



# **NURSING CARE FOR SENSORY PERCEPTION DISORDERS: AUDITORY HALLUCINATIONS IN Mr. T WITH A FOCUS ON HARASSMENT TECHNIQUES AT THE DR. RM. SOEDJARWADI REGIONAL MENTAL HOSPITAL, KLATEN**

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DOI: <https://doi.org/10.62567/micjo.v2i4.1458>

### **Abstract**

Mental disorders are a health problem that remains a major challenge in Indonesia. Auditory hallucinations are a sensory perception disorder that often occurs in patients with schizophrenia. Patients have difficulty distinguishing between real and unreal stimuli, which can lead to risky behaviors such as harming themselves or others. One non-pharmacological intervention that can be applied to address hallucinations is the rebuke technique, which is a firm and directed verbal action to reject perceived hallucinations. The purpose of this study is to describe nursing care for patients with sensory perception disorders: auditory hallucinations with the application of the rebuke technique as the main intervention. This study uses a descriptive case study approach on one patient in the Flamboyan Ward of Dr. RM. Soedjarwadi Klaten Mental Hospital. Data collection was carried out through interviews, observations, and documentation studies, then analyzed based on the stages of the nursing process. The results showed that after the rebuke technique intervention was consistently implemented for three days, there was a decrease in the frequency of hallucinations from 3-4 times to 1-2 times a day. The patient also showed an increase in the ability to recognize and reject hallucinations independently. Furthermore, the patient began to engage in social interactions and participate more actively in daily activities. The conclusion is that the reprimand technique has proven effective as a nursing intervention in addressing auditory hallucinations. This intervention is simple, easy to implement, and can improve the patient's coping skills in dealing with hallucinatory symptoms.

**Keywords:** Nursing care, auditory hallucinations, reprimand technique



### Abstrak

Mental disorders are a health problem that remains a major challenge in Indonesia. Auditory hallucinations are a sensory perception disorder that often occurs in patients with schizophrenia. Patients have difficulty distinguishing between real and unreal stimuli, which can lead to risky behaviors such as harming themselves or others. One non-pharmacological intervention that can be applied to address hallucinations is the rebuke technique, which is a firm and directed verbal action to reject perceived hallucinations. The purpose of this study is to describe nursing care for patients with sensory perception disorders: auditory hallucinations with the application of the rebuke technique as the main intervention. This study uses a descriptive case study approach on one patient in the Flamboyan Ward of Dr. RM. Soedjarwadi Klaten Mental Hospital. Data collection was carried out through interviews, observations, and documentation studies, then analyzed based on the stages of the nursing process. The results showed that after the rebuke technique intervention was consistently implemented for three days, there was a decrease in the frequency of hallucinations from 3-4 times to 1-2 times a day. The patient also showed an increase in the ability to recognize and reject hallucinations independently. Furthermore, the patient began to engage in social interactions and participate more actively in daily activities. The conclusion is that the reprimand technique has proven effective as a nursing intervention in addressing auditory hallucinations. This intervention is simple, easy to implement, and can improve the patient's coping skills in dealing with hallucinatory symptoms.

**Keywords:** Nursing care, auditory hallucinations, reprimand technique

## 1. INTRODUCTON

Health is a very important thing for every individual. A person is said to be healthy if his body, mind and social life can function properly as they should. Various life problems cause many people to experience mental health problems. War, conflict, and prolonged economic hardship are some of the main factors that trigger stress, depression, and other mental disorders. Mental disorders can affect anyone, regardless of education level, gender, age, religion, culture, or economic status. Unlike physical disorders, which can generally be recognized and treated through visible symptoms, mental disorders often require recognition from behavior and psychological conditions in everyday life (Hidayah *et al.*, 2023).

One of the effects that someone with a mental disorder can experience is hallucinations. Hallucinations are disturbances in sensory perception, where individuals experience stimuli such as hearing, sight, taste, touch, or smell when these stimuli are not actually present or not real (Maharani *et al.*, 2022).

The World Health Organization (WHO) states that schizophrenia is a type of mental disorder that is of serious concern. This disorder is experienced by approximately 24 million people worldwide, or equivalent to 1 in every 300 people (0.32%) of the global population (Nurjaya *et al.*, 2024). Based on Riskesdas data (2018), the prevalence of mental disorders in Central Java Province has increased, from 6.8% in 2013 to 9.8% in 2018 (Hasanah *et al.*, 2024). Based on the results of observations on March 25 - April 6, 2024 in the Flamboyan Room of Dr. RM Soedjarwadi Klaten Mental Hospital, it was found that 90% of patients had hallucinations, and 10% experienced Suicide Risk (RBD), Violent Behavior Risk (RPK), social isolation and delusions (Luthfiani *et al.*, 2024).



Auditory hallucinations are one of the most common forms of hallucinations experienced. If not treated appropriately, this condition can endanger the safety of the patient, others, and the surrounding environment. This occurs because individuals experiencing auditory hallucinations often hear voices that are disturbing, threatening, or give orders to harm themselves or others (Maharani *et al.* , 2022) .

There are several nursing actions that can be taken to address hallucinations involving the application of implementation strategies. There are four implementation strategies, the first is identifying and controlling hallucinations with warning techniques, the second is carrying out activities regularly, the third is having conversations, and the fourth is controlling hallucinations by taking medication. The strategy of identifying and controlling hallucinations using the reprimand technique has been shown to be effective in reducing the intensity of hallucinations. This technique can help reduce the level of hallucinations in patients with mental disorders (Hertati *et al.* , 2022) .

Based on research conducted by Aliffatunisa and Apriliyani (2022) entitled "Implementation Strategy for Recognizing and Reprimanding Hallucinations in Schizophrenic Patients with Auditory Hallucinations," the results obtained during the three-day intervention, the strategy for implementing the reprimand technique was applied. From the first to third days, the patient still experienced difficulty in applying the technique when hallucinations appeared suddenly. However, on the third day of the evaluation of the first implementation strategy (recognizing hallucinations and controlling them with the reprimand technique), the patient was able to demonstrate how to reprimand his hallucinations. This success was influenced by several internal factors, such as education level, age , and motivation that helped the patient understand and apply the technique. This approach has been proven effective for treating hallucinations in schizophrenic patients.

This is in line with research conducted by Dewi and Pratiwi (2022) entitled "Application of Reprimand Therapy for Sensory Perception Disorders and Auditory Hallucinations." The results showed that before reprimand therapy was administered, respondents 1 and 2's ability to control hallucinations was at 6 (85.7%). After the intervention, this ability increased to 7 (100%). Based on this research, it is recommended that nurses as health workers can provide nursing care to patients with hallucination disorders using reprimand therapy as an effective method to reduce the signs and symptoms of hallucinations.

Based on the explanation above, the author is interested in compiling a scientific paper entitled nursing care for patients with auditory sensory perception disorders with a focus on action: reprimanding techniques at Dr. Rm. Soedjarwadi Klaten Regional Mental Hospital.

## 2. RESEARCH METHOD

The research method used in this case study is a descriptive research method. Descriptive research methods are approaches used to describe and analyze specific conditions in detail and in a structured manner. Data collection methods for descriptive research include observation, interviews, or document analysis (Prof. Dr. Soebardhy *et al.* , 2019) .

The research subjects in case studies are individuals, groups or target objects of the researcher who are used as research samples. In research, sample criteria include inclusion and exclusion criteria.

- a. Inclusion criteria: Patients who are experiencing auditory hallucinations, patients with sensory perception disorders: auditory hallucinations, without verbal communication



disorders, patients with sensory perception disorders: auditory hallucinations, without hearing impairment (deafness), patients who have complete hand motor function (have both hands), patients in a cooperative condition, male patients.

- b. Exclusion criteria : Patients who do not experience auditory hallucinations, patients with sensory perception disorders: auditory hallucinations accompanied by impaired verbal communication, patients with sensory perception disorders: auditory hallucinations accompanied by impaired hearing function, patients who only have one hand or significant upper extremity disorders, the patient's condition is not yet stable.

The location of this case study was carried out at the Dr. RM Soedjarwadi Klaten Regional Mental Hospital for 3 days on December 17, 2024 – December 19, 2024 by providing psychiatric nursing care to patients with sensory perception: auditory hallucinations.

### 3. FINDINGS AND DISCUSSION

#### 3.1. Results

Nursing care for patients

##### a. Assessment

Treatment room: Flamboyan Room

Entry date: December 7, 2024

Review date: December 17, 2024

##### 1) Patient identity

Initials : Mr. T  
Age : 33 years  
Education : MTS  
Marital status : Not married  
RM No : 2037\*\*\*\*  
Informants : Patients and RM

##### 2) Reason for entry

The patient came because he had been experiencing emotional instability for the past week and had heard whispers telling him to damage his neighbor's motorcycle, as he was disturbed by the noise while resting. He attempted to use a sharp object to damage the motorcycle, but his family prevented him from doing so. Furthermore, the patient also experienced sleep disturbances and frequently talked to himself. During the assessment, the patient reported hearing whispers, like radio broadcasts about weddings, and his sister's voice asking when he was getting married.

##### 3) Predisposing factors

##### a) Have experienced mental disorders in the past

☒ Yes

☐ No

##### b) Previous treatment

☐ Succeed

☒ Less successful

☐ Not successful

##### c) Trauma

Perpetrator/Age  
Victim/Age

Victim/Witness  
Witness/Age



Physical abuse	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Sexual abuse	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rejection	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Family violence	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Criminal acts	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Explain No. 1. 2. 3

The patient has a history of mental disorders since three years ago. Previous treatment history was less successful because the patient was not compliant in taking medication.

Nursing problem: Knowledge deficit

d) Is there a family member who experiences mental disorders?

☐ Yes

☒ No

Family relationship: -

Symptom: -

Medical history: -

Nursing problems: No nursing problems

e) Unpleasant past experiences

The patient said that in 2019 his girlfriend left him for no apparent reason. Furthermore, in 2020, the patient was abandoned by his younger sister who got married. After the incident, the patient was easily irritated and had unpredictable mood swings.

Nursing problem: Low self-esteem

4) Physical examination

a) Physical signs:

BP : 114/64 mmHg

Pulse: 77 beats/minute

S : 36.9 ° C

RR : 21 times/minute

b) Measuring:

Height : 166 cm

Weight : 53 kg

c) Physical complaints:

☒ Yes

☐ No

Explain: the patient said his body was sore.

Nursing problems: No nursing problems

5) Psychosocial

a) Self-concept

(1) Self-image:

The patient said he liked all parts of his body, there was no part of his body he didn't like, and he felt grateful for his physical condition.

(2) Personal identity:

The patient described himself as a 33-year-old man. At home, the patient said he helped his father with his work.

(3) Role of self:



The patient said he felt he had failed in his role as a child because he got angry easily and had difficulty controlling himself.

(4) Ideal self:

Patients hope to be able to control their own emotions better.

(5) Pride:

The patient said he felt inferior after being abandoned by his sister who was married, while he was not married.

Nursing problem: Low self-esteem

b) Social relations

(1) Closest People: Both of his parents.

(2) Participation in group/community activities:

The patient rarely communicates with his friends, because he often thinks about his unmarried condition.

(3) Barriers in relating to others:

The patient said there were no barriers to relating to other people.

Nursing problem: Social Isolation

c) Spiritual

(1) Values and beliefs: The patient stated that he is Muslim.

(2) Religious activities: while in the hospital, the patient said he did not perform prayers regularly.

6) Mental status

a) Appearance

(1) Untidy Appearance: The patient appears to be neatly dressed.

(2) Wearing inappropriate clothing: wearing clothing according to hospital regulations.

(3) How to Dress Unconventionally: Looks appropriate in general

b) Talks

The patient speaks in a loud voice and at a slow tempo, but can still be understood well.

Nursing problem: Risk of violent behavior

c) Motor activity

The patient appears tense and anxious.

Nursing problem: Sensory Perception Disorder: Hallucinations

d) The realm of feelings

The patient stated that he felt sad because his sister, who had married, had left him and expressed his desire to return home.

Nursing problem: Low self-esteem

e) Affect

The patient stated that when he was angry, he tended to leave the house, hit himself or others.

Nursing problem: Risk of violent behavior

f) Interaction during the interview

During the interview, the patient appeared cooperative, but showed poor eye contact.

Nursing problem: Social Isolation

g) Perception

The patient said he heard whispers like radio broadcasts containing news about weddings, and his sister's whispers asking when he would get married, which usually appeared at night.

Nursing problem: Sensory perception disorder: auditory hallucinations

h) Thought process

During the assessment process, the patient exhibited a speech pattern of pausing before continuing, and required time to respond to each question.

i) Thought content

The patient showed a strong desire to go home, citing the desire to meet his parents.





- j) Level of consciousness  
The patient said he still felt confused about the reason he was being treated in hospital.
- k) Memory  
No memory impairment was found, as the patient was still able to remember past events, such as being left by his girlfriend, and knew the current day and date, which was Tuesday, December 17, 2024.
- l) Level of concentration and calculation  
The patient showed good concentration skills and was able to perform simple calculations, such as addition and subtraction.
- m) Assessment skills  
The patient's assessment ability was within normal limits, with no indication of impairment.
- n) Self-awareness  
Patients tend to blame things outside themselves, such as stating that their younger sibling is married while they are not married.  
Nursing problem: Low self-esteem
- 7) Coping mechanisms

**Adaptive**

- ☐ Talk to other people
- ☐ Able to solve problems
- ☐ Relaxation techniques
- ☐ Constructive activities
- ☐ Sport

**Maladaptive**

- ☐ Drinking alcohol
- ☐ Slow or overreaction
- ☒ Avoid
- ☒ Self-harm

Nursing problem: risk of violent behavior

- 8) Psychosocial and environmental problems
- (1) Problems with group support, Describe:  
Patients say they often participate in activities at the hospital.
- (2) Problems related to the environment, Describe:  
The patient said he had 2 friends in his room.
- (3) Problems with education, Describe:  
The patient said there were no educational problems.
- (4) Problems with housing, Describe:  
The patient said there were no problems with his housing.
- (5) Economic problems, Describe:  
The patient said there were no economic problems.
- (6) Problems with health services, Describe:  
The patient said there were no problems with the health services.
- (7) Other issues, Describe:  
The patient said there were no other problems.
- Nursing Problems: No nursing problems

- 9) Lack of knowledge about

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Mental illness | <input type="checkbox"/> Support system         |
| <input type="checkbox"/> Predisposing factors      | <input type="checkbox"/> for physical illness   |
| <input type="checkbox"/> Coping                    | <input checked="" type="checkbox"/> Medications |
| <input type="checkbox"/> Other                     |   |

Nursing problem: knowledge deficit

- 10) Medical aspects

Medical diagnosis: Paranoid Schizophrenia



Medical therapy provided:

Table 1 Medical therapy

Date	Drug Name	Dose	Indication
12/17/24	Risperidone	2 × 2 mg	Helps to overcome the symptoms of some mental conditions such as schizophrenia (seeing, hearing, feeling things that are not there or having confused thoughts).
	Lorazepam	1 × 2 mg	Used to treat anxiety, it acts on the brain and nerves to produce a calming effect.
	Trihexyphenidyl	2 × 2 mg	Treats Parkinson's disease symptoms and extrapyramidal symptoms caused by certain antipsychotic medications. Extrapyramidal symptoms include uncontrolled muscle strength and tremors.

b. Data analysis

Table 2 Data Analysis

Date/Time	Focus Data	Diagnosis
12/17/24 08.00 WIB	DS: The patient said he heard whispers like radio broadcasts containing news about weddings, and his sister's whispers asking when he would get married and heard them at night. DO: - The patient appears tense and anxious. - The patient appears to be talking to himself.	Sensory Perception Disorder: Auditory Hallucinations
	DS: The patient stated that when he was angry, he tended to leave the house, hit himself or others.	Risk of Violent Behavior
Date/Time	Focus Data	Diagnosis
	DO: - The patient speaks loudly - His emotions are still unstable	
	DS: The patient said he rarely communicated with his friends. DO: Poor patient eye contact	Social Isolation

c. List of issues

- 1) Sensory perception disorders: auditory hallucinations
- 2) Risk of Violent Behavior
- 3) Social isolation

d. Problem tree

Risk of Violent Behavior (effect)







Sensory perception disorders: auditory hallucinations (core problem)



Social Isolation (cause)

e. Nursing diagnosis

Sensory perception disorders: auditory hallucinations

f. Nursing plan

Table 3 Nursing Plan

Date/ O'clock	Focus Data	Nursing Care Plan		
		Objective	Action	Rational
12/17/24 10.00 WIB	DS: The patient said he heard whispers like a radio broadcast containing news.	The client knows and practices the technique of scolding	Building a relationship of mutual trust SP 1 1. Identifying the patient's type of hallucinations	Building trust between nurses and patients SP 1 1. To find out the type
Date/Time	Focus Data	Objective	Action	Rational
	about marriage, and the whisper of his sister's voice asking when he would get married and hearing it at night. DO: - The patient appears tense and anxious - The patient appears to be talking to himself.		2. Identifying the content of the patient's hallucinations 3. Identifying the time of the patient's hallucinations 4. Identifying the frequency of patient hallucinations 5. Identify situations that cause hallucinations 6. Identifying patient responses to hallucinations 7. Teaching patients to rebuke hallucinations 8. Encourage patients to include ways to rebuke hallucinations in their daily activity schedule.	hallucinations 2. To find out the content of hallucinations 3. To find out when the hallucinations appeared 4. To find out the frequency of hallucinations 5. To find out the situations that cause hallucinations 6. To determine the patient's response to hallucinations 7. Efforts to control hallucinations using rebuke techniques
			SP 2 1. Evaluate the patient's daily activity schedule 2. Train patients to control hallucinations by conversing with other people 3. Encourage patients to include it in their daily activity schedule.	SP 2 1. Efforts to control hallucinations by conversing with other people
			SP 3 1. Evaluate the activity	SP 3 1. Effort



Date/ O'clock	Focus Data	schedule		
		Objective	Nursing Care Plan Action	Rational
			patient daily 2. Train patients to control hallucinations by doing activities (activities that the patient usually does) 3. Encourage patients to include it in their daily activity schedule.	control hallucinations by doing activities (activities that the patient usually does)
			SP 4 1. Evaluate the patient's daily activity schedule 2. Provide health education about regular use of medication 3. Encourage patients to include it in their daily activity schedule.	SP 4 1. Attempts to control hallucinations with regular use of medication

## g. Nursing notes

Table 4 Nursing Notes

Date/Time	Diagnosis	Implementation	Evaluation
12/17/24 12.00 WIB	Sensory perception disorders: auditory hallucinations	SP 1 1. Building a relationship of mutual trust 2. Identifying the patient's type of hallucinations 3. Identifying the content of the patient's hallucinations 4. Identifying the time of hallucinations	S: - The patient said he heard whispers like a radio broadcast containing news about a wedding, and his sister's whisper asking when he was going to get married. - The patient said
		patient 5. Identifying the frequency of patient hallucinations 6. Identify situations that cause hallucinations 7. Identifying patient responses to hallucinations	hearing whispers while daydreaming and usually hearing them at night after 8 pm. - Patients say they hear voices usually 3-4 times a day. - The patient said that when the voices appeared, she felt afraid and anxious. Sometimes she covered her ears, but the voices persisted. O: - The patient appeared tense and anxious. - The patient appears to be talking to himself. A: SP1 has not been resolved, continue the intervention.



			Q: SP 1 Practice controlling hallucinations with the technique of rebuking.
12/18/24 09.00 WIB	Sensory perception disorders: auditory hallucinations	SP 1 Practice controlling hallucinations with the technique of rebuking.	S: - The patient said he still hears his sister's whispering voice asking when he will get married and hears the voice 3-4 times a day. - The patient said he understood how to control hallucinations using the rebuke technique. - The patient said he could already do the scolding technique. O: - The patient appears less tense and is still restless. - The patient is able to imitate the rebuke technique correctly.
Date/Time	Diagnosis	Implementation	Evaluation
			- The patient appeared to be able to perform the rebuke technique independently. A: SP1 has been resolved . Continue with SP2. Q: - Maintain intervention, control hallucinations with reprimanding techniques - Train patients to control hallucinations by conversing with other people
12/19/24 08.45 WIB	Sensory perception disorders: auditory hallucinations	- Controlling hallucinations with rebuke techniques - Train patients to control hallucinations by conversing with other people	S: - The patient said he was able to use the rebuke technique and felt more confident in dealing with his hallucinations. - The patient said he heard the voice 1-2 times a day. - The patient said he wanted to chat with his friend O: - The patient looks calmer. - The patient seemed to want to chat with his friend. A: SP 2 has been resolved. Q: - Maintain intervention, control hallucinations with reprimanding techniques and talk to others.



### 3.2. Discussion

This study was conducted on December 17, 2024, on one of the patients at Dr. RM Soedjarwadi Klaten Mental Hospital, namely Mr. T, who was the respondent in this study. Data was collected through interviews and direct observation of patients. Mr. T is a 33-year-old male patient who has been treated in the Flamboyan room since December 7, 2024.

The results of the assessment showed that Mr. T experienced unstable emotions and heard whispers telling him to damage his neighbor's motorbike. According to Rostiana Dwi Lestari *et al.*, (2023), auditory hallucinations are often characterized by the appearance of unreal and commanding voices or whispers, such as encouraging patients to carry sharp objects, injure themselves, or attack others. These symptoms indicate a risk of violent behavior, especially when the hallucinations are threatening.

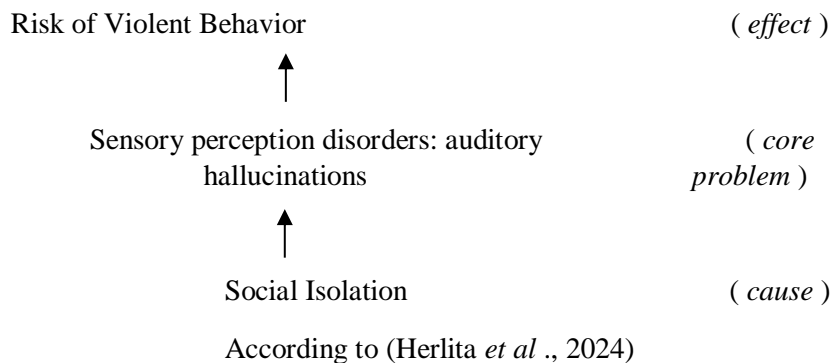
Mr. T reported hearing whispers, like a radio broadcast containing wedding news, as well as his sister's voice asking when he was getting married. The patient appeared anxious, tense, and talking to himself. According to Putra and Jalu (2022), auditory hallucinations can cause significant physical and psychological symptoms such as panic, anxiety, and talking to himself. This condition indicates a perceptual disturbance that affects the patient's emotional and behavioral responses to their surroundings.

Additionally, Mr. T also stated that he rarely communicated with his friends and showed little eye contact. According to Retni *et al.*, (2023), patients experiencing hallucinations tend to avoid eye contact, are reluctant to communicate, and prefer to be alone.

Predisposing factors in Mr. T include a history of treatment in a Mental Hospital and non-compliance in taking medication, which resulted in the failure of the previous treatment process. According to Hasanah *et al.*, (2024), which shows that compliance in taking medication has a significant effect on the relapse rate in schizophrenia patients. Meanwhile, the precipitating factor in Mr. T said he heard a voice telling him to damage his motorbike because he felt disturbed by the sound of the motorbike while resting. The patient had tried to take a sharp object to damage the motorbike, but was successfully prevented by his family.

The hallucination phase experienced by Mr. T was in the *condemning phase*, characterized by the emergence of feelings of fear and self-talk behavior. This is in line with research by Linda Puspitasari and Puji Astuti, (2024), which stated that in the *condemning phase*, patients show symptoms in the form of hearing whispering voices that trigger feelings of sadness, anger, and the urge to talk to themselves or say harsh words.

Based on the data analysis above, it can be concluded that Mr. T's main problem is sensory perception disorders: hallucinations. Before experiencing hallucinations, the patient experienced social isolation or withdrawal. Then, when a patient experiences hallucinations, it can lead to the risk of violent behavior because the patient hears whispers or commands to carry out these actions. According to Herlita *et al.*, (2024), the relationship between initial symptoms, primary disorders, and subsequent impacts can be analyzed through a problem tree, which systematically explains the root causes, core problems, and possible consequences.



From the data above, *the core problem* for Mr. T is sensory perception disorders: auditory hallucinations.

Researchers implemented the intervention for three days, from December 17 to 19, 2024. Previously, Mr. T had been taught scolding techniques by nurses, but these efforts had not shown significant results. Therefore, the researchers intensively reapplied the scolding technique. This research aligns with the opinion of Aliffatunisa and Apriliyani (2022) , who stated that if the patient is unable to apply the scolding technique in the initial days, the intervention needs to be continued to achieve effectiveness. This suggests that a delayed initial response is not an indication of intervention failure but can instead serve as a basis for repeating and more intensive approaches.

On the first day, December 17, 2024, subjective data obtained from the patient stated that he heard a whispering voice like a radio broadcast containing news about a wedding, and the whispering voice of his sister asking when he would get married, usually the voice appeared 3-4 times a day, especially when daydreaming and usually heard at night after 8 pm. Objective data obtained data that the patient appeared tense and restless and talked to himself. This step is in line with the method proposed by Aliffatunisa and Apriliyani, (2022) , which emphasizes the importance of understanding the characteristics of hallucinations such as voice content, frequency of occurrence, time, triggering situations, emotional responses, and behavior to make it easier for patients to accept and apply the three-day rebuke technique.

On the second day, December 18, 2024, data was obtained showing the patient still hearing his sister's whispering voice asking when he would get married, and the voice still appeared 3–4 times a day. The patient stated that he was able to perform the rebuke technique, although he still appeared restless. This statement is supported by a case study conducted by Rizkiana and Rahmawati (2024) which supports this method, showing that rebuke training for 3 x 24 hours resulted in the patient being able to recognize hallucinations and apply them effectively.

On the third day, December 19, 2024, data was obtained that the patient had been able to apply the rebuke technique and felt more confident in dealing with his hallucinations. The frequency of hallucinations also decreased to 1–2 times a day . This finding is in line with the results of research by Susilaningsih *et al.*, (2019) , which also showed that patients with correct rebuke technique interventions can experience a decrease in the frequency and intensity of auditory hallucinations. This implementation shows the consistency and effectiveness of the method for three days, according to evidence-based intervention standards in psychiatric nursing care.

In this study, the main supporting factor was Mr. T's cooperative attitude during the implementation of the intervention, which was an important factor in the success of the therapy.



The patient was able to follow directions and apply the reprimanding technique independently. This is in line with the findings of Wardani *et al.* (2024), who stated that the success of interventions in patients with hallucinations is greatly influenced by the patient's level of cooperation and their ability to apply the techniques provided.

The evaluation was conducted on Mr. T for 3 days. On the first day, Mr. T was able to explain the hallucinations he experienced. On the second day, Mr. T said he understood a little about how to control his hallucinations using the reprimand technique. Then, on the third day, Mr. T said he understood how to control his hallucinations using the reprimand technique. After the 3-day evaluation, it can be concluded that the reprimand technique is effective in controlling hallucinations.

This research is supported by the results of a study conducted by Prastiwi and Apriliyani, (2020), which shows similarities in findings related to the criteria for patient outcomes being able to recognize the hallucinations they experience (content of hallucinations, time of hallucinations, frequency of hallucinations, situations that can cause hallucinations, and patient response to hallucinations), and controlling hallucinations with rebuke techniques (explaining to patients the benefits and how to rebuke hallucinations, carrying out rebuke techniques, and controlling hallucinations with rebuke).

In addition to improving the patient's ability to apply the reprimanding technique, the evaluation also showed a decrease in the frequency of hallucinations, as well as decreased self-talk, anxiety, and tension. These findings align with research conducted by Angriani *et al.* (2022), which found that the application of the reprimanding technique was not only effective in reducing the frequency of hallucinations but also reduced symptoms of anxiety and tension in patients during the intervention.

#### 4. CONCLUSION

The results of the assessment showed that Mr. T experienced auditory hallucinations, characterized by the patient's statement that he heard whispers like radio broadcasts and his sister's voice, the patient appeared restless, tense, and often talked to himself. The nursing diagnosis established for Mr. T was sensory perception disorder: auditory hallucinations. The interventions provided included building a trusting relationship, helping the patient recognize hallucinations, and training the patient to control hallucinations using reprimanding techniques. For three days, assisting Mr. T in the process of recognizing and controlling hallucinations through the application of reprimanding techniques.

The challenge faced was the absence of the family during the research period, so that nursing interventions for the family could not be implemented. In fact, family support has been shown to be effective in increasing patient understanding and support during recovery. As shown in a study by Zahra *et al.* (2024), family participation in caring for patients with hallucinations helps improve the regular use of techniques such as reprimanding and focusing on daily activities.

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