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Promoting Psychological Well-Being through Self-Compassion Training among Parents of Children with Special Needs in Posyandu Disabilitas

Irine Putri Shaliha[1]*, Yuni Nurhamida[2], Diana Savitri Hidayati[3], Ni'matuzahroh[4], Sulivan Fitriati[5]
[1,2,3,4,5]Universitas Muhammadiyah Malang, Malang, Indonesia
*Corresponding Author: irinesaleeha@umm.ac.id

Abstract
Parents of children with special needs often encounter parenting stress, emotional exhaustion, and difficulties in maintaining psychological well-being while providing continuous caregiving. This community engagement program aimed to introduce self-compassion as a practical psychosocial approach to support parents of children with special needs and strengthen the capacity of Disability Integrated Health Posts (*Posyandu Disabilitas/Posdilan*) cadres in providing basic psychosocial support. The program involved 25 parents of children with special needs who also served as Posdilan cadres in Wedon, Lawang, Malang Regency. The activity was conducted through a 120-minute participatory training session consisting of psychoeducation on mental health and self-compassion, followed by experiential exercises focusing on self-kindness, mindfulness, and common humanity. Program evaluation was conducted using a post-test and participatory observation. The results indicated that participants demonstrated an understanding of basic mental health concepts, self-compassion principles, and simple emotion-regulation strategies. Participants also actively engaged in reflection activities, mindfulness exercises, and group discussions. The program produced a self-compassion educational module in printed and digital formats to support continued learning. This program demonstrates the feasibility of integrating self-compassion practices into community-based services to enhance psychosocial support for families of children with special needs.

Keywords: children with special needs; community mental health; parenting stress; psychosocial support; self-compassion

INTRODUCTION

Children with special needs require support that extends beyond health monitoring and developmental stimulation to include psychosocial assistance for their families, who serve as their primary caregiving environment. Community-based health services such as integrated health service posts (*Posyandu)* play an important role in monitoring children's health and development; however, conventional *Posyandu* services may not fully accommodate the specific needs of children with special needs, particularly in supporting the psychological well-being of parents as primary caregivers (Kemenkes RI, 2023; KPPPA, 2022). In Malang City and Regency, Lingkar Sosial Indonesia (LINKSOS) has developed Disability Integrated Health Posts (*Posyandu Disabilitas*/*Posdilan*) since 2019 as a community-based service innovation that integrates basic health monitoring, therapeutic support, and family empowerment for persons with disabilities. By 2024, eight *Posdilan* units were actively operating, serving an average of more than 70 persons with disabilities in each area. Nevertheless, family participation remained relatively limited, ranging from 28% to 43%, or approximately 20–30 participants per meeting (Lingkar Sosial Indonesia, 2023; Zahro et al., 2025).

Field discussions with *Posdilan* managers, community cadres, and parents identified psychosocial difficulties among parents as an important concern. Parents reported parenting stress, emotional exhaustion, feelings of guilt, and excessive concerns about their children's future. These difficulties were described as contributing to feelings of helplessness, withdrawal from social activities, and inconsistent participation in *Posdilan* activities. Social stigma surrounding disability, both within the broader community and extended families, further intensified these challenges.

At the service level, *Posdilan* already has an established structure and basic facilities, including health monitoring, nutrition education, basic treatment, therapy, and skills empowerment. However, psychosocial support specifically addressing parents' psychological well-being has not been systematically integrated into routine *Posdilan* activities. Community cadres also have limited capacity to provide basic psychological support and practical mental health education. Thus, the key service gap is not the absence of a community-based platform, but the lack of an accessible and sustainable psychosocial component for parents within an existing service system.

Parents' psychological well-being is important for supporting caregiving and children's development. Parents with greater psychological resilience, social support, and emotion-regulation capacity tend to be better able to respond to their children's developmental and daily needs (Sivberg, 2002). Self-compassion may provide a practical approach to addressing these challenges by helping parents respond to caregiving difficulties with greater self-kindness, awareness, and acceptance (Neff, 2003). Previous studies have associated self-compassion with lower parenting stress, greater emotional well-being, and more positive parent–child relationships, including among families of children with special needs.

Given its established community presence and routine interaction with families, *Posdilan* provides a feasible setting for integrating simple psychosocial activities into existing services. However, self-compassion practices, self-reflection, peer support, and emotion-regulation exercises have not previously been implemented in a structured manner within *Posdilan* activities. These practices are relatively simple, low-cost, and adaptable to community settings. Therefore, integrating self-compassion training into *Posdilan* activities may provide a practical way to address parents' psychosocial needs while strengthening the community-based support capacity of *Posdilan* cadres.

Based on these identified needs, this community-based program was designed to support the psychological well-being of parents of children with special needs through an interactive self-compassion training program incorporating psychoeducation, self-reflection, and practical exercises applicable to daily life. The program also aimed to strengthen the capacity of *Posdilan* cadres to provide basic psychosocial support within routine community activities. Through these activities, the program sought to strengthen parents' mental health literacy and coping resources while expanding the psychosocial function of *Posdilan* as a community-based support platform for families of children with special needs. The program is aligned with the research and community engagement roadmap of Universitas Muhammadiyah Malang in developmental psychology, social inclusion, and community mental health, and contributes to Sustainable Development Goal 3 on good health and well-being.

METHODS

The participants consisted of 25 parents of children with special needs who were actively involved in *Posyandu Disabilitas* in *Wedon, Lawang, Malang Regency*. The participating parents also served as Posdilan community cadres and therefore had a dual role as program participants and local partners in supporting the continuation of psychosocial activities within the *Posdilan* setting. Participant recruitment was coordinated with *Lingkar Sosial Indonesia (LINKSOS)* and the *Posdilan* coordinator.

The program was delivered in a single 120-minute session using a participatory and experiential approach. The session consisted of 45 minutes of psychoeducation and 75 minutes of practical self-compassion exercises. During the first 45 minutes, participants received psychoeducation on mental health, parenting challenges among parents of children with special needs, and the concept of self-compassion, including its three components: self-kindness, common humanity, and mindfulness. The remaining 75 minutes were devoted to experiential exercises designed to help participants apply these three components to their everyday experiences.

The self-kindness exercise used an "energy battery" activity. Participants were asked to draw a battery representing their current level of energy, indicate their perceived energy level, and identify experiences or activities that drained or replenished their energy. This exercise encouraged participants to recognize their own needs and respond to themselves with greater kindness and awareness. The mindfulness exercise involved a brief guided practice in which participants closed their eyes, focused on their breathing, and practiced self-affirming statements while exhaling. The exercise was intended to help participants pause, attend to their present experience, and respond to themselves with greater compassion. The common humanity exercise focused on recognizing that difficulties in parenting children with special needs are not experienced individually. Through guided reflection and group sharing, participants were encouraged to recognize shared experiences and understand that other parents may face similar challenges. This activity aimed to foster a sense of connection and reduce feelings of isolation in dealing with parenting difficulties.

The intervention was delivered through a self-compassion training module developed for community settings. The module covered three core components of self-compassion: self-kindness, common humanity, and mindfulness (Neff, 2003). Learning activities included interactive presentations, self-reflection worksheets, group sharing sessions, and guided mindfulness exercises. Educational materials were designed to be practical, accessible, and relevant to the daily experiences of parents of children with special needs.

Program evaluation was conducted using a post-test and participatory observation. The post-test was administered after the training to assess participants' understanding of mental health, self-compassion concepts, and basic emotion-regulation strategies. Participatory observation was conducted throughout the session to document participants' engagement, responses during discussions, and participation in the self-compassion exercises. Post-test data were analyzed descriptively to summarize participants' responses following the training. Observational data were summarized descriptively based on participants' engagement, responses during discussions, and participation in the self-compassion exercises.

RESULTS AND DISCUSSION

The community engagement program was conducted with 25 parents of children with special needs, who were also actively involved as *Posdilan* community cadres in *Wedon, Lawang,* Malang Regency. The program was delivered in a single 120-minute session consisting of 45 minutes of psychoeducation and 75 minutes of experiential self-compassion exercises. The activities addressed the three components of self-compassion: self-kindness, mindfulness, and common humanity. Participatory observation indicated active engagement throughout the session, with participants taking part in discussions, reflecting on their caregiving experiences, and participating in the practical exercises. These findings indicate that self-compassion activities can be feasibly incorporated into an existing community-based service for families of children with special needs.

The post-test administered at the end of the training indicated that participants demonstrated an understanding of mental health, the basic concepts of self-compassion, and simple emotion-regulation strategies. Participants were able to identify the relevance of mental health to caregiving and recognize self-compassion as an approach that can be applied when facing everyday parenting challenges. However, because the evaluation involved only a post-test without a pre-test or comparison group, these findings should be interpreted as evidence of participants' post-training understanding rather than evidence of improvement attributable to the intervention. This distinction is important because the present program was designed primarily as a community-based educational and empowerment activity rather than as a controlled intervention study.

Figure 1. Participants Completing the Post-Test

The practical activities were designed based on Neff's (2003) conceptualization of self-compassion, which comprises self-kindness, common humanity, and mindfulness. In the self-kindness activity, participants completed an "energy battery" exercise by drawing a battery, identifying their current energy level, and listing experiences or activities that drained or replenished their energy. The

activity encouraged participants to recognize their own physical and emotional needs in the context of caregiving. This approach is consistent with the broader conceptualization of self-compassion as responding to personal difficulties with kindness and understanding rather than self-criticism.

The mindfulness component involved a brief breathing exercise in which participants closed their eyes, focused on their breathing, and practiced self-affirming statements while exhaling. Participatory observation showed that participants were able to follow the guided exercise and engage with the instructions. Mindfulness is considered one of the core components of self-compassion because it facilitates balanced awareness of difficult thoughts and emotions without becoming overly identified with them. Previous research has also associated self-compassion with better emotional well-being and adaptive emotion regulation (Neff, 2003; Neff & Faso, 2015).

The common humanity activity encouraged participants to recognize that difficulties associated with parenting children with special needs are not experienced individually. Through guided reflection and discussion, participants were encouraged to recognize shared caregiving experiences and understand that other parents may face similar challenges. Participatory observation indicated that this activity provided opportunities for participants to share their experiences and recognize similarities in the challenges they encountered. The common humanity component is particularly relevant in this context because recognizing shared human experiences may reduce feelings of isolation and self-blame when individuals encounter difficult life circumstances (Neff, 2003).

Figure 2. Facilitator Delivering the Self-Compassion Training

The combination of psychoeducation and experiential activities also appeared to facilitate discussion of parenting-related emotional experiences. Participants were able to discuss experiences of fatigue and caregiving difficulties during the reflective activities. The progress report further documented that participants reported trying to apply the exercises at home, particularly when dealing

with challenging child behaviors or experiencing physical and mental exhaustion. These observations suggest that the exercises were perceived as practical and applicable to everyday caregiving situations. This finding is consistent with previous research indicating that self-compassion-based interventions can support adaptive coping and emotional well-being (Kirby et al., 2017). Nevertheless, the present findings should be interpreted as evidence of initial engagement and perceived applicability rather than evidence of sustained changes in parenting stress or psychological well-being.

The program also contributed to strengthening the role of *Posdilan* cadres as community-based partners in psychosocial support. Because the participating parents also served as *Posdilan* cadres, the program simultaneously provided psychosocial education to parents and introduced practical activities that could potentially be incorporated into routine community activities. This approach is consistent with community empowerment principles, which emphasize strengthening local capacity and utilizing existing community resources to support sustainable health promotion (World Health Organization, 2021). In this context, *Posdilan* provides an existing community platform through which basic psychosocial education can complement its established health and therapeutic services.

A further output of the program was the development of a self-compassion educational module in both printed and digital formats. The module contains information on self-compassion, mental health and caregiving, emotion-regulation strategies, mindfulness exercises, and self-reflection activities. The availability of these materials provides *Posdilan* cadres and parents with practical resources that can be revisited after the training and potentially incorporated into subsequent community activities. Thus, the program output extends beyond the 120-minute training session by providing an educational resource that can support continued practice.

Several implementation challenges were identified during the program. The single-session format limited the amount of time available for both psychoeducation and experiential practice. In addition, participants had different levels of familiarity with psychological concepts. To address these challenges, the facilitators used simple explanations, concrete examples, and practical exercises closely connected to participants' daily caregiving experiences. The use of brief exercises, such as the energy battery and breathing practice, also allowed participants to learn techniques that could be practiced independently after the session. The printed and digital module further provided a resource for continued practice within the *Posdilan* setting.

Overall, the program demonstrates the feasibility of integrating basic self-compassion practices into *Posdilan* as an existing community-based service for families of children with special needs. The combination of psychoeducation, experiential exercises, participatory reflection, and practical educational materials provided an accessible approach to introducing psychosocial support at the community level. However, the evaluation design limits conclusions regarding intervention effectiveness. Because only a post-test and participatory observation were used, future programs should incorporate pre- and post-intervention assessments, follow-up measurements, and, where feasible, comparison groups to examine changes in self-compassion, parenting stress, and psychological well-being over time.

Figure 3. Documentation of the Facilitator and Parents of Children with Special Needs, Who Also Served as LINKSOS Community Cadres

CONCLUSION

The community engagement program at *Posyandu Disabilitas* in *Wedon, Lawang,* Malang Regency demonstrated the feasibility of introducing self-compassion practices within an existing community-based service for families of children with special needs. The program involved 25 parents who also served as *Posdilan* community cadres and was delivered in a single 120-minute session consisting of mental health and self-compassion psychoeducation followed by experiential exercises on self-kindness, mindfulness, and common humanity. Post-test findings indicated that participants demonstrated an understanding of basic mental health concepts, self-compassion, and simple emotion-regulation strategies following the training. Participatory observation further showed active engagement in discussions and experiential exercises, including the energy-battery reflection, mindfulness breathing, and common-humanity activities. Participants also reported applying the practices in everyday caregiving situations, particularly when experiencing physical or mental exhaustion or challenging child behaviors.

The program also produced a practical self-compassion educational module in printed and digital formats that can be used by *Posdilan* cadres and parents for continued learning and practice. These findings suggest that a brief, experiential self-compassion program can be feasibly integrated into *Posdilan* activities as an additional form of basic psychosocial support. However, because the evaluation relied on a post-test and participatory observation without a pre-test or comparison group, the program cannot establish changes in psychological well-being, parenting stress, or self-compassion attributable to the intervention. Future programs should incorporate pre- and post-intervention assessments, follow-up evaluations, and continued cadre mentoring to examine the sustainability of self-compassion practices and their potential contribution to the psychological well-being of families of children with special needs.

REFERENCES

Kementerian Kesehatan Republik Indonesia. (2023). *Profil kesehatan Indonesia 2022*. Kementerian Kesehatan Republik Indonesia. https://www.kemkes.go.id/resources/download/pusdatin/profil-kesehatan-indonesia/Profil-Kesehatan-Indonesia-2022.pdf

Kementerian Pemberdayaan Perempuan dan Perlindungan Anak. (2022). *Profil anak penyandang disabilitas di Indonesia 2022*. https://kemenpppa.go.id/index.php/page/view/38

Kirby, J. N., Tellegen, C. L., & Steindl, S. R. (2017). A meta-analysis of compassion-based interventions: Current state of knowledge and future directions. *Behavior Therapy, 48*(6), 778–792. https://doi.org/10.1016/j.beth.2017.06.003

Lingkar Sosial Indonesia. (2023). *Laporan tahunan program Posyandu disabilitas*. https://linksos.org

Mukhtar, D. Y., Hastjarjo, T. D., Kumara, A., & Adiyanti, M. G. (2018). Psychoeducation group for parents who raise a child with autism spectrum disorder. *CounsEdu: International Journal of Counseling and Education, 3*(2), 53–58. https://journal.konselor.or.id/index.php/counsedu/article/view/271

Neff, K. D. (2003). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and Identity, 2*(2), 85–101. https://doi.org/10.1080/15298860309032

Neff, K. D., & Faso, D. J. (2015). Self-compassion and well-being in parents of children with autism. *Mindfulness, 6*(4), 938–947. https://doi.org/10.1007/s12671-014-0359-5

Sivberg, B. (2002). Family system and coping behaviours: A comparison between parents of children with autistic spectrum disorders and parents with non-autistic children. *Autism, 6*(4), 397–409. https://doi.org/10.1177/1362361302006004006

World Health Organization. (2021). *Guidance on community mental health services*. https://www.who.int/publications/b/57927

Zahro, N. D. A., Mawarni, D., Adi, S., & Ulfah, N. H. (2025). Aksesibilitas layanan terapi penyandang disabilitas fisik di Posyandu disabilitas Desa Bedali Kabupaten Malang. *Media Kesehatan Masyarakat Indonesia, 23*(3), 206–212. https://doi.org/10.14710/mkmi.23.3.206-212