

Family Member Communication For Spastic Cerebral Palsy Parenting Literatur Review

Resman Muharul Tambunan^{1*}, Djuara P. Lubis², Pudji Muljono³, Herien Puspitawati⁴

¹Student of Posgraduate program of Agricultural and Rural Development Communication Department of Communication and Community Development, Faculty Ecology Human Institute Bogor Agriculture, Indonesia

^{2,3}Lecturer Department of Communication and Community Development, Faculty Ecology Human , Institute Bogor Agriculture Program, Indonesia

⁴Lecturer Department of Family and Consumer Science, Faculty Ecology Human , Institute Bogor Agriculture Program, Indonesia

*Corresponding Author:

Email : tambunanresman@apps.ipb.ac.id

Abstract.

One of the problems with families of children with cerebral palsy is that they still need a lot of information systematically and scientifically through counseling to build the psychological function of the families of children with cerebral palsy. So that all family members can fully function to provide resilience in parenting children with cerebral palsy who help their children who have limitations. The method used in this study is a descriptive method, which is a study that aims to describe and explain something as it is, while the materials and methods used in this study use a literature review. From the results of several studies regarding the study of parenting Cerebral Palsy children, there was no explanation of the form of intervention for parents who cared for children with Cerebral Palsy. Interventions currently being carried out from psychological studies are positive parenting programs and special commitment therapy for parents of children with cerebral palsy. Positive parenting programs and special commitment therapy for parents of Cerebral Palsy from health communication studies with an emphasis on Parenting Resilience of Cerebral Palsy children with emotional intelligence interventions and social support through family members, community, therapy due to the demands of the role of caregiving. the scarcity of parenting resources for children compared to parenting by the closest family members of Cerebral Palsy children.

Keywords : *Cerebral palsy, Communication Communication Network family and style nurturing.*

I. INTRODUCTION

Disability is not an only disability but also results in interaction from the limitations experienced by somebody with special needs. sole physical or soul, however, is a multi-dimensional phenomenon consisting of from function body, limitations activity, obstacle participation, and factor environment (Lestari *et al.* 2018). In 2018 there were data on the population of people with disabilities from the age of 5 years to 59 years in Indonesia as many as 823,517 people (Kemenkes RI 2018). Persons with disabilities are protected by three laws, namely Law Number 8 of 2016 concerning Persons with Disabilities; Law Number 19 of 2011 concerning the Ratification of the Rights of Persons with Disabilities; Law Number 36, the Year 2009 concerning the equality of fundamental rights and freedoms and respect for the dignity of all persons with disabilities as an inseparable part guaranteed in the convention for persons with disabilities. The government must ensure the availability of health care facilities and the right to live independently, socially productive, and economically. Government must ensure the availability of facility service health and facilitate a person with a disability for could permanent life independent and productive by social and economical. Results Susenas 2012 got Indonesian residents with a disability by 2.45% of total Where are the Indonesians? The number taller than susenas in 2019 is 0.92% (Kementrian Kesehatan Republik Indonesia 2012). *Initially*, they do not accept their child's condition. There are reactions of rejection, denial, neglect, distrust, and even unwillingness to care for their children, causing secondary responses in guilt, anger, and even shame for the family itself. *Cerebral palsy* is a sufficient special needs heavy due to permanent motor and sensory brain paralysis from birth to adulthood (Hutton dan Pharoah 2006).

The increase in the life expectancy of children with *cerebral palsy* cannot be separated from the care of parents and family members related to the pattern and climate of communication within the family (Lasmi Purnawati 2018). The situation experienced by the family of a child with *Cerebral palsy* brings

psychological problems for parents and other family members due to the level of the issues of children with *Cerebral Palsy*. Varying from the ability to move, maintain a balance in a standing position, and function independently in daily life contributes to the stress of parents and family members. The condition can influence connection family member communication, situation economy, style life daily, and plan and hope for time front family by automatic face different challenges (Pakula *et al.* 2009). Situation this arises, right? Physical exhaustion and stress alone on a family member for accompanying and helping the child is all day in do the activity. Family members and parents, I want *Cerebral palsy* need resilience care for could adapt self with state child *Cerebral palsy*. So that facilitate reception family, sometimes fickle emotions on family member During nurse child *Cerebral palsy* influence drop ability in arranging intelligence emotions. Ability intelligence emotion beneficial for release stress and coping adapts f, somebody, as to form from parenting resilience (Devina dan Penny 2016). The siblings of children with *cerebral palsy* also experience psychological problems due to the condition of their siblings who have *cerebral palsy*. Second condition good experienced child with *Cerebral palsy* or on his sibling demand parental ability for adjustment psychologically. According to Pozo (Pozo *et al.* 2011), adjustment psychology of parents, among others:

1. Characteristics of child disability, which describes level ability child disability like overall developmental delay, ability communicate, function cognitive, as well as knowledge, do an activity every day;
2. Social support, which describes that satisfaction family and parents child *cerebral palsy* to damn support related community with personal well -being, more attitude positive, interaction more social positive for
3. corner look to a problem, which describes how definition upper family member problems experienced with family resilience in the care of children with *cerebral palsy* ;
4. Strategy adaptive coping in cognitive and behavioral changes constantly to cope with the internal and external demands that tire parents, where results study previously show that coping play a role urgent in reducing stress.

According to the effect and contributions experienced on parents and children's family members. *Cerebral palsy* is difficult for measured because it is appearance emotions certain like anger, sadness, feeling no belief will make what happened, or feeling isolated. When starting to be diagnosed, Emotion can even come on stage a long time (Richards dan Malouin 2013). This thing, of course, needs endorsement social from the environment other than family members closest who has function good psychology and prosperous (*psychological well being*). Condition someone who isn't only free from pressure or mental problems (Ryff 1989). Still, more from that like a condition someone who has ability accept self alone nor his life in then (self-acceptance), development or growth self (personal growth), confidence. That his life means and has a purpose (purpose in life), has quality connection positive with others (positive relationship with others), capacity for arranging his life and environment by adequate (environmental mastery), and the ability for determining action alone (autonomy). Parents and family members of children with cerebral palsy experience psychological problems related to their care. The problems experienced require parents and family members to make psychological adjustments to children with cerebral palsy (Pozo *et al.* 2011). The effects and contributions of psychological problems experienced by parents and family members of children with cerebral palsy in the form of certain emotions such as anger, sadness, feelings of isolation, and distrust that occur (Richards dan Malouin 2013).

The relational relationship between parents and family members is needed as a process of communication interaction between family members to participate more in the interaction with children with cerebral palsy. Therefore, optimal attention, care, attention, and participatory communication are needed from parents to straighten children's perceptions so that children are not afraid (Baharudin 2019). Articulation of relational relationships is another form of social support characterized by four types of supportive actions in the form of support: emotional; instrumentals such as support services; assessments such as feedback and constructive criticism; Information in the form of suggestions. Social support must be considered in terms of the size and number of group members, frequency of communication intensity and bond strength between group members, the degree of closeness of mutual recognition, and social resources and support exchanged between members (Servaes 2020). The family is also the driving force for national development in human

resources as agents of development change and healthy human development from the six drivers of national development, including natural resources, human resources, equitable development, eradication of corruption, use of technology, and industrialization (Cangara 2020). The family is the core group of society and as a natural environment for the growth and well-being of all its members. Especially children must be given the necessary protection and assistance so that the family can carry out its responsibilities in society which is explicitly explained in the preamble to the Universal Declaration of Human Rights (United Nation General Assembly 1989). Communication becomes essential between one person and another when verbally or nonverbally is very influential in the communication process (Asthararianty 2016). Family communication can create, share and regulate meaning between family members as a continuous, complex, continuous communication process. Changes in activity from the past to the reality of family members into the future (Segrin dan Flora 2011). Groups formed in the family communicate and interact to achieve common goals, get to know each other, and consider individuals as part of the group (Mulyana 2016). Studies on small group communication have discussed learning and education communication (Akcaoglu dan Lee 2016; Choi *et al.* 2016; Brandl *et al.* 2017; Trespalacios 2017; Sahu *et al.* 2018; Wieselmann *et al.* 2020).

Communication with a family member and interpersonal and endorsement social from outside environment family (community) can strengthen a family child *Cerebral palsy* in regulating intelligence emotion and parenting resilience child *Cerebral palsy* in growing the flower state child *Cerebral palsy* (Mumpuniarti *et al.* 2017). One problem is that the family still needs a systematic and scientific approach. Internal communication skeleton builds function psychological from parents' child *Cerebral palsy* so that they could work full forgiveness service ultimately in helping his son who has limitations.

1. How are Interventions and Family communication behavior in parenting resilience (resilience) of *Cerebral Palsy children*
2. How are emotional intelligence and family communication climate in parenting resilience *Cerebral palsy*
3. What is the role of social support and family maturity in parenting resilience for *Cerebral palsy*?
4. What are the criteria for a good and prosperous family psychological function (Psychological well-being) in parenting *cerebral palsy*?

The purpose of this study is to describe the form of intervention in family communication behavior in resilience, emotional intelligence in the family communication climate, the role of social support in family maturity, and psychological criteria for a good and prosperous family (Psychological well being) in parenting *Cerebral palsy*.

1. Forms of intervention and family communication behavior in resilience in parenting *Cerebral palsy*.
2. Emotional intelligence and family communication climate in parenting resilience *Cerebral palsy*.
3. Analyze the role of social support and family maturity in childcare resilience *Cerebral palsy*.
4. Analyze criteria for a good and prosperous family psychological function (Psychological well being) in caring for *Cerebral Palsy children*

II. LITERATURE REVIEW

This paper uses a literature study method. The study of literature collects data by searching for and reading existing written sources such as books or those that explain the theoretical basis. As well as conducting a literature survey about the findings made by previous researchers (empirical findings related to the research topic (Rusmawan 2019). The study method used is an *explanatory community study method*, which is the process of seeking correct knowledge and understanding about various social aspects of the community. Through explaining (explaining) the factors causing an event/ social phenomenon in question or identifying cause-and-effect networks concerning an event or symptom. Social data through qualitative data. The approach used in this study is *micro-subjective*, an effort to understand attitudes, behavior patterns, and existing actions related to the problem in question, using a case study strategy (Agusta dan Sitorus 2006). Because the study uses qualitative data, the data processed are in the form of spoken/written words from the subject of the study, namely the informant. According to Nasution (Nasution S 2003), qualitative data are views or opinions, concepts, information, impressions, responses, and others about a situation related to human life. The case study strategy used in collecting qualitative data is a micro-level study that

highlights one or more selected cases. This paper uses a literature study method. The study of literature collects data by searching for and reading existing written sources such as books or those that explain the theoretical basis. As well as conducting a literature survey about the findings made by previous researchers (empirical findings related to the research topic (Rusmawan 2019).

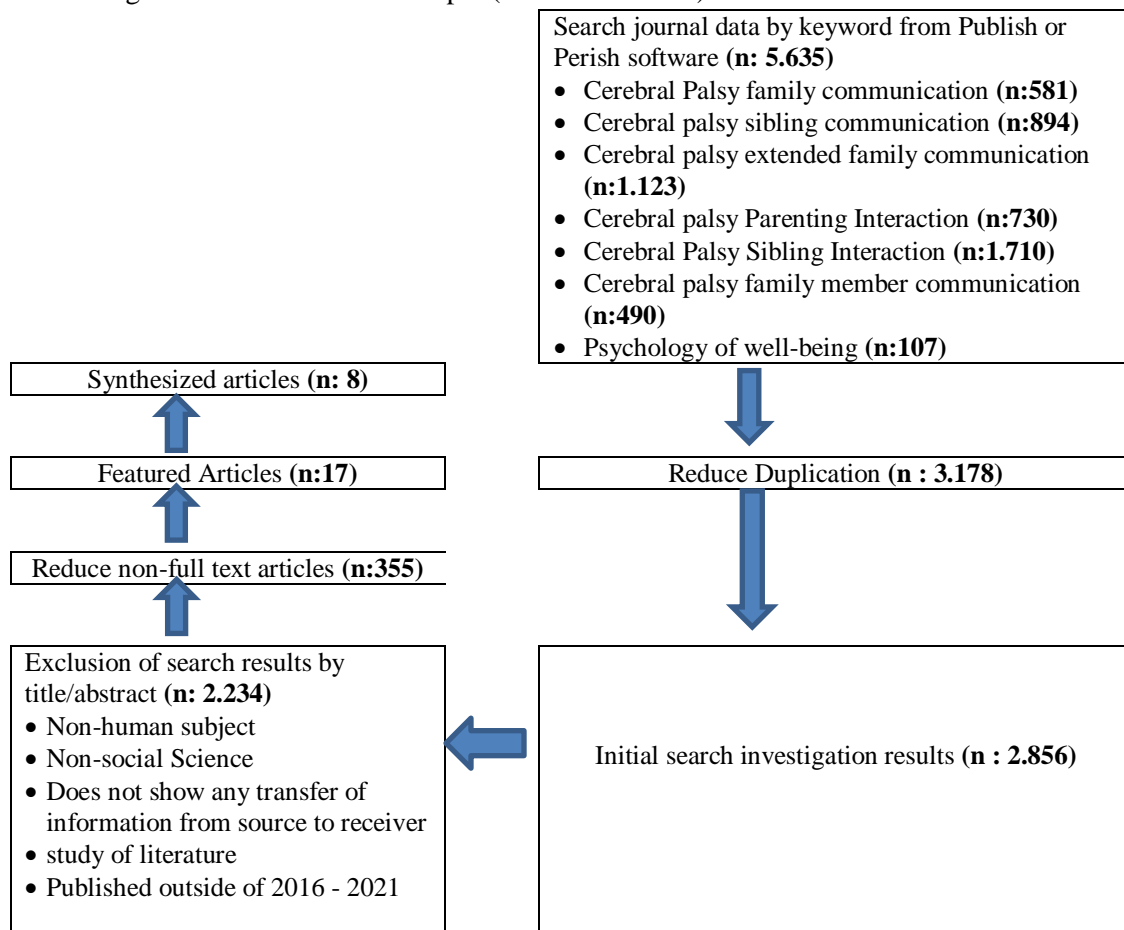


Fig 1. Prisma Diagram

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1. Data Reduction is the process of selecting, focusing on simplifying, abstracting, and transforming rough data that emerges from written notes in the field.
2. Presentation of data is a collection of structured information data that allows concluding and taking action.
3. The conclusion is finding the meaning of the data, aiming to understand the interpretation in its context with the problem as a whole. In support of the analysis procedure (Agusta dan Sitorus 2006).

III. RESULTS AND DISCUSSION

Results

Several results are presented from various previous studies, which are then used as material and comparisons from this study. The benefits are to see the rationale or basis for the study carried out and see what variables are the focus of the study. Studying the basics of thinking and the variable variables from previous studies will give birth to the rationale and variables in the subsequent study. Several studies in the last five years whose results are taken into consideration and comparison of this study are:

1. A study conducted by Louse Irwin, 2019 in the UK, Systematic review and meta-analysis. of the effectiveness of interventions to improve psychological well-being in. parents of children with *Cerebral Palsy*. This study aims to evaluate the effectiveness of the Stepping Stones Triple P (Positive Parenting Program) model. The study method used a literature review and meta-analysis approach; the results of this study were intervention from outside parties significantly improved the psychological well-being of parents of children with *cerebral palsy*.
2. A study conducted by Sari Lestari, 2018 in Indonesia, on "The needs of parents with children with disabilities." The study aims to look at psychological behavior and information needs regarding the growth and development of children with disabilities. The study method with a qualitative approach; the results of this study obtain information needs; professional support; community; financial; child care; Family support is the most needed by parents of children with disabilities.
3. A study conducted by Lasmi Purnawati, in 2017 in Indonesia, on "Patterns and climate of husband and wife communication, and parenting of children with *cerebral palsy*. " The purpose of this study is to analyze the communication patterns and environment of husband and wife who have children with *cerebral palsy* and to analyze the relationship between patterns and climate of husband and wife communication with parenting patterns of children with *cerebral palsy*. The study method is carried out with a quantitative approach. The results of the study show that the pattern of communication between husband and wife for children with *Cerebral palsy* is positive symmetrical in parenting, while the communication climate is more about surviving and supporting the parenting of *Cerebral Palsy children* into acceptance; more significant differences in treatment measures between husband and wife.
4. A study conducted by M. Mumpuniarti, in 2017 in Indonesia, regarding "Parental involvement in the needs assessment of the communication development of children with *cerebral palsy*. " The purpose of the study was to develop the ability of *Cerebral Palsy children* to communicate and their barriers as well as cognitive optimization with Augmentative and Alternative Communication (AAC). The research method is carried out with a quantitative approach. The results of the study show that 95% of parents need their children to be able to communicate with AAC at the initial level of communication, where AAC communication is necessary for daily communication in the family environment.
5. A study conducted by Zare, 2017 in Iran, on "The effect of self-management empowerment programs on anger and social isolation of mothers of children with *Cerebral palsy*. " The purpose of this study is to compare the effect of intervention programs according to the empowerment model of self-management on anger and social isolation of mothers with *cerebral palsy*. The study method is carried out with a quantitative approach. The study results show that the effectiveness of the self-management empowerment model intervention significantly reduces aggression/anger and social isolation for mothers of children with *Cerebral palsy*.
6. A study conducted by Whittingham, 2016 in Australia, on "Parenting interventions combined with acceptance therapy and family commitment of children with *Cerebral palsy*." The purpose of this study was to examine the effects of SSTP and ACT on children's function, quality of life, and parents' adjustment to their child with *cerebral palsy*. The study method was carried out with a qualitative approach. The study results showed a significant effect on parents' actions in reducing symptoms of depression and stress with SSTP and ACT interventions.
7. In Australia, a study conducted by Brown, 2015, on "Does the Stepping Stones Triple P (Positive Parenting Program) plus acceptance and commitment therapy improve parent, partner, and family adjustment after child brain injury. The purpose of the study is to evaluate the success of family

behavioral interventions (SSTP) and (ACT) in improving the outcomes of parents, families, and partners after it is known that children with pediatric brain injury (ABI), the study method is carried out with a qualitative approach, the results of this study get short-term improvements to trust, psychological stress, adjustment, and disagreement; increased psychological flexibility of parents.

8. In America, a study conducted by Magana, 2015 on "Improving the health behavior of Latina mothers and adults with intellectual and developmental disorders." The purpose of the study was to test the success of a health education intervention for eight weeks on increasing the success of healthy behavior and reducing symptoms of depression and treatment. The study method was carried out with a qualitative approach. The results of this study were educational intervention programs delivered by public health workers to increase self-efficacy related to health. Mothers and positive health behaviors compared to program content alone.

Discussion

The State of The Art of this study confirms that there are differences with various analyses of eight (8) previous studies, namely:

1. The subjects of the eight studies above focused on married couples with children with cerebral palsy by conducting interventions through the SSTP P (Positive Parenting Program) and ACT (Acceptance Commitment Therapy). Programs that tested the level of depression and stress of parents in caring for and growing children with *Cerebral palsy* so that there was no difference with the parents of other *Cerebral Palsy children*. (Brown *et al.* 2015; Whittingham *et al.* 2016; Irwin *et al.* 2019).
2. Then other studies analyze more about parenting resilience and the development of alternative communication (AAC) for children with *cerebral palsy* and psychological behavior and communication patterns and climates for parents of children with *cerebral palsy* (Mumpuniarti *et al.* 2017; Lasmi Purnawati 2018; Lestari *et al.* 2018). In addition to analyzing parenting resilience and the Positive Parenting program,
3. Previous studies have also looked at the side of mothers of children with *cerebral palsy* in empowering women and the health behavior of mothers of children with cerebral palsy (Zare *et al.* 2017). The previous study did not analyze social support from other family members such as siblings of children with *Cerebral palsy* or relatives in the same household and community of parents of children with *Cerebral Palsy* as a form of intervention did not look at the resilience of parenting families and people. parents to children *Cerebral palsy* at a child's age
4. In addition to the eight studies above, previous studies also only looked at psychological resilience and pressure through levels of depression, stress, and better self-welfare as a personal caregiver or parent (mother) of a child with *Cerebral palsy*. In contrast, the results have not seen social support for the family of a child with *Cerebral palsy* in previous studies.

No	Results	Measurement
1	Aggression	: BP-AQ
2	Anxiety	: DASS, HAVE
3	Emphasize	: DASS, POMS, PSI, PSS10, QRS
4	Depression	: BDI, CED-D, DASS, HADS
5	Behavior (Parents)	: PS, FOS-RIII
6	Caregiver Burden	: Adapted CAM
7	Conflict	: COME, PPC
8	Resolve	: PCES, PCES, SRA
9	Family function	: FAD, FNS
10	Solitude	: UCLA Loneliness Scale
11	physical health	: CDSES-adapted, FHS-adapted
12	Psychological Flexibility	: AAABIQ, KIPP, PFTQ, PSRTS
13	Connection	: ADAS, PPC, RQI
14	Satisfaction	: IPE, SWLS
15	Self Efficacy	: CPDPTC, FES, GAQ, Individual Target Scaling, GSES, PSES, PSI*, PSOC, PTC
16	Stepping Stones Triple - P	: SSTP

17	Acceptance Commitment Therapy	:	ACT
18	Care Are Usually	:	CAU
19	Acquired Brain Injury	:	ABI

Table 1. Terms of Psychological Measuring Tools

Signs of *Cerebral palsy* appear from time to time after the lesion (a historically developed disorder of the brain, where in recent years there has been an increased understanding of the impact of the diagnosis of *Cerebral palsy* on infants by parents and married couples. Good health) Bad outcomes for babies will affect health outcomes for parents, especially when facing a heavy burden of care, significant time pressure, and behavioral problems in their children so that it impacts the psychological well-being of mothers who care for children. *Cerebral palsy* has been shown to hurt physical and psychological health, such as depression, stress, and impact on physical health when there is a lack of social support and a more demanding role when parenting *Cerebral palsy*. It is necessary to increase the development and implementation of interventions/assistance to improve the welfare of caregivers. However, there are no standard provisions for mentoring, and there is no agreed common understanding of the most effective support methods. So that when there is little or no social support provided over a certain period, it can have severe and lasting implications due to a lack of understanding of the psychological impact. And other health complications when parenting *Cerebral palsy*. Parents begin to experience and struggle with increasingly complicated challenges according to the development of the child's age and body, where the level of parental stress is getting bigger and the difficulty of other resources that help raise *Cerebral palsy children* by their older siblings. *Cerebral palsy* children pose unique demands with high levels of burden, stress, and time pressure; parents inform *Cerebral palsy children* experience disturbances that often occur during sleep, eating, communication, behavioral and health complications.

Some literature analyzes how the diagnosis of a disability by the experience of sadness, obtained from the experience of parents of children with *cerebral palsy* through the theory of chronic sorrow, which describes the long-term sadness experienced because of the continuous loss that accompanies the disability of children with *cerebral palsy*. So that chronic sadness and the adverse effects of parenting pressure on *Cerebral Palsy children* on the welfare of parents or caregivers have a relationship that can potentially impact the welfare and development of *Cerebral Palsy children*. It becomes relevant through recent changes in the standard care and care of *Cerebral palsy children* towards a home environment based on social support for *Cerebral palsy family rehabilitation to increase emotional intelligence and resilience in the parenting of Cerebral palsy children* and parents. In recent years, there have been steps to carry out therapy provided by parents of children with *Cerebral palsy*, which aims to improve recovery through early intervention assistance and is carried out intensively so that interventions like this are adequate for the welfare of parents or caring families must be supported. This literature also highlights the importance of providing practical support for families and parents caring for their benefit and the interests of children with *cerebral palsy*. The results of this study also highlight the lack of studies that identify and evaluate early support for parents and families of children with *cerebral palsy*, especially children who have moved on, and recommend areas for future study and improvement.

Table 2. Characteristics of Family Communication Research in Cerebral Palsy

No.	Writer	Title	Objectives/Problem formulation	Overall Finding/Conclusion	Source	Media	Channel	Received
1	Louise Irwin, et.al (2019) UK (Irwin <i>et al.</i> 2019)	The effectiveness of interventions to improve psychological well-being in parents of children with cerebral palsy	To evaluate the effectiveness of interventions at improving the psychological well-being of caregivers (families) of children with cerebral palsy.	The results show that interventions can improve the well-being of parents of children with cerebral palsy and should be available for such interventions.	Researcher	Knowledge	Interpersonal, group	Family (Parents of children with Cerebral Palsy)
2	Sari Lestari, et.al (2018) Ind. (Lestari <i>et al.</i> 2018)	The Needs of Parents with Children with Disabilities	Many parents are insecure and ashamed of their child's condition. In addition, many do not go to school and do not know information related to therapy for children with disabilities. If left unchecked, it can cause serious problems, such as disrupted child development and the needs of families with children with disabilities	Information needs are the most needed needs. So it is necessary to have access to the information needed to meet the information needs. With the fulfillment of parents' information needs, parents will know better how to care for and develop the potential of their children	Researcher	Knowledge	Interpersonal	Family (Parents of children with Cerebral Palsy)
3	Lasmi, et.al (2017) Ind. (Purnawati <i>et al.</i> 2017)	Patterns and climate of husband and wife communication, and parenting of children with cerebral palsy	Analyzing the pattern and climate of communication between husband and wife who have children with cerebral palsy, as well as parenting of children with cerebral palsy, and analyzing the relationship between the pattern and climate of husband and wife communication with the pattern of parenting for children with Cerebral palsy	The pattern of communication tends to the positive symmetrical type in parenting children with <i>cerebral palsy</i> . Then, the communication climate of couples who have children with <i>cerebral palsy</i> is to survive and support parenting with children with <i>cerebral palsy</i> to become an acceptance	Researcher	Knowledge	Interpersonal	Family (Parents of children with Cerebral Palsy)
No.	Writer	Title	Objectives/Problem formulation	Overall Finding/Conclusion	Source	Media	Channel	Received

4	M. Mumpuarti, et.al (2017) Ind. (Mumpuarti et al. 2017)	Parental Involvement in the <i>Needs Assessment of Children's Communication Development Cerebral Palsy</i>	Develop the ability of children with cerebral palsy to communicate and their barriers and cognitive optimization with alternative and additional communication (<i>Augmentative and Alternative Communication / AAC</i>).	The results showed that 95% of parents need their children with AAC, as well as needs assessment (<i>needs assessment</i>) is still at the initial level of communication needs. has implications for developing AAC communication needed for everyday life in a family environment. selected on miniature real objects and picture cards	Researcher	Knowledge	Interpersonal	Family (Parents of children with Cerebral Palsy)
5	Zare et al. (2017) Iran (Zare et al. 2017)	(Effect of self-management empowerment program on anger and social isolation of mothers of children with cerebral palsy	Comparison of the effects of intervention programs according to the self-management empowerment model on anger and social isolation of mothers with their children with Cerebral Palsy	Implementation of empowerment programs significantly reduces aggression.	Researcher	Knowledge	Group	Family Community (Parents of children with Cerebral Palsy)
6	Whittingham et al. (2016) Australia (Whittingham et al. 2016)	Parenting intervention combined with acceptance and commitment therapy: A trial with families of children with cerebral palsy	Looking at the results of the effects of SSTP and ACT on children's function, quality of life and parents' adjustment to their children (secondary outcome)	Parents who received the SSTP + ACT showed a reduction in symptoms of depression and stress.	Researcher	Knowledge	Interpersonal	Family (Parents of children with Cerebral Palsy)

No.	Writer	Title	Objectives/Problem formulation	Overall Finding/Conclusion	Source	Media	Channel	Received
7	Brown et al. (2015) Australia (Brown et al. 2015)	(Does SSTP plus acceptance and commitment therapy improve parent, partner, and	Evaluation of the success of family behavioral interventions (SSTP) and (ACT) in improving the outcomes of parents, families	ACT + SSTP, in short-term improvements in parental trust, psychological distress, family and parental adjustment and partner	Researcher	Knowledge	Interpersonal	Family (Parents of children with Cerebral Palsy)

8	Magana et al. (2015) USA (Magaña et al. 2015)	family adjustment after child brain injury?) Improving the health behavior of Latina mothers of adolescents and adults with intellectual and developmental disorders	and partners after being diagnosed with pediatric brain injury (ABI) Test the efficacy of an 8-week health education intervention on increasing the success of healthy behaviors and reducing symptoms of depression and treatment	disagreements; and continuous improvement in parents' psychological flexibility Health education intervention programs delivered by community health workers increase self-efficacy related to maternal health and positive health behaviors compared to providing program content manuals alone.	Researcher	Knowledge	Interpersonal	Family (Parents of children with Cerebral Palsy)
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IV. CONCLUSIONS AND SUGGESTIONS

Conclusion

The results of several studies regarding the study of parenting *Cerebral Palsy children* found the importance of intervention for parents of children with Cerebral Palsy. However, there was no explanation of the form of intervention for parents who cared for children with *Cerebral Palsy*. Interventions currently being carried out from psychological studies are positive parenting programs and commitment therapy for children with *cerebral palsy*. In positive parenting programs and special commitment therapy for *Cerebral Palsy* parents, no studies have been obtained from health communication studies with an emphasis on: Parenting Resilience of *Cerebral Palsy children* through Family Intervention through closest family members, a community of parents of *Cerebral Palsy children* through virtual and offline communities, Medical Rehab Therapists/Doctors; *emotional intelligence* intervention in the care of *Cerebral Palsy* children anticipates psychological effects such as stress, anxiety, and physical health when there is a lack of emotional intervention/support (Emotional Support) due to a more demanding parenting role on families and *Cerebral Palsy* children; The scarcity of parenting resources for children with *Cerebral Palsy* compared to the care provided by the closest family members to siblings who develop *Cerebral Palsy*. On interventions/care for *Cerebral Palsy children*, there is still a lack of studies on social support for parents of *Cerebral Palsy* children that appear and recommend areas for future study and improvement.

Suggestion

Social support in the form of a community is constructive for interventions for parents of children with *cerebral palsy* to exchange information formally and informally with parents of children with *cerebral palsy*. Besides that, it can also provide emotional intelligence and resilience in parenting children with *cerebral palsy*, especially children with *cerebral palsy* who are starting to develop. growing up, it becomes crucial:

- Resilience of Parenting *Cerebral Palsy* through Intervention/Family support through family members (siblings, relatives) is significant to maintain continuity in caring for *Cerebral Palsy children* when parents experience physical and psychological exhaustion.
- Social support in the form of a parent community for *Cerebral Palsy children* is significant as a means of exchanging information and communication among parents and families of *Cerebral Palsy children* through virtual and offline communities. In addition, therapeutic programs for *Cerebral Palsy children* can be used to communicate parental health. Towards Medical Rehab Therapists/Doctors who can form emotional intelligence and parenting resilience of parents and family members in caring for children with *Cerebral Palsy*.
- The need for intervention on emotional intelligence become very important, especially in the study of family, group, and even interpersonal communication as well as conflicts between family members in parenting Cerebral palsy which can anticipate psychological effects such as stress, anxiety, and physical health when there is a lack of intervention/emotional support (Emotional Support) due to the parenting role that demands more than in normal child care. Resulting in the scarcity of parenting resources for CP children compared to the care of immediate family members.

Many researchers have carried out studies on parental intervention/assistance when caring for Cerebral Palsy children. However, there is still a lack of studies on forms of support (social support), especially for family members and parents with emerging *Cerebral Palsy children*, and recommend areas for study and improvement in the future.

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