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An Exploratory Study on the Effects of Psychoeducation in Reducing Parenting Stress among Parents of Autistic Children During the Post-Pandemic Period

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Abstract
The severity of challenges and limitations experienced by children with autism can lead to caregiver stress and various difficulties for their parents. This research aimed to reduce parenting stress by offering support within a psychoeducational group in a Special School including 24 parents of autistic children. In this context, a quasi-experimental design was adopted using a purposive sampling method. The measuring tool used was the parenting stress scale, such as difficult child and parent-child dysfunctional interaction. Furthermore, the data were analyzed using an independent sample t-test. The results showed that there were significant differences in parenting stress between the psychoeducation ($F(1.22) = 8.091$; $t = 2.863$; $p < 0.05$) and the control group ($F(1.22) = 0.002$; $t = 0.370$; $p > 0.05$). The psychoeducation group had lower parenting stress in the post-test ($n = 10$; $M = 9$, the 5.60; $SD = 13.729$) as compared to the pre-test condition ($n = 10$; $M = 120.60$, $SD = 23.959$). The implications contributed to parents' ability to minimize parenting stress, enhancing a positive environment to maximize the developmental outcomes for children with autism.

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INTRODUCTION

COVID-19 pandemic was reported to significantly impact numerous sectors such as education. In this context, school closures necessitated a shift to remote learning (Moorhouse, 2020) with suboptimal outcomes. Several research reported challenges and difficulties associated with the approach. These include student learning fatigue (Ningsih & Djumali, 2020), limitations related to internet connectivity (Kalloo et al., 2020), difficulties in operating laptops and smartphones (Schleicher, 2020), and decreased concentration during learning (Winata, 2021).

Beyond the challenges, learning systems for children with developmental disorders such as autism spectrum disorder (hereafter referred to as autism) take place at home. Children with autism experience complex developmental disorders caused by neurological disorders affecting brain function. The condition is characterized by a decline in language and communication, social interaction, play, and imagination, with limited attention to interests and repetitive behaviors (American Psychiatric Association, 2013). In 2002, 2006, 2008, and 2012, the prevalence of autism was approximately 1 in 150, 110, 88, and 68 children, respectively (Centers for Disease Control and Prevention (CDC), 2014). The latest data show a sharp increase, with approximately 1 in 59 children (Centers for Disease Control and Prevention (CDC), 2018).

The process of home education during the pandemic has presented challenges because caring for

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autistic children is more difficult compared to non-autistic (Narzisi, 2020). Autistic children face obstacles in almost all aspects of development (Karst & Van Hecke, 2012) and experience difficulty in adapting to new environments/situations, specifically during the pandemic (Espinosa, 2020). The various comorbidities experienced are stress, learning disabilities, epilepsy, down syndrome, and immune system changes, which further complicate care during COVID-19. Some of the issues related to learning at home include difficulties in accepting the required therapy, suboptimal practices of independence, and struggles in adapting to daily routines (Eshraghi et al., 2020). Espinosa (2020) suggested that the difficulties faced by parents in caring for autistic children were from maladaptive behaviors.

Parenting stress is a physical and psychological negative reaction associated with the role and responsibilities of being parents (Deater-Deckard, 2004). The concept is often caused by the mismatch between perceived demands with the available personal and social resources (Abidin, 1995). Parents in high-risk families facing clinical challenges often experience significant levels of parenting stress. Therefore, further research on parenting stress needs to be conducted to deepen the understanding of the significant stress level experienced while caring for autistic children. This is supported by the previous meta-analytic research by Hayes and Watson (2013) where parents of autistic children experienced higher levels of stress compared to those with normal development and other disorders.

The difficulty of caring for autistic children during the pandemic is emphasized and supported by previous research. These include the reduction of social support, increased parenting tasks, escalation of maladaptive behaviors (Setyowati & Pandia, 2023), difficulties experienced by mothers in supporting and caring for children (Amalia, 2022), increased parenting stress (Wulandari, 2022), and limited access to various educational facilities (Izzah & Hendriani, 2022).

An important effort aimed at empowering parents of autistic children post-pandemic is reducing stress through professional support. Parenting support or program is used to describe various interventions provided to parents and other family members (McKeown, 2000, as cited in Mukhtar, 2017). Furthermore, psychoeducation is an intervention implemented to reduce parenting stress, including the provision of education to the community, starting from the family. Gaining awareness of stress, identifying the causes, and understanding the available resources are steps toward preventing prolonged stress conditions. These potentially contribute to the development of other complex psychological issues (Arnani, 2021). Psychoeducation is a form of health education for patients with physical and mental disorders aimed at addressing psychological problems (Suryani et al., 2016).

According to Suharsisti (2018), autistic psychoeducation and progressive relaxation methods reduce parenting stress. Additionally, psychoeducation can decrease parenting stress and depression (Qolina et al., 2017). Damaiyanti (2018) reported a decrease in parenting stress as well as an improvement in cognitive and psychomotor abilities after receiving psychoeducation therapy in caring for autistic children. Psychoeducation also provides crucial information for parents regarding sex education for autistic adolescents (Mustofa et al., 2020) and enhances parenting self-efficacy (Purbasafir, 2018).

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Parenting Stress among Parents of Autistic Children

Parenting stress is a challenge faced by many parents, particularly those caring for children with developmental disabilities. Furthermore, failing to address and interpret the perceived stress has negative impacts. According to (Lai et al., 2015), the negative impacts of parenting stress are psychological issues, such as decreased self-esteem, feelings of helplessness, and depression. These issues also decrease the quality of parenting behaviors, such as maternal rejection (Corcoran, Berry, & Hill, 2015) and suboptimal intervention provided to the children (Karst & Van Hecke, 2012). Problematic relationships within the family can arise, leading to marital dissatisfaction (Gau et al., 2012) and divorce (Freedman et al., 2012). In addition, the stress experienced by parents has negative consequences for autistic children, such as difficulties in emotional and behavioral regulation (Osborne & Reed, 2009), decreased adaptive abilities (Hall & Graff, 2011), and an increase in maladaptive behaviors (Hall & Graff, 2012).

The three main factors of the parenting stress experienced are 1) the condition of autistic children, such as difficulties in establishing reciprocal relationships, sensory integration issues leading to emotional and cognitive control challenges, and the intensity of maladaptive behaviors. These maladaptive behaviors include self-harm, tantrums, hyperactivity, and excessive dependence on surrounding people 2) negative societal stigmas, such as prevalent myths and the belief in parenting karma 3) difficulties in fulfilling the needs of autistic children, including financial problems due to the high care costs (Tarakeshwar & Pargament, 2001).

The Role of Psychoeducation for Parents of Autistic Children

Psychoeducation is a program designed to provide information and develop specific skills in parents. This program is also aimed at enhancing the knowledge and skills of parents to ensure the effective fulfillment of roles (Gibbs et al., 2003) and have a positive impact on the health and development of the children (McKeown, 2000). The implementation is led by a psychologist group leader to provide information and skill development or facilitate the learning process for parents. Therefore, the role of the group leader is also crucial, such as creating a positive climate, serving as an educator, and sometimes acting as a facilitator (Masson et al. in Mukhtar, 2017).

An important benefit of psychoeducation is to help parents adapt to the role of caregivers of autistic children and experience improved psychological well-being (Krishnan et al., 2018). The implementation of psychoeducation intervention takes place over a specific period, covering a range of topics arranged using an ecological method (Mukhtar, 2017). Furthermore, this program is more focused on addressing the challenges or obstacles faced by children, particularly communication and behavioral issues (Schultz, 2011 in Mukhtar, 2017).

Study Hypothesis

This research has important benefits, specifically for parents, in reducing parenting stress while caring for autistic children. Therefore, the proposed hypothesis is that psychoeducation reduces parenting stress among parents of autistic children.

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METHODS

A quasi-experimental research is a design experiment consisting of experimental and control groups for all of the design or using one group but implementing treatment and measurement repeatedly (Saifuddin, 2019). This design experiment (Neuman, 2003) consists of pre-test and post-test control groups. According to Sugiyono (2017), the design compares the effect of a treatment on the experimental group after being given training with the control.

This research collaborated with a Special School in Medan City, including 24 parents of autistic children. Respondents were selected using purposive sampling based on the following criteria 1) biological parents of autistic children that lived together 2) the children were diagnosed with autism by professionals, such as doctors, psychologists, and psychiatrists. The research analyst explained the method, objectives, and benefits to the respondents. Subsequently, the respondents expressed the willingness to participate voluntarily and provided informed consent.

The Parenting Stress Scale developed by Daulay (2020) was used based on the aspects of parenting stress identified by Abidin (1995). The scale consisted of 26 items divided into 3 subscales, namely Parenting Distress (12 items), Difficult Child (8 items), and Parent-Child Dysfunctional Interaction (6 items). Additionally, a 5-point Likert scale was adopted for each item, namely SA (strongly agree), A (agree), N (neutral), D (disagree), and SD (strongly disagree). The response options for favorable items were scored as SA = 5, A = 4, N = 3, D = 2, and SD = 1. In contrast, the scoring for the unfavorable items was SA = 1, A = 2, N = 3, D = 4, and SD = 5. The parenting stress scale reported good reliability with a Cronbach's alpha value of 0.813.

The procedure of the research consisted of 3 stages. *First*, the preparation stage, which comprised the preparation of instruments, including the parenting stress scale adapted from Daulay (2020) based on the aspects identified by Abidin (1995). This scale was subjected to construct validity and reliability tests (Daulay, 2020). The research used the group-based parenting support training module developed by Mukhtar (2017), outlined as 1) conducting a needs assessment for parents of autistic children, 2) formulating guidelines for group-based parenting support, 3) seeking expert judgment to validate the module, 4) conducting a trial, 5) evaluation, 6) providing training for a group leader and co-leader, and 7) briefing observers and documentation staff. Overall, the module was already tested in terms of its validity. *Second,* the implementation stage included collaborating with a Special School in Medan City. The research analyst visited the school and obtained the necessary permission to collect data from the principal. The school agreed to assist in the implementation after permission was granted. *Lastly,* the data processing stage consisted of scoring the responses provided by the participants for the parenting stress scale. Data from the intervention activities were processed using SPSS version 23.0 for Windows.

The data analysis aimed to test the hypothesis that psychoeducation reduced parenting stress among parents of autistic children. Furthermore, the descriptive analysis and the independent sample t-test were used to examine the difference in parenting stress between the experimental and control groups.

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RESULTS AND DISCUSSION

The hypothesis stated that psychoeducation reduced parenting stress among parents of autistic children, indicating a significant difference in the scores between the groups. In addition, the difference in psychoeducation training on parenting stress, based on the independent sample t-test was significant and non-significant in the experimental ($F = 8.091$; $t = 2.863$; $p = 0.01 < 0.05$) and control groups ($F = 0.002$; $t = 0.370$; $p = 0.96 > 0.05$), respectively.

The pre-test condition of the mean showed that the parenting stress score in the experimental group ($M = 120.60$, $p < 0.05$) was higher compared to the control ($M = 115$, $p > 0.05$). Similarly, the post-test condition of the mean reported a lower score ($M = 95.60$, $p < 0.05$) as compared to the control ($M = 111.33$, $p > 0.05$). Table 1 shows the results of the difference in parenting stress between the experimental and control groups.

Table 1. Differences in Parenting Stress Scores in the Results of the Experimental and Control Groups

Variable	Control Group				Experimental Group			
	Pre-Test Condition		Post-Test Condition		Pre-Test Condition		Post-Test Condition	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Parenting Stress	115	24.076	111.33	24.463	120.60	23.959	95.60	13.729

There was a significant difference in the parenting stress aspect scores before and after joining the experimental group.

Table 2. Differences in Parenting Stress Aspect Scores in the pre-test and post-test conditions

Aspect Category	*Pre-test*		*Post-test*	
	Mean	**SD**	**Mean**	**SD**
Parenting distress	29.70	6.343	30.70	7.846
Difficult child	24.60	5.441	23.00	3.091
Parent-child dysfunctional interaction	17.30	4.620	13.20	3.120

Table 2 shows the difference in parenting stress aspect scores between the treatment group before and after the training. The analysis results for the parenting distress aspect in the pre-test condition reported a relatively lower mean difference ($M = 29.70$) compared to the post-test ($M = 30.70$). In the difficult child aspect, there was a higher mean difference in the pre-test condition ($M = 24.60$) compared to the post-test ($M = 23.00$). The result also showed a higher mean difference in the parent-child dysfunctional interaction aspect of the pre-test condition ($M = 17.30$) compared to the post-test ($M = 13.20$). Based on this psychoeducation program, the parenting distress aspect indicated that parents possessed a positive perception of children's difficulties (difficult child) and the less warm interaction of parent-child dysfunctional interaction. Therefore, parents did not perceive the children's shortcomings as burdensome and maintained closeness and warmth.

This research proved the proposed hypothesis that psychoeducation reduced parenting stress among parents of autistic children. The result showed a significant difference in parenting stress before ($n = 12$; $M = 120.60$, $SD = 23.959$) and after ($n = 12$; $M = 95.60$; $SD = 13.729$) receiving psychoeducation, indicating a decrease in the mean. The development of autistic children is a collective responsibility, including parents, family, society, educators, and the government. However, parents often face obstacles and difficulties in

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optimizing abilities, making children vulnerable to parenting stress. Some of the common issues associated with caring for autistic children that contribute to parenting stress include the condition (Pruitt et al., 2016), a lack of support (Drapela & Baker, 2014), and societal acceptance issues (Corcoran et al., 2015).

Interventions should be provided to help enhance parents' ability in minimizing stress. An important method to reduce parenting stress levels is through management interventions, such as psychoeducation. The main objective is to determine the importance of psychoeducation in reducing parenting stress among parents of autistic children post-pandemic. Parents will experience a decrease in parenting stress and develop resilience through psychoeducation, achieving well-being within the family by promoting good mental health. Furthermore, parents can accept autistic children as a divine trust, deserving of gratitude. Daulay (2018) emphasized that the self-acceptance of having autistic children comprised the awareness of selected individuals entrusted by God to care for special children. This process takes time and leads to personal growth, positive thinking, resilience, and optimism in parenting.

The success of psychoeducation provided to parents in reducing parenting stress can be affected by several factors. *First*, the professionalism of the facilitator, who is a psychologist, in delivering psychoeducation. According to Ningsih (2021), a person with a psychology profession should provide direct psychological services to clients. Psychologists should adhere to professional ethics and be responsible for providing accurate and beneficial information to the community. Furthermore, the existence of professional ethics ensures the community's trust in receiving treatment based on the intended goals of the services, guaranteeing the moral quality of the psychology profession. The code of ethics also serves as a self-regulation standard for psychologists to deliver services to the community (Himawan et al., 2020).

Second, psychoeducation is based on the module tested for validity and reliability, which relates to the use of modules to reduce parenting stress. The training module has been tested for validity and reliability as a reference for implementing psychoeducation. Hendriani (2016) proved the importance of the module as a guide to the success of the intervention.

Third, the consistent presence of the parents of autistic children has a positive impact and increases knowledge and understanding of managing stress. (Qolina et al., 2017) asserted that the process of implementing psychoeducation provided an opportunity for parents as respondents to identify issues related to autistic children and the need for support from others. Parents tend to be vulnerable to stress due to the feeling that no individual can provide support. However, the presence of a psychologist as a facilitator makes parents enthusiastic about participating in the activity. This can provide parents with understanding in facing children's development and parenting post-pandemic. Psychoeducation intervention is a psychiatric nursing therapy that provides information and education through therapeutic communication (Stuart, 2013).

The results of this research showed that psychoeducation reduced parenting stress among parents of autistic children. Parents' perceptions of strategies were also changed in caring for autistic children post-pandemic, reducing the level of stress. This result was consistent with Shorey et al. (2015) where psychoeducation increased parents' self-efficacy. Psychoeducation also has an impact on groups experiencing

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comorbid chronic posttraumatic stress and depressive disorder, acting as an active control in changing thought processes and resolving issues (Dunn et al. 2007). This research was previously conducted by Purbasafir et al. (2018) showing that psychoeducation could enhance parenting self-efficacy in mothers with autistic children.

The stress experienced by parents affects attitude and parenting (Enea & Rusu, 2020), which can worsen the condition of autistic children. This has negative consequences for parenting because stress often leads to engagement in unhealthy and negative behaviors, such as neglecting children. In addition, parents who cannot accept the reality of the condition may become overwhelmed and unwilling to take any action in supporting the development. Mothers should be able to cope with stress and quickly rise to assist the children (Pamungkas, 2021). According to (Lunsky et al. 2018), parents need to acquire information and knowledge to understand the children's condition, handle issues, and demonstrate acceptance. An important method for providing knowledge with a psychotherapeutic concept is psychoeducation (Rochmani & Ramadhani 2021). Musetti et al. (2021) reported that parenting inclusion in intervention for autistic children improved life quality. In addition, Parung and Pandjaitan (2022) stated that parents could provide continuous care and become an effective intervention.

The importance of improving individual life quality through intervention is consistent with the vision of Sustainable Development Goals (SDGs). The SDGs are built on the Millennium Development Goals (MDGs) program and consist of 17 goals, 169 targets, and 241 indicators on a global scale to achieve a better human life (Sofianto, 2019). Therefore, this research aimed to contribute to the third and fourth goals of SDGs, namely a healthy and prosperous life as well as quality education. The achievement of a healthy and prosperous life should start from the smallest unit of the family. The entitlement to physical and mental health, as stated in Article 28 H, paragraph 1 of the 1945 Constitution, guaranteed the right to a prosperous life physically and mentally, a good and healthy living environment, and the right to receive healthcare services (Humaida et al. 2020). In this context, parents of autistic children are assisted in achieving physical and mental well-being, enabling genuine acceptance and providing the best parenting to realize a prosperous life. Individuals also have the right to quality education as a key component of development and to improve the quality of human resources. Autistic children also have the right to receive quality education to support growth and development. Quality education begins with physically and mentally healthy parents who care for the children, specifically those with autism spectrum disorder. A manifestation of achieving the SDGs is improving parenting quality because efforts to enhance education equally provide lifelong learning opportunities. This research also supported the achievement of the SDGs because the psychoeducation provided by a psychologist to parents can enhance understanding of managing and coping with stress.

Based on the description above, the implementation of psychoeducation was tested in minimizing parenting stress, providing benefits to many individuals. The benefits include 1) increased self-acceptance among parents of autistic children impacts mental health and positive parenting, 2) awareness is also created among various parties about the existence and increasing prevalence of autistic children in society, and 3) valuable insights are provided to various parties, including parents, educational institutions, communities, and governments. Therefore, this research showed the significance of collaborative efforts among different entities

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in providing the best services and guidance for the growth and development of autistic children. The provision of psychoeducation to parents enhances the understanding of raising these special children.

CONCLUSION

In conclusion, psychoeducation reduced parenting stress among parents of autistic children post-pandemic. This showed that there was a significant difference in the scores of parenting stress reduction between the control and experimental groups. Several suggestions were also provided concerning the importance of psychoeducation in reducing parenting stress. This was expected to improve collaboration between the school and parents, creating an awareness of the importance of providing psychoeducation. Furthermore, parents were entrusted with children as a divine trust, necessitating various efforts in coping with stress to ensure resilience and optimism while providing care. The development of autistic children was greatly affected by the behavior of parents in parenting. Finally, this intervention was proven to reduce parenting stress among parents of autistic children post-pandemic. Further research was recommended to provide interventions with a variety of parenting programs, such as group-based support and cognitive behavioral therapy.

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