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Development of "ATAP" (Al Qur'an therapy to answer the problem) in improving self-compassion and resilience of parents of children with special needs

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Abstract: The purpose of this research is to develop and test the Al-Quran Therapy to Answer the Problem (ATAP) therapy model against the low value of resilience and self- compassion owned by parents of children with special needs. This research uses a type of development research or Research and Development (R&D) with the ADDIE approach. With the number of samples being 30 parents of children with special needs taken using in-depth interview techniques Focus Group Discussion (FGD), observation, and documentation at PKBM Lentera Faiar Indonesia. Sidoario, The development of the ATAP model is designed in accordance with the circumstances of parents of children with special needs who lack the value of resilience and self-compassion in themselves and the features presented will be wrapped in a simple way so that it will be easier for parents of children with special needs to access it. The test results from the use of ATAP found that parents of children with disabilities were greatly helped by the therapies presented, ranging from reading Quranic commentaries related to their situation, listening to and viewing motivational videos or lectures from ustadz and even being helped by the additional reminder notifications to read the Quran. The effect of using ATAP will increase the value of resilience and self-compassion of parents of children with disabilities and can get out of all the pressure, stress, high anxiety and fear that has been haunting the minds of parents of children with special needs.

Keywords: ATAP website, Children, Quran therapy, Resilience, Self-compassion.

1. Introduction

In general, having healthy and perfect children physically and mentally is the hope and desire of every parent. However, in reality, not all children are born with the expected conditions. Some are born with physical disabilities or cognitive impairments that can affect the development of children's lives. The situation of these children is termed linguistically as Children with Special Needs. Children with Special Needs (ABK), are children who have limitations on one of the child's abilities either psychologically such as ADHD and Autism, or physically such as deafness, blindness, speech

impairment, disability, and disability.

According to the latest data summary from the Coordinating Ministry for Human Development and Culture of the Republic of Indonesia (KEMENKO PMK), it states that Children with Special

Needs in Indonesia have reached 2,197,833, with 330,764 children (21.42%) in the age range of 5-18 years as of August 2021, this data is also a benchmark that every year the percentage of Children with

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Special Needs (ABK) will continue to increase. From the description of the data above, it can be seen that not a few children have conditions that require special attention, especially the attention and affection of their parents.

The role of parents towards children with special needs is very important, both in providing attention to children, affection in the survival and development of children. It can be said that parents of children with disabilities have a heavier responsibility than parents of other children. They must be more patient in caring for them, not even a few parents who say it is quite difficult to care for children with special needs. [1]. The many burdens carried by parents as the closest figure to their children certainly make them experience parenting stress.

These conditions can make parents of children with disabilities experience pressure both directly and indirectly. For example, the shame of having a child with special needs and even considering the child as a family disgrace, not being able to mingle with the surrounding environment freely, embarrassment when in public places because they are afraid of other people's opinions, having to do extra care for children with special needs, and adjusting parenting by understanding their emotional conditions. The various pressures experienced by parents can make them feel stressed or even depressed. This condition eventually led to a group of parents of children with disabilities who could not rise from their depression and struggled to get through their difficult times in caring for and looking after children with special needs. These conditions indicate that there are some parents who have low resilience and a lack of self-compassion in parents of children with disabilities, which has a negative impact on child care when children should need and get more intensive attention and handling. [2].

According to Plumb in [3] suggests that the level of stress, depression, and anxiety of parents who have children with special needs <u>is higher than parents who do not have children with special needs</u>. Parents with children with special needs have more guidance, because considering the

condition of their children who often cannot do daily activities independently and need supervision from parents. So, from this, they have a sense of stress and boredom taking care of their children, often they also feel overwhelmed and sad because they compare the conditions they experience with others.

Efforts to overcome these conditions can be done by reaffirming one's own resilience when experiencing adversity, often referred to as self-resilience. Resilience in this case is a natural process that occurs in individuals. Tuner in [4] suggests that resilience is a mental capacity to bounce back from adversity and to continue a functional life with prosperity. So, it can be simplified that resilience is the process of rediscovering the positive behind a misfortune and utilizing it as an energy to bounce back. Someone who has resilience, will also easily foster self-compassion in himself. Self-compassion has a significant influence on resilience, which between the two shows a positive relationship. Self-compassion as the ability to be kind to oneself in the face of adversity, has an important role in increasing resilience. However, the problem here is that parents of children with disabilities have minimal self-compassion. self- compassion gives meaning and description to an existing resilience.

Basically, self-compassion is included in psychology, which means a discussion used to mention how a person is able to survive, understand, and interpret a difficulty that is being faced as a positive thing. Meanwhile, Germer defines self-compassion as a condition of a person who is willing to be touched and open to his awareness when experiencing an unpleasant condition or showing suffering but the individual does not avoid the condition. Self-compassion has three components in it, namely self-kindness, common humanity, and mindfulness combined and intertwined with each other in creating a self-compassion framework. [5].

The low resilience and lack of self-compassion among parents of children with disabilities requires a solution to help them so that later they can provide care for their children properly without feeling depressed. However, parents of children with disabilities do not yet have an awareness of the

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value of resilience and self-compassion. In fact, if examined further, the existence of self-compassion and high resilience in parents with children with special needs has a huge impact both in terms of parenting and in the psychological condition of parents.

In previous research conducted by [6] with the title "The Compassion Balance: Understanding the Interrelation of Self -and Other Compassion -for Optimal Wellbeing-". This study emphasizes the importance of self-compassion interventions. For some participants who took the test in this study, self-compassion was positively associated with compassion for others. With the results of the study stating that the level of harmony between self and others will moderate the relationship between self-directed or other-directed self-compassion and well-being. When the level of my love for myself is higher, the level of well-being will also be higher.

Other research that supports the research conducted by [7] with the title "Effect of resilience training on stress, hope and psychological toughness of mothers living with mentally and physically disabled children". This study found that after resilience training, the level of parental stress began to decrease, and the level of hope and psychological toughness of mothers in the intervention group increased. It was concluded that when a mother learns resilience, her stress level will decrease. Therefore, resilience provides evidence that resilience training can reduce stress in parents and increase hope in life.

Following up on previous research, in this study we provide a new solution to increase self-compassion and resilience in parents with children with special needs. The new breakthrough initiated in this research is by collaborating spirituality and psychological approaches through Al-Quran therapy using the website. The utilization of digital media such as the web is a tool that is considered flexible to be used at anytime and anywhere. Therefore, this research will present website-based software to deal with low self-compassion and resilience of parents of children with disabilities by means of Al-Quran Therapy and As-sunnah Hadith which we call ATAP (Al-Quran Therapy to Answer the Problem).

ATAP (Al-Quran Therapy to Answer the Problem) is a development of previous research on insecurity with the title Al-Qur'an Therapy to Answer The Problem Of Insecurity (ATAP) with the target being students of Muhammadiyah Sidoarjo University. The development of the ATAP website will be developed in accordance with existing problems such as the condition of parents of children with disabilities with low resilience and self-compassion values. In the development of ATAP, there will be several steps of therapy with interesting forms such as the addition of pictorial animations or digital videos that can be easily accessed and still maintain the privacy of each user. The purpose of this research is to develop a model of "ATAP" (Al Qur'an Therapy to Answer the Problem) using verses from the Quran to provide religious awareness therapy for parents of children with special needs (ABK) to have high self-compassion and resilience. As well as parents to be able to get out of all the pressure felt in each individual. It is hoped that this research can run smoothly and have a positive impact on parents and also for PKBM Lentera Fajar Indonesia.

2. Literature Review

2.1. Resilience

Resilience is the ability to adjust well after experiencing shocks or difficulties that hinder life. [8]. In the family sphere, this condition is often needed to bounce back from many complex problems. Patterson in [9] defines resilience in the family sphere as the ability to actively maintain strength when family life begins to be threatened. Another definition was put forward by McCubbin and McCubbin in [10]. [10] which defines family resilience as the characteristics, dimensions, and properties of a family that can help a family to withstand disruptions in the face of change due to the arrival of a problem and adaptive in dealing with critical situations. The hallmark of a family that has high resilience is that resilience is not just neutralizing negative things after a crisis, but also offering family members the potential for positive change and growth after a crisis, with their resilience, the

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family will grow stronger and will be maturely prepared for the future. [11]. Resilience can be a support in dealing with various kinds of difficulties that occur, for example from small problems that occur in everyday life to large-scale or traumatic events. Families who experience good resilience management will easily respond to a problem and be optimistic to solve it, accompanied by the hope that there will be good things after the problem is over. In parenting, resilience is also needed as a form of parental acceptance and involvement in responding to a child's condition. [12]. A child is a gift and entrustment given by God to His servant in the best possible form. However, in some

conditions there are children who experience disabilities and autism disorders since birth so that they need special handling from parents. In this condition, resilience can help parents to better accept the condition of a child and can adapt quickly to overcome the problems experienced. [13].

2.2. Self-Compassion

Self-Compassion is a form of individual acceptance when facing suffering or misfortune. Self-Compassion comes as a form of compassion shown to the self, in relation to ourselves who become the object of attention and self-care when faced with suffering. [5]. One of the main components of self-compassion is attention. Attention given to oneself can play a role in reducing stress and improving well-being [14]. [14]. In parents with children with special needs, self-compassion is a positive energy that must be possessed in order to face the challenges that are always present every day.

Given that parents with children with special needs are faced with difficult and unique things every day related to their children's disorders, this certainly affects stress and other problems. One possible way to overcome these conditions is through self-compassion, which involves being kind to oneself in times of difficulty, recognizing the nature of human suffering, and being fully aware of positive

thoughts and negative emotions. [15]. Self-kindness means being gentle, supportive, and caring towards oneself in times of crisis, and strengthening oneself in such misfortunes. Recognizing the nature of human suffering means acknowledging that all people make mistakes and experience difficulties in their lives. Acknowledging this will make oneself feel more relieved because by nature all humans are born with shortcomings, so they can strengthen themselves without feeling isolated by suffering. Being aware of positive thoughts and negative emotions, which involves being aware of painful thoughts and emotions with clarity and balance, by not ignoring or ruminating on the

negative aspects of oneself or one's life. [15], ln a study conducted by (Maite, 2023) showed that self-compassion can buffer the emotional influence of children so that it can have a good influence on parents' mental health. Therefore, self-compassion in parents can be considered as a trait that has many benefits to overcome their child's emotional difficulties with understanding, sensitivity, non-judgment, and adaptive responses. Thus, the presence of self-compassion in parents will make their well-being protected [16].

2.3. Qur'anic Therapy

In the world of medical health and psychology, the word therapy is very familiar. Therapy means healing or treatment, the position of the Qur'an as therapy in the word of Allah SWT is explained in QS Al- Isra': 82, "And we have sent down from the Quran an antidote and a mercy for those who believe, and the Quran does not add to the wrongdoers anything but loss." [17]. Qur'anic therapy is synonymous with murottal therapy, which is listening to the Qur'an through a recorded voice recited by a trained qori'. This murotal therapy works on the <u>brain by delivering a kind of impulse by the brain that produces chemicals called neuropeptide substances.</u> In these molecules will be <u>attached to various receptors so as to provide feedback in the form of a sense of comfort and the formation of alpha waves which are more dominant <u>when listening to the murottal</u> Al-Qur'an. [18]. Qur'anic therapy can be used in medicine, Qur'anic therapy regarding healing diseases is a picture of spirituality that is built within the framework of reading the words of Allah Swt, by listening to the holy verses of the Qur'an can make the heart and mind calm so that self-control will become more</u>

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stable. In research conducted by Ahmad Al-Qodi on the effect of the Qur'an on the human condition both from the physiological and psychological aspects, it shows that listening to the recitation of the Qur'an shows a result of 65% which means that the electrical voltage of the muscles is relatively decreased and this can reduce stress levels. Meanwhile, listening to the recitation of Arabic text showed a result of 33%. [19]. In another study conducted by (Lilis, 2021) with the title "Murattal Al-Quran Therapy to Reduce Anxiety among Operating Patients" showed that murottal Al-Qur'an therapy can be said to be effective for reducing anxiety in surgery patients. The results showed that pre-operative laparatomy patients before being given Al- Qur'an murottal therapy were found to experience moderate anxiety, namely 56.2% and some others experienced severe anxiety at 43.8%. Then after being given Al-Qur'an therapy, the results showed that most of the 65.6% experienced mild anxiety. This shows a decrease in anxiety levels in pre-operative patients and shows the results that Qur'anic therapy has a significant effect. [20]. In this study, Qur'anic therapy was used in two ways, namely reading and listening to Qur'anic recitations through the ATAP website. The therapy was carried out by emphasizing the consistency of using the website to be able to see significant changes.

2.4. ATAP Website

Website is a hypertext facility used to display data in the form of text, images, sound, animation,

and various other multimedia data. The web used in this research is a dynamic web that allows interaction with users, the resulting interaction will make the dynamic web more interactive, less rigid, and look more beautiful when compared to the static web. [21]. The ATAP website itself is a website created for parents with children with special needs who often have difficulty regulating emotions in dealing with their children's increasingly unique behavior. This website was initiated with the aim of helping parents overcome negative emotions by doing Koranic therapy through the ATAP website to increase resilience and compassion in parents.

2.5. Parents of Children with Disabilities

Parents play an important role in a child's growth and development. They have the responsibility to raise and provide for their children as best they can. Having a child with special needs is certainly different from having a child without special needs. Parents who have children with special needs clearly undergo different experiences from parents who do not have children with special needs. [22]. The obstacles and barriers experienced by children with disabilities can affect the psychological condition of parents, namely by the emergence of excessive feelings of anxiety and worry. [23]. For parents who have children with special needs, in their daily lives they have greater worries and stress levels due to the physical and mental conditions suffered by the child. This can occur because of the difficulties faced by children with disabilities in acquiring daily living skills that require independence, such as simple things such as dressing, eating, cleaning, preparing food, using footwear, and others. For children with disabilities, these difficulties may stem from specific physical or intellectual deficits. [24]. Faced with complex situations on a daily basis, it is not surprising that parents of children with special needs have high levels of stress. Parents' negative experiences with children with disabilities will lead to resistance to inclusive education, policy support, and therapeutic practices applied to children with disabilities. Parents of children with disabilities tend to be more vigilant and cautious in choosing their circle of friends, as well as having deep concerns about their future as they are not yet able to carry out activities independently and always need to be supervised by adults. Of course, with these concerns, parents with children with special needs will have greater demands in providing care and have an impact on higher stress levels [25].

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3. Methodology

3.1. Research Design

This research uses the type of development research or Research and Development (R&D), where the development research method is a research method used to <u>produce new product designs</u>, test the effectiveness <u>of a product</u>, and develop and create a new product. [26]. In this study using the Robert

Maribe Branch (2009) learning development model known as the ADDIE approach (Analysis, Design, Development, Implementation, and Evaluation) with 5 stages.

- 1. Analysis, which is related to field analysis activities of the situation that will be used as a research site, so that it can find out what products need to be developed. At this stage the researcher will collect data and materials relevant to the research title.
- 2. Design, the activity of designing the product to be developed by adjusting it according to needs. At this stage, researchers will first analyze the level of self-compassion and resilience of parents, to be able to adjust the product development design.
- 3. Development, the activity of making development products in accordance with the previous design, and testing the product. At this stage, researchers began designing the "ATAP" (Al Qur'an Therapy to Answer the Problem) prototype.
- 4. Implementation, activities using products that have been developed. At this stage the researcher will demonstrate the results of the ATAP website together with representatives of parents, Principals, and teachers.
- 5. Evaluation, activities carried out to assess whether the product that has been developed is in accordance with the expected objectives. At this stage the researcher will conduct an evaluation related to the parents' response to the ATAP website.

Figure 1. Research flow diagram.

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3.2. Sample and Data Collection

The research sample was obtained from parents of children with special needs at PKBM Lentera Fajar Indonesia located in Sidoarjo Regency, East Java. The research sample was selected using purposive sampling technique, where the sample in the study was selected based on certain criteria with a homogeneous sample, namely parents who both have children with special needs. With a total of 30 samples from parents of children with special needs with various disabilities. The data collection technique is in depth interview, which is obtained through Focus Group Discussion (FGD), observation, questionnaires, and documentation. Focus Group Discussion was conducted in 2 sessions where each session was guided by 3 discussion facilitators, session 1 was conducted to see more about the problems experienced by parents of children with special needs, then session 2 was conducted to see the response given after using the ATAP website regularly. The questionnaire was taken using a Likert scale with 5 response items consisting of "Strongly Disagree" with 1 point, "Disagree" with 2 points, "Neutral" with 3 points, "Agree" with 4 points, and "Strongly Disagree" with 5 points.

Researchers will discuss and validate the results of the prototype design in the form of the "ATAP" (Al Qur'an Therapy to Answer the Problem) design in Increasing Self- Compassion and Resilience of Parents of Children with Special Needs (ABK).

3.3. Analyzing of Data

The data analysis technique uses descriptive statistics. Descriptive statistics will be used to identify and analyze data quantitatively such as frequency distribution and averages. The data analysis process is carried out by processing the data that has been obtained in the previous activities using statistical techniques to obtain information that <u>is easier to understand</u>. The data that has been analyzed is then presented in the form of average tables and graphs, and descriptive explanations are given.

4. Results

4.1. Website Design

The design of the website design is done by first describing the use case diagram which is useful for representing an interaction between the user and the system being run. In ATAP website, users will find various features that can be used to interact actively. Users will perform four stages, namely: registration, login, psychological tests, and Quran therapy. In addition to the Use Case Diagram, there is also a Class Diagram that contains the attributes of a system. In this ATAP website, there are several attributes displayed, namely.

Figure 2. Use case diagram.

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Vol. 8, No. 6: 814-830, **2024 DOI:** <u>10.55214/25768484.v8i 6.2168</u> <u>© 2024</u> by the authors; licensee Learning Gate Figure 3.

Class diagram.

The development of the ATAP website is tailored to the needs analysis, namely providing Al-Quran therapy to parents of children with special needs who often experience acute stress and trauma in parenting. With these conditions, parents need strengthening and support that can help them recover. One of them is driven by self-awareness to create resilience and not ignore the need for self-compassion. Following up on these conditions, the ATAP website seeks to create a novel solution to deal with this, namely with a religiosity approach through Al-Quran therapy which has been proven to be able to increase awareness of resilience and self- compassion in parents with children with special needs.

Figure 3 displays the ATAP website dashboard which is the first page displayed when opening the website. Dashboard in a website has a use as an interface that presents information on a website in a concise and organized manner. The dashboard page contains several features that are loaded on the website, when first accessing the website, we will be directed to register first, if you already have an account it will be directed to login.

Figure 4 displays the Psychology Test feature which can be accessed for free. The psychological test feature on a website provides a platform to evaluate the psychological aspects of individuals. In this website, the psychological tests provided are personality tests and stress level tests. This psychological test was created with the aim of helping parents with children with special needs to take the test independently to find out the level of stress of parents while caring for children with special needs.

Figure 5 displays the Quranic Therapy feature which is the main focus of this website. The Quranic therapy feature in the digital website is presented with reference to the use of reading and understanding the Quran as a tool to improve spiritual and psychological health. In this website, the

Al-Quran Therapy feature is equipped with several kinds of content options that can be accessed, namely the One Step Closer, Take Your Time, and Recharge Your Soul features.

Figure 6 displays the lecture feature which is packed with several lectures and motivational content for parents that can inspire parents to rise from the downturn experienced. The lecture feature on the website functions as a medium to convey information, education, and inspiration to website users in the form of video content. Meanwhile, the motivation feature serves to encourage users to be more active and enthusiastic in living their daily lives in any condition. With the lectures and motivations that are scheduled to be heard every day can make parents have a storytelling friend so they don't feel alone in undergoing every problem.

Figure 7 shows the digital Al-Quran feature which is displayed regularly from Juz 1 to 30 and is scheduled to be heard every day by website users. This digital Al-Quran feature allows users to listen to different Al-Quran recitations every day with the selected reciter, and can help improve reading and understanding of tajweed. The digital Al-Quran playback time can be set according to the user's wishes, but it is recommended to play Al-Quran murotal just before going to bed in order to calm the

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mind and soul.

Figure 8 displays a verse and hadith feature that presents a collection of verses and hadith that can motivate and inspire parents of children with special needs to get back on their feet and see the world with a positive side. By returning everything to Allah's provisions, that everything is good in each portion. The verses and hadith displayed are equipped with their interpretations so that they can help users interpret the verses and hadith deeply and correctly.

Figure 4.

Dashboard view of ATAP website.

Figure 5.

Test feature.

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© 2024 by the authors; licensee Learning Gate Figure 6.

Quran therapy feature.

Figure 7.

Lecture & amp; motivation feature (Take Your Time).

Figure 8.

Digital quran (Recharge Your Soul).

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Figure 9

Verses and hadith (One Step Closer).

4.2. ATAP Website Validity Test

The participants in this study were 30 parents of children with disabilities with different types of disabilities. 20% were visually impaired, 27% were deaf, 13% were physically disabled, 20% were mentally retarded and 20% had autism.

Table 1.

Frequency distribution and type of disability.

Type of disability Frequency Percentage (%)

Visually impaired 6 20% Deaf 8 27% Disabled 4 13% Tunagrahita 6 20% Autism 6 20%

Testing the success of the ATAP website was carried out using a questionnaire distributed to 30 respondents who were parents of children with special needs with various types of disabilities. Testing is done by asking several questions that are relevant to the results you want to know.

Table 2.

Questionnaire questions. No. Question Strongly disagree Disagree Neutral Agree Strongly agree 1 I use ATAP website regularly 2 I feel satisfied with the content provided by ATAP website

3 I feel that my stress levels are starting to decrease after using the ATAP website.

4 I find it easy to find the information I need on the ATAP website

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5 I feel that the ATAP website can be recommended to others who are experiencing the same stress.

Table 3.

Survey results.

Respondents Question

1

Question

2

Question

3

Question

4

Question

5

Total

1 33454 19

243434 18

334345 19

445455 23

533344 17 6 **34444** 19

7 54445 22

8 3 3 3 4 3 16

9 23334 15

10 44354 20

11 43344 18

12 3 3 3 4 5 18

13 44554 22

14 5 4 5 4 4 22

15 **3 2 3 4 3** 15

16 44445 21

17 33343 16

18 3 2 3 4 4 16

19 **45354** 21 20 **34554** 21

After knowing the results of the questionnaire collected from parents of children with disabilities, a validity test can be carried out to determine the accuracy of the measurement. With this validity test, it can be seen to what extent the ATAP website has an influence on parents of children with disabilities. The following is a description of the results of the validity test that has been carried out on the responses of parents of children with disabilities:

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© 2024 by the authors; licensee Learning Gate Table 4.

Validity test results.

Question. R-Count R-Table Decision 1 0.827 0.361 Valid

2 0.824 0.361 Valid

3 0.733 0.361 Valid

4 0.608 0.361 Valid

5 0.676 0.361 Valid

 $\alpha = 5\%$

R-Table = 0.361

R-Count>/= R-Table then the results can be said to be valid R- Count < R-Table then the result is said to be invalid

5. Discussion

This study aims to help parents with children with special needs (ABK) increase self- compassion and resilience in themselves when caring for children with special needs (ABK) by using a spirituality approach through Al-Quran therapy packaged in the form of a website. The website was chosen as an effective medium because it can be widely reached and has free access both anytime and anywhere. Website testing was conducted on 30 parents of children with special needs with different types of disabilities with a percentage of 20% blind, 27% deaf, 13% disabled, 20% disabled, and 20% autism with an average age of 7-12 years. Respondents were on average 30-45 years old with a percentage of 85% female respondents and 15% male respondents with different family, economic and environmental backgrounds.

Data collection was carried out by several methods, namely, in-depth interviews by holding FGD (Focus Group Discussion) through 2 sessions, observing the PKBM Lentera Fajar Indonesia environment, and through questionnaires to test the use of the ATAP website. In the first session of FGD (Forum Group Discussion) which was attended by 30 parents of children with special needs, they will be directed to enter the meeting room provided by PKBM Lentera Fajar which was then guided by 3 facilitators. In this first session, it was conducted together with parents, Principal, and teachers at PKBM Lentera Fajar Indonesia to find out the understanding of Self-Compassion and Resilience and find out the level of Self-Compassion and Resilience of parents. After conducting the first session of FGD (Forum Group Discussion), the needs of parents regarding self-compassion and resilience can then be known so that they can adjust the prototype of the ATAP website. From the results of FGD (Forum Group Discussion) session 1, it can be seen that the most important anxiety felt by parents is from stress due to pressure in parenting and stress when faced with a social environment that is not yet open. Statements from parents said that they have a big challenge considering they have to do lifelong care, which in this condition the child is still not able to do daily activities independently, so there is a sense of worry about his future. In addition, some of them still live in unhealthy social settings and often feel a stronger sense of stigma and discrimination towards children with special needs. Other challenges also arise from the way parents manage their children's diet, nutrition and weight, as they are often prone to obesity due to the use of certain medications. The various challenges faced on a daily basis mean that parents often fall into the same pit of despair, and find it difficult to bounce back.

In such difficult conditions, parents often become desperate and give up easily. However, it is also possible if parents who have children with special needs are able to rise from adversity. This is evidenced in research conducted by [27] which shows evidence of a number of parents with children

with special needs who are able to bounce back because they have resilience and find many positive aspects in caring for children with special needs. This condition shows the ability to survive and

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bounce back from a bad condition with an ability that is conceptually known as resilience. Resilience is defined as a form of resilience in individuals who can manage and accept circumstances so that there is an urge to adapt to the conditions that are happening. Resilience is needed as an important protective factor when individuals experience traumatic events and anticipate the impact of difficulties on mental and psychological health. [28]. Meanwhile, self-compassion itself is a factor that supports parents to recover from difficult conditions. Self-compassion is a form of compassion and attention to oneself, with attention directed to oneself will make the condition feel better. Because the existence of self-compassion will be able to change negative energy into positive affirmations that provide encouragement and understanding to oneself. [29]. Between resilience and self-compassion, both have a beneficial relationship. Where when someone wants to bounce back with his survival ability, then he needs self-compassion as positive energy to convince himself that what he has done is in accordance with his own capacity, and believes that he has done his best. Therefore, it is important for parents of children with special needs to have both.

This is also in line with research conducted by [1] who concluded that there is a <u>significant</u> influence between self-compassion on resilience in <u>parents with children with special needs</u>. This study found that the higher the self-compassion of parents, the higher the level of resilience, and vice versa.

As a continuation of the research, from the analysis that has been obtained in FGD (Forum Group Discussion) session 1, the researcher will adjust the results of the analysis of parents' needs to the development that will be carried out. Website prototyping is designed according to the needs of parents, relying on a religious approach through Al-Quran therapy. In the prototype website, the Al-Quran therapy presented consists of several contents, namely Al-Quran murotal, interpretation of Verses and Hadith, Lectures, Stories of the Prophet's Companions, and Motivational Videos that help support the strengthening of resilience and provide positive energy to individuals.

After the website development process, the designed website will be demonstrated to parents of children with special needs, accompanied by the school principal and teachers. This process is an initial step to introduce positive changes, each parent will be given an understanding and direction regarding the procedures for using the website. A website that provides therapy certainly requires a long-time span to see the desired changes or results. So that parents are given 2 months to try and use the ATAP website regularly to be able to see the desired changes.

During the 2-month period, parents of children with special needs are also facilitated if they want to consult directly if there are difficulties in operating. Some of those who have used the website regularly gave a positive response and also appreciated this novel idea. After regular use, the effectiveness of the ATAP website will be tested. The test was conducted in conjunction with FGD (Forum Group Discussion) session 2 by administering a questionnaire with several questions designed to measure the level of success of the website. FGD session 2 was held first with sharing session and evaluation activities related to parents' responses after using the ATAP website. Based on the test results, it can be analyzed that the ATAP (Al-Quran Therapy to Answer The Problem) website shows an influence on changing the stress level of parents with children with special needs (ABK). Quranic Healing Technique is a solution chosen because it can cure all diseases, both physical and psychological diseases. The form of treatment or therapy carried out is by using the method of reading Al-Quran murottal through audio read by selected reciters and there are also Al-Quran verses that can be read regularly every day by following the routine schedule on the website. In addition, it is also equipped with lectures, stories of the prophet's companions, and hadith interpretations that can help parents interpret and deepen it.

The results showed that regular Quranic therapy can influence self-compassion and resilience in parents of children with special needs. Parents gave positive responses when the website was promoted. After testing the validity of the parents' responses, it can be concluded that the ATAP (Al-Quran Therapy to Answer The Problem) website has met the valid requirements to be said to be a

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website that can increase self-compassion and resilience of parents with children with special needs.

6. Conclusion

Based on the data analysis that has been done, it can be concluded that there is an influence given by the ATAP website as a Quranic therapy website in increasing self-compassion and resilience in parents with children with special needs. This finding shows that Quran therapy can be proven to have a positive influence to rebuild resilience when experiencing difficult conditions and provide positive energy that can calm the body and soul. This is evidenced by the results of the effectiveness test of the ATAP website using a Likert scale guided questionnaire which showed valid results with five question items addressed to parents.

7. Recommendations

Suggestions given for further research are that the ATAP website can be developed by adding more content. Of course, with content that is relevant to the conditions of parents with children with special needs. Content on the website can be added with new content such as free consultations with psychologists, parenting seminars, parenting classes, and others. In addition, it is also recommended that this website be disseminated more widely so that all parents who have the same problem can find a solution that has been needed.

8. Limitations

The researcher recognizes that there are several limitations to this study including the sample that included only some of the parent representatives at PKBM Lentera Fajar Indonesia, as well as the limited range of PKBMs that only included one PKBM as the object of the website trial. It would be interesting for future research to expand the research sample to other PKBMs especially around Sidoarjo to help those who have the same problem.

Ethics Statements:

Research involving human participants was reviewed and approved by Muhammadiyah University of Sidoarjo. The participants have given written consent to participate in this study. This research has also been approved directly by the PKBM Lentera Fajar Indonesia, Sidoarjo.

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