

The Effectiveness of Reality Counseling in Parental Acceptance of Children with Autism

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ABSTRACT: All parents want their children to be healthy physically, mentally, religiously, and socially. However, some children may not achieve this ideal development, especially those with physical or psychological limitations. Children with special needs, such as those with autism, often require special education. Parents may struggle to accept their child's condition if there is a mismatch between expectations and reality. The purpose of this study is to evaluate the effectiveness of reality counseling in improving parents' acceptance of children with autism. Reality counseling helps parents accept the reality that their child has autism in a rational and healthy way. This study is designed as a quasi-experiment using a pre-test and post-test approach. In this study, five parents of children with autism were purposively selected. The results show that after reality counseling, parents' acceptance of their child's condition significantly improved, with an average increase of 14.8 points and a p-value of <0.05. This indicates that reality counseling can help parents accept their child's condition. It can help them better understand autism and improve the emotional bond between parents and children. The results of this study are expected to help support parents' acceptance of children with special needs, especially those with autism.

KEYWORDS: [Reality Counseling; Parental Acceptance; Autism]

A. INTRODUCTION

Every parent desires a child who is physically, mentally, spiritually, and socially healthy (Fitri & Ulya, 2022; Efniyati, 2021). However, not all children born are able to achieve such ideal development and growth. Some parents have children with physical or psychological limitations from the start of their growth and development. However, children with these limitations are a gift from God, and their parents and environment have the right and obligation to help them develop well. Children who do not meet the expectations of their parents can hinder the development and growth of children with special needs.

A child with special needs is one who clearly experiences physical (physical, mental-intellectual, social, or emotional) abnormalities or disorders during their growth and development process. These children require special education services compared to children of the same age (Directorate of Special Education Development, 2007). The mismatch between expectations and reality can lead parents to reject, ignore, or even feel ashamed of having a child with special needs. This is consistent with research by Anggraini (2013), where 17 (58.62%) of 29 parents felt ashamed of their child's condition, and 10 (34.48%) were very disappointed because their child was classified as a child with special needs and did not meet their expectations. Children with autism are one type of child with special needs. The prevalence of autism in children aged 5-19 years in Indonesia is 66,000,805 (BPS, 2021), so it is estimated that there are more than 112 thousand children with autism in this age range, and this number increases every year. Global data on children with autism shows varying figures. UNESCO's 2011 report noted that there are 35 million people with autism worldwide, meaning an average of 6 out of every 1,000 people globally have autism. In Asia, a 2008 study in Hong Kong reported an autism prevalence of 1.68 per 1,000 children under 15 years old (Suyanti & Kurniyatul F, 2019).

Autism continues to rise worldwide. By the year 2000, autism prevalence ranged from 2-5 to 15-20 per 1,000 births, with a ratio of 1:250 in the population. According to CDC data (Centers for Disease Control and Prevention, USA), in 2001, this ratio was 1:150, and in some areas of the USA and the UK, it became 1.5%, or 1 in 68 children diagnosed with autism. Previous research by Rahcmayanti and Zulkaida showed that parental acceptance of the fact that their child has autism greatly influences the child's future development. Meanwhile, parents who cannot accept this reality will have negative impacts, as it will make the autistic child feel misunderstood, rejected, and this can affect their behavior in ways that are difficult for parents to manage. Another study by Pancawati explained that psychological stress experienced by parents who cannot accept their child's autism may lead to a lack of emotional support, insufficient stimulation for the child's development, neglect of the child's needs, and failure to consistently care for the child.

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Although both parents are responsible for raising a child, mothers often bear a heavier responsibility than fathers because they are the primary caregivers and more frequently interact with their children (Pradana & Kustanti, 2017). According to Desiningrum (2016), mothers are the closest to their children and have a strong emotional bond with them. Research shows that a mother's role is crucial in helping children with special needs, particularly in emotional matters (Pancawati, Pitaloka & Sasqia, 2019).

A mother's expectations of having a child with autism may be influenced by stereotypes they already have about such children. Mothers may find it easier to accept their child if they align more closely with their ideal image of the child. Most mothers eventually come to terms with their perceptions of their child and acknowledge that their child always requires love and attention, regardless of their condition. However, some mothers may feel burdened by their child's situation and struggle to cope with this reality (Susanto, 2014).

Observational and interview results show that mothers who have an idealized image of their hoped-for child, but face a reality that does not match this image, often experience disbelief, shock, disappointment, and even denial. For example, Mother A, whose first child was diagnosed with autism, responded with disbelief, shock, disappointment, and denial, claiming that her child only had ADHD, feeling sad, embarrassed, and unwilling to accept advice from doctors or psychologists. Another mother, Mother Y, believed her child did not need therapy and simply left him at home, enrolling him in a regular school. Some mothers also followed therapy but were inconsistent in taking their children to the therapy center, feeding them foods that made them hyperactive, and rejecting the results of diagnoses from doctors or psychologists, seeking experts who aligned with their own opinions.

Acceptance, according to Any (2017), means accepting others as they are, without demanding or judging them. Janet and Frank (Eliyanto & Hendriani, 2013) define acceptance as the ability to clearly identify a child's special needs and accept their strengths and weaknesses as they are. Puspita (in Tlonaen, 2019) mentions several forms of parental acceptance: understanding the child's condition as it is (both positive and negative aspects, strengths and weaknesses), understanding the child's habits, realizing what the child can and cannot do, understanding the causes of the child's behavior, forming a strong emotional bond between parents and children, and understanding what autism really is.

According to Ross (Santrok, 2014), acceptance consists of several stages. The first stage is denial, characterized by refusal or denial. In most cases, this denial is temporary and soon shifts into a new phase when the situation changes. 2. The second stage is anger, which arises when denial is no longer effective. Anger is expressed at everything around them and is the first stage. 3. After the anger phase, when people begin to feel that protesting is no longer useful, they move into bargaining. 4. The depression stage: When someone feels sad or depressed, they stop being angry and defensive, and start handling the loss constructively. At this time, they may experience emotions like sadness, helplessness, hopelessness, guilt, regret, loneliness, and may cry. 5. The acceptance stage is when the painful feelings begin to subside over time, and the individual starts to adapt.

Acceptance by mothers of a child diagnosed with autism is crucial, and various interventions and management strategies can be applied, including reality therapy. Reality therapy is a therapeutic approach aimed at helping individuals accept and cope with feelings and problems arising in certain situations in a realistic and healthy way. In the context of parents with children diagnosed with autism, reality therapy can help them face the challenges they experience more effectively, and guide them to understand and accept the reality that their child has autism. Therefore, this research emphasizes the importance of parents accepting themselves and how the use of reality therapy can help them become more confident.

B. METODE PENELITIAN

This study uses a quasi-experimental design with a pre-test and post-test approach to evaluate the effectiveness of reality therapy in increasing parental acceptance of children with autism. The research subjects are parents of children with autism, selected purposively based on their initial level of acceptance and willingness to participate in the intervention, involving five parents. Data were collected through interviews, worksheets, and observations, focusing on the cognitive, emotional, and behavioral aspects of acceptance.

The research stages include preparation (designing questionnaires, obtaining research permission, and socialization), implementation (collecting baseline data, conducting counseling interventions, and collecting post-intervention data), and data analysis. The analysis was conducted quantitatively using paired t-tests to measure significant changes in acceptance levels before and after the intervention, as well as qualitatively through thematic analysis to identify key themes related to parental acceptance and the effectiveness of counseling.

C. HASIL DAN PEMBAHASAN

This study shows that parents who participated in reality therapy experienced a significant increase in acceptance of their child's autism condition. Table 1. Descriptive Statistics.

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Table 1.

	N	Mean	Std.Deviation
Pretest	5	18.0	3.082
Posttest	5	32.80	3.114

Table 1 shows that reality therapy significantly improved parental acceptance of their child's autism condition ($p < 0.05$). Reality therapy had a significant impact on increasing parental acceptance of their child's condition. The average increase in acceptance between before and after counseling was recorded at 14.8 points, with an effect size of $r = -0.90$. These results indicate that reality therapy can help parents of children with autism become more accepting. Palmer (2013) states that evaluating desires, perceptions, and behaviors is crucial in helping individuals address issues in a more realistic way. Throughout the counseling process, self-evaluation is a key component of reality therapy. Parents can gain understanding about various aspects that help them accept their child's shortcomings through counseling. They are encouraged to shift their perspectives. They previously believed that only they were facing tough challenges with children who did not meet expectations, but now they see the world in a more sensible and accepting way. Reality therapy helps individuals gain better control of their lives, according to Glasser (1998). This is done by informing them about the responsibilities they must undertake, such as supporting the behaviors they choose and encouraging them to make better choices in the future.

There are many ways to understand a child's condition by looking at all aspects, including both the good and the bad. Parents should understand their child's habits and know what they can and cannot do. It is essential to understand the factors driving both good and bad behaviors displayed by the child. Building a strong emotional bond between parents and children is also part of this process. This will result in a more harmonious and mutually supportive relationship. Additionally, parents need to expand their understanding of autism itself so they can approach their child in a proper and empathetic way.

Reality counseling has proven effective in improving parental acceptance of their children with autism. The hypothesis testing results were supported by a Sig. value of 0.05, indicating that there was a significant difference in parental acceptance levels after counseling sessions. This result shows that the research hypothesis is accepted. Additionally, data analysis showed that both respondents went through the self-acceptance phase. This began with the denial phase, followed by anger, bargaining, depression, and ultimately reaching the full acceptance phase.

After learning that their children were diagnosed with autism spectrum disorder, all three respondents went through the denial phase. Both respondents became very upset and could not accept the presence of their children. In the second phase of anger, the respondents expressed their sadness by apologizing to their children.

In the early stages, the respondents engaged in physical actions such as pinching their child, scolding the child, or completely delegating the responsibility of childcare to caregivers. Then, in the second phase, the respondents began to feel guilty toward their child, themselves, and even God. Before the reality therapy, Respondent I blamed the child for not being able to understand their desires and blamed the environment for not providing positive support for their family. Respondent II was more likely to blame themselves by comparing their life to others, and Respondent III blamed God for their child's condition, diagnosed with autism spectrum disorder (ASD).

The three mothers of children with autism showed improvement in their acceptance after reality therapy. This was evident from the various forms of support they provided, such as Respondent I who began to provide therapy facilities for the child, monitoring daily activities, taking time to repeat lessons from the therapist, providing a therapy room during session visits, being consistent with special diets, and routinely taking the child to and from therapy. The success of this therapy was closely linked to the good collaboration between parents and therapists, including consistency in applying the diet, repeating therapy material at home, and effective communication. This collaboration significantly contributed to the optimal development of the child diagnosed with ASD.

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