Filial Therapy-based Family for Children Disabilities to Reduce the Family Stress in COVID-19 Pandemic

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INTRODUCTION

Covid-19 is currently a severe world problem with the number of cases increasing every day. Based on scientific evidence, covid 19 can be transmitted from humans through close contact and droplets, not through the air. This pandemic significantly impacted families with children disabilities, where families should have much time for their children because families do not know how to interact with children with special needs. It makes the family consider it a stressor in their family. The role of the family will provide positive changes to children with special needs. Many children with special needs have lost their parents’ attention, so they have not been able to become independent children.

Children with disabilities experience physical, mental, intellectual, social, and emotional limitations, affecting the growth or development process compared to other...
children of their age and requiring special services. The presence of children with special needs in a family is not an easy thing for anyone. Learning that occurs in a family exists every day when there is an interaction between children and their families.  

In order to help families reduce stress when caring for children with disabilities, one of the interventions is Filial Therapy. Filial therapy is a psychoeducational intervention designed to improve parent-child relationships, reduce problematic behavior in children, and reduce family stress (parents) by including parents as therapeutic agents. According to Ebrahimi et al. (2019), families, especially parents (mother), experience decreased stress, depression, and anxiety levels after undergoing filial therapy.  

Cornett (2012) also explained that Filial Therapy could reduce stress between parents and children because when doing this therapy, parents and children build physical and emotional closeness. The original pediatric therapy model has been adopted by different researchers, one of which is Landreth, who extensively uses a ten-week intervention. Landreth suggested that the parent group, consisting of 6-8 participants, should meet weekly for 2 hours with the group facilitated by a therapist. Sessions consisted of parents learning non-directive, child-led play therapy techniques, which the parents then implemented weekly during a 30-minute 'special play time' with them. Their playtime was recorded and discussed in groups.  

Based on the above background, this research needs to be carried out to prove that intervention through Filial Therapy for ABK can reduce stress on ABK families.  

**METHODS**

This research uses a quasi-experiment with a one-group pretest and posttest design approach. The research was conducted in Sekolah Luar Biasa, Semarang.

Identification of respondents according to the criteria, namely families with ABK and school-age children with special needs (7-12 years).

The researcher asked for the children and their families; if they agreed, the parents could sign the informed consent. In the next stage, the researcher submitted a questionnaire before the intervention (pretest) and examined the completion of the questionnaire. The intervention stage was carried out by conducting Filial therapy for each respondent. The final stage is reviewing family stress levels.

The Perceived Stress Scale (PSS) instrument is a psychological measuring tool widely used in measuring a person's perception.

The questions in PSS ask about feelings and what they have been thinking about in the past month, namely about feelings of unpredictability, namely in question number 1, in questions number 2, 6, and 9 ask about feelings that are not controlled (feeling), while numbers 3 and 10 ask about feeling overloaded.

This research has received permission from ethics committee of the Faculty of Public Health, University of Muhammadiyah Semarang.

Univariate analysis was performed on the family stress variable with ABK. Bivariate analysis was conducted to analyze differences in family stress reduction before and after Filial Therapy.

**RESULT**

The results of the study are presented in a tabular form consisting of the univariate and bivariate results.
The table above shows that the average stress level before treatment in the control group was higher than that in the intervention group, namely 17.25 (Standard Deviation ± 5.01).

The average stress level in the control and intervention groups before Filial therapy was carried out was relatively the same at 17.25 and 16.87. In contrast, after Filial therapy was performed in both groups, the stress level decreased by 15.62 and 10.00.

Table 1
The level of family stress in the Control and Intervention group at SLB Semarang, October-November 2021 (n1=16, n2=16)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Mean ± SD</th>
<th>Median</th>
<th>Min - Max</th>
<th>95% CI</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stress level:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Intervention group</td>
<td>16.87±5.3</td>
<td>19.5</td>
<td>9-24</td>
<td>14.04</td>
<td>16</td>
</tr>
<tr>
<td>b. Control group</td>
<td>17.25±5.01</td>
<td>20</td>
<td>9-23</td>
<td>14.57</td>
<td>16</td>
</tr>
</tbody>
</table>

Source: Primary Data, 2021

Table 2
The Analysis of the difference in the average stress level before and after Filial therapy was carried out at SLB Semarang City, October - November 2021, n = 32

<table>
<thead>
<tr>
<th>Stress Level</th>
<th>Control Group</th>
<th>Intervention Group</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before intervention</td>
<td>17.25</td>
<td>16.87</td>
<td>0.839</td>
</tr>
<tr>
<td>After intervention</td>
<td>15.62</td>
<td>10.00</td>
<td>0.005</td>
</tr>
<tr>
<td>p value</td>
<td>0.000</td>
<td>0.000</td>
<td></td>
</tr>
</tbody>
</table>

DISCUSSION

The existence of children with special needs in the family will be a different stressor for each family member because it can be a burden to the family both mentally and materially. Parents need time to adapt to finally accept children with special needs even though there are still parents who reject their children. The stress experienced by parents with special needs affects the development of children.

The results of this study indicate the stress experienced by families who have ABK before receiving filial therapy from two groups, namely the control group and the intervention group. Before treatment, the average stress level in the control group was higher than in the intervention group. Following Riandita's research (2017), the overall stress level of families (mothers) who have children with special needs is high. It shows excessive anxiety and tension related to roles, responsibilities, and interactions with children with special needs.

The average family stress on the PSS scale shows that the family's perception of stress is moderate. According to Dardas (2014), the most important source of stress for families, especially parents, is raising children with developmental disabilities. The results of the research also support this by Dennis et al. (2018); Giovagnoli (2015); Craig (2016); Barros (2016); Postorino (2019), which states that parents of disabled children experience high stress. In addition, other studies explain that parents who are families of children with special needs experience more physical and mental problems than parents who do not have children with special needs. According to Hung et al. (2010), the mental health of families who have ABK is affected, and this condition is related to the level of perceived stress.

This study describes the actions taken to reduce stress levels for ABK families by
providing Filial Therapy. Filial therapy is a psychoeducational intervention designed to improve parent-child relationships, reduce problematic behavior in children, and reduce family stress (parents) by including parents as therapeutic agents. According to Ebrahimi et al. (2019), families, especially parents (mother), experience decreased stress, depression, and anxiety levels after undergoing filial therapy. Cornett (2012) also explained that Filial Therapy could reduce stress between parents and children because when doing this therapy, parents and children build physical and emotional closeness.

The results of the Independent t-test analysis showed that there were differences in the reduction in stress levels in the control and intervention groups before and after Filial therapy (p-value = 0.000). The average level of stress in the control and intervention groups before Filial therapy was carried out was relatively the same. In contrast, the stress level decreased after Filial therapy was carried out in both groups. Based on this, it can be concluded that Filial Therapy effectively reduces stress levels for families with children with special needs.

This happens because by doing Filial Therapy, families (parents) and children build positive physical and emotional closeness in a variety of play activities. That way, the hypothalamus will suppress the production of stress-inducing hormones in the body and further increase the production of endorphins so that families who do Filial Therapy optimally will effectively reduce stress. This is in line with research conducted by Ebrahimi et al. (2019), which explains that Filial Therapy for children with cancer and their mothers who experience depression, stress, and anxiety explains that families, especially parents (mothers), experience decreased levels of stress, depression, and anxiety. Anxiety after undergoing filial therapy. In contrast, research conducted by Cornett (2012) resulted in a decrease in relationship stress between parents and children because when doing this therapy. Filial Therapy can reduce stress between parents and children because when doing this Therapy, parents and children build physical and emotional closeness. Landreth's original pediatric therapy model suggested that the parent group, consisting of 6-8 participants, should meet weekly for 2 hours with the group facilitated by a therapist. Sessions consisted of parents learning non-directive, child-led play therapy techniques, which the parents then implemented each week for 30 minutes of 'special play time' with them. Their playing time is recorded and discussed in groups. Implementation in this study, several factors support the success of this filial Therapy, including the family (parents) taking sufficient time to play with their children, children can be invited to work together with their parents, communication between parents and children is quite good.

Based on the research above, the researcher's assumption states that there are many differences in the level of stress experienced by families with ABK and those who do not do filial therapy. Families with children with special needs who were given filial therapy intervention showed a significant reduction in stress levels.

**CONCLUSION**

After conducting the research, it can be concluded that there is a difference in decreasing stress levels in the control and intervention groups before and after Filial therapy (p-value = 0.000). Based on this, it can be concluded that filial therapy can significantly reduce the stress level of families with children with special needs.

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