Family Psychoeducation (FPE) Therapy for Family Anxiety in Caring for Family Members With Mental Disorders

Dwi Heppy Rochmawati[1], Ahmadi Nuh Huda[2], Joko Kuncoro[3], Wahyu Endang Setyowati[4]
[1, 4] Fakultas Ilmu keperawatan Universitas Islam Sultan Agung
[2] Fakultas Kedokteran Universitas Islam Sultan Agung
[3] Fakultas Psikologi Universitas Islam Sultan Agung
Email : dwiheppy@unissula.ac.id

Abstract:
Families experience various kinds of problems and problems in caring for family members who experience mental disorders. One of the conditions felt by the family is anxiety. Anxiety experienced is related to ignorance regarding the patient's condition; earn a living to meet family needs; the demand for dividing time between work, caring for other family members and patients. The role of the family in caring for family members with mental disorders is very important, because patients live in the middle of the family. Families need to have knowledge in handling family members both when the patient is hospitalized and when the patient has returned home. The purpose of this study was to determine the effect of family psychoeducation (FPE) therapy on family anxiety in caring for family members with mental disorders. The study design used quasy experiment with the pretest and posttest with control group methods. The number of samples obtained as many as 100 respondents (50 respondents in the experimental group and 50 respondents in the control group). The results of this study indicate that there is a significant effect of FPE on family anxiety in caring for patients with a p value of 0.00 ($p < 0.05$). It can be concluded that FPE therapy is effective in reducing family anxiety in caring for family members with mental disorders.

Keywords : Family psychoeducation therapy, anxiety, quasy experiments, mental disorders.

Introduction:

According to the World Health Organization (WHO), mental health is a condition of subjective well-being, trusting in one's abilities, autonomy, competence, feelings of interdependence and self-actualization of one's intellectual strength and emotional state. Prosperous conditions include the ability to handle life's problems, be able to work productively and provide support to the community. Mental health is a condition of someone who can develop physically, psychologically, socially and spiritually, able to realize their abilities, be able to handle stress, be productive in work and contribute to the community (Law No. 18, 2014).

According to the Mental Health Act No. 18 of 2014, people with mental disorders (ODGJ) are a term for people who are disturbed in their way of thinking, disturbed in their behavior and feelings as indicated by some significant behavioral changes, and cause suffering and obstacles in carrying out their role as human. Someone who has offspring with schizophrenia will feel the inner conflict within him. This is a consideration for someone to get therapy (Townsend, 2018). Management of mental patients is not only aimed at patients, but also to all individuals in the family. Although the family can show good coping, there are psychological changes experienced by the family and are not seen when one of its members suffers from a mental disorder.

Previous research that has been done has proven that psychoeducation therapy can improve general symptoms and reduce family rejection and burden. Wardaningsih (2007) research on FPE on family burden and ability, shows evidence that with a p value of 0.00 FPE reduces the burden and increases the ability of the family. Wiyati's research (2010), regarding FPE on the ability of families to care for patients with social isolation, showed an increase in cognitive abilities of 30 and psychomotor abilities of 27.08. Sulistiawati (2014) research on FPE on family abilities, shows the results that FPE effectively improves family cognitive abilities by 15.64 and increases psychomotor abilities by 9.44. Herminsih (2017) research on FPE on family anxiety and burden, proved that with a p value of 0.00 FPE reduced anxiety and family burden.

Method:

Design:

The research design used in this study was a Quasi Experiment Pre-Post Test With Control Group by providing Family Psychoeducation (FPE) therapy to the intervention group. Family anxiety in both groups was measured using a questionnaire given at the beginning and end of therapy.

Population and Study Settings:

The study was conducted in 2018 in the Bandarharjo Village and the Gemah Semarang Village. Research respondents are families who own and provide care for family members who have mental disorders. There is a population of 110 respondents, and 100 respondents who meet the requirements were selected through a sampling technique included in this study. Respondents were in 2 kelurahans with general family characteristics such as age, education level and occupation. A total of 100 respondents who met the study criteria, divided into the intervention group (50 patients) and the control group (50 patients).

Variables:

The anxiety level of the respondents was measured using a Lovibind and Crawford (2003) Depression, Anxiety and Stress Scale (2003) questionnaire that had been developed by Nugroho (2013) and Rochmawati (2014). The questionnaire consisted of 42 questions which included statements for depression, anxiety and stress. The statement specifically used by anxiety consists of 14 statements. The statement is statement number 2, 4, 7, 9, 15, 19, 20, 23, 25, 28, 30,36, 40 and 41. Grading value with the condition that, 0: no or never; 1: according to what has been experienced to some degree, or sometimes; 2: often; 3: very much the same as experienced, or almost every time. In addition to using the DASS anxiety questionnaire, researchers used the FPE module to provide interventions. This module contains the procedure of implementing therapy starting from session 1 to session 5. The module is equipped with a family ability evaluation format, which is used to determine the success of the treatment of respondents.

Data collection:

Data collection is a process of approaching the subject and the process of gathering the characteristics of the subjects needed in a study. Data collection was carried out by researchers visiting health service places as research sites, taking care of licensing for research purposes. Select subjects for respondents who fit the inclusion criteria, inform the purpose and purpose of data collection and explain how to fill in the questionnaire one by one. Giving a questionnaire to respondents, researchers collect and check completeness after the questionnaire is filled out by

respondents. Request the questionnaire sheet that has been filled out by the respondent in accordance with the specified time. After a time agreement was reached with respondents, the researchers gave FPE therapy from session 1 to session 5. Therapy was given in 2 meetings for each session. The final stage of this study is to re-measure the level of family anxiety using a questionnaire and compile reports on research results. In collecting this data, the researcher was assisted by several enumerators who had a role in distributing questionnaires and re-collection. Enumerators come from students and mental health cadres in the local area.

Data Analysis:

Analysis of research data using the Homogeinity Marginal Test. By using this test it is known that the results of family anxiety levels are measured at pre-intervention and post-intervention. Marginal Homogeinity was chosen because it suits the needs of the data to be processed or analyzed. There are more than 2 choices of data, namely anxiety consisting of 4 choices, no worries, mild anxiety, moderate anxiety and severe anxiety. Frantically entered the category of severe anxiety.

Ethical Aspects:

All respondents were given an explanation of the objectives and research process and their rights as respondents. Respondents signed an informed consent as a sign of agreement becoming part of the research process. Names and personal information about respondents are stored securely and confidentially.

Results:

1. Characteristics of Respondents

Table 1 Frequency Distribution of Respondent Characteristics (N = 100)

Characteristics		Frequency	
		Intervention (%)	Control (%)
Ages	22-33	12 (24%)	10 (20%)
	34-44	20(40%)	25 (50%)
	45-55	18 (36%)	15 (30%)
Education	Not graduated from elementary school	12 (24%)	8 (16%)
	Graduated from Elementary School	25 (50%)	28 (56%)
	Graduated Junior High School	11 (22%)	10 (20%)
	Graduated Senior High School	2 (4%)	4 (8%)
Employment	Trader	15 (30%)	10 (20%)
	Labor	25 (50%)	34 (68%)
	Does not work	10 (20%)	6 (12%)
	Total	**50**	**50**

Based on table 1, the results showed that most of the intervention group respondents aged 34-44 years were 20 people (40%) and the control group were 25 people (50%), while the least respondents in the intervention group were 22-33 years old as many as 12 people (24%) and the control group of 10 people (20%). Most of the intervention group respondents had an elementary school education of 25 people (50%) and a control group of 28 people (56%), while the education of the respondents at least in the intervention group graduated high school by 2 people (4%) and the control group by 4 people (8%). Most respondents in the intervention group work are 25 workers (50%) and the control group 34 people (68%), while the least respondents in the intervention group are 10 people (20%) and the control group 6 people (12%)).

2. The level of family anxiety in caring for family members who have mental disorders before and after the intervention

Table 2 Frequency Distribution of Family Anxiety Levels in Caring for Family Members Who Have Mental Disorders (N = 100)

	Anxiety level	Frequency	
		Intervention (%)	Control (%)
Pre Intervention	No Anxiety	2 (4%)	1 (2%)
	Mild Anxiety	11 (22%)	10 (20%)
	Medium Anxiety	20 (40%)	21 (42%)
	Severe Anxiety	13 (26%)	15 (30%)
	Panic	4 (8%0	3 (6%)
Post Intervention	No Anxiety	10 (20%)	2 (4%)
	Mild Anxiety	21 (42%)	11 (22%)
	Medium Anxiety	12 (24%)	20 (40%
	Severe Anxiety	7 (14%)	14 (28%)
	Panic	0 (0%)	3 (6%)
	Total	**50**	**50**

Based on table 2 the measurement of pre-intervention can be seen that the most respondents in the intervention group experienced moderate anxiety, namely as many as 20 people (40%) and the control group as much as 21 people (42%), while the intervention group respondents had the least amount of anxiety as much as 2 respondents (4 %) and the control group of 1 person (2%). Post intervention measurement the most respondents in the intervention group experienced mild anxiety as many as 21 respondents (42%) and the control group experienced moderate anxiety as many as 20 people (40%), while the least respondents of the intervention group experienced severe anxiety as many as 7 respondents (14%) and the control group did not experience anxiety as much as 2 people (4%).

3. Effect of Family Psychoeducation Therapy on Family Anxiety Who Caring for Family Members with Intervention Mental Disorders Intervention Groups

Table 3 Results of Marginal Homogeneity Tests at Anxiety Level before and after the Psychoeducation (n = 50) intervention group

		Anxiety level Post Intervention				Total	P value
		No Anxiety	Mild Anxiety	Medium Anxiety	Severe Anxiety		
Anxiety level Pre Intervention	No Anxiety	2 (4%)	0	0	0	**2 (4%)**	**0.00**
	Mild Anxiety	8 (16%)	3 (6%)	0	0	**11 (22%)**	
	Medium Anxiety	0	8 (16%)	12(24%)	0	**20 (40%)**	
	Severe Anxiety	0	10 (20%)	0	7 (14%)	**17 (34%)**	
Total		**10 (20%)**	**21 (42%)**	**12 (24%)**	**7 (14%)**	**50**	

Table 3 shows the results that of the 50 respondents the intervention group was mostly at the moderate anxiety level of 20 people (40%) and after the intervention the majority were at the level of mild anxiety at 21 people (42%). There is a statistically significant difference when seen from the table that respondents did not experience anxiety before therapy there were 2 people (4%), after therapy became 10 people (20%). Mild anxiety before therapy as many as 11 people (22%), after therapy became 21 people (42%). Moderate anxiety before therapy 20 people (40%), after therapy to 12 people (24%). The most significant conditions were respondents who experienced severe anxiety before therapy as many as 17 people (34%) after therapy became 7 people (14%). Based on statistical calculations, a significant p value of 0.00 ($p < 0.05$) can be concluded that the alternative hypothesis (Ha) is accepted and the null hypothesis (Ho) is rejected, meaning that there is a significant difference between pre-intervention family anxiety and post-intervention family anxiety.

Table 4 Homogeneity Marginal Test Results at the Anxiety Level before and after the Psychoeducation (n = 50) control group

		Anxiety level Post Intervention				Total	P value
		No Anxiety	Mild Anxiety	Medium Anxiety	Anxiety Weight		
Anxiety level Pre Intervention	No Anxiety	1 (2%)	0	0	0	**1 (2%)**	**0.31**
	Mild Anxiety	0	10 (20%)	0	0	**10 (20%)**	
	Medium Anxiety	1 (2%)	0	20 (40%)	0	**21 (42%)**	
	Anxiety Weight	0	1 (2%)	0	17 (34%)	**18 (36%)**	
Total		**2 (4%)**	**11 (22%)**	**20 (40%)**	**17 (34%)**	**50**	

Table 4 shows the results of the measurement of anxiety level in the control group of 50 respondents. In the first measurement, the control group was mostly in the moderate anxiety level of 21 people (42%) and after the intervention the majority were in the mild anxiety level of

21 people (42%). There is a statistically significant difference when seen from the table that respondents did not experience anxiety before therapy there were 2 people (4%), after therapy became 10 people (20%). Mild anxiety before therapy as many as 11 people (22%), after therapy became 21 people (42%). Moderate anxiety before therapy 20 people (40%), after therapy to 12 people (24%). The most significant conditions were respondents who experienced severe anxiety before therapy as many as 17 people (34%) after therapy became 7 people (14%). Based on statistical calculations in the control group, p value = 0.317 (p> 0.05) is concluded that the alternative hypothesis (Ha) is rejected and the null hypothesis (Ho) is accepted, meaning that there is no significant difference between pre-test and post-test anxiety.

Discussion:

Respondents in this study are families who have children or family members who have mental disorders and provide care directly.

1. Age

The results showed that the majority of the intervention group respondents aged 34-44 years were 20 people (40%) and the control group were 25 people (50%); respondents aged 22-33 years the intervention group were 12 people (24%) and the control group were 10 people (20%); while respondents aged 45-55 years the intervention group were 18 people (36%) and the control group were 15 people (30%).

From this it means that most respondents who care for family members who have mental disorders aged between 34-44 years. All mental patients are cared for by their own parents, not involving other relatives.

2. Education

The education of the intervention group respondents who did not graduate elementary school were 12 people (24%) and the control group were 8 people (16%); graduated from the intervention group by 25 people (50%) the control group by 28 people (56%); graduated from the intervention group 11 students (22%) control group 10 people (20%); graduated from the intervention group by 2 people (4%) the control group by 4 people (8%).

Most respondent education in this study was graduated from elementary school, both in the control group and the intervention group. This research was conducted in an kelurahan located near the port where the average community occupation in the kelurahan was as a laborer. Most families say that to become a worker does not require a high education and do not need a diploma.

Respondents of this study are dominated by low education, where in general the higher a person's education, the higher his confidence and the easier it is to find solutions to the problems faced. Someone with higher education has broader insight and more rational thinking patterns. The ability to search, receive and digest new information is also more open compared to those with low education. The level of education also influences one's response in dealing with problems.

3. Respondents' Work

The results of research on the work of the intervention group respondents showed that respondents who worked as laborers were 25 people (50%), worked as traders as many as 15 people (30%), while respondents who did not work were 10 people (20%). In the control group it was found that respondents who worked as laborers were 34 people (68%), worked as traders 10 people (20%), while respondents who did not work were 6 people (18%)

Previous research by Adi (2014) mentioned that someone who has a solid job, is more likely to focus on his work so that in the family the person is less concerned about the condition of the family and the environment.

The results of this study can be interpreted that one's work can affect one's attitude towards his family. This is because the more busy a person is with his work, the less he cares about the family members around him.

4. Respondents' Anxiety Levels

Based on the results it was found that the intervention group respondents in the pre-intervention measurement who did not experience anxiety by 2 people (4%), respondents who experienced mild anxiety as many as 11 people (22%), moderate anxiety as many as 20 people (40%), severe anxiety as much as 13 people (26%), while respondents who experienced panic as many as 4 people (8%). Measurements made after the intervention showed that respondents did not experience anxiety by 10 people (20%), experienced mild anxiety by 21 people (42%), moderate anxiety by 12 people (24%), severe anxiety by 7 people (14%) and none of the respondents panicked.

Most respondents in this study experienced moderate anxiety, namely as many as 20 respondents (40%). According to the respondent, the anxiety that is felt is caused by the respondent worried about the fate and future of their child. Respondents also worried about the continuity of family life, when respondents had to spend more time watching and caring for patients, while other children also needed care and attention of respondents.

Anxiety at a moderate level allows individuals to focus on what is important and put aside others. Anxiety narrows the field of individual perception. Thus individuals have difficulty paying attention but can still focus on more areas if directed to do so.

Anxiety is being interpreted as an uncertain feeling and causes psychological and physiological changes. Anxiety can also be interpreted as a vague and pervasive concern, which involves feelings of uncertainty and helplessness. Of the many factors that affect anxiety, there are patterns of family mechanisms and physical disorders and medication (Nugroho, 2014).

According to Stuart (2015) dividing anxiety levels into 4 levels: mild, moderate, severe and panic. Severe anxiety is anxiety that is deeply rooted in a person. If someone has this kind of anxiety then usually he can not overcome it. This anxiety has the effect of inhibiting or detrimental to the development of one's personality. Respondents experienced severe anxiety as many as 13 people (26%) and as many as 4 people (8%) experienced panic because family

members who were treated often wandered and sometimes disturbing others around them. The family member has been experiencing mental disorders for more than 5 years. The panic experienced was also due to the respondent besides treating mental patients, caring for other family members, they also played a role as breadwinners or became a source of family economic support.

From some of the conditions above it can be concluded that at various levels of anxiety there needs to be direction or support from people around, for example health cadres and health workers. So that it is expected to prevent the occurrence of anxiety that is not adaptive which can cause responses that are not good for health.

5. Effects of Family Psychoeducation on Family Anxiety

Based on statistical calculations in the intervention group, a significant p value of 0.00 ($p < 0.05$) was obtained and it was concluded that the effect of therapy was given on family anxiety. The therapy provided is family psychoeducation, which is one of the elements of the family mental health care program by providing information, education through therapeutic communication. Family psychoeducation therapy is an educational and pragmatic approach. Designed primarily to increase family knowledge about illness, teach techniques that can help families to identify symptoms of behavioral disorders, and increase support for family members themselves. Family psychoeducation therapy is done to reduce the intensity of emotions in the family to a low level.

Psychoeducation was carried out in 5 sessions, session 1 which identified the problems experienced by the family and changes that occurred in the family related to the patient's condition, session 2 taught how to treat mental patients (causes of mental disorders, recognition of signs and symptoms, how to seek treatment), session 3 taught stress management and recurrence (overcoming recurrence of mental patients, family stress management), session 4 teaches family burden management (obstacles in treating mental patients), session 5 optimizes community empowerment in helping families. The five sessions were conducted in the intervention group in 2 meetings for each session. This therapy has been proven to have a significant effect on reducing family anxiety levels.

After the implementation of this therapy there was a change in the level of anxiety in the respondent. Respondents who did not experience anxiety before the intervention were 2 people (4%) and became 10 people (20%) after the intervention, 8 respondents previously experienced mild anxiety. Respondents who experienced mild anxiety before the intervention were 11 people (22%) and became 21 people (42%) after the intervention, this number consisted of 3 people who were previously mildly anxious, 8 moderate anxious and 10 severely anxious. Respondents with moderate anxiety before the intervention as many as 20 people (40%) dropped to 12 people after the intervention. And respondents who experienced severe anxiety and panic before the intervention, from the number of 17 people (34%) down to 7 people after the intervention.

Family psychoeducation therapy is given by teaching the family to identify the problems experienced when providing care to patients and the personal problems of the respondent when caring for, problems that are felt both stress and burdens that arise. After the problem is identified, education is carried out on how to treat patients according to the patient's problems. Also taught about stress management and family burdens so that there are no difficulties or

obstacles in caring for patients. Families are also assisted in using available resources and utilizing existing health care facilities around their neighborhood to help keep patients stable and not relapse.

Statistical calculations in the control group obtained a significant p value of 0.31 (p> 0.05) and concluded that no effect of therapy was given on family anxiety. The control group measured the first and second anxiety levels. Then at the end of the study, to fulfill the principle of fairness the control group was still given therapy, but the results of implementing the therapy were not measured and reported in the study. There was a change in family anxiety level but it was not significant in the control group.

In the first measurement of respondents' anxiety level, respondents who did not experience anxiety were 1 person (2%) and became 2 people (4%) in the second measurement, 8 people previously experienced moderate anxiety. Respondents who experienced mild anxiety in the first measurement were 10 people (20%) and became 11 people (22%) in the second measurement, the number increased by 1 person who was initially experiencing severe anxiety. Respondents with moderate anxiety on the first measurement were 21 people (42%) down to 20 people on the second measurement. And respondents who experienced severe anxiety and panic on the first measurement from 18 people (36%) dropped to 17 people on the second measurement. The increase and decrease in the level of anxiety of the control group respondents did not have a significant value because they were not influenced by the research activities being carried out. The level of anxiety that is different at the two measurements made is due to factors that affect anxiety itself.

Some things that can be concluded from this study are: the majority of respondents aged 34-44 years both in the intervention group (40%) and the control group (50%). Most respondents' education was elementary school graduation, 50% in the intervention group and 56% in the control group. Most respondents' occupations were laborers, 50% in the intervention group and 68% in the control group. In the pre-test measurement, the most anxiety level of respondents was in the moderate anxiety, 40% in the intervention group and 42% in the control group. Whereas in the post test measurement, the most anxiety level of respondents in the intervention group was 42% mild anxiety and 20% were moderate anxiety control group. There is an effect of family psychoeducation therapy on family anxiety in the intervention group with a p value of 0.00 (<0.05).

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