

BUKTI KORESPONDENSI:

This screenshot shows a Gmail interface with an email from Assist Prof Arief Yanto. The email subject is "[SEANR] Proofreading Request (Author)". The sender's address is "jurnal@unimus.ac.id". The email content includes instructions for proofreading a submission titled "Increased The Adolescent Self-Identity Using The Peplau-Erickson-Stuart Model". It lists six steps: 1. Click on the Submission URL below. 2. Log into the journal and view PROOFING INSTRUCTIONS. 3. Click on VIEW PROOF in Layout and proof the galley in the one or more formats used. 4. Enter corrections (typographical and format) in Proofreading Corrections. 5. Save and email corrections to Layout Editor and Proofreader. 6. Send the COMPLETE email to the editor. The submission URL is provided as <https://jurnal.unimus.ac.id/index.php/SEANR/author/submissionEditing/5335> with the username "enihidayati". The sender's contact information includes the University of Muhammadiyah Semarang, phone number 085876336907, and email arief.yanto@unimus.ac.id. The email is dated Saturday, December 28, 2019, at 17:46. The browser tabs show the journal's website and the article title.

This screenshot shows a Gmail interface with an email from "Lans. Google Cendekia". The subject is "Artikel baru di profil saya". The sender's address is "scholaralerts-noreply@google.com". The email content features a snippet of an article titled "A STUDY ON THE IMPLEMENTATION OF 'REACTOR' NURSING DELEGATION MODEL BY DELEGATED NURSE AT SEMARANG" by VY Pohan, D Gayatri, E Hidayati, H Risma, published in The Malaysian Journal of Nursing, 2020. The snippet discusses background information about leader nurses and nursing delegation. Below the snippet, there is a link to the article and a section titled "BATAL LANSIRAN" (Unsubscribe) with a note: "Pembitahuan ini dikirim oleh Google Cendekia. Google Cendekia adalah layanan dari Google." The email is dated Saturday, January 4, 2020, at 18:41. The browser tabs show the journal's website and the article title.

Increased The Adolescent Self-Identity Using The Peplau-Erickson-Stuart Model

Eni Hidayati¹, Novy Helena Catharina. Daulima², Ice Yulia Wardani³

1. Department of Psychiatric Nursing, Faculty of Nursing, University of Indonesia, Depok 16424, Indonesia
2. Faculty of Nursing, University of Indonesia, Depok 16424, Indonesia
3. Faculty of Nursing, University of Indonesia, Depok 16424, Indonesia

Abstract

The formation of adolescent self-identity if good stimulation is not carried out will affect feelings of inferiority which have an impact on mental health for adolescents. The importance of providing stimulation for growth and development in adolescents and family psychoeducation, especially in community settings, in an appropriate and effective way to enhance the development of adolescent identity because adolescents are an age that is very vulnerable to problems and is an age group that is large enough to lay a strong foundation by developing internal strengths and levels maturity that allows interaction with the outside world as well as some behaviors from the environment. The aim is to find out the results of the implementation of Therapeutic Group Therapy: youth and family psychoeducation on increasing adolescent development. The method in this study used case reports, where 5 clients were given health education actions according to the problems faced by families in stimulating development in their teens. Specialist therapy that can be given is adolescent therapeutic group therapy and family psychoeducation. The results of adolescent therapeutic group therapy can improve the ability to develop self-identity of adolescents and families in 10 aspects of the stages of adolescent change, namely: biological, psychosexual, cognitive, language, moral, spiritual, emotional, psychosocial, talent and creativity. The results of this study are expected Specialist therapy that can be given is adolescent therapeutic group therapy and family psychoeducation. The results of adolescent therapeutic group therapy can improve the ability to develop self-identity of adolescents and families in 10 aspects of the stages of adolescent change, namely: biological, psychosexual, cognitive, language, moral, spiritual, emotional, psychosocial, talent and creativity. The results of this study are expected Specialist therapy that can be given is adolescent therapeutic group therapy and family psychoeducation. The results of adolescent therapeutic group therapy can improve the ability to develop self-identity of adolescents and families in 10 aspects of the stages of adolescent change, namely: biological, psychosexual, cognitive, language, moral, spiritual, emotional, psychosocial, talent and creativity. The results of this study are expected can become input material for the health office, especially community health program managers in dealing with adolescent health problems and is expected to be an evidence-based practice in community psychiatric nursing practice.

Keywords: adolescents, therapeutic group therapy, family psychoeducation

Introduction

Mental health is a state of well-being characterized by feelings of happiness, balance, satisfaction, self-actualization and optimism. Mental health itself has a meaning in which a person with a positive attitude towards himself, grows and develops, has self-actualization, wholeness, self-freedom, has perceptions according to reality and skills in adapting to the environment (Stuart & Laria, 2009). Mental health is a condition of well-being where individuals are aware of their abilities, can cope with stress in their lives, can work productively and make a contribution to social life. So it can be concluded that mental health is a state of well-being where individuals are aware of their abilities, can cope with stress in their lives,

Growth and development occur simultaneously throughout life. Development occurs regularly following a certain pattern or direction at each stage of development which is the result of development from the previous stage and becomes a prerequisite for further development. Adolescence is known for its confused roles where adolescents enter the world of forming self-identities, growing a sense of independence, wanting to be involved in tasks that can be carried out until they are finished (Erikson, 1950 in Wong, 2009). Factors that can influence the development of adolescents include biological, psychological and sociocultural factors. In addition, the factors that cause a person to experience development, especially for adolescents, are health, environmental

Commented [A2]: The introduction is adjusted to the flow of research..

factors, attitudes and individual behavior. The environment that influences adolescent development includes family, schools and peer groups of adolescents. Related government efforts in optimizing the development of adolescents, namely providing non-formal health services. Efforts to optimize adolescent development by guiding adolescent intellectual development, providing stimulation for adolescents to think creatively and solve problems (Videbeck, 2011).

Nursing care given to adolescents in forming self-identities, both nursing and specialist actions, is carried out using the Peplau interpersonal model. This is because the formation of self-identity in adolescents often repeats itself because adolescents feel uncomfortable when nurses provide nursing care. According to Peplau (1991), nurses in practicing nursing must have interpersonal relationships that are based on the values, uniqueness, art, and science of nursing. Interpersonal relationships based on the values, uniqueness, art, and science of nursing will build therapeutic relationships between adolescents and nurses. Peplau (1991) explains that the therapeutic relationship can be built if the nurse uses 4 phases in dealing with adolescents, namely orientation, identification,

The forms of therapy provided by nurses to family members are family therapy, group therapy, group psychoeducation, supportive therapy, self-help groups, and therapeutic group therapy. (Peplau in Alligood 2009). Meanwhile for adolescents, the therapy provided is in accordance with the stages of adolescent development, such as individual therapy, group therapy and environmental therapy. One of the therapies given to optimize adolescent development is therapeutic group therapy. Therapeutic group therapy is a type of group therapy that provides opportunities for its members to share experiences, help each other, find ways to solve problems and anticipate problems that will be faced by teaching effective ways to control stress. (Varcarolis & Halter, 2010). The goal of TKT is to maintain homeostasis against unexpected changes or events that occur gradually. Therapeutic group therapy helps its members prevent health problems, educates and develops the potential of group members and improves quality among group members to overcome problems in life (Keliat, Akemat, Daulima & Nurhaeni, 2011). This therapy is given at all age levels according to the stage of growth and development and can be done in groups or individually by stimulating growth and development.

One of the related studies on the identity status of adolescents was conducted by Jannah (2011), which showed that more adolescents were in identity achievement status, this was because the adolescents studied were adolescents who had entered the final adolescent phase, namely college students. Meanwhile, according to the results of Trihadi's research (2009), therapeutic group therapy significantly increases the cognitive and psychomotor abilities of families in providing stimulation of child development. Therapeutic group therapy increases the chances of cognitive and psychomotor abilities by 45.5% from 38.5% after receiving therapeutic group therapy the ability is higher. Based on research conducted by Bahari (2010) stated that the developmental abilities and self-identity of adolescents increased well after receiving therapeutic group therapy. Teenagers are age that is very vulnerable to problems and is an age group that is large enough to lay a solid foundation by developing internal strength and a level of maturity that allows interaction with the outside world and adopts some behaviors from the environment in the community (Keliat, Daulima & Farida, 2007).

Nursing care for adolescents here uses Peplau's interpersonal relationship approach and Erickson's developmental theory, which is a therapeutic relationship as an interpersonal process that involves communication interactions between nurses and clients who have the goal of solving and identifying problems that exist in the client. During a therapeutic relationship with clients, nurses are strongly encouraged to use themselves as a tool in maintaining and building relationships with clients. With this, it is hoped that adolescents can express what they have felt so far, so that nursing care can be

carried out in depth to get optimal results. The nurse in conducting interpersonal relationships with adolescents is the role of a foreigner in approaching adolescents through the orientation phase, the identification phase is carried out when the nurse conducts an assessment on adolescents. After carrying out the next assessment, the nurse carries out the exploitation phase, namely the act of implementing nursing. Then proceed with the resolution phase, namely Peplau's interpersonal relationships when evaluating the results of the nursing actions that have been carried out.

Case Illustration

Nursing care is carried out using a case report approach. A case report is a detailed report on signs and symptoms, diagnosis, treatment and follow-up from a client, usually an unusual or new event where the cases in this report can be in the form of a group with the same conditions or a single client. This case report uses a model approach *case report* to 5 clients in RW 04 Mulyaharja Village with adolescent self-identity who were given specialist nursing actions (Therapeutic Group Therapy and family psychoeducation) see in table 1. The flow of intervention according to the nursing process with the Peplau interpersonal relationship model approach and Erikson's theory starting from assessment, determination nursing diagnoses, implementation of nursing actions and results of nursing actions, and client support systems, as well as changes after the intervention is given. Data collection used primary data from scanning formats and evaluation instruments (pre-post) for signs and symptoms of adolescent self-identity nursing diagnoses. The number of clients who received nursing care were 5 healthy adolescents and all clients had completed sessions for nursing actions, therapeutic group therapy and family psychoeducation.

Table 1
The Effectiveness of TKT on Adolescent Self-Identity Achievement
in RW 4 in the Mulyaharja Village Period 12 February - 13 April 2018 (n= 5)

No	Teen changes	Before		After	
		Total	%	Total	%
1	Physical & Psychosexual Aspects				
	• Signs of puberty appear	4	80	5	100
	• Weight gain	3	60	5	100
	• Increase in bandage height	4	80	5	100
	• Interest in the opposite sex arises	4	80	5	100
	• Sexual fantasies or fantasies increase	4	80	5	100
	• Attention to self increases	5	100	5	100
	Average	4	80	5	100
2	Cognitive Aspect & Language Aspect				
	• Able to think cause and effect				
	• Be able to predict/guess	3	60	5	100
	• Be able to make decisions	4	80	5	100
	• Able to combine ideas, thoughts and concepts	4	80	5	100
	• Able to analyze	4	80	5	100
	• Changes in other people's perceptions of roles	4	80	4	80
	• Able to understand others	5	100	5	100
	• Able to think systematically	4	80	5	100
	• Able to think logically	5	100	5	100
	• Able to think idealistic	4	80	5	100
	• Able to solve problems	5	100	5	100
	• Language skills increase	4	80	5	100
	• Has special terms (slang)	4	80	5	100
	Average	4,23	84,61	4,92	98,46

No	Teen changes	Before		After	
		Total	%	Total	%
3	Moral Aspect & Spiritual Aspect				
	• Understand ethical values, religious and societal norms	4	80	5	100
	• Pay attention to the needs of others				
	• Be polite, respect parents and teachers	4	80	5	100
	• Be kind to friends	5	100	5	100
	• Begin to obey the rules and regulations in society	4	80	5	100
	• Began to diligently worship according to the religion they adhered to	5	100	5	100
	• Want to carry out His commands and stay away from His prohibitions	4	80	5	100
	Average	4.28	85.71	5	100
4	Emotional & psychosocial aspects				
	• Able not to force parents to fulfill his wishes	3	60	5	100
	• Able to control yourself				
	• Stable emotions	5	100	5	100
	• Able to adapt to the surrounding environment	4	80	5	100
	• Attention to others	4	80	5	100
	• Have achievements				
		4	80	4	80
		5	100	5	100
	Average	4.16	83.33	4.83	96.66
5	Aspects of Talent & Creativity				
	• Mhave a special talent that continues to grow	3	60	5	100
	• Participating in additional activities (such as: sports, arts, recitation, martial arts)	3	60	5	100
	• Critical of others	3	60	4	80
	• Always curious	4	80	5	100
	• Dare to express opinions and beliefs	3	60	4	80
	• Happy to find new experiences	4	80	5	100
	• Enjoy doing something difficult	3	60	5	100
	Average	3.28	65.71	4.71	94.28

Table 1 shows the average achievement of adolescent developmental tasks in the physical and psychosexual aspects, with the most weight gain being achieved from 60% to 100%, with an overall average score of 80% to 100%. Furthermore, looking at the cognitive aspects and language aspects with the highest achievement of the difference is being able to estimate or suspect from 60% an increase of 100%. With an overall average score of 84.61% to 98.46%. The moral and spiritual aspects are seen in achieving change, understanding ethical values, religious norms and society from 80% increasing 100%, with an overall average score of 85.71% increasing 100%. Emotional aspects and psychosocial aspects with achievement on being able to not require parents to fulfill their wishes from 60% increase to 100%, with an overall average score of 83.33 an increase of 96.66%. In the aspect of talent and creativity there is a change in the courage to express opinions and beliefs from 60% to 100%, with an overall average score of 65.71%, an increase of 94.28%. With the greatest difference in the emotional and psychosocial aspects with a slight difference level of 14.29%, it means that the ability of adolescents' emotional development in self-adjustment to new situations in other people.

The client is given nursing actions first, then followed by specialist nursing actions: therapeutic group therapy consisting of 6 sessions. First session: stimulation of adaptation to changes in biological and psychosexual aspects. Then the second session: stimulation of adaptation to cognitive and language aspects, followed by the third session: stimulation of adaptation to changes in moral and spiritual aspects, continued to the fourth session: stimulation of adaptation to changes in emotional and psychosocial aspects, followed by fifth session: stimulation of adaptation to changes in aspects of talent and creativity, followed by the sixth session: monitoring and evaluating the experience and benefits of the exercise.

Family psychoeducational therapy consists of 5 sessions. First session: identifying personal problems faced by caregivers, problems faced in caring for family members who have teenagers. second session: explaining how to care for stimulation of adolescent development, third session: stress management, fourth session: load management and fifth session: use of the family's support system.

Table 2.
Case Description

Client Initials	Case Description
Ms. S	Female, 14 years old, 2nd grade junior high school education, parents work as laborers, parents' income is below the minimum wage, 5 siblings. Lifestyle a. S is healthy, has no serious illness or history, eating patterns are not excessive, weight increases according to age, the client is able to express opinions, is able to speak critically when there is a problem, is able to distinguish between good and bad actions, likes to try new activities, the client has many friends, do worship activities 5 times, active in school organizational activities, able to adapt to new environment Clients are known as individuals who are open, cheerful and involved in activities in the community.
Ms. N	Female, 17 years old, 1st grade education at Vocational School, parents work as entrepreneurs (traders), parents' income is above the UMR, number of siblings is 1 person. In addition, the client's lifestyle is healthy, has no disease or history of serious illness, diet not excessive, weight gain according to age, clients are able to express opinions, able to speak critically when there is a problem, able to distinguish between good and bad actions, happy to try new activities, clients have many friends, do worship activities 5 times, active in school organizational activities , able to adapt to new environment Clients are known as individuals who are open, cheerful and involved in activities in the community. The client also has a history of conflict with peers in the school environment and the community around his home.
Ms. Y	Female, 18 years old, 3rd grade education at SMK, parents work as laborers, parents' income is below the UMR, number of siblings is 3. The client's lifestyle is healthy, does not have a disease or history of serious illness, diet is not excessive, weight increases according to age, the client is able to express opinions, is able to speak critically when there is a problem, is able to distinguish between good and bad actions, likes to try new activities, the client has many friends, carries out worship activities 5 times a day, is active in school organizational activities, is able to adapt to a new environment The client is known as a person who is open, cheerful and involved in activities in the community. The client has a history of chronic disease in the family, namely hypertension (client's paternal aunt). History of being hospitalized at around 10 years of age (varicella) and 15 years of age (fever, sore throat and difficulty swallowing). The client has a history of irregular eating patterns and likes to consume coffee since he was 13 years old, 1 cup per day.
An. S	Male, 14 years old, 2nd grade junior high school education, parents work as drivers, parents' income is below the minimum wage, 2 siblings. The client has a history of gastritis and a history of hospitalization about 1 year ago, a history of smoking since the age of 13 and a history of consuming alcohol when he was 12 years old because a friend invited him. In addition, the client also has a history of conflict with

Client Initials	Case Description
	peers in the school environment and the community around his home. Clients also rarely carry out worship activities and are not involved in social activities in the community. The client has a history of chronic disease in the family, namely hypertension (client's grandfather and mother).
An. P	Male, 15 years old, 3 junior high school education, parents work as police officers but are now unemployed because the client's father cheated and was terminated as a police officer, parents' income is below the minimum wage, 3 siblings. The client has a history of irregular eating patterns. history of smoking since the age of 13 years, history of drinking coffee once a day. The client has a family history of disease, namely hypertension (client's mother). The client is known as a closed, quiet person, and is rarely involved in community activities.

In table 2 it can be seen the characteristics, predisposing factors and precipitation factors, each of the 5 clients can be seen. An. S abilities that can be carried out are: Female, 14 years old, 2nd grade junior high school education, parents work as laborers, parents' income is below the minimum wage, number of siblings is 5 people. An's lifestyle. S is healthy, has no serious illness or history, eating patterns are not excessive, weight increases according to age, the client is able to express opinions, is able to speak critically when there is a problem, is able to distinguish between good and bad actions, likes to try new activities, the client has many friends, do worship activities 5 times a day, are active in school organizational activities, are able to adapt to a new environment. The client is known as an open person,

The following will explain the ability to form adolescent self-identity from adolescent development tasks before and after giving therapeutic group therapy and family psychoeducation in table 4:

Table 4
Self Identity Ability Before And After Being Given Specialist Therapy
in RW 4 in the Mulyaharja Village Period 12 February - 13 April 2018 (n= 5)

Personal identity		Amount	Percentage %
Able to assess yourself objectively	Before	4	80
	After	5	100
	Difference		20
Able to plan for the future	Before	3	60
	After	5	100
	Difference		40
Able to make decisions	Before	3	60
	After	5	100
	Difference		40
Likes himself as he is	Before	3	60
	After	5	100
	Difference		40
Can interact with the environment	Before	4	80
	After	5	100
	Difference		20
Be responsible	Before	3	60
	After	4	80
	Difference		20
Shows independence in the family	Before	5	100
	After	5	100

Personal identity	Amount	Percentage %
	Difference	
Can solve problems and ask for help	Before	80
	After	100
	Difference	20

In table 3 it is explained that the ability of adolescent self-identity, namely: being able to assess oneself objectively by 80% has increased after being given therapy, namely 100% meaning on self-assessment items. Successful identity achievement during adolescence depends on successful problem solving at earlier stages of development. If adolescents fail to go through their developmental tasks, then at stagedevelopmentnext time there will be a problem. Then being able to plan for the future 60% increased to 100%. Then be able to make decisions as large as 60% experience an increase of 100%. Teens like themselves 40% increase 100%. Can interact with the environment 80% increased to 100%. Teenagers can be responsible for 60% increasing to 80%. Adolescents begin to show 100% independence, adolescent independence does not increase but their abilities remain 100%. Teenagers can solve problems by asking for help from others by 80% and have increased to 100%.

Discussion

Nursing action case management, therapeutic group therapy and family psychoeducation were given to 5 adolescent clients who experienced the formation of self-identity in adolescents. The results showed that all clients experienced an increase in adolescent development and had an increased ability to confuse roles in adolescents. Families are able to care for and facilitate clients and clients and families are able to use support resources inside and outside the family in overcoming health problems.

The ability of physical development after the therapeutic group therapy. This means that the ability of biological development has increased in adolescents who get it. Based on the results of the literature, there are no studies that explain the effect on ability biological development. According to Ali and Asrori (2009), the stimulation provided is optimal in the form of maintaining a healthy body, living healthy, clean, and exercising regularly, quickly seek treatment when sick, good food (nutritious, fresh and healthy) can affect the speed of growth and physical development or biological. There was a significant increase in the ability of adolescent psychosexual development after it was carried out. A person's sexual orientation is normatively interested in deviance, that is, more interested in the same sex. Of course this orientation will have an impact on the appearance and formation of gender identity (Kumrun & Thompson, 2003). Based on the results of group therapy case studies on homosexual adolescent boys by Ali & Ansori (2010), stated that homosexual adolescents experience gender identity confusion, through group therapy their identity becomes strong and positive. In addition, through group therapy, adolescents can provide positive feedback to each other, provide opportunities to build identity and can learn from other normal people. Gender identity can affect sexual orientation, as according to Freud, the normal characteristics of the psychosexual development of the genital phase in adolescence (12-18 years) are sexual attraction, increased sexual fantasy, and attention to appearance according to gender identity (Stuart & Laraia, 2009).

There was no significant increase in cognitive development abilities between before and after receiving TKT. According to Piaget, during adolescence there should be a change from concrete thinking patterns to operational formal ones. Operational formal thinking includes the ability to think

abstractly, think hypothetically, use a future perspective in seeing a situation, be able to imagine various possibilities, the consequences of events that may arise, the development of the ability to make decisions. Able to connect ideas, thoughts or concepts, analyze and solve the problems they face, begin to think idealistically, logically and systematically to solve problems (Bahari, 2010). Cognitive development abilities do not experience an increase due to increase logical abilities, Abstract thinking takes a lot of practice. what the researchers did in the cognitive development stimulation session was only given two sessions, namely in the form of providing an understanding of the cognitive abilities that adolescents must achieve and providing games to stimulate thinking power, the ability to ask questions, and solve problems. Then there was a significant increase in the ability to develop language after the therapeutic group therapy was carried out. Referring to the results of Hasanah's research (2017), at the age of adolescence individuals are expected to have learned all the means of language and performance skills to understand and produce certain languages well. Language development is supported by cognitive development that has reached the formal operational stage. Cognitive development can influence their language skills. There is a developmental relationship with self-identity because self-identity is self-awareness that comes from self-assessment and observation. Synthesis of all dimensions of adolescent development organized into one whole, thus providing understanding and awareness of the characteristics of oneself that distinguish oneself from others, in achieving self-identity, adolescents who have perfect formal operational thoughts are more able to think logically, make hypotheses, imagine to achieve their identity in the future and are better able to solve problems than those with low intelligence (Granholm, 2006). Language development skills have increased, such as still having difficulty expressing opinions, sentences are sometimes not systematic, and they still don't understand some Indonesian vocabulary. This result could be due to the fact that language development requires a process that is quite intensive and continues to be trained in everyday life, even though during the training adolescents have been trained to speak, express ideas, opinions and ask questions.

There was an increase in the ability of moral development before and after receiving therapeutic group therapy. The results of Akhir Scientific's work are not in accordance with the views of Mohoney, (2013) which states that they can help members to change maladaptive behavior. A set of values and an ethical system as guidelines for behavior. These values and norms are used as a guide in controlling the turmoil or encouragement within him. what has been done should be able to make adolescents identify and imitate the moral values that apply in groups, played by therapists, other members such as respecting friends in the group, being polite, obeying rules, and being disciplined. Continuing on the ability of spiritual development there is an increase after TKT is carried out. Adolescents understand more and enjoy learning the rules of their religion, try to practice the rules, try to practice the rules of the religion that they already know, obey the rules of worship, and rarely violate the rules of their religion. The effect of group therapy on the ability of spiritual development has not been studied yet. Efforts to improve moral development by upholding noble values, teaching what is good and bad, right and wrong, what is permissible and what should not be done, and having commendable attitudes and behavior.

There is an increase in the ability of adolescent emotional development after getting TKT. This means that group therapy has an effect on increasing the ability of adolescent emotional development such as increasing the ability to adapt to new situations, starting to pay attention to others, being able to control desires, and control anger. Emotional development will shape a person's character in addressing a problem and the coping mechanisms that are carried out. Conditions of psychological dynamics, psychological problems experienced, the complexity of ego defenses and the character of adolescents can influence the formation of self-identity (Lench, 2014). Puspitasari's opinion (2014)

states that it can give adolescents the opportunity to express emotions or behavioral problems and give feedback to each other on annoying or fun behaviors, learn tolerance, provide opportunities to practice new behaviors. Through group therapy adolescents can learn compassion, and can prevent temperamental traits. Group therapy for adolescents given for more than two weeks resulted in a significant increase in anger control. There is an increase in the ability of psychosocial development. This means that it can improve the ability of adolescent psychosocial development. The results of this nursing care are in accordance with the opinion of Maryatun, (2014) which states that through group therapy adolescents learn to build a healthy relationship, especially with the opposite sex, which ultimately leads to awareness of the future, creates balance in the family, builds open, productive, affectionate and shared relationships between family members so as to prevent conflict, confrontation, and temperamental traits. Group interventions are very successful with adolescents because adolescents are more ready to accept opinions from peers than from adults, groups are useful for helping interactions between peers which emphasize the importance of relationships, group norms can have a very strong influence on socialization, members can experience collaborating with others, and groups provide unsolicited listening opportunities. affection and shared relationships between family members so as to prevent conflict, confrontation, and temperamental traits. Group interventions are very successful with adolescents because adolescents are more ready to accept opinions from peers than from adults, groups are useful for helping interactions between peers which emphasize the importance of relationships, group norms can have a very strong influence on socialization, members can experience collaborating with others, and groups provide unsolicited listening opportunities. affection and shared relationships between family members so as to prevent conflict, confrontation, and temperamental traits. Group interventions are very successful with adolescents because adolescents are more ready to accept opinions from peers than from adults, groups are useful for helping interactions between peers which emphasize the importance of relationships, group norms can have a very strong influence on socialization, members can experience collaborating with others, and groups provide unsolicited listening opportunities.

There was an increase in the ability to develop talent and creativity after the therapeutic group therapy was carried out, meaning that it had an effect on increasing the ability to develop adolescent talent. According to Purwadi, (2000) special talent (talent) if you get the opportunity to develop and be properly trained will appear as a special ability in a particular field, to realize it requires training, knowledge, experience and motivation. The ability to develop talent has not increased because talent development requires optimal time and needs to be continuously stimulated with practice. In the sixth session the researcher stimulated the development of talent, which was given only to provide an understanding of the importance of talent and to give youth the opportunity to show their skills in front of their friends, such as singing, poetry, telling stories and so on. and reward each other. However, the obstacle is that not all respondents want to appear and some talents are not possible to be shown in these activities such as swimming, playing soccer and badminton.

Conclusion

The characteristics of the age of adolescents participating in group therapy were mostly early and middle adolescents, with the most sex being female adolescents, the highest order of first birth and having two to three siblings. The most common source of coping in adolescents who participate in group therapy is that all adolescents have the ability to develop self-identity that have good abilities and changes. While the family's ability to form adolescent self-identity has increased, all mothers have used existing health services. Implementation of adolescent therapeutic group therapy improves the ability of adolescent self-identity development in ten aspects of the stages of adolescent age

change (biological, psychosexual, cognitive, language, moral, spiritual, emotional, psychosocial, talent and creativity). Peplau, Erickson and Stuart's interpersonal relationship model approach is considered appropriate to be applied to adolescents. This is because the stages in interpersonal relationships such as the orientation, identification, exploitation and resolution phases can be applied to adolescents along with roles that make it easier for students to apply nursing care.

Recommendation

I hope can become input material for the health office, especially community health program managers in dealing with adolescent health problems and is expected to be an evidence-based practice in community psychiatric nursing practice and future research to see the effectiveness of therapy on the development of talent and creativity in adolescents with a larger sample size and with a control group and explore comparisons with other therapies.

Reference

- Ali, M & Ansori, M (2010). Adolescent psychology student development. Issue 6. Jakarta: PTEarthScript.
- Alligood, MR (2017). Nursing Theory and their work (8th ed). Philadelphia: Elsevier.
- Nautical. (2010). The effect of therapeutic group therapy on the development of adolescent self-identity in the city of Malang. Master's thesis (unpublished). Jakarta: Nursing, University of Indonesia.
- Grnholm, E., et al. (2006). Group Cognitive-behavioral Social Skills Training For Older outpatients with Chonic Schizophrenia. *Journal Of Cognitive Psychotherapy: n International Quarterly*, 18(3), 265-279.
- Hasana, (2017). The influence of adolescent therapeutic group therapy and family psychoeducation on the development of adolescent self-identity. *Journal of Nursing Volume 9No 1, Pages 13-23, March 2017. Kendal College of Health Sciences. ISSN: Print 2085-1049-Online 2549-8118*
- Jannah. (2012). The Influence of Generalist Therapy Social Skills Training on Adolescents' Identity Achievement in Orphanages in Banyumas Regency. Unpublished thesis
- Keliat, Akemat., Daulima, NHC, & Nurhaeni, H. (2011). *Community Mental Health Nursing: CMHN basic course*. Jakarta: EGC
- Kumrun, A. & Thompson, R. (2003). Ego Identity Status and Self-Monitoring Behavior In Adolescents. *Journal of Adolescent Research*, IX, X, p. 1-16. June 2018. [http://psychology.ucdavis.edu/labs/Thompson/pubs/Kumru Thompson.pdf](http://psychology.ucdavis.edu/labs/Thompson/pubs/Kumru%20Thompson.pdf)
- Lench, HC (2014). Anger management: Diagnostic difference and treatment Implication. *Journal of Social and Clinical Psychology*, 23(4), 512-531

- Mahoney, A. (2013). The spirituality of us: Relational spirituality in the context of family relationships. In KI Pargament, JJ Exline, & J. Jones (Eds.), *APA handbook of psychology, religion, and spirituality*, Vol I, pp. 365–389. Washington, DC: American Psychology Association.
- Maryatun. (2014). The Influence of Therapeutic Group Therapy on Development in the Marsudi Putra Dharmapala Ideraya Social Institution. *Sriwijaya Journal of Nursing*. Volume 1-Number 1. ISSN No 2355 5459
- Peplau. HE (1991). *Interpersonal Relations in Nursing: A Conceptual Frame of Reference for Psychodynamic Nursing*. New York: Springer Publishing Company
- Perry & Potter (Erik Erickson). (2009). *Nursing Fundamentals, 7th Edition, Translation (Federderika, A): Salemba Medika: Jakarta*
- Purwadi. (2004). *The Relationship between Parenting Style and Teenagers' Exploration and Commitment in the Work Domain*. Unpublished Thesis. Bandung : Padjadjaran University.
- Puspitasari, DL, Mubin, MF, & Targunawan. (2014). *Psychological Picture: Self-Concept in Adolescents in Flood Areas Rob*. *Journal of Nursing and Midwifery (JIKK)*
- Stuart, GW&Laria, MT (2009). *Principles and Practice of Psychiatric Nursing*. (8 th edition). St. Louis: Mosby.
- Trihadi., et al. (2009). *The effect of therapeutic group therapy on the ability of families to stimulate the development of children in the bubulak village, Bogor city*. Unpublished thesis.
- Varcarolis & Halter. (2010). *Foundation of Psychiatric Mental Health Nursing a Clinical approach* 6th Ed. Canada: Elsevier
- WHO. (2014). *Mentalhealthatlas 2014*. Retrieved from:http://apps.who.int/iris/bitstream/10665/178879/1/9789241565011_eng.pdf?ua=1&ua=1&ua=1.



Case Report

Increased The Adolescent Self-Identity Using The Peplau-Erickson-Stuart Model

Eni Hidayati¹, Novy Helena Catharina. Daulima², Ice Yulia Wardani²

¹ University of Muhammadiyah Semarang, Indonesia

² University of Indonesia, Indonesia

Article Info

Article History:

Accepted December 28th, 2019

Keywords:

Adolescent; Therapeutic group therapy; Family psychoeducation

Abstract

Without proper stimulation, self-identity formation in adolescents may lead to inferiority, and further to the mental health problem. It is important to give positive stimulation for adolescents and psychoeducation for the family properly and effectively to improve adolescence identity development. As we know, adolescence is a period of age which is considered to be problematic and crucial for them to set their remarkable foundation regarding the interaction with the surrounding people and environment. This research was aimed to find out the result of therapeutic group therapy for adolescent and family psychoeducation toward the improvement of adolescence development. A case report was used as the method of the research, in which 5 clients were given health education care according to the problem faced by the family during the adolescence development stimulation. The special therapy given was the adolescence therapeutic group therapy and family psychoeducation. The result of therapeutic group therapy is the ability to improve family and adolescence self-identity development within the 10 aspects of adolescence stage; biological, psychosexual, cognitive, language, moral, spiritual, emotional, psychosocial, talent, and creativity. The result of the research was expected to be an input for the Department of Health, especially for the administrator of the community health program in dealing with adolescence mental problems. The research is also expected to be the evidence-based practice in the community of mental health nursing.

INTRODUCTION

Mental health is welfare represented by happiness, balance, satisfaction, self-achievement, and optimism. Mental health can also be described as having a positive attitude, improvement, development, self-actualization, unity, freedom, and also own the convenient perception between reality and the ability to adapt to the surrounding environment.¹ Mental health is also a

condition where an individual realizes his or her ability, able to control stress, and productively works and gives a contribution to society. Therefore, it can be concluded that mental health is referred to welfare where an individual realizes his or her ability, able to relieve stress, has the suitable perception between reality and the ability for the adaptation with the surrounding environment, owns self-actualization, and able to productively

Corresponding author:

Eni Hidayati

enihidayati@unimus.ac.id

South East Asia Nursing Research, Vol 1 No 3, December 2019

ISSN:2685-032X

DOI: <https://doi.org/10.26714/seanr.1.3.2019.128-136>

works and gives a contribution to the society.²

Improvement and development simultaneously happen in our life. The development is accomplished according to the pattern of each development stage which is also the result of the previous development stage and the requirement for the next stage. Adolescence is a crucial stage in which adolescent starts to form self-identity, independence, and eager to be involved in a mission.³ Some factors affect adolescence mental health is biological, psychological, and sociocultural factors. Besides, health, environment, and individual attitude are also the supporting factors which influence adolescence mental health development. The environment means family, school, and peer group for the adolescence. In this case, the government has been facilitated by adolescence development by providing non-formal health care. It is done by giving optimum guidance to adolescents' intellectual development and stimulating adolescents' creative thinking and problem-solving ability.

The nursing care is given to the self-identity formation, either the professional or specialist nurse was given using Peplau's interpersonal model. It is possible since the self-identity formation in adolescents may be reoccurred as they did not feel comfortable during the nursing caregiving process. According to Peplau (1991), a nurse should have the value, uniqueness, art, and nursing science-based interpersonal relationship in delivering the health practice. Those aspects help nurses to build a therapeutic relationship with the adolescent. Peplau (1991) stated that the therapeutic relationship will achieve the goals when the nurse accomplished 4 stages of the relationship, which are orientation, identification, exploitation, and resolution.³

The therapy given by a nurse for the family is family therapy, group therapy, psychoeducation therapy, supportive

therapy, self-assistance therapy, and therapeutic group therapy.⁴ On the other hand, the most suitable therapy for the adolescence development stage is group therapy and environmental therapy. One of the therapy techniques used to optimize adolescence development is therapeutic group therapy (TGT). It is a group therapy that enables the members to share their experiences, to help each other, and to find problem solving and anticipation, by giving an effective way to control stress.⁵ TGT is aimed to defend the homeostasis on either the possible spontaneous changes or continuous event. TGT helps the member to prevent health problems, training and developing group member potency, and also improve member's self-quality in order to be able in solving any problems of life.⁶ This therapy is given to all the age levels based on its development stage. It can also be done in a group and individually by stimulating development and improvement.

One of the research about adolescence self-identity was showed about the identity achievement status, as the subject taken was the college students who are in the last stage of adolescence age.⁷ On the other hand, other research showed that therapeutic group therapy significantly improved the family's cognitive and psychometric ability in stimulating children's development.⁸ It improved the cognitive and psychometric ability at 45.5% from the initial 38.5%. The other study stated that self-improvement and self-identity are significantly improved after therapeutic group therapy.⁹ On the other hand, the other group which was not given the same treatment could not show any significant improvement. Adolescence is a crucial stage for problems and to form a solid basis for the internal competence which enables an individual to adapt and interact with the surrounding environment.⁶

The nursing care for the adolescents in this study used Peplau interpersonal relationship approach and the development

theory from Erickson. The theory stated that a therapeutic relationship as the interpersonal process which involved nurse and client communicative interaction in order to identify and solve the client's problem. During the therapeutic relationship, it is suggested that the nurse employs his or her self as the instrument to defend and build the relationship with the client. This way, it is expected for the client to be able to deliver all of his or her feelings and the nurse can further draw the solution in the following nursing care. In applying the interpersonal relationship to the client, the nurse as an outsider carried the orientation and identification stage during the adolescence analysis. After the analysis, the nurse carried the exploitation stage, which was the nursing care practice. After that, the resolution stage was applied using the interpersonal relationship theory of Peplau during the evaluation of the nursing care applied.

METHODS

The nursing care applied was using the case report model. It was a detail report about signs, symptoms, diagnosis, treatment, and also the follow up on a client. It is usually applied for an unusual or new event either on a group or individual client. The case report in this study reported the case on the client from RW 04 Mulyaharja with the adolescence self-identity therapy by the specialist nurse as explained in table 1. The intervention plot was in accordance with the interpersonal theory of Peplau and the theory of Erickson started from the analysis, nursing diagnosis, nursing care practice and nursing care practice result, client's support system, and also the difference after the application of the intervention. The data gained was primary data from scanning format and evaluation instrument (pre-post) on the adolescent self-identity diagnosis. There were 5 healthy adolescents taken as clients. All of the clients were finished with specialist nursing care practice, therapeutic group therapy, and family psychoeducation.

RESULTS

From table 1, we can see that in the physical and psychosocial aspect, the average improvement was mainly on the weight gain aspect from 60% to 100%, with the overall average 80% to 100%. Besides, for the cognitive and linguistic aspect, the highest improvement was on able to suspect with the improvement from 60% to 100%, with the overall improvement of 84.61% to 98.46%. For the moral and spiritual aspect, we can see the understanding of the ethical value, religious and social value of 80% to 100% with the overall value was from 85.71% to 100%. From the emotional and psychosocial aspect, we can see the improvement in able to not forcing the parents to follow their demand from 60% to 100%, with the average value of 83.33% to 96.66%. From talent and creativity, the significant improvement was on the ability in delivering questions and opinions from 60% to 100%, with the overall value of 65.71% to 94.28%. It can be concluded that the biggest deviation was on the emotional and psychosocial aspects with 14.29%.

First, the clients were given specialist nursing practice which was consisted of 5 sessions. The first session, identify the personal problem faced by the caregiver or the parents with the adolescent in the family. In the second session, the method of stimulating adolescence improvement was explained. After that, stress management was carried in the third session. Burden's management was carried on the fourth session, and the use of the supportive family system in the fifth session.

From table 2, we are able to see the characteristic, predisposition factor, and the precipitation factor of the five clients. Client Ms. S owned the ability of Female, 14 years old, second grade of junior high school, parents are labors whose income below the provincial minimum wage, having 5 siblings. Ms. S is healthy, without any serious disease history, normal eating pattern, the weight gain in accordance to

the development, client is able to deliver her opinion, able to critically speak about problem, able to differentiate which is good and bad, loves to try new thing, has many friends, able to adapt in the new environment, extrovert, cheerful, involve in some social activities.

The following (Table 3) is the explanation about the ability of adolescence self-identity formation from the development task before and after the intervention of therapeutic group therapy and family psychoeducation.

Table 3 explained about adolescence self-identity ability involved: able to objectively assess himself/herself at 80% which represents 100% improvement. The

achievement in the self-identity formation stage depends on the problem-solving process in the previous stage. If an adolescent failed in the previous development task, the result may influence the following stage. The next, about the ability to figure in the future, was improved from 60% to 100%. The ability to make a decision was improved from 60% to 100%. The love of the individual self-was improved from 40% to 100%. The ability to interact with others was improved from 80% to 100%. The responsibility was improved from 60% to 80%. Adolescents started to represent their independence by 100%. And they were able to solve the problem with assistance was improved from 80% to 100%.

Table 1
TGT Effectiveness toward self-identity achievement on adolescent in RW 4 Mulyaharja District

No	Adolescence Change	Pre		Post	
		Number of clients	%	Number of clients	%
1	Physical & Psychosexual Aspect				
	a. The appearance of puberty signs	4	80	5	100
	b. Weight gain	3	60	5	100
	c. Height improvement	4	80	5	100
	d. Interest to sex opposite	4	80	5	100
	e. Improved sexual fantasy and imagination	4	80	5	100
	f. Improved self-interest	5	100	5	100
	Average	4	80	5	100
2	The cognitive and linguistic aspect				
	a. Able to think about the causative effect	3	60	5	100
	b. Able to suspect	4	80	5	100
	c. Able to decide	4	80	5	100
	d. Able to gather idea, thinking, and concept	4	80	5	100
	e. Able to analyze	4	80	4	80
	f. The change in people perception	5	100	5	100
	g. Able to understand others	4	80	5	100
	h. Able to think systematically	5	100	5	100
	i. Able to think logically	4	80	5	100
	j. Able to think idealistically	5	100	5	100
	k. Able to solve the problem	4	80	5	100
	l. Improved linguistic ability	4	80	5	100
	m. Mastering special linguistic term (slang language)	5	100	5	100
	Average	4.23	84.61	4.92	98.46
3	Moral & Spiritual Aspect				
	a. Understand the ethical value, religious and social norms.	4	80	5	100
	b. Care on others' need	4	80	5	100
	c. Have a good manner toward parents and teachers	5	100	5	100
	d. Good to friends	4	80	5	100
	e. Start to obey the rule in society	5	100	5	100
	f. Diligently do the religious practice	4	80	5	100
	g. Enjoining good and forbidding wrong	4	80	5	100
	Average	4.28	85.71	5	100

No	Adolescence Change	Pre		Post	
		Number of clients	%	Number of clients	%
4	Emotional & psychosocial aspect				
	a. Able to not forcing the parents to follow their demand	3	60	5	100
	b. Able to control themselves	5	100	5	100
	c. Emotionally stable	4	80	5	100
	d. Able to adapt to the environment	4	80	5	100
	e. Give concern to other	4	80	4	80
	f. Get achievement	5	100	5	100
	Average	4.16	83.33	4.83	96.66
5	Talent & creativity aspect				
	a. own the improving special talent	3	60	5	100
	b. follow extra activities	3	60	5	100
	c. critical	3	60	4	80
	d. curious	4	80	5	100
	e. able to deliver opinion and question	3	60	4	80
	f. interested in the new experience	4	80	5	100
	g. interested in challenging	3	60	5	100
	Average	3.28	65.71	4.71	94.28

Table 2.
Case Description

Client's Initial	Case Description
Ms.S	Female, 14 years old, second grade of junior high school, parents are labors whose income below the provincial minimum wage, having 5 siblings. Ms. S is healthy, without any serious disease history, normal eating pattern, the weight gain in accordance to the development, client is able to deliver her opinion, able to critically speak about problem, able to differentiate which is good and bad, loves to try new thing, has many friends, able to adapt in the new environment, extrovert, cheerful, involve in some social activities.
Ms. N	Female, 17 years old, first grade of vocational high school, parents are entrepreneurs whose income above the provincial minimum wage, has 1 sibling. Ms. N is healthy, without any serious disease history, normal eating pattern, the weight gain in accordance to the development, client is able to deliver her opinion, able to critically speak about problem, able to differentiate which is good and bad, loves to try new thing, has many friends, diligently does the prayers, active in school organization activities, able to adapt in the new environment, extrovert, cheerful, involve in some social activities. The client has had a conflict with the peer around her school and house environment.
Ms. Y	Female, 18 years old, the third grade of vocational high school, parents are whose income below the provincial minimum wage, having 3 siblings. Ms. Y is healthy, without any serious disease history, normal eating pattern, the weight gain in accordance to the development, client is able to deliver her opinion, able to critically speak about problem, able to differentiate which is good and bad, loves to try new thing, has many friends, diligently does the prayers, active in school organization activities, able to adapt in the new environment, extrovert, cheerful, involve in some social activities. There is a history of chronic disease in the client's family. The aunt and father of Ms. Y suffered from hypertension. Ms. Y had been hospitalized when she was 10 (varicella) and 15 (fever, throat problem). The client has an irregular eating pattern with coffee consumption habits since she was 13, at least 1 glass per day.
Mr. S	Male, 14 years old, second grade of junior high school, the parent is a driver whose income below the provincial minimum wage, has 2 siblings. The client has gastritis history and had been hospitalized a year ago, smoking since he was 13, have had alcohol when he was 12. The client also had a conflict with the peer from school and the house environment. The client rarely does the prayer and never joins the social activities. There is a history of chronic disease in the client's family. The grandfather and mother of the client suffered from hypertension.
Mr. P	Male, 15 years old, the third grade of junior high school, his father was a police officer, but then dropped out from the office because of scamming scandal, the father is now jobless with the income below the provincial minimum wage, has 3 siblings. The client has an irregular eating pattern with coffee consumption habits since he was 13, at least 1 glass per day. There is a history of chronic disease in the client's family. The mother of the client suffered from hypertension. The client is an introvert, silent, and rarely joins the social activities.

Table 3
Ability in self-identity formation pre and post specialist therapy for clients in RW 4 Mulyaharja District

Self-identity		Count	%
Able to objectively assess himself/herself	Pre	4	80
	Post	5	100
	Delta		20
Able to figure the future	Pre	3	60
	Post	5	100
	Delta		40
Able to make decision	Pre	3	60
	Post	5	100
	Delta		40
Love himself/herself	Pre	3	60
	Post	5	100
	Delta		40
Able to interact with others	Pre	4	80
	Post	5	100
	Delta		20
Responsible	Pre	3	60
	Post	4	80
	Delta		20
Independent	Pre	5	100
	Post	5	100
	Delta		0
Able to solve a problem with the assistance	Pre	4	80
	Post	4	100
	Delta		20

DISCUSSION

The case and care management by specialist nurse delivered the therapeutic group therapy and family psychoeducation for 5 adolescence clients who were in the self-identity formation stage. From the result, it could be seen that all of the aspects of adolescence development were improved. The family was able to take care and facilitate clients, while the clients are able to use the supporting source from the inside and outside the family to deal with health problems.

After therapeutic group therapy, the biological development of clients was improved. On the other hand, from the literature review, there was no study explained the influence of the therapy toward biological development. According to other studies that the optimum stimulus such as maintaining body health, a healthy lifestyle, maintain cleanliness, regular

exercise, immediate treatment for illness, and a healthy diet was able to affect the physical and biological development. There was a significant improvement in adolescence psychosexual development after the therapy. In terms of distortion, an adolescent may interact with homosexual activity. The orientation may also be affected by the appearance and gender identity formation.¹⁰ Based on the other case study on gay adolescents, it was stated that gay adolescents were trapped in gender identity confusion.¹¹ In this case, group therapy was able to strengthen and improve adolescents' self-identity. Besides, group therapy also enables adolescents to give positive feedback to others, giving chance to build self-identity and learn from normal people. Gender identity is able to influence sexual orientation. As mentioned by Freud, the normal characteristic of a genital psychosexual stage was within the adolescence stage (12-18 years old). It can be seen from the sexual attraction,

improved sexual fantasy, and the improved interest in their own appearance according to their gender¹ The result of the study concluded that psychosexual development was improved in line with the biological development in a form of hormonal change and physical change, especially in the reproductive organs. This way, the therapy needs at least 6 sessions to accomplished.

The ability in cognitive development was not significantly improved before and after the TGT. According to Piaget, the adolescence period is the period where the thinking pattern of an individual changes from the concrete to formal operational. The formal operational thinking involves the ability to think abstractly, think hypothetically, able to use future perspective, able to figure out the possibilities and consequences from things happened, and the development of the ability in making the decision. Able to relate an idea, thinking or concept, analyze and solve the problem, start to think ideally, logically, and systematically to solve the problem.⁹ The cognitive development was not improved as to achieve cognitive development require more abstract thinking training. During the cognitive stimulation session, the researcher only applied two sessions of therapy which involved the explanation about cognitive ability should be accomplished by adolescents and also the game to stimulate thinking ability, asking ability, and problem-solving ability. And then, during the linguistic development stage, there was a significant improvement after the therapeutic group therapy intervention. Referred to the result of other research was expected that the entire individual has learned about all the linguistic and performance skill to well understand and produce certain language when they enter the adolescence period.¹² The linguistic development was supported by the operational formal cognitive ability. Cognitive development definitely improves linguistic ability. The correlation between development and self-identity was that self-

identity came from self-assessment and observation. The combination of the developments from all of the aspects of the development formed the characteristic of an individual that differentiates one to another. An adolescent who has accomplished the formal operational development is able to think logically, make the hypothesis, imagine his or her future identity, and able to solve the problem.¹³ The problem in linguistic development may involve the difficulty in delivering the opinion, the unsystematic sentence, and the inability to understand some words in their own language. It is possible as linguistic ability requires the intensive and comprehensive process, despite the fact that adolescents commonly have been trained to speak, delivered the opinion, and asked the question.

The ability to moral development was improved after the application of therapeutic group therapy. The result of the research was not in line with other studies which concluded that the therapeutic group was able to help the member in changing maladaptive attitudes. Ethical value and system was the main instrument to control the impulse during the self-identity formation. During the therapy, the therapist should actively apply positive moral values such as respecting the other group members, presenting a well-mannered attitude, obeying the rule, and applying discipline value. After the therapeutic group therapy, spiritual development was also improved. The adolescents tended to be more interested in religious value, try to apply the value, and stay away from the religious forbid. There was no study examining the influence of group therapy on spiritual development. The moral development can be improved by respecting the noble value, differentiate between good and bad, right and wrong, and also possess a good attitude.

After the therapeutic group therapy, the emotional development of the adolescents was improved. It meant that group therapy

significantly influenced emotional development such as improving adaptive skills, giving more concern to others, able to control demand and anger. The emotional development would also form an individual character in reacting to a problem. Psychological problems, dynamic psychological state, the complexity of ego defense, and adolescent's character are able to influence self-identity formation.¹⁴ According to other research that group therapy enables adolescents to express emotion and behavioral problems, give feedback on the annoying behavior of others, learn how to tolerate, and give chance to practice new behavior.¹⁵ In group therapy, adolescents are able to learn how to care and love each other, and how to restrain temperament. The group therapy was given to adolescents for two weeks to show a significant result to restrain anger in adolescents. There was also an improvement in the psychosocial development of adolescents. The result of this nursing care was in line with the conclusion of other research which stated that group therapy builds a healthy relationship, especially with the opposite sex.¹⁶ It will further stimulate future realization, create balance in the family, build openness, productivity, love, and able to avoid conflict, confrontation, and also temperamental behavior in the family. The group intervention was proven to be effective for adolescents since adolescents are easier to accept the peer's opinion more than the adult's opinion. It is the opinion which usually emphasizes on the importance of relationship, the importance of group's norms for the socialization, the cooperation between group members, and the group which is able to listen very well.

There was an improvement in talent and creativity development after therapeutic group therapy. According to other research that talent can be trained to be a special skill in a certain area. In order to dose, training, knowledge, experience, and motivation are needed.¹⁷ During the sixth session of the therapy, the researcher has given the talent

stimulation by giving the knowledge about the importance of talent and also giving the chance to show some talents such as singing, poetry, storytelling, including how to give the reward for the performance. The only problem was not all of the clients agreed to perform in front of others. Some of them also have the talent of which impossible to be demonstrated in that session, such as swimming, playing football, and playing badminton.

CONCLUSION

Most of the clients for the therapeutic group therapy were from early and mid-stage of adolescence, mostly females, mostly the first children in the family with two or three siblings. All of the adolescents in the group went through positive improvement and skill. The ability of family for the self-identity formation was also improved. All of the mothers had been used the available health care. The therapeutic group therapy was applied within the 10 aspects of adolescence stages (biological, psychosexual, cognitive, language, moral, spiritual, emotional, psychosocial, talent, and creativity). The interpersonal model by Peplau, Erickson, and Stuart were suitable for the adolescents. It was possible since the stages of the interpersonal relationship involved orientation, identification, exploitation, and resolution stages were applicable for the adolescence and enable the students to easily apply the nursing care.

ACKNOWLEDGMENTS

Thank you to all of the informan and those who have helped this case study.

CONFLICTS OF INTEREST

Neither of the authors has any conflicts of interest that would bias the findings presented here.

REFERENCES

1. Stuart, G.W&Laria M. Principles and Practiv of Psychiatric Nursing. In: 8th ed. St Louis: Mosby; 2009.
2. WHO. Mental Health Atlas 2014.
3. Potter PAG. *Fundamental of Nursing*. Vol volume 1. Edisi 7. Jakarta: Salemba Medika; 2009.
4. Alligood MR. Nursing Theory and their work (8thed). In: *Elsevier*. Philadelphia: Elsevier; 2017.
5. Varcarolis & Halter. Foundation of Psychiatric Mental Health Nursing a Clinical approach 6th Ed. In: *Elsevier*. Canada: Elsevier; 2010.
6. Keliat, Akemat., Daulima, N. H. C., & Nurhaeni H. Keperawatan Kesehatan Jiwa Komunitas: CMHN Basic Course. In: Jakarta: EGC; 2011.
7. Jannah. Pengaruh Terapi Geeneralis Latihan Keterampilan Sosial Terhadap Pencapaian Identitas Diri Remaja Panti Asuhan Di Kabupaten Banyumas. *Unpubl thesis*. 2012.
8. Trihadi. dkk. Pengruh terapi kelompok terapeutik terhadap kemampuan keluarga dalam memberikan stimulasi perkmbangan kanak-kanak dikelurahan bubulak kota bogor. *Unpubl thesis*. 2009.
9. Bahari. Pengaruh terapi kelompok terapeutik terhadap perkembangan identitas diri remaja di kota malang. In: Jakarta: Nursing Department of Univeristy of Indonesia.; 2010.
10. Kumrun, A. & Thompson R. Ego Identity Status and Self-Monitoring Behavior In Adolescents. *Adolesc Res*. 2003:1-16.
11. Ali,M&Ansori M. Psikologi remaja perkembangan peserta didik. In: 6th ed. Jakarta: PT Bumi Aksara; 2010.
12. Hasanah. Pengaruh terapi kelompok terapeutik remaja dan psikoedukasi keluarga terhadap perkembangan identitas diri remaja. *Keperawatan*. 2017;9 No 1:13-23.
13. Grnholm, E. et al. Group Cognitive-behavioral Social Skills Training For Older outpatients with Chonic Schizophrenia. *J Cogn Psychoter n Int Q*. 2006;18(3):265-279.
14. Lench H. Anger management: Diagnostic difference and treatment Implication. *J Soc Clin Psychol*. 2014;23(4):512-531.
15. Puspitasari, D. L., Mubin, M. F. &Targunawan. Gambaran Psikologis: Konsep Diri pada Anak Remaja di Wilayah Banjir Rob. *Jurnall lmu Keperawatan dan Kebidanan*. 2014.
16. Maryatun. Pengaruh Terapi Kelompok Terapeutik Terhadap Perkembangan Di Panti Sosial Marsudi Putra Dharma pala Ideralaya. *Keperawatan Sriwij*. 2014;1(1).
17. Purwadi. Hubungan Gaya Pengasuhan Orang Tua Denagan Eksplorasi Dan Komitmen Remaja Dalam Domain Pekerjaan. 2004.