

Psychoeducation with the Small Group Discussion Approach Increases Knowledge of Parents in Caring for Children with Autism and Aggressive Behavior

La psicoeducación con el enfoque de discusión en grupos pequeños aumenta el conocimiento de los padres en el cuidado de niños con autismo y comportamiento agresivo

Reliani Reliani^{1a*}, Nugroho Ari Wibowo^{2a}, Zaimatun Zuhroh^{3a}, Ade Susanty^{4a}, Chlara Yunita Prabawati^{5a}

SUMMARY

Introduction: Aggressive behavior in autistic children impacts the difficulties in taking care of the children related to parents' literacy limitations. Previous evidence showed that psychoeducation improved the ability of parents to care for autistic children. However, there is a limiting use in the small group discussion (SDG) approach. This paper investigates the impact of psychoeducation with a small group discussion (SGD) approach on parents' knowledge in caring for children with Autism and Aggressive Behavior. **Methods:** This study was a pre-experimental design

one-group pretest-posttest design. Data derived from the total sampling technique resulted in 65 people using the questionnaire results. Then, it was analyzed using the Wilcoxon Sign Rank Test with a significance level (α) = 0.05.

Results: The Wilcoxon Sign Rank Test result showed $p = 0.0001$.

Conclusion: There was a significant difference between pre and post-test. In conclusion, psychoeducation with the small group discussion increases the knowledge of parents in caring for children with autism and aggressive behavior. Further study should evaluate those interventions' effects on attitude and behavior in caring for children with autism and aggressive behavior.

Keywords: Aggressive behavior, autism, psychoeducation, small group discussion.

DOI: <https://doi.org/10.47307/GMC.2022.130.s1.21>

ORCID ID: 0000-0003-4904-5720¹

ORCID ID: 0000-0003-4442-5708²

ORCID ID: 0000-0003-2501-2545³

ORCID ID: 0000-0002-4790-466X⁴

ORCID ID: 0000-0003-3661-7769⁵

^aUniversitas Muhammadiyah Surabaya, Indonesia

*Corresponding Author: Reliani Reliani
E-mail: wikreliayu@gmail.com

Recibido: 1 de mayo 2022

Aceptado: 5 de mayo 2022

RESUMEN

Introducción: El comportamiento agresivo en niños autistas impacta las dificultades en el cuidado de los niños relacionadas con la limitación de alfabetización de los padres. La evidencia anterior mostró que la psicoeducación mejoró la capacidad de los padres para cuidar a los niños autistas. Sin embargo, hay un uso limitado en el enfoque de discusión en grupos pequeños (ODS). Este artículo investiga el impacto de la psicoeducación con un enfoque de discusión en grupos pequeños (SGD) sobre el conocimiento

de los padres en el cuidado de niños con autismo y comportamiento agresivo.

Métodos: Este estudio fue un diseño pre-experimental de un solo grupo, diseño pretest-posttest. Los datos derivados de la técnica de muestreo total dieron como resultado que 65 personas usaran los resultados del cuestionario. Luego, se analizó mediante la prueba de rango de signos de Wilcoxon con un nivel de significación (α) = 0,05.

Resultados: El resultado de la Prueba de Rango de Signos de Wilcoxon mostró $p = 0.0001$.

Conclusión: Hubo una diferencia significativa entre el pre y post test. En conclusión, la psicoeducación con la discusión en pequeños grupos aumenta el conocimiento de los padres en el cuidado de niños con autismo y comportamiento agresivo. Estudios adicionales deberían evaluar los efectos de esas intervenciones sobre la actitud y el comportamiento en el cuidado de niños con autismo y comportamiento agresivo.

Palabras clave: Comportamiento agresivo, autismo, psicoeducación, discusión en grupos pequeños.

INTRODUCTION

Autism has a wide variation in the type and severity of symptoms (1-4). However, those symptoms can be grouped into two categories: persistent deficits in social communication and social interaction across multiple contexts; and restricted, repetitive patterns of behavior, interests, or activities (5,6). An amount of 80 % – 90 % of aggressive behavior in autistic children is characterized by uncontrollable emotions and tantrums – such as kicking, screaming, yelling, kicking, screaming, and biting (7,8). This condition leads to difficulty in their social communication (9-11).

Autism incidence happens in six of 1 000 children. In Indonesia, approximately 134 000 people with autism spectrum in 2015 (12,13). In addition, in East Java, it was estimated that 152 children with autism in 2015. There is no report on the incidence of autism with aggressive behavior, but symptoms of aggressive behavior often appear in autistic children, so the number continues to increase every year (14,15). The preliminary survey was conducted at the children's development outpatient clinic of the Menur Mental Hospital, Surabaya (16,17). The total incidence of autism in 2015 was 452 cases.

The preliminary study results from 8 visits to the outpatient clinic showed that one parent had good knowledge (13 %), two parents had moderate knowledge (25 %), and five parents had poor knowledge (62 %) (18,19).

The autism spectrum disorder (ASD) consists of a disability of social interaction and reciprocal communication, limited interests, inappropriate behavior, and repetitive movements without purpose (20-23). In the future, autistic children may not function socially and have dependent characteristics. Aggressive behavior problems (ABP) are frequent yet poorly understood in children with Autism Spectrum Disorders (ASD) (24,25). Parents frequently report their difficulties in caring for children with ABP and ASD. They do not understand the threat of aggressive behavior in autistic children (26-28).

Family support, especially parents, plays a role in caring for autistic children. Intervention to increase literacy in the parents can form effective parenting. Psychoeducation with the small group discussion (SDG) approach improves communication skills, develops knowledge, shares experiences, and practices daily live problem-solving in parents with autistic children (29-32). In addition, parents with adequate literacy of autism were more accepting of their child's condition than parents with poor literacy (33,34). The Menur Mental Hospital has a children's development outpatient clinic with daycare services and family education (35,36). Psychoeducation in the parents aims to increase knowledge of the developmental dynamics and psychological needs of autistic children. This paper investigates the impact of psychoeducation with a small group discussion (SGD) approach on parents' knowledge in caring for children with Autism and Aggressive Behavior.

METHODS

This research was an experimental study with one group pre-posttest design. The population was parents of children with Autism and Aggressive Behavior at the children's development outpatient clinic of Menur Mental Hospital. Then, the authors recruited 65 samples from the population using total sampling. The

independent variable was psychoeducation with the SGD approach, while the dependent variable was knowledge of caring for children with ASD and ABP. Parents and aggressive autistic children are involved in all study phases. The authors gave guidance, advance, and agreement of intervention and ethical clearance before the intervention. Psychoeducation with the SGD approach consists of a small group including 5 to 6 people involved. The session on each visit to the children’s developmental clinic was (Table 1):

An instrument to evaluate knowledge was a questionnaire. The data analysis utilized the Wilcoxon sign rank test to compare knowledge in caring for children with autism and aggressive behavior before and after psychoeducation with the SGD approach.

Table 1
SDG's Session of Psychoeducation

SDG's session on Psychoeducation	Content
1	Explore ideas
2	Increase understanding
3	Encourage the development of thinking
4	Communicate effectively
5	Develop knowledge
6	Practice problem solving
7	Reflection

(Polit and Beck, 2004; Djamarah, 2005; Polit, Beck and Hungler, 2006)

RESULTS

The characteristics of respondents included age, education, and occupation of parents with autism aggressive behavior in the Child Development Polyclinic, Menur Mental Hospital, Surabaya.

Table 2 describes that most respondents are 40-47 years old (38 %) and 48-55 years old (38.%). They are housewives (61 %) and graduated from senior high school (55 %).

The effect of psychoeducation with SGD approach on Family Caring for Autism with Aggressive Behavior at the Child Development Outpatient Clinic, Menur Mental Hospital Surabaya, January 2017 was (Table 3):

Table 2
The characteristics of respondents by age, education, and occupation (n = 65)

Characteristics of respondents	n (%)	
Age (Years)	32-39	18 (28)
	40-47	25 (38)
	48-55	22 (38)
Education Level	Elementary	1 (1)
	Junior High	13 (18)
	Senior High	36 (55)
	Bachelor	15 (23)
Occupation	Worker	32 (49)
	Housewife	33 (61)

Table 3
The Effect of Psychoeducation with SGD Approach on Family Caring for Autism with Aggressive Behavior (n =65)

Categories	n	Percentage %
Negative Ranks	0	0
Positive Ranks	65	100
Ties	0	0
Total	65	100

p=0.0001 (p<0.05)

The Wilcoxon sign rank test obtains $p=0.0001$ ($p< 0.05$), indicating significant differences in pre-test and post-test (Table 3). Thus, psychoeducation with the small group discussion (SGD) approach increased knowledge in caring for children with Autism Spectrum Disorders (ASD) and Aggressive behavior problems (ABP).

DISCUSSION

In this study, most parents with autistic children were middle adulthood. Middle adulthood refers to the lifespan between young adulthood and old age – the increasing age results in physical and psychological (mental) changes. The changes occur due to the maturation of organ functions, especially in the psychological aspect and thinking skills (1,2). In addition, age is a factor

affecting knowledge in individuals. According to, a person's maturity levels and strength increase with age (5,6). The public will trust someone of a more mature age. In middle adulthood, mental development processes are improved, but the process is not as fast as in adolescents (7,8).

Based on the study result, most respondents graduated from senior high school. Senior high school is categorized as secondary education (9,10). Parents' education might lead to a lack of family knowledge about caring for autistic children with aggressive behavior. In addition, the majority of parents' occupations in this study were housewives (12,13). Javanese Indonesian culture considers that their mother should accompany children with particular needs, so the mothers entirely focus on their children. On the other hand, occupation might lead parents to be experienced and more knowledgeable because of the work environment (34,35). The environment can increase their insights and knowledge by colleagues and media – such as print or electronic media. Occupation gives an impression and knowledge to individuals. Occupation is naturally associated with social and cultural interaction factors (14-16).

Furthermore, social, and cultural interaction is closely related to the information exchange process. According to previous research, information exchange includes providing health education to increase knowledge (30,33). Knowledge is the result of knowing someone after sensing an object. Sensing occurs in humans through the five senses, namely sight, hearing, smell, taste, and touch (17-19).

This study revealed that psychoeducation with a Small Group Discussion (SGD) approach increased the knowledge of parents in caring for children with ASD and ABP. Several factors affect a person's knowledge: education, occupation, and age. The health education process impacts attitude changes, information acceptance, and new values introduction (20,21,24).

In this study, the parent's occupation was the predisposing factor in increased knowledge, especially among housewives (25,26). The parents increased their knowledge through psychoeducation. They might entirely focus on their children (27,29). However, knowledge changes are also influenced by geographic and

cultural factors. Therefore, psychoeducation with the SDG approach seems to enhance the family caring for children with ASP and ABP.

CONCLUSION

In conclusion, psychoeducation with the small group discussion increases knowledge in caring for children with autism and aggressive behavior. Further study should evaluate those interventions' effects on attitude and behavior in caring for children with autism and aggressive behavior.

REFERENCES

1. Fahditia A, Satyadi H, Suyasa PTYS. Applied Behavior Analysis Interventions on Children with Autism Spectrum Disorder in Indonesia: A Proposal for Systematic Review and Meta-Analysis. In: 1st Tarumanagara International Conference on Medicine and Health (TICMIH 2021). Atlantis Press; 2021.p.185-189.
2. Mikkelsen AP, Greiber IK, Scheller NM, Lidegaard Ø. Association of labor epidural analgesia with an autism spectrum disorder in children. *JAMA*. 2021;326(12):1170-1177.
3. Salleh NS, Abdullah KL, Yoong TL, Jayanath S, Husain M. Parents' experiences of affiliate stigma when caring for a child with autism spectrum disorder (ASD): A meta-synthesis of qualitative studies. *J Pediatr Nurs*. 2020;55:174-183.
4. Maemonah S, Hamidah, Damayanti NA, Hidayat EM, Novitasari A, Aina Q, et al. The support of the family toward children with autism spectrum disorder. *Indian J Public Heal Res Dev*. 2018;9(11):1767-1771.
5. Mitchell P, Sheppard E, Cassidy S. Autism and the double empathy problem: Implications for development and mental health. *Br J Dev Psychol*. 2021;39(1):1-18.
6. Reddy SK, Deutsch N. Behavioral and Emotional Disorders in Children and Their Anesthetic Implications. *Children*. 2020;7(12):253.
7. Tudor ME, Bertschinger E, Piasecka J, Sukhodolsky DG. Cognitive-behavioral therapy for anger and aggression in a child with Tourette's syndrome. *Clin Case Stud*. 2018;17(4):220-232.
8. DeJesus BM, Oliveira RC, de Carvalho FO, de Jesus Mari J, Arida RM, Teixeira-Machado L. Dance promotes positive benefits for negative symptoms in autism spectrum disorder (ASD): A systematic review. *Complement Ther Med*. 2020;49:102299.

9. Setyowati D, Prasetyo B, Husada D. Differences in growth of children with autism and normal in Surabaya, Indonesia. *Scopus IJPHRD Cit Score*. 2019;10(7):899.
10. Gulisano M, Barone R, Alaimo S, Ferro A, Pulvirenti A, Cirnigliaro L, et al. Disentangling restrictive and repetitive behaviors and social impairments in children and adolescents with Gilles de la Tourette syndrome and autism spectrum disorder. *Brain Sci*. 2020;10(5):308.
11. Maemonah S, Hamidah HBN, Sulystiono D, Widarti L. Factors affecting the ability to speak in children with autism spectrum disorders. *J Public Health Res*. 2021;10:2236.
12. Kawano J, Fujino H. Dohsa-hou intervention for reciprocal interpersonal interaction for a girl with Kabuki syndrome and autism spectrum disorder. *Clin Case Reports*. 2021;9(6):e04296.
13. Quiñones-Camacho LE, Fishburn FA, Belardi K, Williams DL, Huppert TJ, Perlman SB. Dysfunction in interpersonal neural synchronization as a mechanism for social impairment in autism spectrum disorder. *Autism Res*. 2021;14(8):1585-1596.
14. Purnama Y, Herman FA, Hartono J, Suryani D, Sanjaya G. Educational software as assistive technologies for children with Autism Spectrum Disorder. *Procedia Comput Sci*. 2021;179:6-16.
15. Vacher C, Romo L, Dereure M, Soler M, Picot MC, Purper-Ouakil D. Efficacy of cognitive-behavioral therapy on aggressive behavior in children with attention deficit hyperactivity disorder and emotion dysregulation: Study protocol of a randomized controlled trial. *Trials*. 2022;23(1):1-17.
16. Vacher C, Romo L, Purper-Ouakil D, Soler M, Picot MC, Purper-Ouakil D. Efficacy of Cognitive-Behavioral Therapy (CBT) on aggressive behavior in children with ADHD and emotion dysregulation: study protocol of a randomized controlled trial. *Trials*. 2022;23(1):124.
17. Önoğ S, Kırzioğlu Z. Evaluation of oral health status and influential factors in children with autism. *Niger J Clin Pract*. 2018;21(4):429-435.
18. Andersen CH, Thomsen PH, Nohr EA, Lemcke S. Maternal body mass index before pregnancy as a risk factor for ADHD and autism in children. *Eur Child Adolesc Psychiatry*. 2018;27(2):139-148.
19. Chun H, Leung C, Wen SW, McDonald J, Shin HH. Maternal exposure to air pollution and risk of autism in children: A systematic review and meta-analysis. *Environ Pollut*. 2020;256:113307.
20. Craig F, Lorenzo A, Lucarelli E, Russo L, Fanizza I, Trabacca A. Motor competency and social communication skills in preschool children with autism spectrum disorder. *Autism Res*. 2018;11(6):893-902.
21. Bhat AN. Motor impairment increases in children with autism spectrum disorder as a function of social communication, cognitive and functional impairment, repetitive behavior severity, and comorbid diagnoses: a SPARK study report. *Autism Res*. 2021;14(1):202-219.
22. Tiara O, Yusuf A, Tristiana R. Fine Motor Skill and Cognition Development in Children with Autism Using Finger Painting Method. *Indian J Public Heal Res Dev*. 2019;10(9):1494.
23. Ardiyani ID, Febriyana N, Setiawati Y, Kalalo RT. Parent training program for autism Spectrum disorder during the COVID-19 pandemic period in Indonesia. *J Psikiatri Surabaya*. 2020;9(2):60-67.
24. Daulay N. Parenting stress of mothers in children with Autism Spectrum Disorder: A review of the culture in Indonesia. *KnE Soc Sci*. 2018;453-473.
25. Lai PT, Ng R, Bellugi U. Parents' perspective on the social traits observed in school-age children with autism and children with Williams syndrome. *Res Pract Intellect Dev Disabil*. 2021;8(2):174-184.
26. Nani D, Sadewa AH, Hartini S, Herini ES. Perinatal and Background Risk Factors for Children with Autism Spectrum Disorder in Indonesia. *Indian J Public Heal Res Dev*. 2019;10(12).
27. Patrick ME, Shaw KA, Dietz PM, Baio J, Yeargin-Allsopp M, Bilder DA, et al. Prevalence of intellectual disability among eight-year-old children from selected communities in the United States, 2014. *Disabil Health J*. 2021;14(2):101023.
28. Abdul N, Yusuf A, Rizki F. Using the health belief model by shadow teachers in identifying the behavior of children with special needs. *Indian J Public Heal Res Dev*. 2019;10(8):2637-2641.
29. McFayden T, Jarrett MA, White SW, Scarpa A, Dahiya A, Ollendick TH. Sluggish cognitive tempo in autism spectrum disorder, ADHD, and their comorbidity: Implications for impairment. *J Clin Child Adolesc Psychol*. 2020:1-8.
30. Khalil R, Tindle R, Boraud T, Moustafa AA, Karim AA. Social decision making in autism: On the impact of mirror neurons, motor control, and imitative behaviors. *CNS Neurosci Ther*. 2018;24(8):669-76.
31. Mutia F, Atmi RT. Information sharing behavior among parents of children with autism spectrum disorder (ASD). *Libr Philos Pract*. 2018;2018:1-9.
32. Romantika IW, Lusmilasari L, Prabandari YS, Syahrul S. Application of video-based health education in improving mother's knowledge and attitudes about behavioral problems among preschool children. *Enfermería Clínica*. 2020;30:172-176.
33. Alawiyah I, Salsabila S. The Effectiveness of Physical Touch for Tantrum Treatment on Autistics Child. 2021.

PSYCHOEDUCATION WITH THE SMALL GROUP DISCUSSION

34. Schneid I, Raz AE. The mask of autism: Social camouflaging and impression management as coping/normalization from the perspectives of autistic adults. *Soc Sci Med.* 2020;248:112826.
35. Kogan MD, Vladutiu CJ, Schieve LA, Ghandour RM, Blumberg SJ, Zablotsky B, et al. The prevalence of parent-reported autism spectrum disorder among US children. *Pediatrics.* 2018;142(6):e20174161.
36. Mazzone L, Postorino V, Siracusano M, Riccioni A, Curatolo P. The relationship between sleep problems, neurobiological alterations, core symptoms of autism spectrum disorder, and psychiatric comorbidities. *J Clin Med.* 2018;7(5):102.