

## Conference Paper

# The Optimization of Family Coping n Caring for Mental Retardation Children through Family Psychoeducation in Jombang

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## Abstract

**Background:** Children with Mental retardation have intellectual limitations which cause dependency. The limitation of mentally retarded children becomes a stressor for the family which can affect the family's ability to provide care. So that adaptive coping is needed, so families can provide optimal care. Family psychoeducation is a way that can optimize family coping. **Objective:** This study aims to determine the effect of family psychoeducation on coping in treating children with mental retardation. **Methods:** The design of this study was quasi experimental pre-post test with control group of family psychoeducation intervention. The family population who had mental retardation children in Jombang was 277. While the sample was taken using a simple random sampling technique as many as 140 families with a distribution of 70 families as the control group and 70 families as the treatment group. The independent variable was family psychoeducation and the dependent variable was family coping in treating children with mental retardation. This study used the Wilcoxon statistical test in the treatment group 0.001 which followed by a Mann Whitney difference test which showed the results of  $p$  value ( $0.000 < \alpha (0.05)$ ). **Result:** The results showed that there was an effect of family psychoeducation on family coping in treating children with mental retardation. Family psychoeducation provided information through a psychological approach to the care of children. **Conclusion/implication:** Families are expected not only understand the care of children with mental retardation but also improve family coping mechanisms so that psychosocial problems in the family are resolved properly.

**Keywords:** Caring, Coping, Family psychoeducation, Mental retardation.

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## 1. Introduction

Children with mental retardation have under average intellectual function which was accompanied by adaptation disorders that appear before the age of 18 years [1]. The condition of a child with mental retardation will be a stressor for the family which can affect the family's ability to provide care. So we need good coping in the family [2]. A good coping mechanism is expected to increase family knowledge. This knowledge also influence the care of children with mental retardation. This is according to research

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that explains of family and community knowledge as one of the obstacles in healing mental patients [3].

RISKESDAS Data (2013) showed the increase of *down syndrome* which was 0,12% in 2010 become 0,13% in 2013 [4]. In Jombang, the number of mentally retarded children attending SLB in 2018 as many as 277 students [5].

The increasing incidence of mental retardation, causing various problems, especially for children and families. Negative effects are not only felt by children but also families. Parents who have children with mental retardation experience depression about the uncertainty of the child's future and the length of time of child will depend on parents [6].

The limitations of children with mental retardation make the family as the most important part in providing care to children with mental retardation [2]. Good coping have to be owned by the family in order to do not cause psychosocial effects. Many families who have children with specific needs feel psychosocial problems, for example, being burdened, embarrassed, and depressed [8], therefore adaptive coping is needed so that the mental health of the family is well maintained.

Family Psychoeducation is a therapy which provides information with the aim of improving family skills in caring for family members with mental disorders [9]. This therapy has a positive impact on both the family and the patient. Positive impacts on the family include increasing knowledge about the patient's illness, increasing the ability to care for the patient, and improving the family coping. While the positive impact for patients, is getting care and support from the family which can increase the independence of children with mental retardation [2]. Through this therapy is expected to optimize coping in caring for children with mental retardation.

The psychoeducation urgently important as one of easily treatment that use and effective not only cognitive but also increase the affective. Based on the previous research, family psychoeducation was effected to decreaeing the psychosocial problem, like anxiety, burden, and family [10].

## 2. Methods

The design of study was quasi-experimental pre-post test with control group with the treatment of family psychoeducation. The sample used family who had a mental retardation children in SLB Jombang, the number of 277 families were taken from one of the care giver families. The sample was divided into 2 groups, 70 respondents became the treatment group which was given the family psychoeducation, while the

other 70 respondents became the control group who were given health education. The technique used simple random sampling.

The treatment group was made into a group consisting of 5 respondents given family psychoeducation with 3 sessions namely identification of family problems and health education, anxiety and burden management and the final session was the evaluation of obstacles and school empowerment. This psychoeducation was carried out to each family with the duration of time between 45-60 minutes for each family group at the end of the session that given a post test to determine family coping.

The control group was given health education about mental retardation and how to treat the groups in the classroom with the lecturing method and at the end of the session was given the opportunity for discussion and question the answer. The time was given for health education in 60 minutes and then given a post test to determine family coping.

Research instruments in this study used an evaluation sheet at each family psychoeducation session and the Jalowiec Coping Scale (JCS).questionnaire was developed by Dr. Anne Jalowiec that used to measure coping. This questionnaire was given to respond before and after family psychoeducation for both groups.

The independent variable was family psychoeducation and the dependent variable was family coping. This study used the *Wilcoxon* statistical test for each group which was followed by the *Mann Whitney* test to see the comparison of coping between the treatment group and the control group.

### 3. Result

TABLE 1: Frequency distribution of family coping in caring the children with mental retardation before giving the psychoeducation in SDLB Jombang (treatment and control group).

No	Family Coping	Treatment		Control	
		(n)	%	(n)	%
1	Adaptive	42	60	38	54,3
2	Maladaptive	28	40	32	45,7
	<b>Total</b>	70	100	70	100

In table 1 the coping of mal adaptive families in the treatment group as many as 40% and in the treatment group as many as 45.7%.

In table 2, family coping of adaptive in treatment group as many as 92,9% and in control as many as 65,7%.

TABLE 2: Frequency distribution of family coping in caring the children with mental retardation after giving the psychoeducation in SDLB Jombang (treatment and control group).

No	Family coping	Treatment		Control	
		(n)	%	(n)	%
1	Adaptive	65	92,9	46	65,7
2	Maladaptive	5	7,1	24	34,3
	<b>Total</b>	70	100	70	100

TABLE 3: The Comparison of Family Coping in Caring for Children with Mental Retardation Before and After Family Psychoeducation in SLB Jombang.

No	Variable	Treatment	Control	P Value
		Mean	Mean	
1	Family Coping	80,00	61,00	0,000

p value was obtained from *the Mann Whitney test with  $\alpha$  (0.05)* which means that there was a significant change in the treatment group

#### 4. Discussion

The dependence on mental retardation children become a source of problems for families. The existence of children with mental retardation was often considered troublesome and a burden of the family. Excessive burden could be caused by economic demands, long time in caring for children, dependence of children on the family, social stigma about mental retardation conditions of children, patience in dealing with children’s emotions, and decreased family productivity [11].

This can lead to maladaptive coping which affected the ability of families to provide care for children with mental retardation [12]. Maladaptive coping made family welfare problematic, especially in caring for family members [12]. The effected that occurred in children also become less good, because the ineffectiveness of family coping caused children caring to be neglected.

Family psychoeducation was a therapy that provided information to improve the ability of families to care family members [13]. This therapy had a positive impact on families and patients. One positive impact on the family was to improve family coping [9]. After giving family psychoeducation, family coping in caring for children with mental retardation become adaptive. This was because the family had understood how to care for children withmental retardation. In addition, through this therapy of family taught how to overcome the burden of caring for children with mental retardation. Good

load management helped to improve family coping in caring for children with mental retardation.

Family psychoeducation was a mental health care program that provided information and education to families through therapeutic communication [14]. This therapy was effectively given to overcome psychosocial problems in treating mental retardation children. This was consistent with research that stated the *Family Psychoeducation (FPE)* was effectively used to deal with family psychosocial problems in treating schizophrenic patients [10]. In this therapy there were 3 sessions given to caregivers, in this case, families who care for mental retardation children to provide opportunities for families to share their experiences and problems in caring for mental retardation children.

The first session of family psychoeducation discussed the assessment of family problems, identifying the problems which were faced by families in caring for children with mental retardation. After the assessment was finished, it continued the discussion on how to care for mental retardation children with the aim of increasing the independence and adaptation of children with mental retardation. One of the positive effects of family psychoeducation therapy was to increase the children's independence because they get optimal support and care from the family [2].

In addition to help in increasing the independence of children with mental retardation, this therapy also had a positive impact on the family to overcome the anxiety and the burden of the family caring for children with mental retardation. In the second session discussed the management of anxiety and family burdens, in this session the families convey the anxiety felt during the time of caring for children with mental retardation. The anxiety felt by the family in caring for children with mental retardation was related to the dependence, development, and future of mental retardation children. This was consistent with study which stated that families with mental retardation children felt anxious about the children's future [11] and felt fear related in caring for children with mental retardation when the family has been died [6]. Through this session, families were taught how to overcome anxiety with relaxation techniques or *deep breathing*.

Many families felt burdened, ashamed, and depressed to have mental retardation children [8]. Excessive burden could be caused by economic demands, long time in caring for children, children's dependence, social stigma, patience in dealing with children's emotions, and decreased family productivity [11], so that adaptive coping was needed so that family balance was maintained and there was no difficulty in providing assistance or care for children with mental retardation.

Family psychoeducation provided benefits in improving family coping. This was consistent with research which stated that family psychoeducation can increase understanding of problems and improve coping mechanisms [15]. Family psychoeducation focused on educating participants in recognizing life's challenges, helping develop social support and coping mechanisms in dealing with these challenges [10].

Through this session, families were taught how to overcome the burden of open communication. With open communication, *caregivers* can explain the problems faced in caring for children with mental retardation so that they got support from other family members in which this support can increase caregiver coping in providing care. This was in line with research that stated that there were changes in coping in the elderly after giving psychoeducation interventions in which the elderly had effective coping after psychoeducation, the elderly begin to open up with people around them and used existing sources of support [14].

In the third session discussed community empowerment to help families, families explained the obstacles experienced in caring for children with mental retardation and were taught how to overcome these obstacles by sharing roles in the family. Through family psychoeducation, caregivers can improve their coping mechanisms by activating emotional sensitivity and good acceptance and planning [16]. Thus, psychosocial problems faced can be overcome and family coping in providing care to children with mental retardation to be more effective.

## 5. Conclusion

Family psychoeducation is considered effective in increasing family coping in caring for children with mental retardation compared by giving health education. Family psychoeducation could facilitate the family to explore open minded, practice and evaluate anxiety and burden management so that the coping of families use to deal with problems become more optimal.

The family psychoeducation program can be carried out as an evaluation of the previous program that is the development of health education through a psychological approach. Cross sector cooperation is needed so that mental health programs especially for families can be developed to the maximum

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