



# The Relationship of Self-Regulation and Resilience in Parents of Attention Deficit Hyperactivity Disorder (ADHD) at Special School-C Karya Tulus Tuntungan II

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<p><b>Track Record Article</b></p> <p>Accepted: 19 July 2024 Revised: 10 July 2024 Published: 17 August 2024</p> <p><b>How to cite :</b> Nababan, R. H., Purba, J. M., &amp; Daulay, W. (2024). The Relationship of Self-Regulation and Resilience in Parents of Attention Deficit Hyperactivity Disorder (ADHD) at Special School-C Karya Tulus Tuntungan II. <i>Contagion : Scientific Periodical of Public Health and Coastal Health</i>, 6(2), 892–903.</p>	<p style="text-align: center;"><b>Abstract</b></p> <p><i>Attention deficit hyperactivity disorder is a mental development disorder that becomes a problem for parents if it is not treated immediately. So that parents can increase their resilience and bounce back from difficulties wisely. The type of research is descriptive quantitative with a cross-sectional approach. This research aims to analyze the relationship between self-regulation and the resilience of parents with children with ADHD at Special School-C Karya Tulus Tuntungan II. The type of research is descriptive quantitative with a cross-sectional approach. Technique. Sampling is purposive sampling. This research's respondents were parents with children with ADHD at Special School-C Karya Tulus Tuntungan II, totalling 50 respondents. This research was carried out from March 27 to May 5 2024. The instruments used were the Connor-Davidson Resilience Scale (CD-RISC) and the self-regulation questionnaire (SRQ). Data were analyzed using the Spearman rank statistical test. The results of the study showed that the majority of respondents (74.0% had self-regulation in the capable category, there was a strong positive relationship between self-regulation and the resilience of parents who have children with ADHD with a Pearson correlation value of +0.450, p-value = 0.001; p &lt; 0.05). The conclusion is that there is a relationship between self-regulation and the resilience of parents who have children with ADHD at Special School -C Karya Tulus Tuntungan II, which is quite strong and in the same direction. It is recommended as a nursing intervention that can be developed to explore self-regulation and resilience in patients and families, especially in parents who have children with ADHD.</i></p> <p><b>Keywords: ADHD, parent, Self-regulation, Resilience</b></p>
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## INTRODUCTION

Parents are critical in educating children, especially children with special needs. High parenting stress often occurs in parents of children with special needs, one of which is children with attention deficit hyperactivity disorder (ADHD) (Nur, 2021). Parents who help with the daily activities of sick people and children pay much attention and provide full support to someone who needs it (Giandatenaya & Sembiring, 2021). Parenting patterns and family environment have a significant impact on children's development, including the development of executive function, attention and self-regulation, and can influence the risk of developmental disorders, including attention-deficit/hyperactivity disorder (ADHD) (Claussen et al., 2024; silicon et al., 2023).

Attention-deficit/hyperactivity disorder (ADHD) is the most common neurobehavioral disorder in childhood (Chan, 2022; Antshel, 2020; Rasmussen, 2020). The main component of this disorder is a developmentally inappropriate level of inattention and

hyperactivity/impulsivity, resulting in functional impairment in 1 or more areas of academic, social, and emotional functioning. Apart from the tendency for children to experience impaired academic and emotional functioning, children with ADHD also have a higher frequency of experiencing learning, cognitive, language, motor and mental health disorders (Rajaprakash, 2022; Posner et al., 2020).

The symptoms and disorders resulting from ADHD are often severe in childhood, the symptoms and disorders often progress as the child gets older, and the disability usually persists in adulthood. In adulthood, the clinical picture, as in childhood, involves a triad of symptoms: inattention, hyperactivity, impulsivity and deficiencies in emotional self-regulation (Christiansen et al., 2019; Weibel et al., 2020; Faraone et al., 2019).

Self-regulation is awareness of thoughts, behaviour, and emotions. In other words, self-regulation is the ability to manage thoughts and act (Putri et al., 2020; Bauer et al., 2020). Self-regulation strategies can increase skill development and improve work performance (Lengetti et al., 2020). An individual's capacity to regulate their cognition, emotions, and actions is an important life skill and emerging developmental competency for both children and parents. Individuals with better self-regulation achieve more positive life outcomes and minimize the likelihood of significant mental health, social, and relationship problems (Sanders, 2019; Fitriani et al., 2021).

Individuals who face significant difficulties can usually return to normal functioning (Palacio, 2020). Resilience is a dynamic process at every level of functioning that includes an individual's capacity to adapt positively after facing adversity (VanMeter, 2020). Someone with positive resilience tends to see everything as a helpful experience, focus on personal strengths and qualities, use constructive criticism, develop close relationships with other people, develop social skills, and be emotionally aware. Good resilience strengthens and prevents disease onset, provides good health, facilitates and accelerates healing, and provides a productive life and a sense of well-being even when suffering from chronic illness (Babić, 2020). Self-regulation is one of the factors that can influence resilience, but self-regulation is not an absolute factor that causes resilience (Fathoni & Alwi, 2021). Parental resilience in caring for children with ADHD requires acceptance of all the conditions experienced by the child (Sari & Ambarwati, 2024).

## **METHODS**

The type of research is descriptive quantitative with a cross-sectional approach with two variables, namely self-regulation and resilience of parents who have children with ADHD. This research aims to determine the relationship between self-regulation and resilience in parents of children with ADHD at Special School-C Karya Tulus Tuntungan II. The population of this study were parents who had children with ADHD at Special School-C Karya Tulus Tuntungan II. The samples were taken by researchers using the Slovin formula for as many as 50 people. The sampling technique is convenience sampling. The instruments used were the Connor-Davidson Resilience Scale (CD-RISC) and the self-regulation questionnaire (SRQ) with a Likert scale. The content was obtained for the validity test on both instruments. Validity Index  $>0.7$  with a Cronbach's alpha value  $>0.9$  so that both instruments are valid and reliable. Data were analyzed using the Spearman Rank test.

## RESULTS

**Table 1 Frequency Distribution and Percentage of Respondent Characteristics**

Characteristics	Frequency	%
<b>Age</b>		
30-45	26	52
46-60	24	48
<b>Gender</b>		
Male	24	52
Female	24	48
<b>Religion</b>		
Islam	11	22
Protestant	21	42
Catholic	9	18
Buddha	9	18
<b>Education</b>		
Elementary school	7	14
Junior High School	3	6
Senior High School	11	22
College	29	58
<b>Work</b>		
Housewife	3	6
Parmer	9	18
Self Employed	7	14
Government Employees	29	58
Other	2	4
<b>Income</b>		
<3 million	7	14
3-5 million	33	66
>5 million	10	20
<b>Number of Children</b>		
1-3 person	34	68
>3 person	16	32
<b>Family History</b>		
There is a history of ADHD in the family	1	2
There is not a history of ADHD in the family	49	98

Based on Table 1, it is known that the characteristics of the majority of respondents were 26 people aged 30-45 years (52.0%) and 24 people aged 46-60 years (48.0%). Gender was dominated by 26 people (52.0%) and 24 people (48.0%) were female. The majority of respondents were Protestant, 21 people (42.0%). The education level of the majority of respondents was tertiary, with as many as 29 people (58.0), and the minority had primary school education, with as many as seven people (14.0%). The majority of parents who have children with ADHD are civil servants/private employees, 29 people (58.0%). Most family income ranges between 3-5 million per month, namely 33 people (66.0%). Most children in the family have 1-3 children, namely 34 people (68.0%). Forty-nine families did not have a family history of ADHD in the family (98.0), and one person (2.0%) had a family history of ADHD.

Based on the self-regulation questionnaire distributed to parents who have children with ADHD at Special School-C Karya Tulus Tuntungan II, the majority of respondents answered "appropriate" for each statement, meaning that the respondent was able to carry out self-regulation as expected. Respondents' answers to 30 statements can be seen in Table 2 below.

**Table 2. Frequency Distribution of Self-Regulation Based on Respondents' Answers of Parents Who Have ADHD Children at Special School-C Karya Tulus Tuntungan II**

Statement	Respondent's Answers							
	Strongly disagree		Disagree		Agree		Strongly agree	
	n	%	n	%	n	%	n	%
I usually keep track of progress towards my goals	0	0	13	26,0	28	56,0	9	18,0
My behaviour is not that different from anyone else's	0	0	31	62,0	19	38,0	0	0
People say that I work too long	0	0	21	42,0	29	58,0	0	0
I wonder if I could change anything even if I wanted to.	12	24,0	5	10,0	24	49,0	9	18,0
I have difficulty changing my view about something.	8	16,0	8	16,0	14	28,0	20	40,0
I can easily get sidetracked from my original plan.	4	8,0	22	44,0	17	34,0	7	14,0
I give myself rewards when I make progress towards my goals.	3	6,0	8	16,0	26	52,0	13	26,0
I didn't realize the impact of the things I was doing until it was too late	3	6,0	18	36,0	15	30,0	14	28,0
My behaviour is similar to my friends	5	10,0	4	8,0	41	82,0	1	2,0
I have difficulty seeing anything that will change my view	1	2,0	18	36,0	26	52,0	5	10,0
I can complete the goals I set for myself	2	4,0	10	20,0	26	52,0	12	24,0
I procrastinate in making decisions	8	16,0	4	8,0	18	36,0	20	40,0
I have so many plans that it's hard for	7	14,0	14	28,0	21	42,0	8	16,0

Statement	Respondent's Answers							
	Strongly disagree		Disagree		Agree		Strongly agree	
	n	%	n	%	n	%	n	%
me to line up on any of them								
I change the way I do things when there are problems in the process	6	12,0	17	34,0	16	32,0	11	22,0
I have difficulty paying attention when I have consumed too much (excessive food, alcoholic drinks)	5	10,0	7	14,0	34	68,0	4	8,0
I have difficulty paying attention when I have consumed too much (excessive food, alcoholic drinks)	6	12,0	27	54,0	13	26,0	4	8,0
I want to consider other ways of doing things	10	20,0	19	38,0	18	36,0	3	6,0
When I want to change, I am confident that I can	8	16,0	13	26,0	21	42,0	8	16,0
feel very happy with the options available when it comes to deciding on a change	9	18,0	22	44,0	13	26,0	6	12,0
I find it challenging to carry out something when my mind has changed about it	6	12,0	19	38,0	15	30,0	10	20,0
I don't seem to learn from my mistakes	11	22,0	9	18,0	24	48,0	6	12,0
I am usually careful not to overdo it when working, eating and drinking	7	14,0	14	28,0	18	36,0	11	22,0
I tend to compare myself with others	7	14,0	18	36,0	14	28,0	11	22,0
I enjoy routine and like it when things stay the same	3	6,0	10	20,0	23	46,0	14	28,0
I have been looking for suggestions or information about changes	6	12,0	16	32,0	9	18,0	19	38,0
I have many ways to change, but it's hard for me to decide which way to use	1	2,0	5	10,0	31	62,0	13	26,0
I just stuck to the plan that was working well	0	0	12	24,0	27	54,0	11	22,0
I usually only need one mistake to learn a lesson	0	0	9	18,0	34	68,0	7	14,0
I did not learn a lesson well from a punishment	1	2,0	14	28,0	22	44,0	13	26,0
I have personal standards and try to live my life by those standards	3	6,0	21	42,0	16	32,0	10	20,0

The self-regulation of respondents in this study was predominantly able to carry out self-regulation by as many as 26 people (52.0) and less able to carry out self-regulation by as many as 24 people (48.0%). Respondents' self-regulation can be seen in Table 3 below.

**Table 3. Frequency Distribution of Respondents Self-Regulation**

Characteristics	Frequency	Percentage (%)
Unable	0	0
Less Fortunate	24	48,0
Capable	26	52,0
<b>Total</b>	<b>50</b>	<b>100</b>

Based on the Resilience questionnaire distributed to parents who have children with ADHD at Special School-C Karya Tulus Tuntungan II, the majority of respondents answered "suitable" for each statement, meaning that the respondent had resilience as expected. Respondents' answers to the ten statements can be seen in Table 4 below.

**Table 4. Frequency Distribution of Respondents' Answers Based on the Resilience of Parents Who Have Children with ADHD at Special School-C Karya Tulus Tuntungan II**

Statement	Respondent's Answers							
	Strongly disagree		Disagree		Agree		Strongly agree	
	n	%	n	%	n	%	n	%
I can adapt to my child's changes	2	4,0	0	0	35	70,0	13	26,0
I can face any situation that happens to my child	8	16,0	4	8,0	32	64,0	6	12,0
I am able to see problems from a perspective that makes my child laugh and cry	9	18,0	8	16,0	23	46,0	10	20,0
Successfully facing pressure can strengthen me	4	8,0	12	24,0	25	50,0	25	50,0
I tend to bounce back after experiencing pain or suffering.	1	2,0	8	16,0	27	54,0	14	28,0
I can achieve goals despite obstacles	2	4,0	9	18,0	13	26,0	26	52,0
I remain focused on watching my child	9	18,0	11	22,0	4	8,0	26	52,0
I don't easily give up because of failures in my life	12	24,0	0	0	18	36,0	20	40,0
I consider myself to be a strong person	6	12,0	5	10,0	17	34,0	22	44,0
I can overcome the unpleasant feeling of being forgiven	1	2,0	0	0	25	50,0	24	48,0

The resilience of respondents in this study was dominated by high resilience, 37 people (74.0%) and those with moderate resilience, 13 people (26.0), who had unexpected resilience. Respondents' resilience can be seen in Table 5 below.

**Table 5. Frequency Distribution of Respondents' Resilience**

Characteristics	Frequency	Percentage (%)
Low Resilience	0	0
Currently Resilience	13	26,0
Tall Resilience	37	74,0
<b>Total</b>	<b>50</b>	<b>100</b>

**Table 6. Crosstabulation of Self-Regulation with the Resilience of Parents who have Children with ADHD**

		Self-Regulation			Total
		Unable	Less Fortunate	Capable	
Resilience	Low	0	0	0	0
	Currently	0	4	9	13
	Tall	0	20	17	37
Total		<b>0</b>	<b>24</b>	<b>26</b>	<b>50</b>

Based on Table 6 above, it is known that the majority of parents who have children with ADHD are less able to carry out self-regulation with high resilience; namely, 20 people, 17 people can carry out self-regulation with high resilience, followed by parents who have children with ADHD who can carry out regulation. Nine people with moderate resilience and four parents less able to self-regulate with moderate resilience.

**Table 7. The Relationship Between Self-Regulation and Resilience in Parents Who Have Children with ADHD at Special School-C Karya Tulus Tuntungan II**

		Resilience	Self-Regulation
Spearman's Rho	Resilience	Correlation Coefficient	1,000
		Sig. (2-tailed)	0,001
		N	50
Self-Regulation	Self-Regulation	Correlation Coefficient	0,450
		Sig. (2-tailed)	0,001
		N	50

Based on table 7, the following. The relationship between self-regulation and resilience in parents who have children with ADHD at Special School-C Karya Tulus Tuntungan II was obtained through the Spearman Rank statistical test, namely to see the relationship between self-regulation and resilience with a significance level of 5% or 0.05.

## DISCUSSION

Based on the research results (table 2), it is known that the resilience of respondents in this study was dominated by resilience, with 38 people (76.0%) having expected resilience and 12 people (24.0) having unexpected resilience. This aligns with research conducted by (Iklima et al., 2021). This research aims to determine the resilience factors of families who care for family members with schizophrenia. The research method used a cross-sectional design with a sample size of 114 families of clients with schizophrenia. Data were analyzed using the chi-square test and logistic regression using the stepwise method.

The research results showed that 51.8% of families had high resilience. The research results illustrate that of 114 families of schizophrenia clients, 59 families (51.8%) had high

resilience. These results indicate that most families of schizophrenic clients have high strength in dealing with pressure and stressors in caring for schizophrenic clients. Family resilience or resilience is critical in preventing relapse in schizophrenic clients. Family resilience is influenced by family support. Research on family social support and the strength of families with schizophrenia is mainly in the supportive category, with a percentage of 56 respondents found (55.4%). This shows that family support is an indication that influences the family's resilience (Rahmawati et al., 2022).

Family resilience (caregiver) includes the ability to overcome adversity by not only surviving the burden of caring for family members who experience mental disorders but also having adaptive interpersonal skills, for example, mutual acceptance and empathetic involvement from the family and progressing to develop and grow more. Strong and healthy. The effect of resilience on caregiver family members found that the process of adaptation, recovery, and personal resilience in most (83%) spouses of people with mental disorders is the main factor in facilitating positive change (Pesik et al., 2021).

Based on the research results (table 3), it is known that the self-regulation of respondents in this study was dominated by 37 people (74.0) and 13 people (26.0%) who lacked self-regulation. In line with research by Fajrina & Hartati (2013), which aims to examine the relationship between work enthusiasm and self-regulation in nurses at the Dr Amino Gondohutomo Mental Hospital, Semarang, with the research subjects being nurses with a minimum of one year of service and aged less than 40 years.

This research sampling technique used simple random sampling. This data collection tool is a scale consisting of a work morale scale of 28 valid items with a reliability coefficient of 0.906 and self-regulation of 23 valid items with a reliability coefficient of 0.872 which has been tested on 60 nurses at the Dr Amino Gondohutomo Mental Hospital, Semarang. The simple linear regression analysis results show that the correlation coefficient between work enthusiasm and self-regulation is 0.675 with  $p = 0.000$  ( $p < 0.005$ ). A positive correlation coefficient indicates that the direction of the two variables is positive, meaning that the higher the work enthusiasm, the higher the self-regulation. Conversely, the lower the work enthusiasm, the lower the self-regulation. Effective contribution to work morale with self-regulation is 45.5%. These results indicate that there are 54.5% other factors.

Self-regulation is a person's ability to organize, direct, and control oneself to remain on the goals to be achieved and by the desired standards. Work spirit is a team member's work attitude manifested in enthusiasm, cooperation and discipline. Factors of knowledge,



motivation and self-discipline influence self-regulation. Motivation is a need driven from within oneself. When an individual does something because of a need and encouragement from within himself, the individual will do it and will not allow himself to be influenced by others (Fajrina & Hartati, 2013).

Based on the research results (table 4), it is known that the relationship between self-regulation and resilience has a p-value of 0.001 ( $< 0.05$ ), so it can be concluded that the variables of self-regulation and resilience are significantly correlated. The correlation coefficient value of +0.490 shows a strong correlation between self-regulation and resilience in parents with children with ADHD at Special School-C Karya Tulus Tuntungan II. Likewise, the correlation between variables shows a positive correlation figure of +0.450; this means that there is a unidirectional increase in both variables, meaning that if there is high self-regulation, then resilience in parents is as expected.

In line with research conducted by (Pesik et al., 2021), family support is an essential factor in creating resilience in efforts to treat schizophrenia patients. This research aims to determine and prove the relationship between family support and the strength of schizophrenia caregivers in the Poigar Community Health Center and Ongkaw Community Health Center working areas.

The research method used is a quantitative study with a cross-sectional approach and data analysis using the Spearman Rank correlation technique. Samples were taken using non-probability techniques. The total sample was 52 respondents from both community health centres. The results showed that the level of strength (closeness) between the variables was moderate (0.285), positive direction, and significant ( $p = 0.041 < \alpha = 0.05$ ). It was concluded that there was a moderate, positive and significant relationship between family support (28.5%) and caregiver resilience.

An analytical method was used in research with Spearman Rho. The research subjects were 100 teenagers whose parents were divorced. The Self Regulation Questionnaire (SRQ) scale is used to measure self-regulation, while resilience uses a scale referring to the Connor Davidson Resilience Scale (CD-RISC). The Spearman Rho Correlation test results are  $p = 0.000$  ( $p < 0.05$ ). This means a positive relationship exists between self-regulation and resilience in adolescents in divorced families, so the hypothesis was proposed (Fatmawati & Kusumaningrum, 2018).

Research on family resilience is necessary because it can control the family's thought patterns and behaviour patterns in caring for family members with schizophrenia. Research on

family resilience has been carried out using the social support variable as an independent variable. What was used in this research was that researchers used family support, which influences resilience (Pesik et al., 2021). Self-regulation is a self-correcting process of adjustment, which is needed to keep a person on track towards a goal, and this adjustment comes from within oneself. A person's self-regulation can more easily find a picture of their future, so it is essential to develop self-regulation in every task that involves self-understanding (resilience).

## CONCLUSIONS

Based on the results of research on the relationship between self-regulation and the resilience of parents who have children with attention deficit hyperactivity disorder (ADHD) at Special School-C Karya Tulus Tuntungan II, it can be concluded that self-regulation has a significant relationship with reducing the resilience of parents who have children with ADHD with a significant value.  $p\text{-value} = <0.05$ . The recommendation from the research results is that self-regulation makes it easier for someone to know a picture of their future to develop self-regulation that involves self-understanding (resilience) in parents with children with ADHD.

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