EFFECTIVENESS OF SUPPORTIVE THERAPY AND ECONOMIC TOKEN THERAPY IN REDUCING THE SYMPTOMS OF SELF-CARE DEFICIT, BASED ON THE PEPLAU NURSING MODEL

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Abstract

Introduction*: Self-care deficit is a nursing diagnosis in which the client experiences an inability to independently perform personal hygiene, dress, eat and defecate. Therefore, interventions are needed to address clients with self-care deficits. One of the interventions carried out is supportive therapy and token economy using the Peplau interpersonal nursing model approach. The purpose of this study was to analyse the effectiveness of supportive therapy and token economy in reducing signs and symptoms of self-care deficits based on the Peplau interpersonal nursing model.*

Methods*: The research design was a quasi-experimental study using a two group pre-post design. The sample in this study amounted to 40 respondents, 20 intervention groups, and 20 control groups according to the research criteria. This research was conducted in July-August 2021. The sampling technique was carried out by purposive sampling. The data was analysed by univariate and bivariate with a t-dependent test.*

Results: *The results of the study showed that there was an increase in self-care before and after being given supportive therapy and economic tokens in the intervention group with a value before 133.60 to 140.05. A statistical test obtained p-value = 0.000 which means that there is an effect of supportive therapy and economic tokens in reducing signs of symptoms Of self-care deficit. The results obtained in the control group after being given supportive therapy with values before 128.85 to 138.55 and statistical tests obtained p-value = 0.041, meaning that there is an effect of supportive therapy in reducing symptoms of self-care deficits.*

Conclusion: *There is an effect of supportive therapy and token economy on improving self-care in self-care deficit clients. Supportive therapy and token economy are recommended for self-care deficit clients to improve self-care abilities.*

Keywords: *Supportive therapy, token economy, self-care*

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INTRODUCTION

Mental disorders are psychiatric problems caused by biological, social, psychological, genetic, physical or chemical disorders, a disorder of thought, perception, and behaviour in which individuals are unable to adapt to themselves, others, society, and the environment (Organization, 2016). Mental disorders are complex neurological brain diseases, one of which is schizophrenia. Schizophrenia disorder is characterised by positive symptoms (increasing a behaviour in excessive levels) such as disorganised speech, hallucinations, cognitive and perceptual disturbances. Negative symptoms such as avolition (decreased interest and drive), reduced interest in speech and poor content of speech (Trigoboff, 2013). Symptoms such as disorganisation of the mind, apathy, flat effect, lack of will, and excessive sadness, distrust of one's abilities, will cause a person to experience a self-care deficit. The role of nurses in dealing with clients with self-care deficit problems is to carry out generalist individual and group therapy; in addition to generalist therapy, specialist therapy can be carried out in the form of supportive therapy and behavioural therapy (economic token). Supportive group therapy is a psychotherapy that requires the active role of the therapist to change the ability of cognitive, psychomotor and affective functions of clients with self-care deficits. The goal of this therapy is to reduce the client's signs and symptoms of psychological disorders such as self-care deficits. Supportive therapy in this study was given in groups where each client with the same problem gave each other support to overcome the problem of self-care deficit (Association, 2014).

Supportive therapy can be done by nurses using Peplau's interpersonal nursing model. Peplau argues that the interpersonal process is a process of simultaneous interaction with other people and mutually influencing one another, usually with the aim of building a relationship (Alligood R. M, 2010).

Results of previous research (Mutiara, 2017) have shown that supportive therapy can reduce positive symptoms in paranoid schizophrenic patients. The results of other research (Pardede, 2017), showed that Hasil pre-test 9 is included in the medium Intent category, while the post-test score of 3 is included in the low intent category with the Suicide Intent Scale. Additional research (Khamida, 2013) revealed results of being able to reduce the client's violent behaviour by optimising the personal system and interpersonally providing mutual support in groups. Other research conducted (Emilyani, 2015) examined the effect of supportive therapy on the independence of schizophrenic patients who experience self-care deficits. Economic tokens are a form of positive reinforcement that are used both individually and in groups of clients in psychiatric rooms or children's clients (Stuart a. , 2006).

Research results (Parendrawati, 2008) have shown that there is a behaviour modification intervention that can be given to clients who have self-care deficit problems with modelling, role play, feedback and transfer training methods. Research results (Ricky, 2014) have shown the effect of therapeutic group therapy and economic tokens on the achievement of pre-school age developmental tasks in pre-school age children. The prevalence of mental disorders in the world is approximately 21 million - 12 million men while 9 million women (Organization, 2016). The prevalence of severe mental

disorders in the Indonesian population is 6.7 per mile. The number of schizophrenia patients in Jambi Province is 6.6% (Ministry of Health Republic of Indonesia, 2018). Client data with a nursing diagnosis of self-care deficit in 7 inpatient rooms at the Jambi Provincial Hospital in 2020 amounted to 85 clients. Based on the researcher's initial survey on March 20, 2020, in the Shinta room, there were 80 clients with a nursing diagnosis of self-care deficit; the self-care deficit group has never done supportive therapy, the result is that there are still clients who have not independently performed self-care. According to the confession of 4 clients who were treated in Shinta's room so far, Sp has overcome the self-care deficit and TAK but, one of them has been diligent in doing self-care, the other 3 clients are still lazy about doing it, so far they have always been assisted by nurses. Based on this background, researchers are interested in researching the Effectiveness of Supportive Therapy and Economic Token Therapy in Reducing Signs and Symptoms of Self-Care Deficit Based on Peplau's Nursing Model.

METHODS

Design

This study uses a quasi-experimental study design using a two group pre-post design, this research was conducted by giving a pre-test (initial observation) before being given an intervention. After the intervention was carried out, then the post-test was carried out again (last observation) (Notoatmodjo, 2012).

Population and Sample

The population in this study were all clients with a nursing diagnosis of self-care deficit who were treated at the Jambi Provincial Hospital. The sampling technique used is purposive sampling. The sample size in the study was 20 intervention groups and 20 control groups. The sample inclusion criteria are clients who have received generalist therapy for self-care deficits, and clients who are cooperative.

Instrument

The research instruments used in data collection include: Instrument A to get a description of the characteristics of the respondents (age, gender, education, occupation and status marriage). Instrument B to assess cognitive consisting of 20 questions using a Likert scale (0-4) for positive questions; strongly agree was given a score of 4, agreed was given a value of 3, disagreed was given a value of 2, disagreed was given a value of 1 and strongly disagreed was given a value of 0. Negative questions strongly agreed were given a value of 0, agree was given a value of 1, disagree was given a value of 2, disagree was given a value of 3 and strongly disagree was given a value of 4. The instrument used was taken from theory (Keliat BA H. A., 2019). Instrument C to see psychomotor ability consists of 28 questions using a Likert scale (0-3) for positive questions are always given a value of 3, once given a value of 2, sometimes given a value of 1, and never given a value of 0. Negative questions are always given a value of 0, once given a value of 1, sometimes given a value of 2, and never given a value of 3. The instruments used are taken from theory (Keliat BA H. A., 2019). Instrument D to see effective ability consists of 3 questions using a Likert scale (0-3) for positive questions are always given a value of 3, once given a value of 2, sometimes given a value of 1, and never given a value of 0. Negative questions are always given a value of 0, ever given a value of 1, sometimes given a value of 2, and never given a value of

3. The instrument used was taken from (Keliat BA H. A., 2019).

The research instrument has been tested for validity in the theta room 2 people, yudistira room 2 people, sinta room 2 people, petruk gareng room 2 people, arimbi room 2 people a total of 10 respondents for cognitive, psychomotor and affective instruments consisting of 51 items are declared valid where r result is greater than r table (0.576-0.843), the research instrument has also been tested for reliability where the alpha value (0.901) > r table (0.576).

Analysis of data

Data analysis for the univariate variables of age, self-care is numerical data that is analysed to calculate the mean, median, standard deviation, 95% confidence interval maximum and minimum values. While the variables of education, occupation and marital status included categorical data which were analysed to calculate the frequency and percentage of variables. Data analysis for bivariate was conducted using an ANOVA test with 95% confidence level (α 0.05). Ha is accepted if the p value 0.05, namely the effectiveness of supportive therapy and token economy therapy in reducing symptoms of self-care deficits based on the Peplau nursing model using an independent t (parametric test).

Ethical clearance

This research was conducted in accordance with the ethical permit at the health research ethics committee of the Jambi Ministry of Health Poltekkes with number LB.02.06. /2/058/2021.

RESULTS

Characteristics of self-care deficit clients include: age, length of illness and self-care are numerical variables that were analysed descriptively.

Based on table 1, it can be seen that there is an age equation between the intervention group and the control group. The results above show that the average age in the intervention group and the control group is in the category of early adulthood (29 years). The youngest age of the client with self-care deficit is 18 years and the oldest age is 53 years. It is believed that 95% of the age of the clients with self-care deficit is in the range of 25.86-35.24 for the intervention group and it is believed that 95% of the client's age with self-care deficit is in the range 26.13-32.27 for the control group. Based on table 1, it can also be seen that the length of illness between the intervention group and the control group averaged 3.025 years. The length of illness in the intervention group and the control group was in the range of 1-20 years. It is believed that 95% of self-care in the intervention group ranges from 1.21-4.79, while in the control group it is believed that 95% of self-care ranges from 0.49-5.61.

Table 1. Analysis of the Client's Characteristics of Self-Care Deficit (n_1 =20, n_2=20)

Variable	Group Type	n	Mean	SD	Min-Maks	95% CI
Age	Intervention	20	30.55	10.013	18-53	25.86-35.24
	control	20	29.20	6.558	20-40	26.13-32.27
	Average		29,875	8.28		

Sick time	Intervention	20	3.00	3.82	1-13	1.21-4.79
	control	20	3.05	5.47	1-20	0.49-5.61
	Average		3,025	4,6485		
Self Care	Intervention	20	133.60	16.28	99-17	125.98-141.22
	control	20	128.85	17.71	85-16	120.56-137.14
	Average		131.22	17.00		

Characteristics of clients with self-care deficits which include: Education, Employment and Marital Status, which are categorical variables analysed using a frequency distribution. Analysis in table 2 show that education, occupation and marital status in the intervention group and the control group have almost the same proportions. Most of the two groups had the highest level of education graduated from high school (60% in the intervention group and 30% in the control group). It can also be seen in table 4.5 that most of the two groups worked (70% in the intervention group and 70% in the control group). As for marital status, most of the two groups were not married (70% in the intervention group and 85% in the control group).

Table 2. Distribution of Clients' Characteristics of Self-Care Deficit (n_1 =20, n_2=20

Characteristics	Intervention group n=20		Control group n=20		Amount n=40	
	n	%	n	%	n	%
Education						
1. Primary school	4	20	7	35	11	100
2. Junior high school	0	0	6	30	6	100
3. Senior High School	12	60	6	30	18	100
4. Higher Education	4	20	1	5	5	100
Work						
1. No	6	30	6	30	12	100
2. Work	14	70	14	70	28	100
Marital status						
1. No	14	70	17	85	31	100
2.Marry	6	30	3	15	9	100

Changes in self-care in the intervention group and control group before and after supportive therapy and token economy were analysed using a paired t-test with a significance level of <0.05 (table 3). The intervention group there was a change in the average value of cognitive responses between the pre and post-tests. The cognitive response value increased by -3.65 and it showed that the cognitive response of respondents in the intervention group experienced cognitive changes towards a better direction. The increase in the average cognitive response in the intervention group was statistically significant, where the p-value was smaller than the alpha (α), (0.000 < 0.05). Table 3 also shows that in the control group there was an increase in the average value of cognitive responses before and after being given supportive therapy by -6. The increase in the average value of cognitive responses

in the control group indicates a change in cognitive responses towards the better. The p value is smaller than the alpha value (α), (0.028 < 0.05). The results of the second analysis in table 3 show that the intervention group experienced a change in the average value of psychomotor responses between pre- and post-test. The value of the psychomotor response increased by -2.55 and it showed that the psychomotor response of the intervention group had changed for the better, where the p-value was smaller than the alpha (α) value, (0.001<0.05). These results indicate that there are significant differences in psychomotor responses in the intervention group. Table 3 also shows that in the control group there was a change in the average value of pre and post psychomotor responses of -2.95. Changes in psychomotor responses in the control group were not statistically significant, where the p value of 0.349 was above the alpha value (α = 0.05). Table 3 also shows that in the intervention group there was a change in the average value of pre and post affective responses of -0.05, where the p value of 0.330 is above the alpha value (α = 0.05). Table 3 also shows that in the control group there was a change in the average value of pre and post affective responses of -0.75. Changes in affective responses in the control group were not statistically significant, where the p value of 0.052 was above the alpha value (α = 0.05).

Table 3. Analysis of Self-care Changes (cognitive, psychomotor and affective) Intervention Group and Control Group Before and After Intervention (n_1 =20, n_2=20)

Group	Variable	n	Mean	SD	SE	T	P *Value*
Intervention	Cognitive						
	Before	20	60.05	7.60	1.70	-5.15	0.00
	After	20	63.70	6.82	1.52		
	Psychomotor						
	Before	20	65.40	10.08	2.25	-4,129	0.00
	After	20	67.95	9.07	2.02		
	Affective						
	Before	20	8.15	1.78	0.39	-1.00	0.33
	After	20	8.20	1.60	0.36		
	Self care						
	Before	20	133.60	16.28	3.64		
	After	20	140.05	14.46	3.23	-7.84	0.00
	Difference		-6.45	1.80	0.40		
Control	Cognitive						
	Before	20	56.35	8.89	1.98	-2.38	0.02
	After	20	62.35	9.03	2.02		
	Psychomotor						
	Before	20	64.85	9.65	2.22	-0.960	0.34
	After	20	67.80	12.71	2.84		
	Affective						
	Before	20	7.65	1.69	0.37	-2.07	0.05
	After	20	8.40	123	0.27		
	Self care						
	Before	20	128.85	17.71	3.96	-2.18	0.04
	After	20	138.55	18.61	4.16		
	Difference		-9.70	-0.90	-0.20		

DISCUSSION

The results showed that there were differences or changes in self-care (cognitive responses) in the intervention group before and after receiving supportive therapy and token economy (Table 3) with p value 0.000 <0.05. It can also be seen from the results that the average cognitive response occurs better than before supportive therapy and token economy was carried out. This is the same as the results obtained in the control group on changes in self-care (cognitive response) pre and post-test with p value 0.028 <0.05. This condition explains that the supportive therapy and token economy research intervention has succeeded in increasing the respondents' cognitive responses in terms of a positive assessment or evaluation of their self-care.

The results of this study are in line with what was done (Syahdiba d. , 2021). The results show that there is a decrease in the level of self-care dependence. The results of the statistical test obtained an alpha value (p < 0.05) meaning that there was a significant effect before and after behavioural therapy: token economy. The token economy is designed for mentally ill clients to produce the desired behaviour. Conditioned reinforcers in the form of tokens are given to clients that elicit the desired response such as wearing their own clothes, eating without assistance, or completing tasks well. Self-care is an adult's ongoing contribution to his existence, health and well-being. If carried out effectively, self-care efforts can contribute to the structural integrity of human function and development (Budiono, 2015).

The results of research on supportive therapy have also been carried out by Emilyani (2014), the result is p = 0.002. This shows the effect of supportive therapy on the independence of schizophrenic clients who experience self-care deficits.

According to (Bedi d. , 2010) supportive therapy is a group of people who plan to manage and be responsive and care about the problems experienced by clients and families.

Based on Workshop (Association, 2014) implementation of supportive therapy consists of 4 sessions, namely: 1) Session 1: Identify problems and existing support sources., 2) Session 2: How to use a support system from within the family., 3) Session 3: How to use a support system outside the family and 4) Session 4: Evaluation.

Hildegard Peplau uses the term psychodynamic nursing to describe the dynamic relationship between nurse and client. Psychodynamic nursing is the ability to understand one's own behaviour to help others, and apply the principles of human relations to problems that arise in various experiences. Also known as Peplau's Nursing Model: The Interpersonal Process (Alligood, 2010). This study uses Peplau's theory in carrying out supportive therapy and token economy which consists of 4 phases: 1) Orientation phase., 2) Identification phases., 3) Exploitation phase and, 4) Resolution phase.

There are three types of cognitive assessment of cognitive stressors, namely: 1) stressors are assessed as impending dangers, 2) stressors are assessed as threats so they need to be anticipated, 3) stressors are assessed as opportunities/challenges to grow better (Stuart G. , 2013).

The researcher's assumption is that there is an effect of providing supportive therapy and token economy therapy in improving cognitive responses. It can be seen from the cognitive response questions that 25 respondents (62.5%) answered that they agree that washing hands properly is 6 steps of washing hands with soap.

The results showed that there were differences or changes in self-care (psychomotor responses) in the intervention group before and after receiving supportive therapy and token economy (Table 4.6 in chapter 4) with p value 0.001 < 0.05. This is not the same as the results obtained in the control group on changes in self-care (psychomotor response) pre and post-test, where there was

no difference in changes in self-care (psychomotor response) with p value 0.349 > 0.05. This condition explains that the supportive therapy intervention in the control group has not been able to improve the respondent's psychomotor response.

These results are in line with research conducted by (Rochmawati D. H., 2013). Regarding psychiatric specialist therapy for clients with self-care deficits, the results of the implementation of specialist therapy are very effective in increasing the ability and reducing signs and symptoms of clients with self-care deficits. The results of other research conducted by (Martini d. , 2019), reveals that p values obtained pre and post were (0,001) < α (0,05). So it can be concluded that there is an effect of providing economic token therapy on improving personal hygiene in clients with self-care deficits.

According to (Stuart G. , 2013) there are 4 (four) phases of individual behavioural response to a stressor, namely 1) the first phase, behaviour changes due to stressors from the environment and individuals run away from problems, 2) the second phase, behaviour that makes a person change external influences, 3) the third phase, behaviour to survive or fight uncomfortable feelings and emotions, 4) the fourth phase, describes an event so that a person is able to adjust to repeatedly.

Based on the result criteria (Bulechek, Nursing Interventions Classification (NIC)., 2016), self-care skills are taking care of yourself to bathe yourself, use your own clothes, prepare your own food, and be able to do your own elimination. According to (Hanifah, 2014), independence is an attitude that allows a person to act freely, and do something on his own impulse for his own needs.

According to the researcher's assumptions, the success of supportive therapy and economic tokens in this study is due to previous respondents having participated in activities in the room such as sweeping, mopping, cleaning the bathroom, making beds, gardening, cleaning the environment. It can also be seen from the 34 respondents' questions (85%) that respondents always do personal hygiene and change clothes regularly.

The results showed that there were differences or changes in self-care (affective response) in the intervention group before and after receiving supportive therapy and token economy (Table 4.6 in chapter 4) with p value 0.330 > 0.05. The average result of affective response occurs better than before supportive therapy and token economy. This is the same as the results obtained in the control group without changes in self-care (affective response) pre and post-test, there is no difference in changes in self-care (affective response) with p value 0.052 > 0.05.

The results of research conducted by (Rochmawati D. H., 2013)shows that the client's affective response, namely feeling unable to take care of themselves, was as many as 12 people (66.7%), consisting of 6 clients (33.3%) with schizophrenia. According to (Stuart G. , 2013), cognitive impairment and clients with affective disorders generally show inappropriate feelings (e.g. happy in a sad mood).

Affective response shows a feeling. Assessment of affective stressors are in the form of anxious reactions that are expressed as emotions. Affective responses include joy, sadness, fear, anger, acceptance, disbelief, anticipation, and surprise. Affective responses are influenced by the individual's failure to complete past developmental tasks, especially experiences in self-care (Yusuf, 2015).

According to the researcher's assumption, supportive therapy and token economy have not been successful in this study but there has been an increase in the average affective response. It can also be seen from the questions from 36 respondents (90%) that they always feel the benefits of self-care. The overall results of self-care (cognitive, psychomotor and affective) in the study showed self-care in the intervention group before receiving supportive therapy and token economy the

average value of 133.60 and in the control group the average value of 128.85.

The results of the study after the intervention of supportive therapy and token economy were able to improve the client's self-care from an average value of 133.60 to 140.05, with a p value of 0.000 <0.05, this means that there is a change in self-care before and after supportive therapy and economy tokens. Likewise, self-care in the control group also increased after being given supportive therapy from an average value of 128.85 to 138.55 with a p value of 0.041 < 0.05.

The results of research related to the provision of economic tokens are in line with research conducted by (Martini, 2019), the data results obtained the average value of pre 10.58 and the average value of post 13.79. The results of the test were obtained using the paired t-test, the pre and post p values (0.001) < (0.05). So it can be concluded that there is an effect of providing economic token therapy on improving personal hygiene in patients with self-care deficits. The results of research related to supportive therapy that have been carried out by (Martini d. , 2019), showed that the results obtained were results p = 0.002. This shows the effect of supportive therapy on the independence of schizophrenic clients who experience self-care deficits.

Self-care deficit is one of the negative symptoms in schizophrenic clients. There is no psychopharmaceutical that can overcome self-care deficits other than training clients to overcome their inability to perform self-care. Clients may experience a decline in the ability to think so that they experience developmental delays. The client's behaviour becomes like a child who is dependent on others (Keliat, 2014; Keliat B. A., 2014). Group involvement in the form of support therapy for clients with mental disorders who experience treatment deficits can be done with supportive therapy (Stuart G. , 2013). Supportive therapy is one of the models of psychotherapy that is often used in the community and in hospitals.

In the implementation of supportive therapy the client is trained to recognise the problems at hand, and mentions existing support sources, then the client is trained on how to use a support system from within the family and outside the family, then evaluates the results of the process of implementing supportive therapy from session 1 to session 3. Furthermore, in the implementation of the token economy, the researcher enters into a contract with the client to train the client's ability to take care of themselves: bathe and dress/decorate, train the client's ability to take care of himself: eat, train the client's ability to take care of himself: toileting (CHAPTER and BAK), and reveal the benefits and results of practice each session and plan follow-up. The implementation of the token economy is given to the client if the client has carried out self-care activities, the token is given a set of maintenance needs such as: Large and small towels, combs, nail clips, powder, toothbrush, toothpaste, lipstick for female clients, plates, plastic, plastic cups, shampoo, and bath soap. The success of providing therapist and client support can be done based on Peplau's theory.

The researcher assumes that there is a change in self-care before and after therapy is carried out according to the phase of Peplau's theory in the orientation phase where the researcher and client can get to know each other. The meeting begins with the client expressing his complaint, according to the supportive therapy workbook in session 1 the client identifies existing problems and support sources, in the process of client activities being able to express the problems they are experiencing in the workbook, the client has also used a source of support in the family situation in the hospital so the source of support in the client's family is the nurse, and using support sources outside the family are friends in one client room. Clients are also motivated to do self-care because they get economic tokens that are given so that each client is able to do self-care.

CONCLUSIONS

The mean age of the respondents in the intervention group was 30.55 and the control group was 29.20, most of whom had high school education, with most of them working, while in terms of marital status some were unmarried. Supportive therapy and token economy have a significant effect on improving self-care.

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REFERENCES

Alligood R. M, T. M. (2010). Nursing Theorist and Their Work 7ed. St. Louis : Mosby, Inc. USA.

Association, I. M. (2014). *Mental Health Nrsing Workshop.*

Bedi, N. &. (2010). Supervised case experience in supportive psychotherapy suggestions for trainers. Advances in psychiatric.

Budiono. (2015). Basic Concepts of Nursing. Jakarta: Bumi Medika.

Bulechek, d. G. (2016). Nursing Interventions Classification (NIC). . Elsevier Singapore Pte. Ltdp .

Emilyani.D. (2015). The Effect of Supportive Group Therapy on Independence Schizophrenic Patients Experiencing Self-Care Deficits at Provincial Mental Hospital West Nusa Tenggara. Bioscience Medical Analyst Journal, Volume:2 No:2.

Hanifah. (2014). Proceedings of the National Seminar on Basic Education Dissecting the Anatomy of the 2013 Curriculum to Build a Better Education Period. West Java:: UPT Sumedang.

Keliat BA, H. A. (n.d.). Mental Nursing Care. 2019: Publisher: EGC

Keliat, B. A. (2014). Mental Professional Nursing Practice Model. Jakarta: EGC.

Khamida. (2013). Assertive Support Group Therapy Decreases Assertive Support Lowers Values Violent Behavior Schizophrenic Patients Based on the King . Interaction Nursing Model. 1-10.

Martini, d. (2019). The effect of providing economic token therapy on improving personal hygiene in patients with self-care deficits at the Bali Provincial Mental Hospital. Midwinerslion Medical Journal., Volume:4, Number:1.

Mutiara. (2017). Application of Supportive Therapy to Improve Management of Negative Emotions in Individuals Who Have Schizophrenic Partners. Volume:1, Number:1 April 2017: 105-115.

Notoatmodjo, S. (2012). Health Research Methodology. Jakarta: Rineka Cipta.

Organization, W. H. (2016). *Mental Health Problems.*

Pardede.S. (2017). Papplication of supportive therapy with guidance techniques to reduce suicidal urges in schizophrenic patients. Pardede, S. Volume:1.Number:1.Page:89-96.

Parendrawati, D. K. (2008). The Effect of Economic Token Therapy on Self-care Deficit Clients at Rs Marzoeki Mahdi Bogor. University of Indonesia a.

Ricky, D. K. (2014). The effect of therapeutic group therapy and economic tokens on the achievement of pre-school age developmental tasks in pre-school age children in the Campaka Village, Bandung.

Rochmawati, D. H. (2013). Mental Specialist Case Management of Self-Care Deficits in Mental Disorder Clients in RW 02 and RW 12, BaranangSiang Village, East Bogor District. Journal of Mental Nursing. , Volume 1, No. 2, November 2013; 107-120.

Stuart, G. a. (2006). Principles and Practice of Psychiatric Nursing. (7th Ed).

Stuart, G. (2013). Mental Health Nursing Principles and Practices (In. Indonesia). Jakarta: Indonesia, Faculty of Nursing.

Syahdiba. (2021). Application Of Economy Token To Self-Care Of Mental Illness. Indonesian Journal of Global Health Research, 333-340, Volume:3. Nomor:3.

Trigoboff. (2013). *Contemporary Psychiatric Mental Health Nursing* . Third Edition Pearson.

Yusuf, F. R. (2015). Textbook of Mental Health Nursing. Jakarta: Salemba Medika.