



Assertiveness training and family psychoeducational therapies on adolescents mental resilience in the prevention of drug use in boarding schools[☆]



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Abstract

Objective: This study aims to determine the effect of assertiveness training and family psychoeducational therapies on adolescent mental resilience in the prevention of drug use in boarding schools.

Method: The research design was quasi-experimental pre–posttest with a control group. Sixty-four adolescent students at the Boarding school were selected using purposive sampling technique and cluster random sampling. The intervention group 1 only received general nursing intervention, and the intervention group 2 received general nursing intervention, assertiveness training, and family psychoeducational therapies.

Results: The results showed that the mental resilience of adolescent students increased significantly after receiving nursing intervention and in the high mental resilience category ($p=0.017$), after assertiveness training and family psychoeducational therapies, adolescent mental resilience in the intervention group 2 increased greater than only general nursing intervention ($p=0.000$) with the change of high mental resilience category becomes very high mental resilience.

Conclusions: There is an influence of assertiveness training and family psychoeducational therapies on adolescent mental resilience in the prevention of drugs used in Boarding school.

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Introduction

Abuse of Narcotics, Psychotropic, and Other Addictive Substances (NAPZA) is a global and national health problem. The group of adolescents in the world is estimated 1.2 billion or about 18% of the total population of the world, while in Indonesia the group of 10–19 years old according to the 2010

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population census is 43.5 million or about 18% of the total population.¹ The results of the National Narcotics Agency (BNN) research in collaboration with Puslitkes UI in 2015 stated that abusers in the 10–19 years old group increase in prevalence rate from 0.7% (2010) to 0.9% (2015) and based on the figure is at least 8,000 elementary school students (SD) already exposed to drugs.² In general, the victim ranges from 15 to 25 years old and starts at 10 years old. So that the adolescents who ranged have age between 10 and 19 years old is the age that susceptible to drug abuse.

Adolescence is a stage of development that occurs between the ages of 11 and 20 years.³ In general, adolescents face physical, cognitive, and emotional changes such as physical maturation, self-image, closeness with group friends, identity search and tend to have autonomous attitudes. Changes that occur can cause stress and cause various responses that cause adolescents vulnerable to risk behaviors such as drug use, suicide, violent behavior and bullying.^{3,4} It is not easy for teenagers to reach maturity and pass the time so that adolescents need adaptability in the face of those changes.

Factors causing adolescents using drugs include internal factors and external factors. Internal factors can be curiosity, to ease tension and anxiety, to gain new experiences, fill in boredom, unmet expectations and ways to deal with problems.⁵ While the external factors that become common reasons for drug abuse include the invitation from peers, family environment, and school environment.

Protective factors are known to be sources and coping mechanisms that can increase the individual response in coping with stress and resulting in adaptive behavior. Protective factors of adolescents against the use of drugs include strong ties with parents and the school environment that supports the prevention of drug use.⁶ While the individual factors that influence drug use are called risk factors. Mental resilience factors are among the factors that contribute to the achievement of teenagers' growth tasks.⁷ Individuals are said to have mental resilience if they have risk factors and protective factors. Mental resilience is shaped through the positive personality of the individual such as optimism and good problem-solving skills.³ This means that the mental resilience factor will be related to a person's ability to address the problem adaptively.

Three prevention concepts that can be applied to the prevention of drugs are primary, secondary, and tertiary prevention. Primary prevention is addressed to someone who previously did not take drugs to prevent not trying or using drugs. Prevention at the secondary level is the act of and rehabilitation to a minimum possible use or even not use at all.⁸ Adolescents who have never used drugs are given primary prevention to increase adolescent resilience and prevent drug use.

Center for Reproductive Health Information of Adolescents Boarding school in Indonesia revealed that there had been two students who were expelled from Boarding school due to drug abuse in 2014.⁹ Even some boarding schools in Indonesia have contributed to the provision of rehabilitation facilities for former drug users. Boarding school teachers have also been trained in the handling and prevention of drugs to prevent drug use for the Boarding school students and the surrounding environment. Therefore, the prevention of drugs becomes a priority in the eradication of drugs

in Indonesia so that in the future it is a necessary role of Boarding school in cooperation with mental health nurse to provide learning in improving knowledge, moral, and spiritual and mental health for Boarding school students.

Assertive training is a structured nursing intervention technique used to improve the effectiveness of social relationships and increase equality in human relationships that allow individuals to act according to their interests without feeling anxious. This allows the individual to express his feelings sincerely and encourage to fight for personal rights without violating the rights of others.¹⁰

Family psychoeducational therapies are one element of family mental health care program by providing information and education through therapeutic communication. Family psychoeducational therapies can help family members improve their knowledge of the disease and the psychosocial effects of the disease through information and education. To support the improvement of patient adaptation to health problems experienced and reduce the influence of disease and psychosocial impact on other family members.¹¹

Research to determine the effect of assertive training and family psychoeducational therapies on adolescent mental resilience in preventing drug use in a Boarding school has never been done. Therefore, it is very important to research 'the influence of assertive training and family psychoeducational therapies on adolescent mental resilience in the prevention of drug use in Boarding school'. The purpose of this study is to determine the effect of the general nursing intervention, assertiveness training and family psychoeducational therapies on adolescent mental resilience in the prevention of drug use in Boarding school.

Method

This research was conducted using a quasi-experimental design pre-posttest with a control group. Measurements were made three times, one time before treatment (pre-test) and two times after treatment (post-test). In the intervention group, 2 was given nursing action, assertiveness training and family psychoeducational therapies to assess adolescent mental resilience, whereas in intervention group 1 only nursing action was done after it was done twice post-test with the same period of intervention group 2. The instrument used A questionnaire consisting of 3 questionnaires. Questionnaire A on the characteristics of respondents, questionnaire B, namely the Drug Abuse Screening Test-20 (DAST-20) questionnaire was used during screening to identify adolescents who had or had not used drugs, C questionnaires adapted from Child and Youth Mental Resilience Measure-28 (CYRM-28) is used to measure adolescent mental resilience.

The sample in this research is Boarding school students who are still actively studying in second class II Boarding school in South Kalimantan. The number of samples in this study was 64 respondents. The sampling technique in this study used purposive sampling to select the sample according to the subjective and practical consideration that the respondent can provide adequate information to answer the research question.¹² In this study, the sample taken based on the criteria of the researcher was the sample with a score of 0–5 criteria from the results of the DAST-20

Table 1 The effectiveness of general nursing intervention with adolescents' mental resilience in Boarding school students ($n = 64$ person).

Variable	Group	N	Mean before GNI	Mean after GNI	Mean deviation	SD deviation	<i>p</i> value
Adolescents' mental resilience	Intervention 1	32	95.41	98.16	2.75	4.073	0.017
	Intervention 2	32	103.63	109.47	5.84	0.123	
	Total	64	99.52	103.81	4.297	2.545	

Table 2 The effectiveness of general nursing intervention, assertiveness training and family psychoeducational therapies in Boarding school students ($n = 32$ person).

Variable		General Nursing Intervention, Assertive Training, and Family psychoeducational therapies					<i>p</i> value
		Mean	Mean Diff.	SD	95% CI		
					Min	Max	
Adolescents' mental resilience	Pre	103.63		12.572	99.092	108.158	0.000
	Post I	109.47	11.34	12.449	104.981	113.957	
	Post II	114.97		10.645	111.131	118.807	

questionnaire and lived in a house with the family. After that, the sample was selected using random cluster sampling.

This study was conducted for 32 days, with the following meeting details: general nursing intervention conducted on 64 respondents on 8 until 11 April 2017 and given general nursing intervention every 8 teenagers per day individually. After that, adolescents in the intervention group 2 were given assertive training with 5 sessions in groups on 12 until 27 April 2017 after each post-test I. Post-test II done after completing 5 sessions for assertive training. On April 12 to May 2, 2017, the afternoon also carried out family psychoeducational therapies on the Boarding school students' family as much as 3 times a meeting with each meeting as much as 1 session and in the last week conducted session 3. After that done post-test II on 3, 4, 6 and 7 May 2017 to see changes in adolescent mental resilience after being given assertive training and family psychoeducational therapies in the intervention group 2.

Data processing done is editing, coding, processing, and cleaning. Analysis of bivariate data using ANOVA repeated measure and independent *t*-test.

Researchers have passed the ethical review test evidenced by a certificate of passing ethical review with No. 52/UN2.F12.D/HKP.02.04/2017. In addition, the researcher has also passed the expert validity test and competency test before doing the research. This study values the basic principles of ethics for respondents: the principle of respecting human dignity, the principle of anonymity and confidentiality, the principle of benefit, harmlessness, and justice.

Results

The resilience of juvenile students before and after nursing care is given in [Table 1](#).

Based on [Table 1](#) it can be seen that the average teen resistance score between before and after general nursing intervention changed from 99.52 (high adolescent mental resilience) increased to 103.81 (high adolescent

mental resilience) with a score difference of 4.297. There was a significant difference between the teen resistance scores before and the teen resistance score after the general nursing intervention of the intervention group 1 and the intervention group 2 with p -value=0.017 (p -value < 0.05).

Mental resilience of adolescent students before intervention (pre), after general nursing intervention (a post I), and after being given assertive training and family psychoeducational therapies (post II) are presented in [Table 2](#).

Mental resilience of adolescents in adolescent students of intervention group 2 increased after given general nursing intervention, assertive training, and family psychoeducational therapies of 103.63 (high adolescent mental resilience) increased to 114.97 (very high resistance). Based on these scores can be seen that there is increased adolescent mental resilience of 11.34. The result of the analysis showed that there were significant differences in teen resilience score.

Between pre-test, posttest I and post-test II in the intervention group 2 with p value=0.000 (p < 0.05).

Differences in adolescent mental resilience in adolescents who receive the general nursing intervention, assertive training, and family psychoeducational therapies with adolescents who only receive general nursing intervention are included in [Table 3](#).

The mean adolescent survival score in the intervention group 1 which only performed general nursing intervention was 99.69 (high resistance), while the mean adolescent survival score in the intervention group 2 who received nursing action, assertive training, and family psychoeducational therapies were 114.97 (very high resilience). The results of the analysis showed a significantly higher score difference between adolescents who were performing a general nursing intervention, assertive training, and family psychoeducational therapies with adolescents who only performed general nursing intervention with p value=0.000 (p < 0.05).

Table 3 Differences in adolescents mental resilience who got the general nursing intervention, assertiveness training, and family psychoeducational therapies versus adolescents who only got general nursing intervention ($n = 64$ person).

Variable	Group	Mean	SD	SE mean	Mean diff.	95% CI		<i>t</i>	<i>p</i> value
						Min	Max		
Adolescents' mental resilience	Intervention 1	99.69	17.14	3.03	15.281	8.151	22.411	4.284	0.000
	Intervention 2	114.97	10.645	1.882					

Discussion

The mental resilience of adolescents in Boarding school students at Boarding school after obtaining general nursing intervention, assertive training, and family psychoeducational therapies increased significantly by 8.1% and increased to very high resilience category. In addition, adolescent mental resilience in adolescents who only get general nursing intervention without assertive training and family psychoeducational therapies increased significantly by 3.05%. This means that there is a difference in adolescent mental resilience among adolescents who get general nursing intervention, assertiveness training, and family psychoeducational therapies with a significantly greater improvement compared with adolescents who only get general nursing intervention.

This study is consistent with studies from Agbakwuru and Stella which have found that assertiveness training can improve mental resilience in adolescent boys and girls.¹³ In addition, other studies have proven the effectiveness of assertive training, research by Agustin, Daulima, and Wardani shows that assertiveness training can improve assertive communication skills among students,¹⁴ research by Wahyuningsih, Keliat and Hastono Proven to reduce violent behavior on schizophrenic clients and the results of research Novianti et al. mentions that assertive training can improve the mother's communication skills in managing the emotions of school-aged children.^{15,16} According to Herrman et al. things that affect resilience in individuals include cognitive ability, positive self-concept, optimism, spirituality, adaptive coping, and adaptability to various stressors.¹⁷

Provision of assertiveness training in this study was adopted from previous research by Keliat, Tololiu, Helena and Erawati on assertive behavior training that can improve assertive ability in adolescents in preventing bullying of 5 sessions, namely to build self awareness by realizing the potential and weakness of self, Foster youth social relationships, problem solving, conflict resolution methods, as well as assertive behavior, and the benefits of assertive practice.¹⁸ Each session of assertive training aims to have adolescents have sufficient knowledge and skills about assertive behavior to help teenagers in the process of forming the mental and personality of adolescent Boarding school students into a person with a positive, constructive attitude. This also affects the mental resilience of adolescents who with such assertive exercise of adolescents are given the opportunity to be able to adjust themselves in various situations, both in the home environment, school environment and within the wider community.

Provision of family psychoeducational therapies in the study also affects the increase in teen mental resilience

score. This is in line with Kaplan and Saddock which states that the purpose of psychological education is family education such as education for the family about the promotion of mental health and prevention of mental health disorder which is the focus of this is to change the interaction between family members by meeting the needs of cognitive And family behavior that affects resilience in individuals.¹⁹ The psychoeducation therapies of the family in this study is divided into 3 sessions where each session is given the opportunity to family members to practice directly about how to care for adolescent students, manage stress and family burden by involving all family members so that the interaction between family members more closely so as to achieve the common goal of Avoid teenage students from deviant behavior such as drug use. Therefore, it can be concluded that general nursing intervention, assertive exercises, and family psychoeducational therapies affect to improve mental resilience in adolescent students in boarding school.

Conclusions in this study are that there is an influence of general nursing intervention, assertive exercise, and family psychoeducational therapies on adolescent mental resilience in the prevention of drug use in Boarding school. General nursing intervention, assertive training, and family psychoeducational therapies can improve adolescent mental resilience in the prevention of drug use in boarding schools.

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Conflict of interests

The authors declare no conflict of interest.

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