

THE EFFECT OF THERAPEUTIC GROUP THERAPY (TGT) AND ASSERTIVENESS TRAINING (AT) TO DEVELOPMENT AND ASSERTIVENESS ABILITY OF SCHOOL AGE CHILDREN

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Abstract

Aggressive behaviour and bullying will be occur when school age children can not achive their normal development task and have no assertiveness ability. The purpose of this study was to identify the effect of TGT and AT to school age development task and their assertiveness ability. The method of this study was a quasy experimental using pre and post test non equivalent control group design. Fifthteen children in 9-12 years old were participated. The childrend were given TGT with 7 session firts, then they were given AT with 5 session After the children are given TGT, development score increase 13 points (mean pre: 40,13 and mean post: 53,13) and assertivness ability increase to 12,93 points (mean pre: 47,93 and mean post: 60,87). After the children are given AT, development score increase to 19,33 point and assertiveness ability increase 13,73 points. After the children was given TGT and AT, emotional development increase to 5,67 points. This therapy can be used for children in community and school to reduce bullying and aggressive behaviour.

Keywords : School age children; Development; Terapi Kelompok Terapeutik; assertiveness training

Backgrounds

School age is a middle childhood with range of age 6-12 years old (Bownden & Greenberg, 2010; Wong, Eaton, Wilson, Wingkelstein, & Schwartz, 2009). Potter and Perry (2009) also states that the age range of school age children started from when the child began to proceed to formal education at 6 years old and will start growing up when 12 years old. at this period the child has begun to enter into the world of formal education where children started there was a sense of independence and carry out the tasks entrusted to complete. School age shows adalanya sense competing, happy friends with friends of the same age, play a role in group activities and complete the assigned task (Keliat, Daulima, & Farida, 2007; Potter & Perry, 2009).

The school age children have a high competitive sense that the child will feel a failure and victory. If development task can not be achieved, then the children will be more likely to be more aggressive, low self-

esteem and feelings of failure (Hockenberry & Wilson, 2009; Keliat et al., 2007).

Preventive effort for the occurrence of events aggressive is Therapeutic Group Therapy (TGT) and Aggressive Training (AT). TGT is used to stimulate growth and development and implemented in group therapy. AT is a kind group therapy that prevent the children to do aggressive behaviour (Tololiu, Keliat, & Daulima, 2011).

The purpose of this study was to identify the effect of TGT and AT to school age development task and their assertiveness ability. The other purpose of this study is to identify predisposition and precipitation factor, stressor appraisal, coping resources, and coping mechanism.

METHODS

Data were collected from school age children in RW 06 in Kelurahan Ciwaringin Kota Bogor. Data collected using total sampling. Fifthteen children in 9-12 years old were participated. The childrend were given



TGT with 7 sessions firsts, then they were given AT with 5 sessions. Development task measured using Assessment Standards Development Of School Age Children (6-12 Years) from Sunarto, Keliat, and Pujasari (2011) and Assertiveness Ability measured using self-evaluation instrument assertive ability, modified by Febrianti, Keliat, and Novieastari (2013) from Tololiu et al. (2011). Therapy was given from February 6th to April 17th 2015. The method of this study was a quasy experimental using pre and post test non equivalent control group design.

RESULT

Table 1 shows the characteristic of school age children in RW 06 Kelurahan Ciwaringin Kota Bogor.

**Table 1
School Age Characteristic in RW 06
Kelurahan Ciwaringin (n=15)**

No	Variable	Total	
		N	%
1	Sex		
-	Boy	9	60
-	Girl	6	40
2	Age :		
-	8 years old	2	13,3
-	9 years old	1	3
-	10 years old	1	13,3
-	10 years old	1	3
-	10 years old	10	73.3
3	Birth Order		
-	First child	5	3,33
-	Middle	2	13,3

-	child		8	3
-	Last child		53,3	3
4	Number of sibling			
-	2		6	40
-	3		4	26,6
-	4		2	7
-	5		3	13,3
				3
				20
5	Parent education			
-	SD		1	80
-	SM		2	13.3
P			2	3
-	SM		1	0,67
A				
6	Economic status			
-	Low		1	66,6
-	economic status		0	7
-	Mid		5	33,3
-	dle economic status			3

Results of table 1 shows that school-age children are most at RW 06 is a boy of 60%. Education of parents most is elementary as many as 12 people (80%). The age of majority is 10 years as many as 11 people (73.3%) with a child's birth order sebagai last as many as 8 people (53.33%) with the number of siblings at most 2 with number 6 (40%). From the economic status there were 10 children (66.67%) of low economic status.

Table 2. Predisposition and Precipitating Factor of School Age Children in RW 06 Kelurahan Ciwaringin (n=15)

No	Faktor Predisposisi	Jumlah	
		n	%
1.	Biology:		
-	There is no genetic disease factor	12	80
-	No severe disease	15	100
-	Full immunization	12	80
-	No disability	15	100
-	No allergic factor	15	100



2. Psychologis:		
- Parenting style : discipline	11	73,33
- Often hit / kicked out by parents	13	86,67
- Able to complete the homework assignment school	12	80
- Being able to talk and express feelings of well	9	60
- Understand and understanding of right and wrong	10	66,67
- Being able to speak the truth and do not blame others	9	60
- Being able to share with the environment	10	66,67
- Motivation high on something new	15	100
- Have a hooby	14	93,33
3. Socioculture:		
· Acting in accordance with gender	15	100
· Status: biological children	15	100
· Tribe: Sunda	15	100
· No parental divorce	14	93,33
· Helping simple homework	15	100
· Melakukan kegiatan agama	15	100
· Conducting religious activities	15	100
· Understand the values and norms	11	73,33
· Accepted as part of the family and group play	15	100%

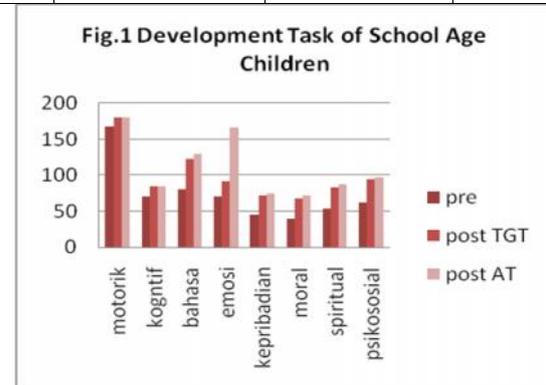
From the above table there is a biological factor 3 children who have a history of physical illness in the family consists of 3 people (20%). While the psychological

factors there were 9 children (60%) who have not been able to talk and express feeling well and able to speak the truth and do not blame others. In terms of socio-cultural, just in item understand the values and norms that at least the number of children 11 (73.33%).

Table 3 Score Development Task and Assertiveness Ability

No	Development			Assertiveness ability		
	PRE	Post TGT	Post AT	PRE	Post TGT	Post AT
Total Score	602	797	880	719	913	1119
Mean	40,13	53,13	58,67	47,93	60,87	74,6
Difference		13	5,53	Difference	12,93	13,73

The childrend were given TGT with 7 session firts, then they were given AT with 5 session. Based on table 3 After the children are given TGT, development score increase 13 points (mean pre: 40,13 and mean post: 53,13) and assertivness ability increase to 12,93



(mean pre: 47,93 and mean post: 60,87). After the children are given AT, development score increase to 19,33 and assertiveness ability increase 13,73. After the children was

given TGT and AT, emotional development increase to 5,6. Figure 1 shows that there were significant increase to emotional aspect in development task.

DISCUSSION

1. Characteristics of School Age Children

Results of this paper show that nine children of school age were given TGT and exercise-sex male and six were female. Gender is one of the natural factors that affect child development factors other than race, signs, colors manta, physical growth, posture and other psychological uniqueness (Potter & Perry, 2009). Secara fisik anak perempuan lebih cepat mengalami pertumbuhan dibandingkan dengan anak laki-laki pada usia awal 9 tahun. Tetapi anak laki-laki lebih mahir dalam kegiatan fisik (Potter & Perry, 2009). Boys are more likely to be more aggressive than girls (Conry-Murray, Kim, & Turiel, 2015). Boys are also more likely to be more emotional than girls (Hansenne & Legrand, 2012). This suggests that the development of girls and boys and girls of school age children a lot of difference. But does not inhibit the child to reach the stage of growth.

Most school-age children who become client 10-year-old student, or about 5 th grade. 10-year old son is preparing to resume the job growth toward puberty. At this age girls and boys are more likely to set up a peer lesbian associations. This is not done at the age when school children aged 7- 8 years (Potter & Perry, 2009).

Most birth order of 15 school-age children are children with birth order last or youngest child with the number 8. Birth order is one of the factors that influence a child's perspective in the concept of a culture where the first child is seen as the heir to the family, authority, power, while the youngest child is seen as a puppet fun or even as spam (Hurlock, 2008) .

Number of siblings in this paper is at most 6 of 15 children. Relationships between siblings or sibling affect the child's personality, a positive relationship with siblings could be a contributing factor in the

psychosocial development of children (Boyd, 2012). The results also show that children who live with his brother have better mental development than staying with relatives or alone (Astington & Edward, 2012). Meanwhile, other research indicates that aggressive behavior among siblings is affected by the presence of the family who also have aggressive behavior (Buist, Dekovi , & Prinzie, 2013).

The results showed that the majority of school-age children who become client students have lower socioeconomic status. Low socioeconomic status and poverty are at risk of a child to be exposed to a lot of problems and psychosocial problems, one of which is the parents who work too long so did not have a lot of time to see the development of their children, this is because parents are more focused how to make money to survive (Boyd, 2012).

2. Factors Affecting Precipitation predisposition and Childhood Development of School Age Children

Biological factors in children of school age children found that most of them do not have the complete genetic diseases and immunization, and the entire school-age children is never ill, there is no physical disability and no allergies. Difisik can be concluded that the student-run school-age children healthy. Children who are physically fit will affect the psychological well-being (Harold & Hay, 2005). Additionally unhealthy physical condition also affects the task of school-age child development (Potter & Perry, 2009).

Psychological factors that support the development of school-age children. Most children of school age have parents with parenting discipline and most children had been beaten or kicked by her parents. The results showed that parents who care for children with patterns of discipline, children tend to be more aggressive (Kawabata, Alink, Tseng, van Ijzendoorn, & Crick, 2011). Research also indicates that children who are often persecuted by others is more difficult to regulate the emotions than children who rarely persecuted (Harold & Hay, 2005) Most

school-age children is at risk for experiencing deviant behavior.

In the socio-cultural factors supporting the child already has a positive factor. There is only one child with the condition of divorced parents. Divorce on the poultice is one stressor that can make children behave maladaptive thus inhibiting the growth (Freeman, 2011). The results also showed that children with divorced parents showed symptoms of stress and depression (Wallerstein, 2008). Most of these school-age children have good social support factors to facilitate an increase in the growth of the task.

Results of this study indicate that all children of school age are Sundanese tribe. The results of student interviews to the family stating that the tribe is Sundanese Sundanese accent is rough. So that children also follow how the environment behaves. This is the same as the results of past studies showing that children of school age is a period when the child began to include his tribe's identity, including language, physical appearance, pride, social and cultural (Rogers et al., 2012). It can be concluded that school-age children in RW 06 tend to behave in accordance with the surrounding environment.

3. The Effect TGT and AT To School Age Children

It was found that there is a change 8 aspects of development in school-age children after being given TGT. On average motor aspects of all children have mastered the task of its growth and development as children of school age. not many changes in the motor aspects. This is because the child already has the capability before it is given TGT and indirectly parents and children are doing on the growth stimulation of the motor. Motor session is a session that most quickly completed. In addition to enthusiastic children with games associated with fine and gross motor. The game is an activity that make children enthusiastic especially if done with friends (Santrock, 2011)

Cognitive aspects of learning where the child is getting the home and school. School-age children already have the ability to determine cause and effect and making

excuses why something happens, but children do not have the ability to think about the possibilities and the child's ability to think logically about the incident at this time and know the relationship between something with the idea arose (Potter & Perry, 2009). Cognitively school-age children are able to concentrate on more than one aspect of a situation (Hockenberry & Wilson, 2009).

Language aspects increased after the development was given IGT also increased. Increased rate of approximately 15 children (100%) is in the sub-components like reading, capable menyakan matter of time and causality, and the children are able to communicate well with others. In the language the child is able to construct sentences long, children have also been able to find a lot of meaning to the same word (Hockenberry & Wilson, 2009).

The emotional aspects of increasing the ability of school-age children, but not all children have the ability on the emotional aspects. Subcomponent achieved pretty much the child is able to receive association with others of the 10 children (66.67%) to 12 children (80%). While changes subcomponent know the cause of feelings that arise. overcome negative feelings about themselves, school and family, resolve conflicts with others only increased to 1 child only. Obviously if this capability is not trained from now children possibility of school-age children will have difficulty in interacting with his peers so that later would make children become deviant behavior. Emotions at school-age children has increased and the response has varied depending on a child's ability to cope with the stressor (Ibung, 2008). Children adopt measures emotions they do from the environment and the family (Haberstick, Smolen, & Hewitt, 2006). Emotion is a factor that affects a person's behavior.

Pada aspek moral terdapat subkomponen yang yang belum maksimal dimiliki oleh anak adalah permusuhan berkurang. Pada aspek spiritual subkomponen yang belum maksimal adalah

bersikap bertanggung jawab. Aspek psikososial subkomponen mampu bekerjasama dengan orang lain hanya dimiliki oleh 11 anak (73,33%) setelah diberikan TGT.

While on the emotional aspects, moral, spiritual and personality, there is a sub-component that has not been increased to the maximum. These aspects included in emotional intelligence. Emotional intelligence is an ability of being owned by the children to learn social skills based on the component of self-awareness, managing feelings, motivation, empathy and skills in developing relationships with others (Goleman, 2012). Therefore the next stage students will use Assertive Training to improve the emotional intelligence.

In addition the results of the pretest for assertive behavior after the TGT can be seen to increase the amount to be fairly assertive behavior, and a reduction in numbers less assertive behavior menjadi enough. This shows that TGT is also able to help the child to behave assertively. But not heading towards a good assertive behavior. TGT in the results shown to improve mental development of children of school age in the cognitive, psychomotor and industrial development (Istiana, Keliat, & Nuraini, 2011). Therefore the next stage students will use assertiveness training to see changes in assertive behavior better.

Application of assertiveness training in these children improve some sub-components are still low when given TGT. This subcomponent is to know the cause of the feelings that arise. overcome negative feelings about themselves, school and family, resolve conflicts with others On the moral aspect there is a subcomponent that are not maximized owned by children is reduced hostility. In the spiritual aspect subcomponents are not maximized is being responsible.

After being given assertiveness training, all the sub-components are increased. Components behave responsibly, reduce hostility, to know the cause of feelings

that arise. overcome negative feelings about themselves, school and family, resolve conflicts with others and able to cooperate with others. all sub components of the above are included in emotional intelligence. Emotional intelligence by Mayer and Salovey (1997) in García-Sancho, Salguero, and Fernández-Berrocal (2014) is the ability to express emotions, understanding emotions and be able to regulate emotions to enhance the emotional and intellectual growth.

Results of practical implementation of the provision of assertiveness training on school age is there is a difference between pretest, when given the TGT and then given assertiveness training. It shows that Febrianti et al. (2013) about the effect of assertiveness training on school-age children, the elderly, in addressing bullying. This study shows that after being given assertiveness training, the value of assertive behavior children become higher than children who were not given assertiveness training.

Research conducted by Novianti, Keliat, Nuraini, and Susanti (2010) about the effect of group therapy assertiveness training on communication skills assertive in managing emotions school-age children (7 to 12 years old) in the village Balumbang Jaya Bogor Barat in the group of mothers who received therapy assertiveness training showed an increased ability assertive communication significantly after therapy and there is a difference which signifikan between the group receiving assertive therapy with those not receiving treatment assertive. Children's ability to manage emotions in the intervention group showed improvement which indicates a change of emotional intelligence is becoming a high emotional intelligence.

CONCLUSION

TGT and assertiveness training provide the opportunity for children to share experiences, help each other in stimulating the development of mutual interaction dan adanaya antae group. Good interaction between students and children.

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