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EFFORTS TO INCREASE FAMILY RESILIENCE THROUGH PSYCHOEDUCATION IN LAKARSANTRI VILLAGE

Shanty Pudji Wahyuni¹, Evi Winingsih²

¹State University of Surabaya, Lidah Wetan, Sub-District Lakarsantri, Surabaya, Indonesia, <u>shanty.20006@mhs.unesa.id</u>

²State University of Surabaya, Lidah Wetan, Sub-District Lakarsantri, Surabaya, Indonesia, eviwingsih@unesa.ac.id

ABSTRACT

There are factors that can cause divisions in the family such as lack of time to gather with the family, household chores only done by the mother, and fathers who do not contribute to the education of children. So that these problems do not have an impact on the split, it is necessary to increase the resilience in the family. This research uses a type of qualitative research using the literature study method. The technique used in this research is interviews supported by secondary data derived from various journals and previous research. This research was conducted in RW 3 Lakarsantri Surabaya Village, with the subjects who conducted the interviews people who lived in RW 3 Lakarsantri Surabaya Village. Increasing resilience in the family, it can be done by providing psychoeducational information models delivering education by counselors, and providing infographics, and also videos related to efforts to increase family resilience. The results of this research that has been conducted, it shows that the method of providing psychoeducational services with the information model that has been carried out in RW 3 Lakarsantri Surabaya Village is quite effective in increasing resilience in families.

Keywords: family resilience, psychoeducation, information.

INTRODUCTION

The family is a small unit of the ordering system in society, consisting of a father, mother, and children. The family functions as an integral unit within society to contribute to determining how society recovers after a traumatic event. Because if an individual has experienced traumatic problems or other things, the family is the first person who will help the individual to heal and get back on their feet. In addition, the family is the core of all healing because the impact of problems that exist in society, generations, and time can be reduced through proper handling in the family. So in human life, there is no escaping the relationship with family.

Resilience is the ability that exists within an individual who seeks to recover from crises, problems, or challenges that are being faced in his life. Not only conflicts can occur in individuals, but quite a lot of families also have experiences that are in crisis situations caused by various things. No family escapes from a problem, surely all families have faced problems, although every problem in a family has a different level of difficulty. There are problems that are easier to overcome and are like challenges, but there are problems that are more severe so that they can cause a crisis in the family that faces them.

All problems that occur in the family can definitely be resolved, but the resolution depends on how family members can provide mutual support when a problem occurs in the family, as well as how family members can solve the problems that are happening, and how the family can rebuild their family life after the transition. So that resilience is needed in the family when facing a problem or conflict. When problems arise in the family and family members manage to overcome them, then there needs to be adaptation after the emergence of the problem is called family resilience. Family resilience is how resilience in a family can overcome existing problems.

According to Bhattacharjee et al in Nurmalisyah (2018), there are several types of psychoeducation implementation, one of which is the information model psychoeducation type. Information model psychoeducation is one type of psychoeducational provision carried out by a counselor or psychologist who focuses more on providing knowledge, knowledge is given to counselees or individuals who need information or education related to the problem at hand in accordance with the psychoeducational material provided. The purpose of providing information in this type of psychoeducation is to improve the ability of counselees related to psychoeducation based on the topic being conveyed.

Psychoeducation activities are carried out at the RW 3 Hall in Lakarsantri Village which has been determined in accordance with the Puspaga Surabaya TOT activity program, which consists of several students who provide material, socialization, psychoeducation, and as counselors, and there are assistants from psychologists if there are students who are not able to deal with existing problems.

The material used in the psychoeducation is related to family resilience in the Lakarsantri village community. Providing psychoeducation using the informative model is an effort to improve family resilience in the RW 3 Lakarsantri Village community environment. While the purpose of the informative model psychoeducation in this study is to improve the relationship between family members in RW 3 Lakarsantri Village in order to form family resilience in the family.

METHODOLOGY

To collect information that is relevant to the topic or problem to be discussed in this study, the authors use a type of qualitative research using the literature study method. i.e. the data used in completing this research comes from data collection activities derived from several books, scientific journals, magazines, documents, reports, and other written sources both printed and electronic that relate to issues related to the topic raised (Harahap & Siregar, 2020).

The technique used in this research is interviews supported by secondary data from various journals and previous research. This research was conducted in RW 3 Kelurahan Lakarsantri Surabaya, with the subjects who conducted the interviews of people living in RW 3 Kelurahan Lakarsantri Surabaya. So that the literature study data will be used to make interventions that are possible to apply to the problems obtained when conducting interviews.

RESULT AND DISCUSSION

Resilience is a process of adapting well when facing misfortune, trauma, tragedy, threats, and things that cause significant stress. The concept of resilience is usually only defined as the ability to survive, but resilience also bounces back from crisis. Walgnild and Young in Apostelina (2012) say that individual resilience is the ability within a person to overcome change or misfortune. Based on the understanding of individual resilience, the term family resilience emerged, which states the family's ability to continue its life after experiencing severe problems or pressures.

Family resilience is a way or strategy carried out by members of the family when facing pressure, problem, or conflict that arises in the family (Herdiana, 2019). In a journal written by Herdiana (2019) regarding the resources that must be owned by the family in order to increase family resilience when there is a conflict or crisis are as follows:

- A positive outlook, where family members must have positive emotions such as compassion, have positive solutions when facing problems, be humorous, and strengthen each other.
- Spirituality, in the family must have faith as a foothold to find a way out when there is a conflict in the family.
- 3. Attachment of family members, where all family members are able to work together to find a way out of existing problems such as by coordinating well, providing mutual support, and helping each other.
- 4. Family communication, how members in the family succeed in creating a sense of togetherness, there is clarity in the communication carried out, communication if there are problems. Because communication is very important to be able to overcome a problem.
- 5. Financial management, making good decisions in financial management can contribute to family welfare, because basically a lot of family problems stem from a less stable family economy.
- 6. Time together, spending more time with family such as eating together, watching television together, taking vacations together, or sharing chores are examples of individuals who spend a lot of time with family.

7. Social support, not only getting support from others, a healthy family is a family that also contributes to supporting other people's family relationships. Because basically, the community will give feedback on what we give them.

Similar to the family resilience factors conveyed by (Irawan, 2018), several factors influence family resilience, namely internal and external factors. Internal factors themselves are factors that come from within the individual such as the individual's ability to maintain the family, communication, emotions, flexibility, and spirituality. Meanwhile, external factors come from outside the individual such as support provided by other family members, relatives, the surrounding community, and spending time with family.

Like family resilience in RW 3 Lakarsantri Surabaya, it has the ability to handle problems quite well. Where from the results of our interviews with the local community stated that in family resilience there must be one family member who has the ability to resilience, when there is a conflict between the two parents it must be resolved immediately and hidden from the child, there is good communication between father, mother, and child. When there is free time to spend time with family on vacation together or farming. As well as being able to establish good communication with the local community and contribute to events or activities in the village such as karawitan.

However, there are several factors that can cause a split in the family due to lack of time to gather with the family because every day they only gather for about 6 hours at night, lack of initiative from family members in helping with household chores, health-related problems owned by children, to fathers who contribute less to children's education. In order for these problems not to have an impact on the split, it is necessary to increase the resilience in the family. Increasing resilience in the family can be done by providing psychoeducation.

Psychoeducation is a form of education or training given to an individual who has psychiatric disorders, with the aim of carrying out the treatment and rehabilitation process (Bhakti & Kurniawan, 2020). Psychoeducation is health education given to patients or counselors who experience physical illness or mental disorders, with the aim of being able to overcome the psychological problems they experience (Suryani et al., 2016). So from some of these conclusions, it can be concluded that psychoeducation is a therapeutic service provided to counselees, groups, and families as a form of intervention carried out by counselors to help overcome problems or diseases experienced by individuals, both psychological disorders and physical illnesses.

In providing psychoeducational therapy services, it can be done passively and actively, for passive provisions of psychoeducation, such as providing information with leaflets, posters, via emails or websites, videos, pictures, and the like. The active provision of psychoeducation services is to provide counseling or provide health education individually or in groups to counselees. Providing psychoeducation actively or passively is expected to significantly reduce the symptoms or diseases experienced by patients or counselees. Psychoeducation has a flexible form that combines specific information and media to convey information to the community, so it has the potential for a variety of life challenges faced by the community (Lukens & McFarlane, 2004 in Bhakti & Kurniawan, 2020).

Psychoeducation can be done through training using exploration, assessment, discussion, role play and demonstration methods. In the intervention process, the counselor not only provides information related

to individual/group problems in dealing with the problem situation, but also educates and helps the counselee to be able to develop sources of support and social support in facing the challenges he faces, and can develop coping skills or overcome the pressure being faced by the counselee. The basic purpose of psychoeducation is to provide knowledge about various aspects of the disease or symptoms, eliminate misconceptions and unconsciousness, and help individuals have knowledge of what can be done and prohibited in providing care to sick people or patients.

In a journal written by Anwar & Rahmah (2017), the focus of psychoeducation services is as follows:

- 1. Assist the counselee regarding the problems or life challenges that are being faced
- 2. Helping counselees develop sources of support and social support in facing life challenges
- 3. Develop coping skills to face life challenges
- 4. Developing emotional support
- 5. Reducing the counselee's sense of stigma toward a disorder
- 6. Change the attitude and belief of the counselee towards a disorder
- 7. Identify and explore feelings toward an issue
- 8. Developing problem-solving skills
- 9. Developing crisis-intervention skills.

The psychoeducational services provided to the RW 3 community in Lakarsantri Surabaya Village are included in the information model type of psychoeducation. The provision of psychoeducational services with an information model is to increase family resilience in order to be able to overcome and adapt to the family problems faced. So that later it is hoped that the psychoeducation provided can prevent the occurrence of individual inability to overcome and adapt to family problems. The psychoeducation model provided in this study is to use the life skills model, which is the attitude, ability, and skills that everyone needs to have in order to be able to maintain their position.

This service prioritizes the provision of knowledge or information. The counselor will provide psychoeducation actively and passively. In providing psychoeducation actively, the counselor will display a PowerPoint to the RW 3 community in Lakarsantri Surabaya Village and provide several efforts to be able to increase resilience in the family. While passively providing services by distributing infographics and videos related to efforts to improve family resilience through the WhatsApp group of the RW 3 community of Lakarsantri Surabaya Village.

CONCLUSION

From the results of interviews that have been conducted in RW 3 Lakarsantri Surabaya, the ability to handle problems is quite good. Where the local community states that there must be one family member who has the ability to resilience, when there is a conflict between the two parents, it must be resolved immediately, good communication occurs, spending time with the family, establishing good communication with the local community. And there are also factors that can cause divisions such as lack of time to gather with the family, household chores only done by the mother, and fathers who do not contribute to the education of children.

In order for these problems not to have an impact on the split, it is necessary to increase the resilience in the family. To increase resilience in the family, it can be done by providing psychoeducation with an information model by delivering education by counselors, providing infographics, and also videos related to efforts to increase family resilience. The results of this research that has been conducted, it shows that the method of providing psychoeducational services with the information model that has been carried out in RW 3 Lakarsantri Surabaya Village is quite effective in increasing resilience in families.

REFERENCES

- Anwar, Z., & Rahmah, M. (2017). Psikoedukasi tentang risiko perkawinan usia muda untuk menurunkan intensi pernikahan dini pada remaja. *Psikologia: Jurnal Psikologi*, *I*(1), 1–14.
- Apostelina, E. (2012). Resiliensi keluarga pada keluarga yang memiliki anak autis. *Jurnal Penelitian Dan Pengukuran Psikologi: JPPP*, *I*(1), 164–176.
- Arfianto, M. A., Ibad, M. R., Widowati, S., & Aryani, H. R. (2022). The Psychoeducation Effect on the Emotional Mental Disorders Symptoms of Covid-19 Pandemic Survivors. *Jurnal Keperawatan Jiwa* (*JKJ*): Persatuan Perawat Nasional Indonesia, 10(1), 137–144.
- Bhakti, C. P., & Kurniawan, S. J. (2020). Konsep Psikoedukasi Berbasis Blended Learning bagi Remaja di Masa Pandemi Covid-19. *Prosiding Seminar Bimbingan Dan Konseling*, 52–60.
- Brown, J. A., Russell, S., Hattouni, E., & Kincaid, A. (2020). Psychoeducation. In *Oxford Research Encyclopedia of Education*.
- Gilbert, J. (2004). Educating and empowering parents through psychoeducation: Family-focused prevention of anorexia. Alliant International University, San Francisco Bay.
- Harahap, A. S., & Siregar, S. (2020). Kepatuhan Syariah Aspek Bagi Hasil Perbankan syariah. *Seminar Nasional Teknologi Komputer & Sains (SAINTEKS)*, 1(1), 573–578.
- Herdiana, I. (2019). Resiliensi keluarga: teori, aplikasi dan riset. PSIKOSAINS (Jurnal Penelitian Dan Pemikiran Psikologi), 14 (1), 1.
- Heru, A. (2011). Developing family resilience in chronic psychiatric illnesses. *Rhode Island Medical Journal*, 94(2), 45.
- Irawan, F. I. (2018). Ketahanan Keluarga Ditinjau dari Komitmen, Spiritual Well-Being, Pola Komunikasi, dan Konflik Pekerjaan-Keluarga.
- Lucksted, A., McFarlane, W., Downing, D., & Dixon, L. (2012). Recent developments in family psychoeducation as an evidence-based practice. *Journal of Marital and Family Therapy*, 38(1), 101–121.
- Medellu, G. I. R., Issom, F. L., & Sy, V. R. (2022). The Role of Psychoeducation in Raising Awareness About Gifted Children Towards Teachers. *Jurnal Pemberdayaan Masyarakat Madani (JPMM)*, 6(1), 151–163.
- Nurmalisyah, F. F. (2018). Pengaruh psikoedukasi keluarga terhadap beban dan dukungan keluarga dalam merawat penderita skizofrenia di rumah. Universitas Airlangga.
- Pekkala, E., & Merinder, L. (2002). Psychoeducation for schizophrenia. Cochrane Database Syst Rev, 2(2).
- Permana, A. C., Setiyowati, E., & Zahroh, C. (2022). The Effect Of Psychoeducation Based On Self Care

- Theory On Knowledge, Compliance, Independent Care And Blood Glucose Levels In Patients With Type 2 Diabetes Mellitus. *Interest: Jurnal Ilmu Kesehatan*, 177–187.
- Pollio, D. E., North, C. S., & Osborne, V. A. (2002). Family-responsive psychoeducation groups for families with an adult member with mental illness: Pilot results. *Community Mental Health Journal*, 38, 413–421.
- Suhron, M. (2017). Effect psychoeducation family on ability family in treating people with mental disorders (ODGJ) deprived (Pasung). *Journal of Applied Science And Research*, 5(1), 41–51.
- Suryani, S., Widianti, E., Hernawati, T., & Sriati, A. (2016). Psikoedukasi menurunkan tingkat depresi, stres dan kecemasan pada pasien tuberkulosis paru. *Jurnal Ners*, 11(1), 128–133.
- Thompson, A. L., & Young-Saleme, T. K. (2015). Anticipatory guidance and psychoeducation as a standard of care in pediatric oncology. *Pediatric Blood & Cancer*, 62(S5), S684–S693.
- Walsh, F. (2003). Family resilience: A framework for clinical practice. Family Process, 42(1), 1–18.
- Walsh, F. (2011a). Facilitating family resilience: Relational resources for positive youth development in conditions of adversity. In *The social ecology of resilience: A handbook of theory and practice* (pp. 173–185). Springer.
- Walsh, F. (2011b). Family resilience: a collaborative approach in response to stressful life challenges. Resilience and Mental Health: Challenges across the Lifespan, 12, 149–161.
- Walsh, F. (2012). Community-based practice applications of a family resilience framework. In *Handbook of family resilience* (pp. 65–82). Springer.