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Solution Focused Brief Counseling in Reducing Distress for Mothers Who Accompany Children Studying from Home During the COVID-19 Pandemic: An Embedded Mixed Method Research

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Abstract

The existence of an online or distance learning policy as an effort to prevent the spread of the COVID-19 virus raises problems for parents, especially mothers who play a role while accompanying children to learn from home. Parenting that is closer to the mother

Solution Focused Brief

causes the mother to have additional duties and roles. Various existing conditions cause distress such as the emergence of anxiety, and frustration due to role conflict, fatigue, and the emergence of physical illness. The Solution Focused Brief Counseling (SFBC) approach is an alternative solution to reduce maternal distress. The purpose of the study was to find out to what extent SFBC in mothers who accompany children to study from home during the COVID-19 pandemic can be effective in reducing distress. The research participants were seven working mothers who accompany early childhood learning from home and have close parenting with their mothers. The research design uses an embedded mixed method design, by combining quantitative statistical results (experiments) with qualitative findings (descriptive case studies). Quantitative data were analyzed using non-parametric Wilcoxon statistical analysis and descriptive qualitative data. The results showed that SFBC is effective in reducing distress, reinforced by symptoms of decreased distress in the mother. Physically, not susceptible to disease. Psychologically, sleep patterns become more regular, concentrate, are more patient, reduce impulsivity and anxiety, and can understand and find alternative solutions to the problem. SFBC is a solution to reduce symptoms of distress in mothers who accompany children to learn from home.

Keywords: COVID-19, distress, mother, mixed method, SFBC

Introduction

Early in 2020 the COVID-19 outbreak had spread to various countries in the world including Indonesia and had an impact on all aspects of life. To suppress the spread of COVID-19, physical distancing is applied, including social distancing with Large-Scale Social Restrictions (PSBB); other sectors with Work from Home (WFH); education by Learning from Home (BDR) or School from Home (SFH). The spread of COVID-19 not only has an impact on the economy but also has an impact on the world of education (Tabi, 2020). The Minister of Education and Culture of the Republic of Indonesia, Nadiem Anwar Makarim, issued Circular Letter Number 4 of 2020 concerning the Implementation of Education in the COVID-19 Emergency Period that learning activities are carried out online to prevent the spread of the virus (Kemdikbud, 2020). Parents are conditioned to accompany their children to learn from home.

There are several roles of parents while children study from home, namely: 1) parents have a role as teachers at home, namely guiding and supervising children in learning from home; 2) parents as facilitators or companions, namely parents as facilities and infrastructure for children in meeting children's needs while carrying out learning from home, it can be seen from the way parents help children's task difficulties, explain the material that children do not understand, and respond well to all learning

Radhiya Bustan, Sheilla Varadhila Peristianto, Liana Mailani, Marsyela Novianti

from school. 3) parents as motivators, which can provide encouragement and support to children in carrying out learning so that children get good achievements; 4) parents as directors; 5) spiritual understanding (Winingsih, 2020); (Lilawati, 2020); (Yulianingsih et al., 2020).

Parents play an important role in motivating children because parents interact the most with children so parents maximize their main role in educating children (Abidah, 2021). Parents, as the most important educators during learning from home, must provide a time-consuming, effective, and fun learning environment. Parents are required to play an active role in children's education, both in providing facilities, motivators, directors, and learning assistance. More challenges for parents who accompany early childhood, especially mothers.

The culture of a society that views child care as the responsibility of a mother results in an increase in the burden of a mother's responsibility in assisting children in learning (Citra & ani, 2020). This condition is certainly not easy, especially for working mothers. Mothers have to work, be responsible at home and accompany children to learn from home, both studying for formal and informal schools (such as Al-Qur'an Education Park or TPA), with mother's limited knowledge due to diverse backgrounds related to online learning media safe accompanying children to learn.

Work has its meaning for everyone, including in this case the meaning of work for mothers. (Handayani et al., 2015) explains that the meaning of work for mothers, among others, as a form of self-actualization, is a form of responsibility for their choices, a means of connecting with other people, helping their husbands in the household economy, and a means of channeling hobbies while filling spare time. Working mothers have many roles, apart from having to ensure childcare.

The parenting pattern that is closer to the mother causes the mother to have additional tasks while the child is studying at home. This is because mothers are more involved in child care and community views regarding the role of mothers as educators for children at home (Apriati W.P. & Andini, 2021). The results of the study (Andriyani & Indrawati, 2018), 50.3% closeness with mother while 30.9% with father, mainly related to understanding friends where mothers understand children better than fathers. This is reinforced by research that shows the mother's parenting stress is higher than that of the father. Stress tends to be experienced by mothers compared to fathers because of the

Solution Focused Brief

unbalanced percentage of household work in raising children (Chesley & Flood, 2017); (Craig & Powell, 2018); (Craig & Churchill, 2019). In the study (Fatwikingasih & Fajriyah, 2021) there was a significant difference in the pattern of the relationship between the mother and early childhood in terms of the level of parenting stress during the COVID-19 pandemic, whereas in the father there was no significant difference. This shows that the mother's role in parenting is still very dominant compared to the father's role. Dangerous stress causes worry, fatigue, and pain as distress (Ridner, 2004). Therefore, the stress in this study refers to distress which is the pressure that causes physical and mental illness or suffering.

Mothers have a social role. In the social order, the mother is placed as someone who plays an important role. Mothers are expected to be able to function dynamically in the social system. (Fahmi & Khairulyadi, 2018) mothers are expected to behave according to social expectations. There is a demand for responsibility from the environment for what happens to the child to be the role of the mother. This usually occurs in environments with a dominant patriarchal culture (Smith & Estefan, 2014). A mother sees that she is responsible for her child and feels the need to spend more time with her child (Elliott et al., 2015).

In everyday life, a mother always accompanies her child in doing their duties at home. A mother often experiences distress when she has to do different tasks at the same time. A mother completes work and household chores but on the other hand, the mother also has to accompany her child in doing the task. This means that the obstacle that mothers face in this section is the difficulty of a mother in dividing their time to be able to help or accompany their child to study at home (Miyati & Harming, 2020). The situation for mothers who also work causes an increase in the role of mothers, who are not only wives, mothers, and workers, but also substitute teachers during the online learning process. Women who choose to have a career and are married will face a traditional pattern that is not balanced with their husbands in caring for children and daily household work (van Tilburg et al., 2020). This causes working mothers to be vulnerable to role conflicts due to the conflict between work and household obligations. Especially in the current pandemic situation, this role is increasing, namely by acting as a substitute for teachers at home. The emergence of various kinds of role conflict causes various kinds of emotional responses (Juczynski, 2006).

Radhiya Bustan, Sheilla Varadhila Peristianto, Liana Mailani, Marsyela Novianti

For a working mother, online learning of course causes a mother to be required to do everything multitasking. This condition is certainly very tiring and can increase distress. For most people, this is a change that can become a new stressor (Lestari & Gunawan, 2020). These various things can cause stress because working mothers are faced with various activities and multitasking (Marliani et al., 2020). (Susanto, 2010) said that working mothers experience negative emotions such as feelings of guilt, the emergence of anxiety, anxiety, and frustration due to the role conflict they experience. Negative emotions that are not managed properly can have an impact on working mothers themselves and those around them. Increased stress in individuals working during a pandemic with clinical anxiety to high depression (van Tilburg et al., 2020); (Luo et al., 2021).

Various distress reactions in working mothers who accompany children to study include symptoms such as being impatient, restless, reduced concentration, boredom, impulsiveness, irritability, and difficulty sleeping. In addition, physical symptoms appear in the form of declining physical health, experiencing problems in the stomach and respiratory tract, and being susceptible to disease. Distress can be managed through coping with Selye (Szabo et al., 2012). Coping stress is a process that individuals go through to overcome distress conditions and be able to produce appropriate behavior and make effective adaptations to the conditions being faced so that they can still carry out activities as usual (Lazarus & Folkman, 1984); (Sheldon Cohen, 1988). Perceived coping is an individual's ability to overcome and manage problems that arise (Ridner, 2004).

Based on the previous explanation, it is necessary to know how the dynamics of distress for mothers who accompany children to study from home during the COVID-19 pandemic and need solutions to reduce distress for mothers who accompany children study from home during the COVID-19 pandemic. This is in line with research that states that problems that are a source of distress must be resolved immediately to create self-defense for a better life (Marliani et al., 2020).

Several evidence-based interventions for reducing distress are emotion regulation (Southwick et al., 2013); (Gyurak et al., 2011), mindfulness (Suleiman-Martos et al., 2020), positive thinking (Kholidah & Alsa, 2012), relaxation (Meichenbaum & Fitzpatrick, 1993), and counseling (Gutierrez & Hagedorn, 2013), and stress

Solution Focused Brief

management (Segarahayu, 2013). Counseling is a reference for intervention because the sessions are shorter than psychotherapy-based treatment (Beyebach et al., 2022). Various types of counseling, one of which is SFBC. In SFBC, participants choose the goals they hope to achieve in counseling, and little attention is paid to diagnosis, and history disclosure or problem exploration (Walters & Corey, 1980). SFBC is a treatment in a short time using special techniques to achieve therapeutic goals. SFBC becomes counseling that focuses on solutions, not on problems so that participants are directed to understand the problem and find solutions to the problems at hand.

This study aims to determine the extent to which SFBC in mothers who accompany children to study from home during the COVID-19 pandemic can be effective in reducing distress. The quantitative question is, is there a difference in the level of distress of mothers who accompany children to study from home during the COVID-19 pandemic before and after the SFBC intervention? The qualitative question is, how are the stress dynamics of mothers who accompany their children to study from home during the COVID-19 pandemic when intervened with SFBC? Next, is the Mixed Method question, how is the effectiveness of SFBC in reducing distress for mothers who accompany children to study from home during the COVID-19 pandemic? Therefore, the results of qualitative research that describe the dynamics of distress can be used to sharpen the effectiveness of SFBC implementation.

Methods

Embedded design is used to triangulate methods, by combining quantitative statistical results (experiments) with qualitative findings (descriptive case studies), to obtain collaboration and validation in answering research problems as far as the effectiveness of the application of SFBC in reducing maternal distress accompanying children's early childhood learning from home. By design, this study uses embedded design to combine quantitative statistical findings and qualitative findings (Creswell et al., 2011), while the method is carried out by embedding to link several findings at certain points (Fetters et al., 2013). An embedded design approach is used by researchers to enter qualitative data related to stress dynamics to answer quantitative study questions about reducing distress after being given SFBC. Embedded design is applied to receive feedback from participants to consider interventions (Creswell et al., 2011). Seven mothers were selected by simple random sampling with pre-determined

Radhiya Bustan, Sheilla Varadhila Peristianto, Liana Mailani, Marsyela Novianti

participant criteria, namely working mothers who accompany early childhood learning from home and mothers who have parenting characteristics that are closer to their children obtained from the initial unstructured interview process using three connectedness categories of mothers from motherhood theory (motherhood as an institution, as experience, as identity (Kinser, 2004).

The research was conducted in two stages. First, quantitative data were obtained from the pretest and posttest using the Perceived Stress Scale-10 (PSS-10). Second, qualitative data were collected during the SFBC intervention process.

Table 1. Data collection

Is there a difference in the stress level of mothers who accompany children to study from home during the COVID-19 pandemic before and after being given the SFBC intervention?	<i>Pre and post-test</i>
How is the dynamics of stress for mothers who accompany children to study from home during the Covid-19 pandemic when they are intervened with SFBC?	Open Interview Observation
How effective is SFBC in reducing stress for mothers who accompany children to study from home during the COVID-19 pandemic?	Pre and Post-test Open Interview Observation

Quantitative data retrieval using Perceived Stress Scale-10 (PSS-10). PSS-10 was developed by (Sheldon Cohen, 1988); (S Cohen et al., 2016); it was adapted and translated into Indonesian by (Purnami & Sawitri, 2019). PSS-10 consists of 10 questions regarding the level of stress experienced by a person currently by asking about thoughts and feelings during the past month (Purnami & Sawitri, 2019). The reliability of the PSS-10 scale shows internal consistency (Cronbach Alpha) at a good overall level, namely 0.80 (Purnami & Sawitri, 2019). Furthermore, it is strengthened in research (Rahma et al., 2021) with the reliability of the Cronbach Alpha coefficient of 0.787. While the total item correlation coefficient (rit) which is seen as a whole scale moves between 0.168 to 0.637 (Rahma et al., 2021). However, the 10 items in PSS-10 are still used in reference (Purnami & Sawitri, 2019). In previous studies, PSS-10 was used on adult participants in general (Purnami & Sawitri, 2019); (Rahma et al., 2021).

Qualitative data retrieval to seven mothers with unstructured interviews (unstructured interviews) and observations assisted by the teacher. An interview and observation guide made using a behavior checklist contain the characteristics of stress, both physical and psychological (Nevid et al., 2005).

The SFBC intervention was provided by three professional psychologists and counselors with a minimum of five years of practical experience. SFBC was given in 3

sessions with a duration of 50 minutes to 1 hour in each session. SFBC techniques include Exception Questions, Miracle Questions, Scaling Questions, Formula First Session Tasks, and Feedback (Beyebach et al., 2022); (Rhodes & Ajmal, 1995).

Data integration is carried out on three levels. The level of data integration in mixed method research starts from design, method, and interpretation (Fetters et al., 2013). Integration at the design level using embedded (Creswell et al., 2011). In embedded design, quantitative and qualitative data are collected and analyzed together. At the method level, integration is by embedding. Integration through embedding is done because quantitative and qualitative data collection is linked repeatedly so it aims to combine data to strengthen quantitative data on stress reduction given by SFBC with the dynamics of stress changes after SFBC. Meanwhile, at the level of integration, interpretation, and reporting are carried out through narratives. Concurrent narrative (weaving) is carried out in this study as quantitative and qualitative findings together according to themes based on theory.

Data analysis in this research is narrative interpretation, where quantitative data is then explained with qualitative results. The narration is carried out to interpret and report findings (Fetters et al., 2013). The decrease in distress scores after being given SFBC is described descriptively as the changes in symptoms of distress both physically and psychologically.

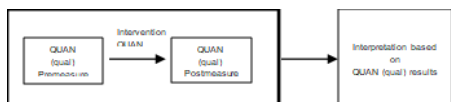


Figure 1. Visual model of embedded experimental mixed methods studies

Result

Before Intervention

Table 2. Stress level before SFBC intervention

Participant	Score	Desc.	Physical Symptoms	Psychological Symptoms
LFR	26	Moderate	Prone to flu	Trouble sleeping and concentrating
SA	27	Tinggi	fatigue	irritable
AR	20	Moderate	Prone to dyspepsia, COVID-19	Irritable, trouble concentrating

Radhiya Bustan, Sheilla Varadhila Peristianto, Liana Mailani, Marsyela Novianti

SC	21	Moderate	Fatigue and prone to coughing	Trouble sleeping, irritable
AF	22	Moderate	fatigue, COVID-19	Trouble sleeping, irritable
SN	21	Moderate	fatigue	Trouble sleeping, irritable
MA	24	Moderate	COVID-19	Irritable

During Intervention

All participants felt difficult and burdened because they had to be directly involved in helping children to understand the lesson. This is because learning is done online through WhatsApp, zoom, and video media so the role of teachers in schools must be replaced by mothers so that children can continue to have a good education. But on the other hand, participants also felt that they did not understand their children's lessons well, so they needed help from other family members, such as their husbands or older children, as well as close relatives who also lived in the same house.

Parents' knowledge is still limited to how to discipline their children in this regard. Working mothers are also required to complete work and help the family economy. In addition, they must continue to complete household chores, even though their husbands are also involved. However, mentoring for children to learn from home is dominantly carried out by mothers.

The implementation of the SFBC intervention through various techniques, such as exception questions, by asking questions that lead participants to a time when the problem they are experiencing does not exist. This allows participants to find past experiences in their lives and have some hope that these problems do not occur. Most of the participants said that before the pandemic this problem in assisting children to learn from home did not occur because parents had left their children's education to teachers at school only. On the other hand, participants found the wisdom that participants had the opportunity to pay better attention to children's education and increase attachment between participants as parents and children.

Solution Focused Brief

Meanwhile, using the miracle questions technique in SFBC counseling encourages participants to dream about a way to identify the types of change they want the most. This question has a focus on the future where participants can begin to consider a different life that is not dominated by problems in the past and present towards a better satisfaction of life in the future. Participants can find new plans for dealing with problems by better understanding children according to their psychological development, being able to better manage emotions, avoiding threats, and giving rewards for positive behavior displayed by children. Participants can also maximize existing social support, such as from husbands, older children, parents, neighbors, and others. Participants can also reduce distress by worshipping, doing hobbies, and trading according to their expertise so that they can help the family's economy as well.

The scaling questions technique allows participants to pay more attention to what has been done and how to take steps that will lead to the desired changes. This counseling also uses the scaling questions technique because changes in participants' experiences cannot be easily observed, such as moods, feelings, or communication, due to limitations in conducting face-to-face meetings and observations. The counselor asked how severe the problem was between 0-10, with 0 being the heaviest and 10 being the lightest. The results of the scaling questions for each session are shown in Figure 2.

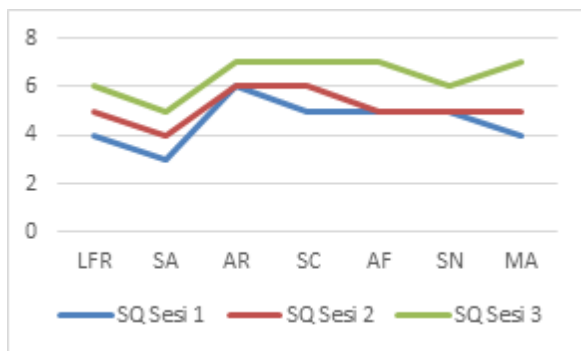


Figure 2. Comparison of Scaling Questions Session 1-3

In addition, many participants used the first session tasks formula technique by giving tasks to be completed between the first session and the next session. One of the tasks given is for the mother to make points regarding anything that can make her distressed and usually how to deal with it. Then the counselor also provides feedback at the end of each session to compile a summary of messages for participants and provide

Radhiya Bustan, Sheilla Varadhila Peristianto, Liana Mailani, Marsyela Novianti

feedback in the form of praise or motivation, bridges, and assigning further tasks that participants can do to maintain changes, and thoughts, feelings, and behavior. Participants have a new understanding of effective communication with children according to their developmental age and apply a better approach. Participants can maximize social support and various media in helping children learn, through videos, concrete examples in everyday life, and inviting children to learn while playing in a fun atmosphere, as well as providing rewards and support for positive behavior. Participants were also asked to involve children in discussions in making agreements regarding rules such as the use of gadgets for learning and playing, as well as playing time.

After Intervention

The median value of the pretest stress level was 22 and the post-test was 21, which indicated that there was a decrease in the mean stress score before and after receiving SFBC services. In the Ranks table for the Negative Ranks section, there are 7 data, which means that the 7 mothers experienced a decrease in the level of distress before and after being given counseling with the SFBC approach. The average decrease in distress level is 4. While in Positive Ranks, the values of N, Mean Rank and Sum of Ranks are all 0, which indicates that there is no increase in distress before and after being given SFBC. when the value of "Ties" is also 0, which indicates that there is no similarity between the level of distress before and after being given counseling with the SFBC approach. In other words, all participants experienced a change towards a decrease in the level of distress. Furthermore, the value of Asmp. is obtained. Sig. (2-tailed) $0.017 < 0.05$. This shows the results that there are differences in the level of distress before and after being given counseling with the SFBC approach, which means that there is an effect of SFBC intervention in reducing distress in mothers who accompany children to study from home.

Solution Focused Brief

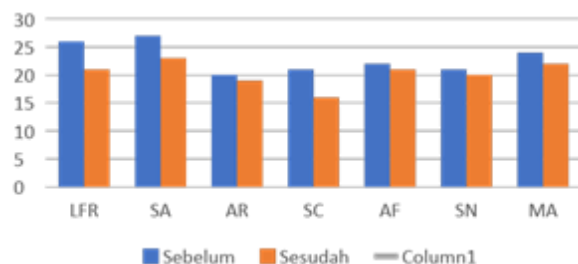


Figure 3. Visual histogram of stress level reduces

The exploration of stress in mothers who accompany early childhood learning from home has decreased stress from physical and psychological symptoms. After being given the SFBC intervention, the mother experienced a decrease in stress from physical and psychological symptoms. The physical symptoms displayed are reduced, participants describe themselves as being physically healthier, less prone to colds, ulcers rarely recur, and energy has begun to recover and is more enthusiastic. Psychologically, the mother's sleep pattern became quite regular, more able to concentrate, became less angry, and more patient, and impulsive behavior had begun to be controlled. This is because mothers already have alternative solutions such as coping strategies to manage their emotions, for example, relaxation, seeking social support from family, seeking information, and so on. You can also share the insights you get from the SFBC session.

MA: "Hopefully we don't cut off the relationship, ma'am, sometimes I still need counseling, Mrs. This is very useful and very helpful for me, to organize my language so that my child understands my speech better".

SA: "There are neighbors and friends who are also interested, ma'am, if there are more, there are 2 children. Both are boys, I tell a lot that I feel that I am being guided to be better, she wants to join if there is more counseling, Ma'am"

LFR: "When you open up and tell other people, it feels more relieved because nothing is hidden. so, you know better if you are stressed or stressed, there are many things you can do"

SN: "Emotions are reduced, ma'am. When I'm emotional with my child, I just leave it alone, I go shopping, make snacks for the child, the important thing is that I stay away from the child first."

AR: "So please, ma'am, if you tell this story, it's like there is no burden, hopefully, later there will be more activities like this, so there are friends for discussion"

Radhiya Bustan, Sheilla Varadhila Peristianto, Liana Mailani, Marsyela Novianti

Integration

The level of data integration in mixed method research starts from design, method, and interpretation. Integration at the design level using embedded. In embedded design, quantitative and qualitative data are collected and analyzed together. Such integration uses an interactive approach where data collection and analysis are repeated, namely before, during, and after being given SFBC to know the dynamics of stress changes during data collection.

At the method level, integration is by embedding. Integration through embedding is done because quantitative and qualitative data collection is linked repeatedly so it aims to combine data to strengthen quantitative data on stress reduction given by SFBC with the dynamics of stress changes after SFBC. Quantitatively, the stress level before being given the SFBC intervention was measured using the PSS-10 scale, then accompanied by quantitative data from the results of the scaling question during the intervention, and then after the intervention was completed, the stress level experienced by the mother was measured again using the PSS-10 scale. Qualitative data illustrates that the distress experienced by the mother has reduced symptoms starting from before the SFBC intervention was given until the intervention was completed. Qualitative data is used to understand contextually and get a more detailed picture of how the dynamics of stress are experienced by mothers. Qualitative data were collected before, during, and after the administration of the SFBC intervention through unstructured interviews and observations.

The level of integration in interpretation and reporting is done through narrative. Narrative integration is used to combine quantitative and qualitative data according to themes. Concurrent narrative (weaving) is carried out in this study as quantitative and qualitative findings together according to the themes.

Table 3. Data Integration Approach

Data Integration	Approach		
	Type	Quantitative	Qualitative
Design	Embedded Design	Data score PSS-10	Physical and psychological symptoms
Metode	Embedding	Data score PSS-10 pre dan post-test	Distress in physical and psychological symptoms before, during and after SFBC

Solution Focused Brief

Interpretation	Narration	Data score pre-test and PSS-10, <i>scaling question</i> sessions, <i>posttest</i> and PSS-10	Perceived distress and coping
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There are two themes, namely psychological and physiological. These themes are in the form of participants' acceptance of the COVID-19 pandemic situation and being able to cope with situations as expected, both psychological and physiological situations. Psychological acceptance of the COVID-19 situation appears in several expressions of sadness over additional tasks in the COVID-19 pandemic, feeling worried, stressed, irritable, and feeling difficulties piling up inside. While physiologically becoming more susceptible to disease and decline in other physical conditions. The low acceptance of the COVID-19 pandemic conditions made participants less able to overcome expectations. This is also shown from the results of quantitative analysis using Wilcoxon statistical analysis, non-parametric, which resulted in the conclusion that there was a decrease in the stress level of seven mothers who accompanied their children to study from home after being given the SFBC intervention.

Through SFBC with Exception Questions (exception questions), Miracle Questions (miracle questions), Scaling Questions (scaled questions), Formula First Session Tasks (formulation of first session assignments), and Feedback (feedback) that can help mothers understand and overcome the problem. In this study, quantitative data was strengthened with a scaling question technique to make it easier for counselors to see changes in participants' experiences that could not be easily observed, such as distress experienced.

Participants were more accepting of the situation so that the physical symptoms displayed were reduced after receiving the SFBC intervention, the mother became physically healthier, less prone to colds, ulcers rarely recur, and her energy has begun to recover and is more enthusiastic. Psychologically, the mother's sleep patterns became quite regular, more able to concentrate, became less angry and more patient, and impulsive behavior began to be controlled.

Participants can also cope as expected. This is because, through the SFBC process, mothers already have alternative solutions as coping strategies to solve problems that are part of psychological symptoms, namely relaxation, strengthening worship, seeking social support from family, doing hobbies, and seeking information on

Radhiya Bustan, Sheilla Varadhila Peristianto, Liana Mailani, Marsyela Novianti

how to assist children in learning from home. The level of distress through quantitative data and from the description of qualitative findings produces data that confirms that there is a decrease in the level of maternal distress, although it is not too significant due to time constraints and the implementation of SFBC which is carried out online.

Table 4. SFBC interview and observation Integration

Theme	Qualitative	Quantitative
Perceived Distress	Before Intervention: Physically: prone to sickness Psychologically: Sadness and increase task during pandemic, anxious, irritable, overwhelmed	Before Intervention Stress level computation using PSS-10: Average: 23 Median: 22
	During Intervention: Physically: decrease in sickness Psychologically: Adapt to increasing task during pandemic, decrease in anxiety, attempt to manage emotion, improve sleeping schedule	During Intervention: Based on scaling questions on experienced troubles, each session score: Session 1: score 3 up to 6 Session 2: score 4 up to 6 Session 3: score 5 up to 7
	After Intervention: Physically: healthier; resistant to flu and dyspepsia, more energized Psychologically: Sleeping schedule improved, ability to concentrate more, emotional stability, decrease in impulsive behavior, open to accept	After Intervention: Stress level computation using PSS-10: Average: 20,3 Median: 21
Coping	Before Intervention: Unable to cope with situation	Before Intervention: Stress level computation using PSS-10: Average: 23 Median: 22
	During Intervention: Participants began to consider alternative solutions, such as involving other family members to help, giving	During Intervention Based on scaling questions on experienced troubles, each session score: Session 1: score 3 up to 6

Solution Focused Brief

time to pay attention to personal needs, both physical and psychological, seeking various sources of information through counselors, and making other relaxation efforts.

Session 2: score 4 up to 6
 Session 3: score 5 up to 7

After Intervention:
 Having alternative solutions as a coping mechanism to manage psychological symptoms (emotional coping) with relaxation, strengthening worship, seeking social support from family, doing hobbies, seeking information on appropriate methods in assisting children to learn from home.

After Intervention:
 Stress level computation using PSS-10:
 Average: 20,3
 Median: 21

Discussion

Mothers who have early childhood and have to accompany children to learn from home during the COVID-19 pandemic, find it difficult and burdened because they have to be directly involved so that children can understand the lessons. Learning is done online (online) through WhatsApp, zoom, and video media so the role of teachers in schools must be replaced by mothers who tend to be less understanding. In addition, mothers also have to do and complete tasks from work or other activities as a housewife. Then the limited knowledge in assisting children to learn is also an obstacle for mothers. This condition makes the mother feel depressed and causes symptoms of distress. Thoughts or feelings that individuals have about things in their lives make distress (S Cohen et al., 2016).

(Sheldon Cohen, 1988) the extent to which the situation raises distress as perceived stress. Subjectively, the COVID-19 pandemic situation is a situation that causes major changes in working mothers because they carry out several roles at once, namely working, completing homework, and assisting children to learn from home which is a new situation due to using various online learning media. The sudden changes that occur due to the COVID-19 pandemic which requires mothers to play

Radhiya Bustan, Sheilla Varadhila Peristianto, Liana Mailani, Marsyela Novianti

various roles cause distress. This is under Dohrenwend's research (Nevid et al., 2005) that people who experience more life changes tend to have physical and psychological health problems compared to people who experience fewer life events.

The existence of an imbalance of demands aimed at individuals and resources facing demands causes the emergence of distress (Lazarus & Folkman, 1984). The demands of the role of mothers who work and accompany children are felt to be out of balance with the resources of the mother, causing distress. (Nevid et al., 2005) stress refers to the pressure on the organism to adapt or adjust, which if excessive causes distress in the form of illness or suffering physically or mentally. Stress is implicated in various physical and psychological problems. (Santrock, 2003) states that stress is an individual's response to a situation or event that triggers stress (stressor), which threatens and interferes with a person's ability to handle it.

Mother raises physical symptoms in the form of declining physical health. In addition, psychological symptoms with impatience, anxiety, reduced concentration, boredom, irritability, and difficulty sleeping. Lazarus (Nursalim, 2013) explains that distress is a symptom that arises due to the gap between reality and ideal, between desire and reality, between challenges and abilities, and between opportunities and potential.

Distress arises because of perceived stress, namely thoughts and feelings over situations that cause worry, fatigue, and harm; and perceived coping, namely the ability to cope with the situation (Sheldon Cohen, 1988). The existence of the COVID-19 pandemic raises thoughts and feelings of being burdened as a new situation due to carrying out various demands of the role as well as causing distress. Distress is reinforced because the mother has not found appropriate coping for the newly experienced situation.

Distress can be managed through coping Selye (Szabo et al., 2012); (Lazarus & Folkman, 1984). (Sheldon Cohen, 1988) reinforces that coping with stress is a process that individuals go through to overcome distress conditions and be able to produce appropriate behavior and make effective adaptations to the conditions being faced. Problem-focused coping (problem-focused coping) becomes a cognitive strategy for dealing with distress (Lazarus & Folkman, 1984). Individuals try to face problems and solve them. Problem-solving becomes a solution because of the stress of taking action

Solution Focused Brief

and implementing a plan to change the situation. This is consistent with the goal of the SFBC approach to direct clients in problem-focused coping (Beyebach et al., 2022).

Mothers who experience distress can affect the upbringing of children. This is in line with research conducted by (Anthony & Govindarajan, 2005); Putnick et al (Amalia et al., 2022) which states that parents with high levels of parenting stress tend to be less accepting of children, less attentive when listening to children, and less affectionate. When the mother is in distress, it is not easy to show affection, acceptance, or concern for the child. One of the factors that cause low maternal warmth is that mothers are experiencing distress (Amalia et al., 2022). Therefore, it is important to understand the problems faced by mothers through counseling with the SFBC approach.

Mothers need SFBC counseling services to help solve the problems they face. Counseling is a form of intervention in psychology at the micro level which aims to help overcome the problems faced by participants. As stated by (Gibson & Mitchell., 2003) that counseling is a helping relationship between counselor and participant that is focused on personal growth and adjustment as well as problem-solving and decision making. With this, by participating in counseling sessions, participants can reduce the distress they experience by doing problem-focused coping. Counseling is given to participants with a Solution Focused approach. In SFBC, the mother chooses the goals she hopes to achieve in counseling and has resources with which to create change, little attention is paid to diagnosis, and history disclosure or problem exploration (Walters & Corey, 1980); (Walters & Corey, 1980); (Macdonald, 2007). The SFBT techniques are 1. Exception Questions, 2. Miracle Questions, 3. Scaling Questions, 4. Formula First Session Tasks, 5. Feedback (Feedback) (Beyebach et al., 2022); (Rhodes & Ajmal, 1995).

In Exception Questions, the mother can find past experiences in her life and have some hope that the problem does not occur. Exception questions to direct counselees at times when the problem does not exist (Beyebach et al., 2022). Mothers find wisdom that has the opportunity to pay better attention to children's education and increase attachment with children.

In Miracle Questions, mothers can find new plans for dealing with problems by better understanding children according to their psychological development, being able to better manage emotions, avoiding threats, and rewarding positive behavior displayed by children. Questions that consider that a miracle can open a place for future

Radhiya Bustan, Sheilla Varadhila Peristianto, Liana Mailani, Marsyela Novianti

possibilities (Macdonald, 2007); (Beyebach et al., 2022). Mothers avoid threats by doing relaxation and hobbies and maximizing social support.

In the Scaling Questions, mothers pay more attention to what has been done and how they can take steps that will lead to the desired changes so that there is a change in the score for the better. (Macdonald, 2007) scaling questions when changes in a person's experience cannot be easily observed, such as mood, feelings, or communication. This makes it easy to score on the mother's progress.

The existence of the Formula First Session Tasks and Feedback technique explains changes and what will be done in the future (Beyebach et al., 2022). Mothers are given the task of making points regarding anything that can cause distress and usually how to deal with it, then feedback is given. From this task, the insight of mothers to reduce distress to have a new understanding of conducting effective communication with children according to their developmental age and applying a better approach. Mothers are also able to maximize social support and various media in helping children learn, through videos, concrete examples in everyday life, and inviting children to learn while playing in a fun atmosphere, as well as providing rewards and support for children's positive behavior.

Working mothers who have early childhood can understand what they are experiencing and try to find alternative solutions that allow for the problems they are facing can be resolved. That way, the distress that was previously felt can decrease. This is in line with the results of research (Sumarwiyah et al., 2015); (Bustan et al., 2020) which states that family counseling with the Solution Focused Brief approach can enable participants with problems in the family context to gain independence in solving problems and finding solutions quickly and precisely in overcoming existing problems. Short counseling focused on solutions, suitable to be given to parents, especially mothers who have many activities, who do not only accompany their children to study.

Through counseling with the SFBC approach, working mothers can understand their current psychological condition which is experiencing distress in assisting children to study from home, then mothers can find alternative solutions and choose the most appropriate solution to overcoming these problems. The condition that the mother understands about her stress makes the mother have a coping mechanism to choose a solution by finding some insights that can be done. This reduces psychological

Solution Focused Brief

symptoms, especially emotions. Mother can manage her emotions so that she is less angry and more patient. This coping strategy is needed in defending oneself from harmful stress. Coping is all forms of behavior and thoughts (negative or positive) that can reduce conditions that burden the individual so as not to cause distress (Haber & Runyon, 1984). Furthermore, seeking help through counseling services is part of a form of problem-focused coping, so that mothers who accompany early childhood learning from home can modify reactions more adaptively in dealing with the distress they face. With the SFBC process, mothers already have alternative solutions as coping strategies to solve problems that are part of psychological symptoms, namely by relaxing, strengthening worship, seeking social support from family, doing hobbies, and seeking information on the right method in assisting children to learn from home.

Conclusion

Based on the research results obtained, it can be concluded that the application of SFBC to seven mothers accompanying children to learn from home at TPA B.U is effective in reducing the distress experienced. Quantitative analysis using non-parametric Wilcoxon statistical analysis resulted in the conclusion that there was a decrease in the level of distress for the seven mothers after being given the SFBC intervention. This is reinforced by qualitative data through a case study approach, that mothers experience a decrease in distress through SFBT intervention, the physical symptoms displayed are reduced, the mother is physically healthier, less prone to colds, ulcers rarely recur, and energy has started to recover. and more excited. Psychologically, the mother's sleep patterns become quite regular, can concentrate better, become less angry and more patient, and impulsive behavior begins to be controlled. The decrease in physical and psychological distress is a sign of how mothers accept the situation at hand and deal with the situation as expected in a more solution way after being given SFBC.

The findings in this study can be input for parents who have early childhood who have obtained SFBC to be committed to maintaining change by accepting the situation at hand and overcoming the situation by finding appropriate solutions, parents can still carry out their role as primary educators in the family. For schools to be able to make the SFBC individual and group counseling program a sustainable program because it can help parents find various alternative solutions to problems in assisting children. This input is also addressed to practitioners in the field of health and family

Radhiya Bustan, Sheilla Varadhila Peristianto, Liana Mailani, Marsyela Novianti

welfare to provide maximum service in helping reduce distress due to major changes that occur, such as the COVID-19 pandemic.

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