the patient's speech was no longer strained, and it was quiet, the patient was also able to speak well when angry.

Discussion

Based on the results of de-escalation interventions carried out three times a day, it can be concluded that the application of de-escalation can control anger in patients. This is characterized by the patient's tone of voice no longer being sharp and not loud, as well as a decrease in the panss ec score of 18.

The results of this case study are in line with previous research, which showed that 27 research subjects assessed using the panss-ec scale showed that clients with a significant risk of moderate to severe violent behavior experienced a significant decrease after being given de-escalation therapy[15]. The other study stated that this study applied the technique of verbal de-escalation which is a form of communication applied to anxious patients to reduce the potential for violence and restore calm and self-control[14].

This case study is also in line with previous research, which is that the effectiveness of training methods in applying verbal de-escalation techniques in psychiatric emergencies can vary based on the specific approaches used including interactive role-playing, simulation-based training, and a combination of crisis intervention and communication skills training has been carried out and proven to be effective in improving the ability of professionals to manage aggressive behavior in mental health settings. Ongoing practice and feedback are also important in maintaining and improving de-escalation skills over time[21]. Education and the use of de-escalation are effective against the reduction of aggressive behavior in acute psychiatric wards[22]. Other studies have shown that de-escalation techniques taught to patients show a

decrease in aggression, violence, and injury, in addition de-escalation has been identified as the most effective when aggressive behavior first begins to increase[23].

This case study conducted a second intervention, namely assertiveness training. Based on the results of the assertiveness training intervention carried out for three days, it can be concluded that the application of assertiveness training can control anger. This is marked by the patient saying that he no longer wants to be angry, and has calmed down. Patients are also able to speak well when angry.

The results of this case study are in line with previous research, which states that there is a reduced risk of violent behavior after the application of assertive communication where patients can think more rationally and can control anger[24]. Martini (2021) stated that anger management using assertive exercises in schizophrenic patients who have violent behavior nursing problems was obtained that both subjects showed behavioral changes where patients were able to control their emotions and demonstrated how to express anger well, ask, and refuse effectively[9].

The results of other studies show that After being trained on how to control anger with assertive communication, patients are able to express anger well without anger that endangers others and are able to apply assertive communication so that the risk of violent behavior decreases[25]. Other research also mentioned that assertive training has been shown to be effective in controlling the anger of patients who exhibit violent behavior. The benefits of exercise will be more optimal if it is done regularly and gradually[26]. This is in line with previous research that stated that assertiveness training is effective in reducing violent behavior in schizophrenia patients, in assertiveness training there is a learning process and additional knowledge on how to express anger appropriately[27].

Conclusion

Conclusion of this case study states that patients with nursing problems with violent behavior can be handled with de-escalation techniques, then continued with the application of assertiveness training. It was found that the application of de-escalation and assertiveness training could control anger in violent behavior patients. The advice that can be conveyed is that patients can apply assertiveness training at home independently.

Acknowledgment

The author would like to thank the patients who have been willing to become respondents, the agencies involved who have provided land for exploration so that they can conduct this case study, as well as related parties such as lecturers, clinical supervisors, and colleagues who have helped and provided support in the process of making this case study.

References

1. Pragholapati A, Fitrikasari A, Handayani F. Intervensi kegawatdaruratan keperawatan jiwa pada gangguan jiwa. J keperawatan. 2024;16(4):383–96. Available from: https://journal2.stikeskendal.ac.id/index.php/keperawatan/article/view/2011
2. Utami SR, Hidayati LN, Wasniyati A. Implementasi terapi musik klasik pada pasien skizoafektif dengan gejala utama halusinasi pendengaran: case report. Heal J tadulako. 2024;10(2277):16–7. Available from: https://jurnal.fk.untad.ac.id/index.php/htj/article/view/1397
3. Rohmayanti D, Sukandarno M, Sutiniangsih D. Hubungan dukungan keluarga dengan kekambuhan pasien skizofrenia di wilayah Upt Puskesmas Carita. Heal J Tadulako (Jurnal Kesehat

Tadulako). 2023;9(3):354–62. Available from: https://jurnal.fk.untad.ac.id/index.php/htj/article/view/794

4. Wulandari A, Febriana AI. Kejadian skizofrenia pada pasien rawat inap di RSUD Dr. H. Soewondo Kendal. Higeia J Public Heal Res Dev. 2021;5(3):227–38. Available from: https://journal.unnes.ac.id/sju/higeia/article/view/69619
5. NIMH NI of MH. Skizofrenia. SAGE Encycl Abnorm Clin Psychol. 2021.
6. Riset Kesehatan Dasar (Riskesdas). Laporan Riskesdas 2018 Nasional.pdf. Lembaga Penerbit Balitbangkes. 2018. p. hal 156. Available from: https://repository.badankebijakan.kemkes.go.id/id/eprint/3514/1/Laporan Riskesdas 2018 Nasional.pdf
7. Putri IA, Maharani BF. Skizofrenia : suatu studi literatur. J Public Heal Med Stud. 2022;1(1):1–12. Available from: https://scientium.co.id/journals/index.php/jphms/article/view/257
8. Muhammad Fahri. Pengaruh stres terhadap kesehatan tahanan dan aspek layanan kesehatan bagi tahanan dirutan kelas IIA Kota Palu. Heal J Tadulako (Jurnal Kesehat Tadulako). 2020;6(1):13. Available from: http://dx.doi.org/10.1016/j.encep.2012.03.001
9. Endriyani S, Pastari M, Martini S. The influence of de-escalation techniques on reducing anger responses in drug clients. Formosa J Sci Technol. 2023;2(6):1465–80. Available from: https://www.researchgate.net/publication/372150706_The_Influence_of_De-Escalation_Techniques_on_Reducing_Anger_Responses_in_Drug_Clients
10. Fajariyah N, Tresna DA. Analisis asuhan keperawatan jiwa dengan resiko perilaku kekerasan melalui intervensi latihan fisik 2: terapi pukul bantal pada Ny A dan Ny D di Pandeglang Banten. J Kreat Pengabdi Kpd Masy. 2023;6(4):1687–92. Available from: https://ejurnalmalahayati.ac.id/index.php/kreativitas/article/view/8893
11. Firdausi NI. Tingkat stres dengan risiko kekambuhan perilaku kekerasan: literature review. Kaos GL Derg. 2021;8(75):147–54. Available from: https://doi.org/10.1016/j.jnc.2020.125798%0Ahttps://doi.org/10.1016/j.smr.2020.02.002%0Ahttp://www.ncbi.nlm.nih.gov/pubmed/810049%0Ahttp://doi.wiley.com/10.1002/anie.197505391%0Ahttp://www.sciencedirect.com/science/article/pii/B9780857090409500205%0Ahttp:
12. Dasaryandi KR, Asep D, Rahayu AN. Mental nursing care Mr. U with the risk of violent behavior at the Pekanbaru Tampan Mental Hospital in 2022. J Rumpun Ilmu Kesehat. 2022;2(3):157–64. Available from: https://ejurnal.politeknikpratama.ac.id/index.php/JRIK/article/view/837
13. Ziaulkhaq NC, Erawati E, Sugiarto A, Suyanta S. Nursing care in schizophrenia clients with focus study risk of violent behavior. J Keperawatan Jiwa. 2020;8(3):255. Available from: https://jurnal.unimus.ac.id/index.php/JKJ/article/view/5879/0
14. Keswanto, Budiarto E. Efektifitas teknik de-eskalasi untuk mengurangi agresifitas pasien skizofrenia: literature review. Semin Nas Kesehat. 2021;(2013):1732–6. Available from: https://www.researchgate.net/publication/357223883_Efektifitas_Teknik_De-

Eskalasi_Untuk_Mengurangi_Agresifitas_Pasien_Skizofrenia_Literature_Review

15. Martini S, Endriyani S, Febriani A. Manajemen pengendalian marah melalui latihan asertif klien skizofrenia dengan masalah perilaku kekerasan. JKM J Keperawatan Merdeka. 2021;1(2):302–8. Available from: https://www.researchgate.net/publication/368492119_Manajemen_Pengendalian_Marah_Melalui_Latihan_Asertif_Klien_Skizofrenia_Dengan_Masalah_Perilaku_Kekerasan/link/63eba224eab072152f486b37/download?_tp=eyJjb250ZXh0Ijp7ImZpcnN0UGFnZSI6InB1YmxpY2F0aW9uIiwicGFn
16. Zainuddin A, Studi S, Fathurozaq S, Oktaviana W, Driyanto A. Penerapan de-eskalasi verbal terhadap penurunan respon marah pada pasien dengan perilaku kekerasan di RSJD. J ners. 2024;8:1987–91. Available from: https://journal.universitaspahlawan.ac.id/index.php/ners/article/view/26691
17. Indrono W, Caturini E. Implementasi teknik de-eskalasi terhadap penurunan respon marah klien dengan perilaku kekerasan. J Terpadu Ilmu Kesehat. 2022;2(2012):77–84. Available from: http://jurnal.poltekkes-solo.ac.id/index.php/Int/article/view/37/27
18. Nihayati HE, Rachmawati PD, Yusuf A, Fitryasari R. Assertive training : role playing on ability controlling aggressive behavior of people with skizofrenia in community. Int J Psychosoc Rehabil. 2021;(September). Available from: https://www.researchgate.net/publication/343336304_Assertive_training_in_the_form_of_role-playing_to_control_the_aggressive_behavior_of_people_with_schizophrenia_in_the_community
19. Azmi W, Nurjannah N. Teknik assertive training dalam pendekatan behavioristik dan aplikasinya konseling kelompok: sebuah tinjauan konseptual [assertive training techniques in behavioristic approaches and its applications group counseling: a conceptual review]. J Contemp Islam Couns. 2022;2(2):101–12. Available from: https://jurnal.pabki.org/index.php/jcic/article/view/155
20. Wahyuni SE, Wardiyah Daulay, Mahnum Lailan Nasution, Jenny Marlindawani Purba. Asertif training berpengaruh terhadap perilaku agresif narapidana remaja. J Keperawatan Jiwa. 2021;9(2):391–8. Available from: https://jurnal.unimus.ac.id/index.php/JKJ/article/view/7042
21. Pragholapati A, Fitrikasari A, Handayani F. Scoping review of verbal de-escalation in psychiatric emergency. Indones J Glob Heal Res. 2024;2(4):891–902. Available from: https://jurnal.globalhealthsciencegroup.com/index.php/IJGHR/article/view/2826
22. Celofiga A, Kores Plesnicar B, Koprivsek J, Moskon M, Benkovic D, Gregoric Kumperscak H. Effectiveness of de-escalation in reducing aggression and coercion in acute psychiatric units. A cluster randomized study. Front Psychiatry. 2022;13(April):1–14. Available from: https://www.frontiersin.org/journals/psychiatry/articles/10.3389/fpsyt.2022.856153/full
23. Chase S. The effectiveness of de-escalation techniques as compared to physical restraint/seclusion on inpatient psychiatric units: a quantitative systematic

review. Syst Rev. 2021;1–23. Available from: https://rucore.libraries.rutgers.edu/rutgers-lib/63340/

24. Ananda RG, Niriyah S. Analisis asuhan keperawatan pada pasien risiko perilaku kekerasan dengan penerapan terapi suportif asertif untuk menurunkan nilai perilaku kekerasan pasien skizofrenia. J Ners. 2023;7(1):797–803. Available from: https://journal.universitaspahlawan.ac.id/index.php/ners/article/view/8748
25. Ainy N afifatun, Sundari RI, Imaniyati S. Studi kasus intervensi penerapan latihan komunikasi asertif untuk mengontrol marah pada pasien risiko perilaku kekerasan. Indogenius. 2023;2(3):230–7. Available from: https://genius.inspira.or.id/index.php/indogenius/article/view/263
26. Suhanda S, Firmansyah A, Monika H. Application of assertive training for the ability to control anger in patients with violent behavior. J VNUS (Vocational Nurs Sci. 2023;5(1):29–36. Available from: https://www.researchgate.net/publication/375619886_Application_of_Assertive_Training_for_the_Ability_to_Control_Anger_in_Patients_with_Violent_Behavior/link/655367eace88b87031e73f41/download?_tp=eyJjb250ZXh0Ijp7ImZpcnN0UGFnZSI6InB1YmxpY2F0aW9uIiwicGFnZSI6
27. Utami AA, Ibrahim M, Purnama H. The effect of assertive training for reducing violence behavior in skizofrenia patients: literature review. J Keperawatan Komprehensif. 2021;7(1):2021. Available from: https://doi.org/10.33755/jkk