THE EFFECT OF FAMILY PSYCHOEDUCATION THERAPY TOWARD THE PARENT'S ABILITY TO THE MENTAL RETARDATION CHILD INDEPENDENCY IN SLBN-1 PALANGKA RAYA

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Abstract .
The problem of mental retardation associated with all portions, especially the family/parents. Family environment influential directly in educating a child because at the time of birth and for the next period, children and families requiring assistance another person to carry out his life. Families of children with mental retardation often have more complex problems in the formation of personality, behavior and meeting the needs of children. The aims is to determine the effect of family psychoeducation therapy on the parent's ability in a mental retardation child's independence. This research use "*one group-pretest-postest design*". The samples in this study were 32 respondents who are parents of children with mental retardation and school in SLBN 1 Palangka Raya. The results of this study indicate that the family's ability in the mental retardation child's independence after family psychoeducation therapy increased significantly by 1.61 with p value = 0.000 (α 0.05). It can be concluded that there is a significant change in the average ability of the family in the mental retardation child's independence before and after family psychoeducation therapy. The research recommends family psychoeducation therapy as one of the independent nursing intervention for families who have mental retardation child to increase the child's independence

Keywords: family psychoeducation therapy, parent's ability, mental retardation child
Refferences: 19 (1995 – 2010)

INTRODUCTION

Nursing as health system integrity in Indonesia take an important role to cover mental health problem. Mental health nursing will be give an optimal contribution if nurse using problem solving method in nursing process on their care to client, including their care to mentally rearded child.

Mental retardation is a condition of mental development that stalled or incomplete, which is mainly characterized by the presence of skills impairment during development period, so give effect on all levels of intelligence, ie cognitive ability, language, motoric, and sociality (Lumbantobing, 2001). Mentally retarded child is not capable of learning and adapting because of low intelligence, usually an IQ below 70. They also have behavioral disorders of social adaptation where children have difficulty adjusting to the surrounding community, childish behavior is not in accordance with the age (Soetjiningsih, 1995).

The incidence of the mentally retarded is quite a lot, especially in developing countries and causing of anxiety or dilemma of families, communities and countries. In Indonesia, the incidence of mental retardation was reported quite high. From the results of the Household Health Survey conducted Agency for Health Research and Development Department of Health show the prevalence of mental retardation is five per 1000 population (Atika, 2003). Research in various countries found that the prevalence of moderate and severe mental retardation in the age group 15-19 years is approximately 3.0 to 4.0 per 1000. Few studies have also found that people with mental retardation who suffer from psychiatric disorders and behavioral disturbances frequency high enough. There is also a few families in Indonesia who do not understand how to care the children with mental retardation optimally because they think that they do not have hope in the future (Muchayaroh, 2002).

The actual prevalence rate of mental retardation in children is higher than the reported figures, as most surveys report only severe cases only. Research in various countries found that people with mental retardation who suffer from psychiatric

disorders and behavioral disorders is quite high frequency. In the survey conducted by Rutter, et al found that nearly a third of them felt "disturbing" by his parents (Lumbantobing, 2001).

Issue of mental retardation is associated with all sides, especially the family / parents. Family environment directly influential in educating a child because at birth and for the next period that is long enough for children that need help from family and others to carry out his life. Families of children with mental retardation often have a more complex problem in the formation of personality, behavior and meeting the children need. Families who have children with disabilities tend to provide an overload protection on their children so that children have a limited opportunity to gain experience in accordance with the level of development.

The increasing age of the child RM then the parents have to make adjustments, especially in fulfilling child needed daily so that later they do not have a prolonged dependency and cause problems that are not fun, so it takes particular care to parents by helping independence of children with mental retardation, One treatment that can be given to parents is through family psychoeducation therapy.

Family psychoeducation therapy is one of the elements of family mental health care programs by providing information and education through communication t both therapeutic and educational approaches and pragmatic (Stuart & Laraia, 2005). Family psychoeducation given in 5 sessions consist of session I: identification of the problem, session II: how to care for family members who are experiencing problems, session III: stress management, session IV: load management and session V: community empowerment. Research on family psychoeducation therapy have been carried out. This therapy showed an increase in outcomes in clients with schizophrenia and other severe mental disorders (Anderson, 1983 in Levine, 2002). Results of another study conducted by Mc. Farlane (1995), shows the same thing, where family psychoeducation therapy proven effective in lowering the relapse of patients with schizophrenia.

Based on the exposure, researchers are interested in studying about family psychoeducation therapeutic effect on the ability of parents to mental retardation child's independence in SLBN 1 Palangkaraya.

Methods

The design of this research study: "one-group pre-test-post-test design" are defined according to Prasetyo & Jannah (2005), namely: an experimental group measured the dependent variable (pre-test), and then given stimulus, and remeasured dependent variable, without a comparison group. Sampling by using total sampling, which all parents who have mental retardation child, totaling 32 respondents, who attended the SLBN-1 Palangkaraya and met the inclusion criteria. Samples that have met the inclusion criteria measurements were taken prior to the characteristic ability of parents in a child's independence mental retardation as observation first stage (pre-test). The observations contained in the data collection sheets that have been available. Furthermore, parents are given family psychoeducation therapy, and then observed their behavior as a response to observations of the second phase (post-test). The observations contained in the data collection sheets, as is done in the first phase. Then analyzed to determine the change in the ability of parents in a child's independence mental retardation before and after the intervention.

Population and Sample

In this study population is the parents who have children with mental retardation who attend school at the State Special Schools 1 (SLBN-1) Palangkaraya. Sampling by using total sampling, which all parents who have children with mental retardation, totaling 32 respondents who attended the SLBN-1 Palangkaraya and met the inclusion criteria.

Methods

This study using questionnaire with some closed questions to identify the ability of parents in a mental retardation (MR) child's independence before and after therapy family psychoeducation.

The data was collected by distributing a questionnaire containing a list of questions filled out by respondents.

Pre-test done 1 day prior to treatment. Pre test was conducted on the family in this case is the 32 parents who have children in school in the RM and SLBN 1 Palangkaraya. At this

stage the researchers assessed the ability of parents in a MR child's independence, to determine the initial capability prior to intervention of family psychoeducation therapy. After the pre-test, each respondent is then given family psychoeducation therapy as many as five sessions.

Post-test conducted on day 14 after the family psychoeducation therapy ended. At this stage the researchers assessed the ability of the family in the MR child's independence.

Data Analysis

Data analysis techniques using pre-test requirements analysis and test the effect. To test that is pre-requisite analysis using normality test where normality test data in this study using a non-parametric statistics on the value of Kolmogorov-Smirnov. According Priyanto (2010) suggested that the data are expressed in normal distribution if the significance is greater than 0.05. In this study, the significance value was 0.32 so it can be concluded that the data were normally distributed. Meanwhile, to perform calculations using the formula test the effect of pre-test and post test one group design is a statistical test by using test dependent sample t-test (Paired t-test).

Results

Parent's Ability in MR child's independence

The ability of parents in a MR child's independence before the family psychoeducation therapy can be seen in the table below:

Table 1
Parent's Ability Before Psychoeducation therapy (n = 32)

Characteristic	N	Mean	SD	Minimal - Maksimal
Parent's ability before intervention	32	74,75	9,608	41 – 88

The results showed that total of 32 parents who have children with RM shows the average ability in the child's independence before family psychoeducation therapy is 74.75. With a standard predetermined value, the researchers concluded that the average ability of the family in a child's independence prior to therapeutic intervention RM family psychoeducation is at a level good enough.

After the intervention of family psychoeducation therapy, the ability of the family in the MR child's independence can be seen in the following table:

Table 2
Parent's Ability After Psychoeducation Therapy (n = 32)

Characteristic	n	Mean	SD	Minimal-Maksimal
Parent's ability after intervention	32	80,66	11,218	53 - 97

Table 3.
Analysis of Changes in Parent's Ability Before and After Psychoeducation Therapy (n = 32)

Variable	Mean	SD	SE	t	p *value*
Parent's ability					
a. Before	74,75	9,608	1,699	-4,694	0,000
b. After	80,66	11,218	1,983		
difference	5,91	1,61			

Discuss

After the intervention of psychoeducation therapy there is improvement in the ability of the MR child's independence become 80.66. With a standard predetermined value, the researchers concluded that the average ability of the family in the child's independence after give intervention RM family psychoeducation therapy is increased to good.

It's mean that in line with that proposed by Carson (2000) that psychoeducation is a tool that is increasingly popular family therapy as a strategy to reduce the risk factors associated with the development of behavioral symptoms. So in principle, psychoeducation can help family members to increase knowledge about the disease through the provision of information and education to support treatment and rehabilitation of patients as well as increased support for the family members themselves

Effect of Psychoeducation Therapy towards Parent's Ability to MR Child's Independence

Family psychoeducation therapy is one elements of family mental health care programs by providing information and

education through therapeutic communication. Psychoeducation program is an approach both educational and pragmatic (Stuart & Laraia, 2005). In this study, given intervention in the form of family psychoeducation therapy to the 32 respondents who have children with moderate mental retardation, with the aim of providing a deeper understanding to the families of children with mental retardation and how to care.

Statistical test results in this study by using dependent test sample t-test (Paired t-test) demonstrated that the parent's ability after the family psychoeducation therapy increased significantly by 1.61 with a p value = 0.000 (α 0.05). It can be concluded that the α 5% no significant change in the average ability of the family in the child's independence RM before and after therapeutic intervention in the form of family psychoeducation (p value 0,000 <α 0.005).

Mohr (2006) divides the role of families who have children with mental retardation into 5 (five), portions: 1). to respond to every need of the family members especially need stimulation of growth and development in children with intellectual challenges, 2). help any psychosocial problems in the family active and as a result or care for children with intellectual challenges, 3). division of tasks associated with the equitable distribution of the stimulation of growth and development of children with intellectual challenges, 4). encourage interaction within and outside the family, as well as 5). improving the quality of health in each family member. This is one of them can be met through family psychoeducation therapy.

The inability of the family to manage stress occurs because of a conflict between: a strong desire to have a healthy child, and simultaneously (together) occurs fear and anxiety when what it does will lead to a mistake for their children. This can affect the ability of families in child care so that it will interfere / impede child development RM. Through family psychoeducation therapy, the expected family as a system that can provide support in the establishment of sustainable health care in helping the mentally retarded child's independence, not only provide physical treatment but also psychological and social care. Research has been done by Nurbani (2009) states that family psychoeducation can help decrease anxiety and burden of the family in caring for family members who have suffered a stroke. Based on the explanation given then the family psychoeducation can be a form of therapy for families with MR children in order to cope with anxiety and burden of caring for MR children which in turn can enhance the ability of families in the child's independence RM.

Family as the smallest unit closest to the MR child, should be able to act as caregiver for MR children. That is what the family is very large role in helping the MR child independence. Form of management of the child's family RM, reinforces the concept that intervention is needed not only on for the child, but also the family as a system requires intervention. This is evidenced by research conducted by Miltiades and Pruchno (2001) in Maes, Broekman, Lecturer & Nauts, 2003) which confirms that the intervention should be given not only focus on children RM as an individual, but also involves directly to the needs of the family. Therefore, nursing interventions that focus on the MR child's family not only restore their state, but also to develop and enhance the ability of families to cope with the load and family health problems, particularly the psychosocial problems that may arise as a result of caring for mental retardation children.

Conclusions

Total of 32 parents who have children with MR shows the average ability in the child's independence before family psychoeducation therapy was 74.75 (at the level of Pretty Good). The results showed that, out of a total of 32 parents who have children with MR shows the average ability in the child's independence after a given family psychoeducation therapy was 80.66 (at the level of Good). Results of statistical analyze by using test dependent sample t-test (Paired t-test) demonstrated that the ability of the family in the MR child's independence after the family psychoeducation therapy increased significantly by 1.61 with a p value = 0.000 (α 0.05), then it can be concluded that there is a significant change in the average ability of the family in the MR child's independence before and after therapeutic intervention in the form of family psychoeducation therapy (p value 0,000 <α 0.005)

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