



THE EFFECT OF THERAPY INTERVENTION OF GROUP ACTIVITY SOCIALIZATION (TAKS) ON THE SOCIAL INTERACTION ABILITIES OF CHILDREN AND ADOLESCENTS

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ABSTRACT

Mental disorders are conditions that affect a person's thoughts, feelings, and behavior, thus disrupting social functioning, work, and family relationships. One of the surgical interventions used to treat clients with similar problems is Group Activity Therapy (GAT). Its forms include socialization GAT, which is a therapy that aims to improve social skills through structured group activities and facilitated by health professionals. This therapy focuses on improving communication skills, empathy, and cooperation between individuals. This study aims to determine the effect of the socialization GAT intervention on the social interaction skills of children and adolescents with social isolation. The research method used a quasi-experimental design with a one-group pre-test and post-test. A total of 30 respondents aged 9–19 years diagnosed with social isolation were selected using a total sampling technique. The intervention was carried out for seven sessions, and social interaction skills were measured before and after the intervention using an observation sheet. Data analysis used the Kolmogorov-Smirnov normality test and Paired Sample t-Test. The results showed that before the intervention, 86.7% of respondents were in the "sufficient" category, while after the intervention, this increased to 50% "good" and 50% "very good". Statistical testing showed a p-value of 0.001 ($p < 0.05$), indicating a significant effect of TAK socialization on improving social interaction skills. In conclusion, TAK socialization is effective in improving social interaction in children and adolescents with social isolation and is suitable for continued implementation in psychiatric care.

Keywords: group activity therapy; mental disorders; social isolation; social interaction; socialization

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INTRODUCTION

Mental health issues are increasingly receiving global attention, with global data indicating that as many as 24% of patients seeking treatment in primary care have been diagnosed with a mental disorder (Bahari et al., 2024). The Indonesian Health Survey (SKI) of 2023 assessed three main types of mental disorders in Indonesia: psychosis or schizophrenia, depression, and mental health problems. The thematic report of 2025 from the Ministry of Health highlighted depression in the 15–24 age group, namely late adolescence and young adulthood. Mental disorders encompass a variety of conditions that affect a person's thoughts, feelings, and behavior, causing disruption to social, occupational, and family functioning (Bahari et al., 2024; Hendrawati et al., 2024).

One of the negative symptoms of mental disorders is social isolation, a condition where individuals feel isolated and deprived of meaningful social relationships (Badcock et al., 2020). This condition impacts emotional well-being and can exacerbate symptoms of mental disorders. A study by the Health Collaborative Center (HCC) showed that 34% of high school students in DKI Jakarta experience mental health problems, with 20% feeling lonely due to social conflict and excessive gadget use. A study by Tarumanagara University of 125 adolescents (aged 10–18) found that 65.6% experienced moderate levels of loneliness (Gabriela, 2023). Patients with social isolation are often

not a priority for treatment because they don't exhibit obvious physical symptoms, yet this condition can lead to serious psychological complications (Badriah, 2020). Individuals experiencing social isolation tend to withdraw, feel rejected, lonely, and struggle to form meaningful relationships. If left untreated, this can increase the risk of altered sensory perception, such as hallucinations. Therefore, interventions that can improve the ability to interact and socialize effectively are necessary.

One proven effective solution is Group Activity Therapy (GAT), specifically socialization GAT, which is designed to improve social skills through structured group activities (Hendrawati et al., 2024). Research by Vivin et al. (2015) and Mukharomatin et al. (2023) showed a significant increase in socialization and social interaction skills after TAKS administration ($p < 0.05$). The phenomenon at Dr. Soeharto Heerdjan Mental Hospital in Jakarta also showed that many child and adolescent patients experienced withdrawal symptoms, but since the implementation of socialization GAT in 2013, this therapy has helped overcome social isolation. Therefore, this study is important to assess the effectiveness of socialization GAT in improving the social interaction skills of child and adolescent patients at the hospital.

METHOD

This study used a quasi-experimental design with a pre-test and post-test one-group design. This design was chosen to determine the effect of Socialization Group Activity Therapy (TAKS) on the social interaction skills of children and adolescents experiencing social isolation. In this study, the case group consisted of child and adolescent patients who demonstrated good social interaction skills and had participated in TAKS seven times. As a comparison, the control group consisted of patients who had low social interaction and never or rarely participated in TAK socialization. The population in this study was 30 children and adolescent patients treated at Dr. Soeharto Heerdjan Mental Hospital Jakarta with a nursing diagnosis of social isolation. The study sample consisted of 30 people, selected using a total sampling technique, meaning that all members of the population were sampled because they met the inclusion criteria. Exclusion criteria included patients with very strong withdrawal (unresponsive to stimuli), patients with uncontrolled acute symptoms, and patients with physical or medical disorders that limit participation in therapy activities.

This research was conducted in the Children and Adolescent Inpatient Ward (Kolibri Ward) of Dr. Soeharto Heerdjan Mental Hospital, Jakarta. The research activities began from April to June 2025, with the following stages: problem identification and title submission in April, proposal preparation and licensing in May, data collection from the first week to the end of May, and report preparation and final examination in June 2025. Data were collected using an observation sheet adopted from Mulyani (2015). Observations were conducted to assess the social interaction skills of child and adolescent patients before and after participating in the TAKS intervention. The data collection procedure included several steps: obtaining research permits from educational institutions and hospitals, submitting the permit letter to the head of nursing and the head of the ward where the research was conducted, explaining the purpose of the research, and providing informed consent forms to respondents who were willing to participate. Conducting observations during the TAKS implementation and completing the observation sheets completely, and ensuring the completeness and validity of the data before analysis.

Data analysis was conducted through several stages: editing, coding, processing, cleaning, and scoring. The data were then analyzed using two approaches. Univariate analysis was conducted to describe the distribution and percentage of each variable, namely social interaction skills and the implementation of socialization TAK. Bivariate analysis was conducted to test the hypothesis regarding the effect of TAKS on the social interaction skills of children and adolescents with social isolation. Before testing the hypothesis, a normality test was conducted. If the data were normally

distributed, the Paired Sample t-Test was used; if not, the Wilcoxon Signed Rank Test was used (Mahmudi & Lusiana, 2020).

RESULT

Table 1.

Frequency Distribution of Respondent Characteristics Based on Age, Gender and Education (n=30)

Characteristics	f	%
Age		
6 – 12 years	4	13.33
13 – 18 years	26	86.67
Gender		
Man	16	53.3
Woman	14	46.7
Education		
Elementary School	2	6.7
Junior High School	4	13.3
Senior High School	17	56.7
No school	7	23.3

Table 1, the largest number of respondents was in the 13-18 age range, with 26 people (86.67%). Based on gender, there were 16 male respondents (53.3%) and 14 female respondents (46.7%). Based on education level, there were 17 high school respondents (56.7%), and the lowest level of elementary school respondents (2 people) (6.7%).

Table 2.

Frequency Distribution of Respondents' Social Interaction Skills Before and After TAKS (n=30)

Social Interaction Skills	Before		After	
	f	%	f	%
Not enough	4	13.3	0	0
Enough	26	86.7	0	0
Good	0	0	15	50
Very good	0	0	15	50

Table 2, it was found that 26 respondents had sufficient social interaction skills before TAKS and 4 respondents had poor social interaction skills. Based on their social interaction skills after TAKS, 15 respondents had good social interaction skills and 15 respondents had very good social interaction skills.

Table 3

. Paired Samples Correlation Test of Pre-Test and Post-Test Social Interaction Skills (n=30)

Variables	N	Correlation	Sig.
Pre-Post TAK	30	0.392	0.032

Table 4.

The Influence of TAKS on the Social Interaction Skills of Children and Adolescents with Social Isolation (n=30)

	Mean	N	Standard Deviation	Std. Error Mean	P Value
Pre TAK	16.23	30	3,170	.579	0.001
Post TAK	30.07	30	2,677	.489	

Table 3 shows a positive correlation between the pre-test and post-test scores of respondents social interaction abilities, with a correlation value (r) of 0.392 and a significance value (p) of 0.032. Since the p value is <0.05, it can be concluded that the correlation is statistically significant.

Based on table 4, the results show that the average interaction ability before TAKS was 16.23 and the average interaction ability after TAKS was 30.07 with a standard deviation before TAKS of 3.170 and after TAKS of 2.677. The results of the analysis of respondents' interaction abilities

before and after TAKS obtained a p value of $0.001 < 0.05$, which means there is a difference in respondents interaction abilities before and after TAKS.

DISCUSSION

Respondent Characteristics

Based on the research results presented in the respondent characteristics table (Table 1), it was found that the majority of respondents were in the mid to late teenage age range with a high school education level, and a relatively balanced gender distribution between males and females. The age of the majority of respondents in the teenage stage indicates that this group is in a crucial developmental period in forming self-identity and social skills. According to WHO (2023), adolescence is divided into three stages: pre-adolescence (10–14 years), early adolescence (15–17 years), and late adolescence (18–19 years). In the late adolescence phase, individuals begin to develop greater independence and social responsibility. In line with Townsend's (2023) opinion, as a person gets older, their social interaction skills will improve due to the support of emotional and cognitive maturity. The results of this study support this theory, where respondents with older ages showed better interaction skills than respondents with younger ages.

The research results show that there were slightly more male respondents than female respondents. This finding aligns with psychopathology studies that suggest that men exhibit more symptoms of external disorders such as aggressive behavior, substance use, and antisocial tendencies, while women tend to experience internal disorders such as depression or anxiety. Utami and Milkhatun (2020) also reported that social isolation patients are predominantly male, especially in young adulthood, who are often affected by a lack of social support and the absence of close figures. Based on these findings, researchers argue that gender differences influence the pattern of social isolation; men more often exhibit behavioral withdrawal, while women tend to suppress their emotions more internally. However, both require appropriate social intervention.

Based on educational level, the majority of respondents were in senior high school (SMA). According to the WHO (2021) and the Ministry of Education, Culture, Research, and Technology (2022), high school is a period with a high academic burden and complex social demands. Adolescents at this stage face pressure to achieve while adapting to a competitive social environment. Academic pressure, the search for identity, and emotional instability can increase the risk of stress and mild to moderate mental disorders. Researchers argue that these conditions make adolescents more vulnerable to declining social interaction skills, especially if they lack adequate emotional and social support.

Respondents' social interaction skills showed improvement after receiving Group Activity Therapy for Socialization (TAKS). Before the intervention, many respondents exhibited withdrawn behavior, were reluctant to interact, and tended to be passive. After participating in TAKS, significant changes occurred, with respondents becoming more active in communicating, able to collaborate, and showing increased participation in groups. This is consistent with the opinion of Lengkong et al. (2021) who stated that patients with socialization disorders have difficulty building relationships with their social environment, and practicing socialization skills through group activities can help improve these abilities. Based on these results, researchers concluded that TAKS plays a significant role in improving the social interaction skills of children and adolescents with social isolation, as this therapy provides direct experience in positive interactions and builds self-confidence to resocialize.

The Effect of Socialization Group Activity Therapy on Social Interaction Skills in Socially Isolated Patients at Mental Hospitals

Based on table 3, differences in the value of socialization and social interaction skills in social isolation patients before and after being given socialization group activity therapy were obtained.

The results of the Paired Sample Test analysis using SPSS on the effect of socialization group activity therapy on improving social interaction skills in children and adolescents with social isolation, obtained results of an increase in socialization skills that is significant Sig (2-tailed) = 0.000 where the significant standard $p < 0.05$, then H_a is accepted. Which means there is an influence on social interaction skills in respondents after TAKS was carried out. The results obtained in this study are relevant, where the level of success of this therapy is not only found in patients but also affects the ability of researchers to interact with patients in order to build a relationship of mutual trust between researchers and patients. According to Pardede & Ramadia (2021) Through the TAK socialization stage, research found that TAK socialization can help patients with social isolation problems understand the context of reality and improve cognitive and affective functions, the use of rehabilitation strategies through an approach tailored to the patient's abilities will have an impact on improving adaptive behavior and functional social skills such as communication.

Previous research according to Anastasia A. Basir & Misnarliah (2023) related to the effect of Socialization Group Activity Therapy on the Socialization Ability of Socially Isolated Patients with a Onegroup pre-test / post-test design with 30 respondents, significant results showed TAKS effectively improving socialization abilities in patients with social isolation. From the results of the research conducted, it can be concluded that TAKS is an effective form of nursing intervention that aims to shape its members to socialize or relate to others and change maladaptive behavior into adaptive behavior. The client's ability to interact with their environment allows the client to focus on the environment and receive stimulus exposure appropriately, and is perceived accordingly, thereby increasing the client's ability to solve problems. The implementation of Socialization Group Activity Therapy (TAKS) has been proven to significantly improve the social interaction abilities of patients experiencing social isolation. Various studies have shown that after attending socialization group therapy sessions, there is an increase in the ability to carry out social interactions, with a statistical significance value ($p < 0.05$). This fact confirms that group-based intervention is an effective nursing strategy to restore the interpersonal abilities of socially isolated patients.

Limitations

The limited literature or previous research specifically addressing the impact of socialization group activity therapy interventions on the social interaction skills of children and adolescents means that the analysis in this study cannot be developed in greater depth. Furthermore, this study was conducted in only one inpatient ward, so the results cannot be generalized to a wider population, given that each ward has different patient characteristics and dynamics that can influence the results. Another limitation is the relatively short study period, approximately one month, which limited the researchers ability to observe changes in respondents social behavior in greater depth and continuity.

CONCLUSION

The results of this study indicate that Socialization Group Activity Therapy (TAKS) has positive implications for improving the social interaction skills of children and adolescents with social isolation. The implications of this study can serve as a reference for psychiatric nurses to make TAKS a routine intervention to improve the social skills of clients in psychiatric wards. Furthermore, these results can also be used by healthcare institutions to develop more structured therapy programs and serve as a reference for further research in the development of evidence-based nursing interventions.

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