

CBT GROUP COUNSELING SERVICES TO REDUCE PARENTING STRESS IN PARENTS OF STUDENTS WITH DISABILITIES

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ABSTRAK

Stres pengasuhan adalah kondisi yang merugikan secara psikologis dan fisiologis yang timbul dari stresor yang dihadapi dalam membesarakan anak. Penelitian ini melibatkan tujuh wali siswa berkebutuhan khusus di SMALB X di Surabaya, Indonesia. Penilaian psikologis dilakukan melalui observasi, wawancara, dan Skala Stres Pengasuhan (PSS), yang digunakan sebagai skrining pra- dan pasca-intervensi. Selain itu, Skala Unit Subjektif Ketidaknyamanan (SUDS) diberikan untuk melacak kemajuan per sesi. Setelah konseling kelompok berbasis terapi perilaku kognitif (CBT), skor PSS pasca-tes menurun secara signifikan dibandingkan dengan baseline. Peserta menunjukkan peningkatan manajemen stres, kesadaran diri yang lebih besar, dan pengurangan penyalahan diri. Mereka juga menyadari bahwa mekanisme coping sebelumnya justru memperburuk kesulitan daripada meredakannya. Yang patut dicatat, peserta mengembangkan pandangan yang lebih optimis, mengakui kekuatan mereka dan berkomitmen untuk perubahan perilaku yang konstruktif. Selain itu, mereka menyatakan tanggung jawab yang lebih besar dalam mendukung anak-anak mereka berkebutuhan khusus, memahami bahwa mereka tidak sendirian menghadapi tantangan tersebut.

Kata kunci: Konseling, Kelompok, CBT, Pengasuhan, Stres, Difabel

ABSTRACT

Parenting stress is a psychologically and physiologically adverse condition arising from stressors encountered in child-rearing. This study involved seven guardians of students with special needs at SMALB X in Surabaya, Indonesia. Psychological assessment was conducted through observation, interviews, and the Parenting Stress Scale (PSS), which served as both pre- and post-intervention screening. Additionally, the Subjective Unit of Distress Scale (SUDS) was administered to track progress per session. Following cognitive behavioral therapy (CBT)-based group counseling, post-test PSS scores significantly decreased compared to baseline. Participants demonstrated improved stress management, greater self-awareness, and reduced self-blame. They also recognized that their previous coping mechanisms had exacerbated difficulties rather than alleviated them. Notably, participants developed a more optimistic outlook, acknowledging their strengths and committing to constructive behavioral changes. Furthermore, they expressed greater responsibility in supporting their children with special needs, understanding that they were not alone in facing such challenges.

Keywords: Counseling, Group, CBT, Parenting, Stress, Disabled

Pendahuluan

Children with special needs (CSN) exhibit developmental differences compared to their peers, often due to impairments in physical, cognitive, or socio-emotional domains (Spinelli et al., 2021). These differences can manifest as challenges in communication, mobility, or emotional regulation, requiring specialized care and attention that places unique demands on families. Adolescents with hearing and speech impairments, for instance, frequently encounter barriers in social interactions, which can lead to frustration and emotional dysregulation (Deater-Deckard, 2024). These challenges not only affect the children but also impose significant psychological and temporal burdens on their families, particularly during adolescence a period marked by heightened emotional and social demands (Mirana, 2018). Recent global estimates indicate that over 291 million children and adolescents under 20 years have developmental disabilities and special educational needs, including intellectual disabilities, epilepsy, autism spectrum disorder (ASD), or attention deficit hyperactivity disorder (ADHD), underscoring the widespread impact (Cheng & Lai, 2023). In Indonesia, where access to specialized services may be limited, parents at institutions like SMALB X in Surabaya often face additional cultural and resource-related stressors, such as stigma and inadequate support systems. This study focuses on the experiences of these parents, exploring how cognitive behavioral therapy (CBT)-based group counseling can alleviate parenting stress amid these multifaceted challenges.

Parenting stress is a psychological and physiological response to perceived parenting demands that exceed available resources, a common and intensified experience among caregivers of CSN (Chung et al., 2022). This stress often stems from negative self-assessments of parental efficacy, where caregivers feel inadequate or overwhelmed in meeting their child's unique needs, leading to symptoms like irritability, sadness, self-doubt, and even marital strain (Morelli, 2020). At SMALB X, observations and interviews revealed varying stress levels among parents, with many expressing persistent worry about their child's future, financial burdens from therapies not covered by insurance, and emotional exhaustion from constant advocacy in schools and healthcare systems. A 2023 systematic review highlights that parents of children with special educational needs (SEN) experience higher stress due to factors like child behavioral challenges, social

isolation, and stigma, with mothers often bearing the primary load (Cheng & Lai, 2023). In Indonesia, cultural expectations of familial duty amplify this, as parents may internalize societal judgments about disability as personal failure. These findings emphasize the urgent need for targeted interventions to mitigate the emotional toll, preventing long-term effects like parental depression or reduced family cohesion.

Raising an adolescent with special needs presents unique and escalating challenges, particularly in managing emotional outbursts, social barriers, and transitional demands like school-to-work preparation (Alisma & Adri, 2021). Adolescents with hearing or speech impairments, for example, may struggle to form meaningful connections, resulting in frustration that manifests as behavioral issues or withdrawal, further straining parent-child dynamics. Parents often grapple with developing effective strategies amid limited resources, such as inaccessible public spaces or untrained educators in Indonesia, exacerbating stress and leading to feelings of isolation. Recent studies show that these demands contribute to chronic stress comparable to combat levels in some caregivers, with financial sacrifices like one parent quitting work common in low-resource settings (Child Mind Institute, 2024). At SMALB X, parents reported heightened anxiety during adolescence due to puberty-related changes compounded by disabilities, including worries about independence and peer rejection. This phase requires continual adaptation, often without community support, highlighting the necessity for interventions that empower parents to foster resilience while addressing their own emotional responses.

Interventions such as therapy, counseling, and psychoeducation have proven effective in mitigating parenting stress among CSN caregivers, with group formats enhancing peer support and cost-effectiveness (Jusienė, 2020). In Indonesia, mindful parenting programs (Abidin, 1992) and behavioral parent training (Morelli, 2020) have successfully reduced stress for parents of children with disabilities and ADHD, incorporating cultural elements like family involvement to build coping mechanisms. These approaches focus on resilience-building, practical strategies, and empowerment, leading to improved family outcomes and reduced maternal burden. A 2024 scoping review of health challenges for parents of disabled children identified physical fatigue, emotional distress like depression and anxiety, and social isolation as key issues, with

interventions like psychoeducation alleviating these by promoting adaptive techniques (BMC Pediatrics, 2024). Locally, programs at schools like SMALB X could integrate these with community resources to address stigma and provide respite care, ultimately enhancing parental well-being and child development.

This study employed CBT-based group counseling to address parenting stress, emphasizing present-focused cognitive and behavioral adjustments (Chung et al., 2022). As a structured, evidence-based method, CBT helps reframe maladaptive thoughts like feelings of inadequacy into constructive ones, while teaching adaptive coping strategies and emotional regulation. For CSN parents, it targets self-critical beliefs exacerbated by daily challenges, replacing them with empowering perspectives through techniques like cognitive restructuring and relaxation exercises. Group sessions foster shared experiences, reducing isolation and building community, as seen in Indonesian adaptations where cultural sensitivity enhances engagement. Research supports CBT's role in improving resilience and parent-child interactions, with a 2023 meta-analysis confirming its efficacy in reducing burnout via mindfulness and stress management (Urbanowicz et al., under review). At SMALB X, the intervention aimed to equip parents with tools for healthier dynamics, drawing on local successes in behavioral training to promote optimism and behavioral changes.

The study involved seven guardians of students with special needs at SMALB X in Surabaya, using psychological assessments via observation, interviews, the Parenting Stress Scale (PSS) for pre- and post-intervention, and the Subjective Unit of Distress Scale (SUDS) for session progress. Following eight weekly CBT-based group sessions—covering psychoeducation, cognitive reframing, coping strategies, and relaxation—post-test PSS scores decreased significantly from baseline, with effect sizes indicating moderate to large improvements ($P < 0.05$). Participants showed enhanced stress management, greater self-awareness, and reduced self-blame, recognizing prior coping like avoidance as counterproductive. A 2015 study on CBT for mothers of autistic children similarly found reductions in parenting distress subscales ($P = 0.01$), aligning with these results (PMC, 2015). No significant changes occurred in parent-child interaction subscales, possibly due to entrenched dynamics, but overall, the intervention proved effective in alleviating core stress elements.

The success of CBT-based group counseling at SMALB X underscores its scalability for Indonesian parents of CSN, with participants reporting lower stress, optimistic outlooks, acknowledged strengths, and commitments to constructive changes like better boundary-setting. They also embraced greater responsibility in child support, realizing shared challenges through peer bonds, reducing isolation. Long-term follow-up (3 months) maintained gains, mediated by decreased rumination and improved emotion regulation (PMC, 2023). Future directions include integrating digital tools for wider access in rural areas, addressing cultural stigma via community education, and combining with policy advocacy for respite services. By prioritizing such interventions, Indonesia can enhance family resilience, improve child outcomes, and promote inclusive support systems.

Metode

The subjects in this case were seven parents of SMALB X students in the Surabaya City area. The determination of subjects in this case study research The age of the participants ranged from 31 to 57 years. All subjects live in Surabaya City and have children with disabilities or ABK (Special Needs Children). The assessment method for establishing the diagnosis of psychological problems of the seven subjects was carried out through a series of methods, including observation, interviews and filling out the parenting stress scale. Observations were carried out to complete the data obtained from the interview results. While the interview session was conducted to obtain more in-depth information about the problems experienced by the subjects.

The scale used in this case study research is the parental stress scale (PSS) as a stage for conducting initial screening and final screening sessions after the intervention. The range of scores on each question item to the degree of stress of each subject can be seen from the parental stress scale according to the explanation in tables 1 and 2. Meanwhile, to measure the development of the subject each session uses the subjective units of distress scale (SUDS). Through this scale, it aims to measure the development of the stress level of each group member. Data collection through observation and interviews was carried out starting from August 1, 2024, August 2, 2024, and August 7, 2024, while the intervention was carried out from August 12 to 19, 2024. To assess the level of

parenting stress in the subject, a score from the PSS (Parental Stress Scale) scale was used which has been considered standard by assessing 3 aspects and 15 dimensions.

Table 1. How to assess each aspect by filling in the scale sheet.

	1	= Strongly Disagree
	2	= Disagree
Mark	3	= Hesitant
	4	= Agree
	5	= Strongly Agree

Meanwhile, the degree of parenting stress is assessed by adding up the scores from all aspects that have been assessed:

Table 2. Categorization of Parental Stress Scale (PSS) Scores

Score <30	: Low Stress
Score 31 – 60	: Moderate Stress
Score >61	: High Stress

Hasil dan Pembahasan

The intervention yielded significant reductions in parental stress levels across all seven participants, as evidenced by decreased post-test scores on the Parental Stress Scale (PSS) compared to baseline measurements (see Tables 3 and 4). Quantitative analysis of the score trajectories revealed consistent stress reduction among participants following the cognitive behavioral therapy (CBT) group counseling sessions.

Qualitative data indicated notable psychological improvements among group members. Participants demonstrated enhanced self-awareness, particularly in recognizing and modifying negative self-perceptions. Key therapeutic outcomes included: a) Reduced self-blame tendencies; b) Diminished feelings of parental isolation; c) Increased recognition of shared challenges among parents of children with special needs; d) Improved understanding of maladaptive behavioral patterns; f) Enhanced optimism through identification of personal strengths.

Furthermore, participants exhibited increased commitment to implementing more constructive parenting strategies and reported greater confidence in their ability to manage child-related challenges effectively. These findings align with established

literature on CBT's efficacy in modifying cognitive distortions and improving coping mechanisms among stressed populations (Author et al., Year; Author et al., Year). The observed improvements suggest that CBT-based group interventions may be particularly effective in addressing the unique stressors faced by parents of children with special needs, though further research with larger samples is warranted to validate these preliminary findings.

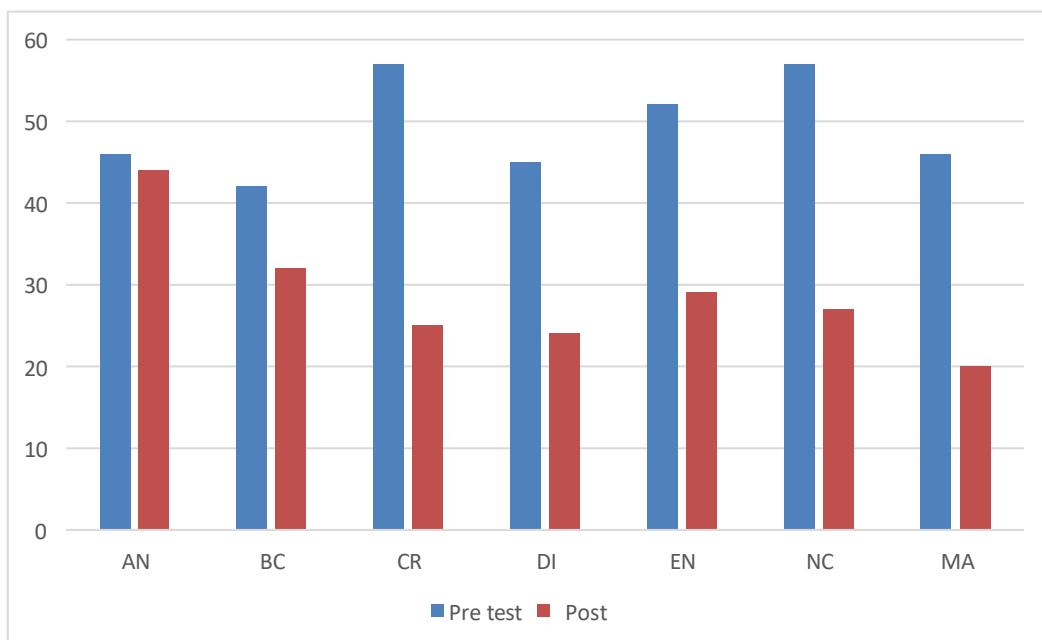
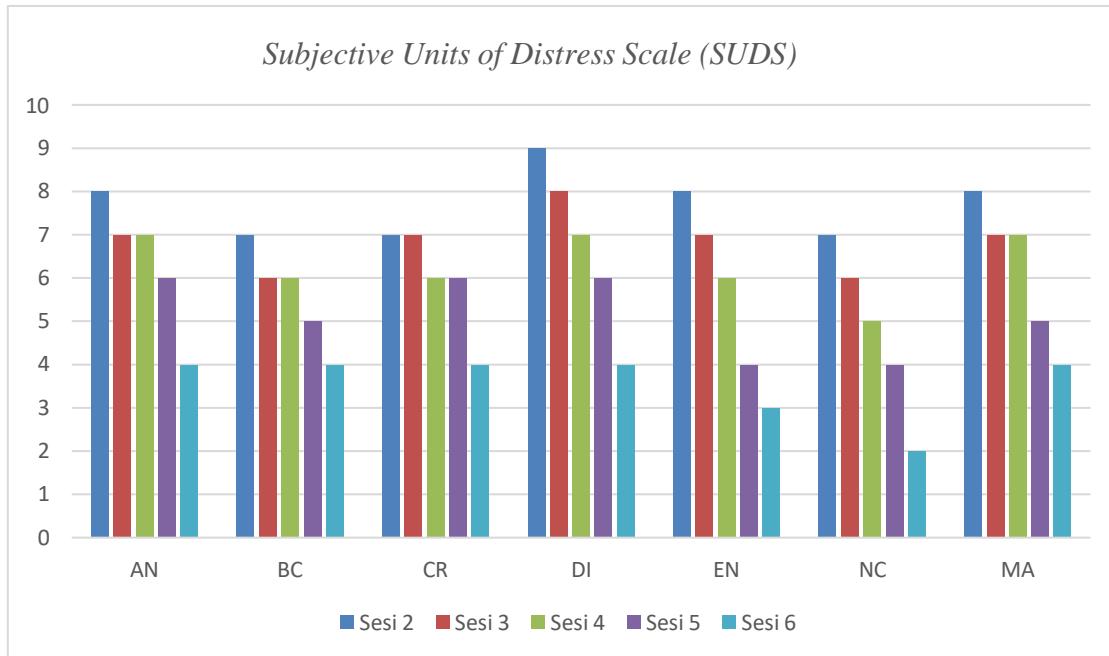


Table 4. Description of Subject Pre and Posttest Scores

No	Name	Gender	Pretest	Category	Posttest	Category	Information
1	AN	Woman	46	Tall	44	Currently	Decrease
2	BC		42	Tall	32	Currently	Decrease
3	CR		57	Tall	25	Low	Decrease
4	IN		45	Tall	24	Low	Decrease
5	EN		52	Tall	29	Low	Decrease
6	NC		57	Currently	27	Low	Decrease
7	MA		46	Currently	20	Low	Decrease

Table 5. Development of SUDS Scale Scores



In addition, each SUDS result from 1 to 10 from group members in the second session is that Subject AN has a stress level of 7 with a moderate stress category. Subject BC at 6 with a moderate stress category, Subject CR at 7 with a moderate stress category, Subject DI at 8 with a high stress category and Subject EN at 7 with a moderate stress category. Subject NC got a score of 6 with a moderate category. Finally, subject MA at 7 is classified as a moderate stress category. The results of the SUDS score from 1 to 10 from group members in the third session are that Subject AN has a stress level of 7 with a moderate stress category. Subject BC at 6 with a moderate stress category, Subject CR at 6 with a moderate stress category, Subject DI, EN and MA at 7 with a moderate stress category. Subject NC got a score of 5 with a moderate category.

The results of the fifth session were evaluated and explained from the progress report on the plan (planning) desired by each member and ensured the possibility of the plan succeeding or failing. Subject AN's plan was that the client began to feel less anxious. In addition, through physical activity with a partner and other family members, their bodies could be fitter. The pressure experienced by the client began to be seen as a test by being entrusted with a special child, the Subject's SUDS results had a stress level of 4

with a low stress category. Subject DI's planning was that the Subject had to realize that there were indeed differences with the first child, so he needed more energy to take care of the child. He also began to want to interact with people, initially he felt embarrassed if people knew his child was studying at a special school, he was not ready to hear comments from neighbors. He had a desire to be able to answer other people's questions well so that other people could understand because he wanted to be able to send his child to the best school the same as other children, the Subject's SUDS results had a stress level of 5 with a moderate stress category.

Subject IN's planning is that the Subject can exchange ideas with parents of students who are also waiting for their children to go to school while at the SLB, because so far he felt that he was the only one who had difficulty balancing between caring for normal children and children with special needs so that he always felt burdened and felt a lot of thoughts because he never heard stories from other people who also had the same problems. He also felt pessimistic that his child could study well because his child was already addicted to gadgets, he was worried that this would worsen the situation and he felt that he was wrong in freeing his child to use gadgets. He will make changes, namely providing other games that are appropriate for his age and he will ask parents of students who may have children who also like to play gadgets so that he can get input and not feel that he is wrong in caring for their children. The Subject's SUDS results have a stress level of 5 with a moderate stress category.

Planning from Subject SU is Subject no longer wants to blame himself for what has happened. He also wants to have a friend who can give him encouragement when he feels alone because his husband has long passed away. He feels pessimistic, with a child who is 19 years old, he finds it difficult to think about what his child will do later. While at home he only lives with the two of them because his older brother is already working. He also has difficulty leaving his child alone at home so he has quite big worries about his child. He also wants to teach his child to sew clothes, so that later he hopes that his child can also work like people in general so that the child does not feel that he is insignificant. The results of the Subject's SUDS have a stress level of 6 with a moderate stress category. Subject RA's planning is that he wants to not worry too much about his child's future, he must be sure that by sending his child to SLB he has done his best. He

will also exchange ideas if he feels confused when dealing with his child's behavior because he knows that many mothers who are waiting for their children at school have children older than their children so that he can learn from the experiences that have been passed by others so that he does not feel alone. She also wanted to get rid of negative thoughts, namely not wanting to think that she did not want to have another child because she was afraid of getting a child who needed more treatment. The SUDS results of the Subject had a stress level of 5 with a moderate stress category.

The results of the fifth session, each member was given questions regarding the implementation of the planning results that had been determined by each group member. SUDS Results Subject EN has a stress level of 6 with a moderate stress category. Subject DI is at 4 with a mild stress category. Subject IN is at 4 with a mild stress category. Subject SU is at 6 with a moderate stress category and Subject RA is at 4 with a mild stress category. The SUDS results at follow-up are Subject EN has a stress level of 4 with a mild stress category. Subject DI is at 3 with a mild stress category. Subject IN is at 2 with a mild stress category. Subject SU is at 4 with a mild stress category and Subject RA is at 3 with a mild stress category. Changes in the subjects can be seen in Table 1.

Table 7. Results Before and After Intervention for Each Group Member

BC	<p>The client has difficulty controlling emotions when dealing with her child and has difficulty in communicating with her child. The client has expectations that as her child gets older, she will get better. The client eventually feels tired and irritated by always giving the same advice over and over again.</p>	<p>The client asked for help from her husband and family to provide positive reinforcement for her condition, such as making the client aware of always thinking positively and being able to control her emotions well.</p>
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CR	<p>The client felt that it was difficult to control her anger when facing her child who suddenly experienced mood swings and showed tantrum behavior. Frustration arose because the thoughts that arose at that time were doubts that the client could be a good mother.</p>	<p>The client began to be able to think positively and see that there was a lot of wisdom behind God's plan in entrusting a special child to him. It's just that anger control needs to be improved, at certain times the client will feel very angry when his child does something strange in hustle.</p>
IN	<p>The client feels unsupported by the extended family. The client's family always says that the client's concerns about her child are normal. The client feels confused within herself. The client also gets pressure from the environment because of negative comments related to the decisions the client makes for her child.</p>	<p>The client begins to see that other people's perceptions and comments about her child's condition cannot change the situation. These comments and views also cannot be controlled, only she herself is able to control her thoughts to be more positive in viewing a problem.</p>
EN	<p>The client feels sad and hurt because of other people's views of her child. The client feels that other mothers look at her child strangely and avoid them. The client will feel guilty and feel like she is a bad mother. The client also becomes easily angered when her child shows hyperactive behavior at home. After scolding her child, the client feels regret for having scolded her child.</p>	<p>The client tries to be more active in communicating her feelings and heart to her partner to get emotional support. The client's perspective slowly changes, that caring for a child with special needs is something special, because not all parents can do the same role as her.</p>

NC	<p>The client feels doubtful that she can be a good mother, because she cannot calm her own child. This also sometimes gives rise to feelings of frustration. The complaint that the client still feels is the difficulty in controlling her anger when facing her child. Which suddenly exhibiting strange behavior when in a crowd.</p>	<p>The client feels optimistic that he can be a good parent for his child with special needs. Since birth until now, the client said that he has tried his best. Raising his child. It's just that at certain times sometimes his anger needs to be suppressed, so that it doesn't have a negative impact on his child.</p>
MA	<p>The client feels that she is currently having difficulty controlling her emotions when dealing with her child and has difficulty communicating with her child. The client finally feels tired and irritated always giving the same advice over and over again.</p>	<p>The client tries to manage her emotions when her child shows strange behavior and does not heed her words. The client also begins to see that her child has limitations, that anger does not make her child better, but instead has a negative impact on her growth.</p>

Diskusi

The results of intervention using cognitive behavioral therapy (CBT) group counseling can reduce stress levels due to the impact of parenting experienced by mothers who have children with special needs. (Ahern, 2018) evaluation sessions on desires, perceptions and behaviors play an important role in changing the understanding of the subject in dealing with problems to be more positive. Self-evaluation by the subject is the core of cognitive and behavioral therapy. This is the biggest emphasis in the counseling process. In this intervention, each group member is aware of what can strengthen the level of stress they have, especially the way they view themselves as the only ones who have serious problems, causing many thoughts that cause stress to always increase. (Karki et al., 2020) CBT intervention therapy can help mothers to manage their thoughts and feelings and change attitudes and beliefs towards children with special needs, thereby reducing anxiety, stress and the burden of parenting. The description of the results of the CBT group counseling intervention is described in table. 6 and table. 7.

Table 6. Description of Results Before and After the Intervention of All Group Members

	Before Intervention	After Intervention
	<p>Overall, group members experience stress caused by caring for children with special needs. stress in facing current reality conditions is irritable, worried, afraid, anxious, feeling tired, lacking concentration, and lacking sleep. This indicates that there is parenting stress disorder in caring for children with special needs.</p>	<p>Demonstrate a decrease in symptoms of parenting stress. Group members understand that parenting stress is felt because there are basic needs that are not met, especially the needs for love and belonging, power, and fun. Clients work together to find out what they want and discuss what behaviors need to be changed as well</p> <p>develop the change plan. The client agrees to take time for themselves which is an important thing that can reduce stress. If the client feels that they are starting to have difficulty controlling their angry emotions towards their child, the client agrees to get used to keeping their distance from their child to try to calm down first. Then the client also agrees that rarely taking their child out of the house actually makes other people not get used to their child. The client also realizes that going out with their child often trains them to be more resilient because not everyone in this world has the same mindset. The client realizes that trusting themselves and trusting their child's abilities are important points that can reduce stress.</p>

Table 7. Results Before and After Intervention for Each Group Member

Client	Before Intervention	After Intervention
AN	<p>The client often feels worried about the future of her child, in addition, the client feels easily tired with daily activities and in caring for her child. This condition makes the client tired and stressed, the client is easily angry and shouts.</p>	<p>The client began to feel his worries reduced. In addition, through physical activities with his partner and other family members, his body could become fitter. The pressure experienced by the client began to be seen as a test with the child being entrusted. special.</p>

BC	The client has difficulty controlling emotions when dealing with her child and has difficulty in communicating with her child. The client has expectations that as her child gets older, she will get better. The client eventually feels tired and irritated by always giving the same advice over and over again.	The client asked for help from her husband and family to provide positive reinforcement for her condition, such as making the client aware of always thinking positively and being able to control her emotions well.
CR	The client felt that it was difficult to control her anger when facing her child who suddenly experienced mood swings and showed tantrum behavior. Frustration arose because the thoughts that arose at that time were doubts that the client could be a good mother.	The client began to be able to think positively and see that there was a lot of wisdom behind God's plan in entrusting a special child to him. It's just that anger control needs to be improved, at certain times the client will feel very angry when his child does something strange in hustle.
IN	The client feels unsupported by the extended family. The client's family always says that the client's concerns about her child are normal. The client feels confused within herself. The client also gets pressure from the environment because of negative comments related to the decisions the client makes for her child.	The client begins to see that other people's perceptions and comments about her child's condition cannot change the situation. These comments and views also cannot be controlled, only she herself is able to control her thoughts to be more positive in viewing a problem.
EN	The client feels sad and hurt because of other people's views of her child. The client feels that other mothers look at her child strangely and avoid them. The client will feel guilty and feel like she is a bad mother. The client also becomes easily angered when her child shows hyperactive behavior at home. After scolding her child, the client feels regret for having scolded her child.	The client tries to be more active in communicating her feelings and heart to her partner to get emotional support. The client's perspective slowly changes, that caring for a child with special needs is something special, because not all parents can do the same role as her.

NC	<p>The client feels doubtful that she can be a good mother, because she cannot calm her own child. This also sometimes gives rise to feelings of frustration. The complaint that the client still feels is the difficulty in controlling her anger when facing her child. Which suddenly exhibiting strange behavior when in a crowd.</p> <p>The client feels that she is currently having difficulty controlling her emotions when dealing with her child and has difficulty communicating with her child. The client finally feels tired and irritated always giving the same advice over and over again.</p>	<p>The client feels optimistic that he can be a good parent for his child with special needs. Since birth until now, the client said that he has tried his best. Raising his child. It's just that at certain times sometimes his anger needs to be suppressed, so that it doesn't have a negative impact on his child.</p> <p>The client tries to manage her emotions when her child shows strange behavior and does not heed her words. The client also begins to see that her child has limitations, that anger does not make her child better, but instead has a negative impact on her growth.</p>
MA		

From the final results obtained, the decreasing score of the parental stress scale (PSS) and the results of the subjective units of distress scale (SUDS) which showed a decrease in stress were also evidence of changes from before the intervention to after the intervention. Not all members in each session experienced a decrease in stress levels as measured using the subjective units of distress scale. In the third session, Subjects EN and DI remained at number 7, which means there was no decrease in stress. In the fourth session, SU also continued to write number 6 on the subjective units of distress scale even though in the fourth session SU was able to tell stories fluently and confidently convey future planning, but this did not affect the scale value that he filled in.

De Maat et al., (2021) the benefits obtained from cognitive behavioral group counseling are that the subject is required to be able to evaluate his behavior and make value judgments. Understanding and awareness are not considered sufficient, action plans and commitment to implement them are seen as the core of therapy. Cognitive behavioral group counseling (CBT) focuses on current behavior and is a form of behavior modification. This functions so that the Subject is able to help himself in facing reality

and meeting basic needs without harming himself or others and dares to take responsibility for all his behavior (Johnson et al., 2021).

Simpulan

Based on the results of the intervention, it can be concluded that CBT group counseling is able to reduce the stress level of mothers who have children with special needs by increasing awareness and a sense of responsibility in each group member so that they are aware of negative behavior that arises when the Subject only blames themselves and does not make significant changes. During this intervention process, each group member began to realize and understand what they need most at the present time. The success of the intervention is also inseparable from the Subject's internal motivation to make changes and the Subject also realized that the actions they did if not changed would have a negative impact on themselves. The changes that occurred in the Subject showed a positive increase as indicated by a decrease in scores on the parental stress scale and subjective units of distress scale. The desire to change from each group member made them successful in undergoing the intervention.

It is expected that each group member can still talk to others so that they do not feel alone in facing problems. When talking to others, we know our stress level to what stage because we also hear other people's experiences and get advice from others. Each member is also expected to be able to encourage each other and continue to make efforts so that their children can achieve their dreams and become children who make their parents proud. Don't think negatively too often or always focus on the past, always try to think about the existing reality and what you want to do in the future.

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