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Family connections programme: Optimising parenting in marginalised families efforts

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ABSTRACT

Family is the main pillar of mental health'. It is undeniable that various mental health problems originate from family factors, such as depression, suicidal ideation, and personality disorders. We found that there was a poor quality of relationships between parents and children that triggered prolonged psychological conflict. So, the need for psychoeducation on the role of parents in child development among marginalised communities emerged. The purpose of this service is to increase awareness of the importance of the quality of parenting psychologically in marginalized families in Semarang City. The method of service carried out is psychoeducation and support groups. The participants of this service were 34 people. The implementation of the service was divided into two. First, parenting psychoeducation. The second activity was a support group on the role and importance of the quality of the relationship between parents and children. Case cards were used during the discussion in the group, this instrument helped the discussion without removing the opportunity to convey their experiences in the family authentically. The evaluation was done qualitatively. From this activity, it was found that there was a transfer of learning in simple knowledge and skills, while beliefs were difficult to change, such as that children should be physically punished when parents are angry. This is a finding that can be explored further in research or work with families.

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1. INTRODUCTION

Mental health issues are interconnected by both internal and external factors. A study explains that mental health is a result of self-control and family functioning (Kim et al., 2022). When individuals experience low self-control coupled with a dysfunctional family, mental health deteriorates. Another study suggests that parents with mental health problems negatively impact their children. Simply put, children who do not have mental health issues can be assured to grow up in a well-functioning family (Schock & Gavazzi, 2005; Wiegand-Grefe et al., 2019).

Various mental health problems are rooted in family relationships (Brown et al., 1972; Schock & Gavazzi, 2005; Malla et al., 2015). Previous research explains that families are a genetic factor biologically passing down certain psychological issues (such as schizophrenia) to subsequent generations. Furthermore, families also act as an external environment that triggers vulnerability to stress and other

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psychological disorders. A dysfunctional family system increases the chances of an individual experiencing a relapse of serious mental health issues (Brewin, 1994; Cicchetti & Rogosch, 2002; Miklowitz, 2004; Malla et al., 2015).

According to the Badan Penelitian dan Pengembangan Kesehatan (2020), mental health issues in Indonesia are based on RISKESDAS 2018 data. The province of Central Sulawesi has the highest depression rate at 12.3 percent, while Jambi has the lowest at 1.8 percent. The average depression rate in Indonesia is 6.1 percent, with only 9 percent seeking help and undergoing treatment. Around 91 percent of Indonesia's population does not seek treatment.

Depression is not the only mental health issue that should be addressed for individuals of productive age. Similar to depression, emotional mental disorders should also be a concern, as they affect individuals aged 15 years and older. The midpoint prevalence of emotional mental disorders in Indonesia between 2013-2018 was 9.8 percent. Central Sulawesi, Gorontalo, and East Nusa Tenggara were the top three provinces with the highest rates.

As mentioned earlier, 91 percent of the Indonesian population, including adolescents who experience depression, do not receive treatment. Meanwhile, mental emotional disorders have been on the rise over the last five years across Indonesia. The Indonesia National Adolescent Mental Health Survey (I-NAMHS) reported shocking data: 1 in 3 adolescents in Indonesia has mental health issues (Gloria, 2022). This data is based on adolescents diagnosed using the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) by professionals. Some of the most common mental disorders experienced by adolescents include: Attention Deficit Hyperactivity Disorder (ADHD), major depressive disorder, behavioral disorders, social phobia, generalized anxiety disorder, and post-traumatic stress disorder (PTSD). Currently, some of these mental health issues are the main targets of the Ministry of Health's program from 2020-2024 (Ditjen P2P Kemenkes, 2020).

Theoretically, several approaches can serve as solutions to these issues, including psychotherapy (Liberman et al., 1984; Lemmens et al., 2009; Pratiwi, 2017; Pratiwi et al., 2022a; van Es et al., 2023), psychoeducational approaches (Chien & Chan, 2004; Murray-Swank & Dixon, 2005; Pratiwi et al., 2021; Pratiwi et al., 2022b), internet-based social support programs (Mulyana et al., 2023; Pratiwi et al., 2022; Ybarra & Eaton, 2005), and social policy (Comer & Hill, 1985; Somogyi et al., 2021). The family connections program is one of the interventions addressing the inability to cope with problems, which can lead to more complex conditions such as family dysfunction, resulting in serious mental health issues (Guillén et al., 2022; Guillén et al., 2023; Liljedahl et al., 2019; Sheikhan et al., 2021). Xia et al. (2011) strengthen the evidence for the need for family intervention because family background is a strong predictor of mental health problems.

The theoretical review found describes the family connections program previously implemented (Guillén et al., 2022; Guillén et al., 2023; Liljedahl et al., 2019; Sheikhan et al., 2021), which focuses on intervention phases when mental health problems have already occurred, such as in borderline personality disorder (Guillén et al., 2023). In psychological terms, this is considered a rehabilitation effort because psychological symptoms have emerged, requiring tactical intervention to reduce the symptoms and the disruption they cause in an individual's daily life. The novelty developed through this community service is the concept of family connections, which refers to preventive efforts, ensuring that a strong family unit can stop mental health problems from worsening. Referring to (Guillén et al., 2023), the development of the program in this community service is the first phase, which is psychoeducation for families about mental health issues. This would begin with a needs analysis of the community.

The family connections program in this activity is designed specifically in alignment with the vision and mission of the Indonesian Family Planning Association (PKBI Jawa Tengah), which holds the

philosophy that the family is the primary pillar to achieve a prosperous society. PKBI Central Java believes that families should be responsible for meeting the needs of a healthy life and welfare that reflect human dignity. This collaboration will manifest the three strategies of PKBI Central Java: communities can consciously make decisions and fight for their rights, encourage teenagers to make skilled decisions, and improve comprehensive family health service models (PKBI Jawa Tengah, 2010).

The community service team conducted a survey with several children and adolescents in Kota Lama, Semarang. This was followed by brainstorming sessions with volunteers from Rumpin Bangjo PKBI Jawa Tengah, with two meetings held. Through the problem analysis and brainstorming activities, the team gathered data on early marriage and family conflicts. Regarding early marriage, the data revealed that adolescents were marrying at an age younger than 17 years. Ideally, these adolescents should still be in senior high school. However, in reality, they marry young, have children, and lack premarital counseling. Up to this point, there has been no psychological support for these adolescent couples. Secondly, there was an issue of family conflict that affected their psychological condition. The psychological problems they experienced included stress, anxiety, and unclear role expectations within marriage. So far, the families in this community have never received psychological assistance.

Children and adolescents in this community have already received assistance in the educational aspect. They are specifically guided in their studies and assisted with school funding by the Rumpin Bangjo PKBI Jawa Tengah Team. The learning assistance program has been running well, covering ages from early childhood education (PAUD) to senior high school. Based on an interview with a member of the Rumpin Bangjo PKBI Jawa Tengah Team, data was obtained that there had been a parenting seminar inviting their parents, but this activity was not effective. The ineffectiveness was due to the use of overly academic language, making it difficult for parents to understand the information provided. Additionally, there had been no specific parenting program that addresses how to build parent-child relationships in families with single fathers or mothers. Parents do not understand how they should play the role of both mother and father to their children. This has led to problematic behavior in the children, who lack emotional closeness with their parents.

From the discussions above, it can be concluded that both adolescents who have married early and parents in marginalized communities have been identified with issues regarding the quality of relationships, both in the case of adolescent early marriages and the parent-child relationships. Given the economic conditions that are also not ideal, this becomes one of the factors preventing psychological well-being from being prioritized. The framework for solving these problems can be illustrated in the Figure 1.

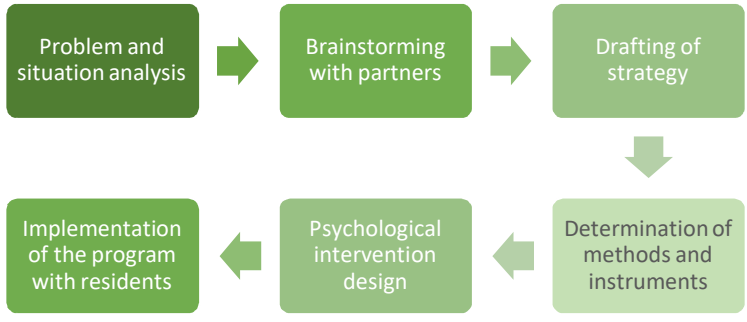

Figure 1. Problem solving solution framework

Based on the needs analysis and situational assessment with volunteers and partners, the problems are clearly rooted in family relationships. Poor relationship quality affects the psychological well-being of family members. Therefore, the program designed aims to raise awareness about the importance of parenting in marginalized families in Semarang City.

2. METHODS

The service method used includes two types of methods: psychoeducation and support groups. This activity involves the active participation of 34 fathers/mothers from marginalized communities in Semarang City, with the venue being the Monod Diephuis Building. The duration of the planning, implementation, and evaluation stages of this service is 8 months. The activities are carried out in phases, from psychoeducation to support groups. This includes changing beliefs, knowledge, and skills/behavior. To ensure the sustainability of the service's impact, the service team also prepared a book on family accompaniment that can be used by volunteers on an ongoing basis.

Activity Methods

To carry out the activities, two methods are used, namely: (1) Psychoeducation; (2) Support Group.

Psychoeducation

Psychological intervention in the form of family psychoeducation focuses on strengthening positive attitudes and behaviors toward the family unit. Psychoeducation aimed at reinforcing certain behaviors typically includes behaviors such as being a good listener, being loving, non-judgmental, and a collaborator. On the other hand, it also enhances the strength, participation, and involvement of the family in the process of change (Jayanti & Lestari, 2020; Badi'ah et al., 2022). This psychoeducational activity consists of several stages, including material presentation, Q&A, and debriefing. The material delivered is about the role of each family member and parenting. This theme is presented in line with the target issues of the participants in the community service. Psychoeducation is a fundamental element in psychological intervention, and psychoeducation is also referred to as "specific basic psychotherapy" in various psychological disorder treatments (Bäuml et al., 2006).

Support group

Support group is an approach developed by Irvin D. Yalom, focusing on interpersonal interactions among group members, often referred to as group intervention. A support group typically consists of 5-10 members, and in this study, the closed-enrollment group model will be used, where all members start and finish the intervention together. Therapists and facilitators typically observe feelings, communication, and relationships among group members (Brabender et al., 2004; Pomerantz, 2010).

There are several therapeutic factors that occur during group intervention (Brabender et al., 2004; Pomerantz, 2010), such as universality, group cohesiveness, interpersonal learning, social microcosm, and 'here and now'. Yalom explains universality as the phenomenon where group members realize that others have similar feelings and underlying problems as themselves. This helps create a homogeneous group. Group cohesiveness is a condition characterized by warmth, trust, and acceptance among group members. Interpersonal learning is an important part of group intervention. Group members have the opportunity to practice and learn how to interact with others. Social microcosm refers to a depiction of a client's characteristics when relating to others, allowing the therapist to gain insight into the client's personal life situations. 'Here and now' refers to the therapist focusing on examining the relationships among group members in the present moment.

In the support group activities, the service team develops case cards to guide the discussion with participants. These case cards are based on the findings from interviews and observations of the participants' daily issues. The service team created 4 cards that are specifically tailored to the unique problems of the participants.

Table 1. Case cards

Card Number	Contents
Card 1	This card tells about the conflict of the importance of education and helping the family economy for children in marginal families.
Card 2	This card tells about feelings, expressions, and responses to angry expressions. Usually there is an assumption that it is natural for parents to be angry with children but not vice versa.
Card 3	This card tells about the condition when children do their own will without caring about their contribution at home. This is related to permissive parenting and the need for an obedient attitude in children.
Card 4	This card tells about the problem of role division at home. Most patriarchal families delegate many types of domestic work to the mother, but not to other members.

Evaluation Design

The implementation of Family Connections as a community service program for a number of marginal families has several benchmarks for success that are used, namely: (1) Participant Evaluation: Participants complete the activities thoroughly, engage in the discussions, express their opinions, and apply the simple skills practiced during the session; (2) Activity Implementation: This evaluation is based on the alignment of methods and the amount of time spent, as planned beforehand. The success in changing participants' beliefs, knowledge, and skills is also evaluated qualitatively through pre-tests and post-tests. This decision is made because most participants in this program cannot read or write; (3) Service Team Evaluation: The service team evaluates based on the materials, explanations, and simple skills training provided to the participants. Quality service, marked by active listening and empathy in communication, is prioritized in this activity. The attendance of the implementation team is also assessed.

3. RESULTS AND DISCUSSION

Results

The implementation of the Family Connections Program is divided into two stages: (1) Parenting Psychoeducation; and (2) Support Group. The parenting material is presented to all participants through a session of material delivery followed by a Q&A session. For the support group stage, the activities are detailed as follows: participants are divided into small groups to discuss case cards, engage in brainstorming, and undergo simple skills training.

Implementation Stages

Parenting psychoeducation

Presentation of material

In this section, the facilitator presents several pre-test questions to the participants. This pre-test is delivered in a classical format to stimulate the participants' initial beliefs, knowledge, or skills. It is

followed by a presentation on family constellation relationships, including the roles of the father, mother, and child, the importance of communication, spending quality time with the family, and the role of parents as behavioral role models for their children. The questions used in both the pre-test and post-test are as follows: (1) How do you interact with your children when at home?; (2) What is your opinion if your child goes to school while also selling something?; (3) Is it acceptable for parents to get angry with their children?; (4) How do you usually get your children to obey?; (5) How is the division of household tasks between children, mother, and father?

Q&A Session

In this section, participants are given the opportunity to present daily issues they face related to their family and receive feedback from the service team in a classical format. The goal is to stimulate the participants' ability to analyze and evaluate their daily experiences. This has a secondary effect, where other participants who are listening are also encouraged to open up and ask about their own issues. Even if they don't ask, they still benefit from hearing about common problems they may be facing.

Support group

Division into small groups

In this section, participants are divided into small groups. There are five facilitators responsible for guiding the discussion, and each group is also accompanied by one co-facilitator to take notes on key findings during the discussion. As a result of the group division, each group consists of 6-7 people, with participants selected randomly.

Case cards discussion

The discussion is guided by each facilitator within the small groups. Each card has two sides. The first side shows an image presented to the participants. The second side contains a narrative related to the image, which serves as a guide for the facilitator in presenting the issue to be discussed. All four cards are shown to the participants, and they choose which case to discuss first. The discussion involves all participants in the group, and they are free to share their perceptions of the image, tell stories related to their daily experiences, or simply respond to the stories shared by other participants.

Brainstorming

This section serves as a continuation of the case card discussion. At the end of each story presented on the cards, it concludes with brainstorming questions. For example, "Is it acceptable for a child to ask their parents for pocket money?" or "What should be a child's primary responsibility: studying or working?" These questions are crucial following the case discussion and analysis. They help participants gain insights into appropriate beliefs, knowledge, or behaviors in the context of the issues discussed.

Simple skills

Simple skills are closely related to the cases on card 2 and card 3, where participants are asked to practice managing anger and communication techniques. In this section, participants learn to think logically when facing problems and to avoid expressing anger hastily if the information received is insufficient. Practical techniques, such as regulating breathing when beginning to feel angry, are also included. Additionally, participants practice using "I-messages" to express feelings accompanied by specific requests.

Closing

The final stage is the closing. The service team conducts a classical post-test by recording several sample responses from participants. The questions used are the same as those in the pre-test and align with what was practiced during the case-cards discussion. Additionally, an evaluation of the program's implementation is conducted at this stage to gather feedback from participants regarding the program that has been carried out.

Activity Materials

The materials used in this program are tailored to the expertise of each member involved. Both the parenting and support group materials align with studies and interventions commonly applied in the field of psychology. For the two members not from a psychology background, two training sessions were conducted prior to implementation to ensure the technical execution by each facilitator was consistent and equivalent.

Psychoeducation and support groups have been widely implemented and proven effective in knowledge transfer and behavioral training (Brabender et al., 2004). For the case-cards, the service team developed narratives whose content validity was qualitatively assessed by two experts through an expert judgment process. The first reviewer of the case-card narratives is a social psychology expert, and the second is a community mentor for marginalized families.

The parenting materials and case-cards used in this program were evaluated by the service team to determine the appropriate duration of the activities. Additionally, the timing was set based on coordination with relevant parties, including Rumpin Bangjo, as well as securing permissions for the venue. The program was implemented over a duration of 6 instructional hours, conducted within a single day.

Table 2. Family connections program schedule

Stage 1:	**Parenting Psychoeducation**
Activities	- Opening and pre-test - Parenting material presentation - Q&A session
Objectives	- Measuring baseline beliefs, knowledge, and skills of participants regarding roles and interactions within the family - Providing information regarding parenting and family member interactions - Providing opportunities for participants to ask questions regarding the material and its relevance to everyday problems.
Stage 2:	**Support Group**
Activities	- Small group division - Case-cards discussion - Brainstorming - Simple skills - Closing
Objectives	- Building synergy between participants to be able to learn from each other's experiences represented by four case cards that have been made according to marginal family problems - Training sensitivity and cooperation between group members to solve problems that are relevant to everyday life - Training simple skills related to managing angry emotions and assertive communication - Measuring post-test qualitatively and evaluating the program.

The program was attended by 34 participants, consisting of 31 women and 3 men. This reflects a positive start, as there is some male involvement in activities like these, although their numbers are significantly smaller compared to the women. Some participants brought their children, so the service team also prepared a play corner supervised by several volunteers. This was intended to allow participants to focus on the program they were attending.

The first phase of the activity began with an opening, introductions, and a pre-test for the participants. The opening and introductions of the implementation team were conducted by the head of the service team and a representative from Rumpin Bangjo. These introductions aimed to create a sense of safety, comfort, and openness between the participants and the service team. The implementation of this program was supported by the service team, Rumpin Bangjo, and the volunteer team.

Following this, the participants completed the pre-test. This pre-test qualitatively assessed the participants' knowledge of various topics presented during both the psychoeducation and support group activities. Next, materials on parenting were delivered, focusing on roles and interactions within the family. Participants raised questions, such as, "How do I remind my child who spends the whole day playing on their phone and doesn't help with chores at home?" One participant shared their experience of having a child married off 15 years ago due to pregnancy and now having to care for grandchildren while helping her husband by selling goods.

Based on the observations of the implementation team, the psychoeducation activities proceeded as planned.

Figure 2. Introduction, pre-test, and psychoeducation activities

In the second phase of the activity, participants were randomly divided into small groups. Each group consisted of 6-7 participants and was guided by one facilitator and one co-facilitator. The principle of this activity was for participants to share and learn from each other's experiences, adhering to the support group concept developed by Yalom (Pomerantz, 2010). Group introductions, opportunities to share, and mutual responses fostered a homogeneous and cohesive atmosphere, enabling interpersonal learning among group members. Facilitators used case-cards as tools to spark discussions within the groups. Participants appeared enthusiastic when facilitators explained that four cards, each with a specific problem theme, would be discussed collaboratively.

During the discussions, there were debates about the solutions participants chose for the cases. For instance, on card 2, the scenario involved a mother communicating harshly with her children and even resorting to physical violence when she perceived they had done something wrong. Some participants strongly opposed the mother's actions, while others supported her, arguing it was the only way to discipline children effectively.

Participants who opposed the mother's behavior argued that in such situations, as depicted on card 2, the mother should have first asked what and how events unfolded with her two children, as mentioned in the earlier psychoeducation materials. Those who agreed with the mother's actions countered that there are times when children cannot manage their behavior, and parents, already exhausted from earning a living, have the right to express anger towards their children. This debate reflected the current realities of the participants' lives.

During this process, opportunities for mutual support arose. One participant offered validation to another, acknowledging the challenges of being both the primary caregiver and breadwinner in the family when the husband chooses not to work.

After the support group session, the program continued with a post-test and activity evaluation. This evaluation was conducted qualitatively. Feedback from several representative participants highlighted two main points. First, there was insufficient supporting equipment, such as fans, making the heat in Kota Lama uncomfortable. Participants suggested that this be addressed in future sessions. Second, regarding program continuity, participants were enthusiastic about having similar activities repeated, with a focus on honing practical skills.

Figure 2. Support group process, post-test, and program evaluation

Discussion

Information transfer on the importance and skills of building positive interactions in the family. Participants showed a changing response at the beginning and end of the activity. The results of this qualitative analysis have covered 34 people who were divided into 5 support groups. The evaluation is shown in the following Table 3.

The findings above indicate changes in participants' awareness and understanding of parent-child relationships, supporting improved parenting quality in line with the program's objectives. This success is also attributable to inputs from the brainstorming phase with volunteers and partners. Previous parenting programs conducted with the same participants were ineffective due to factors such as one-way delivery techniques, lack of evaluation, and absence of participatory activities. Learning from these shortcomings, this program emphasized participant involvement, two-way communication, and comparative evaluations before and after the activities. Additionally, the program could be further enhanced by implementing follow-up sessions in the future (Bradley et al., 2003).

Several prior studies and programs support this approach. For instance, research on marginal families in Slovakia (Van Laer et al., 2024) highlighted a lack of stimulation and discipline due to stress related to financial needs. Similarly, a study involving 310 families in Finland found the necessity for community support in parenting practices (Sihvonen, 2023). A shift from social support to community support was deemed essential for improving parenting quality. Another scoping review study in Indonesia

recommended the use of indigenous values aligned with local culture, involving various stakeholders from diverse disciplines, and adopting community-based and participatory programs (Kiling Bunga et al., 2020). These research findings reinforced the rationale and urgency of this program, although the case-card technique requires further investigation in the future.

Table 3. Analysis of participant beliefs, knowledge, and skills

Components	Themes (Pre-test)	Themes (Post-test)
Beliefs	1. Children are responsible as breadwinners 2. Positive interactions with children are not important 3. Parents get angry at children and not vice versa 4. Mothers have the biggest role burden compared to others	1. Having a new principle, namely that children are responsible for school, earning a living is secondary 2. Each family member can share roles and not rely on the mother
Knowledge	1. Don't know how to build positive interactions with children 2. No knowledge about healthy expressions of anger in the family 3. No knowledge about role sharing in the family	1. Building positive interactions through simple activities that can be done together while cleaning, cooking, or eating together 2. Healthy expressions of anger using "I-messages": "I'm angry when you refuse to help. Can I help you clean the floor?" 3. Role sharing can be done by increasing the role of the father (not only working), and children are trained in light responsibilities (cleaning their own rooms)
Skills	There are no skills in building relationships, expressing anger, and how to divide roles.	Practice "I-messages" to express anger to children.

The discussion on the outcomes of this program can be categorized into three key components based on field findings: changes in beliefs, knowledge, and skills. The program was considered successful in enhancing knowledge but requires further development in addressing beliefs and skills. Regarding beliefs, two critical aspects emerged: the secondary role of children in earning a living and the distribution of responsibilities beyond just the mother. One participant retained a belief about physical punishment as a way of expressing anger towards children, despite participating in the program. This belief stemmed from frustration with household responsibilities and the lack of support from her husband. Although the participant had an intact family, the impact resembled that of a single-parent household. This aligns with a study by Slobodin et al. (2020), which examined 215 mothers with children aged 3–8 years and found that frustration arose from the imbalance between role control and guilt.

Changing individual beliefs requires significant time and must be accompanied by changes in daily habits, including an initial phase, an adaptation phase, and a stabilization phase (Gardner et al., 2012).

The significant burden on mothers is commonly observed in patriarchal families, where men focus mainly on earning a living with limited involvement in childcare and domestic responsibilities. Research by Ling and Tong (2017) reveals that men's participation in family planning increases with age and financial stability, highlighting a correlation between maturity, economic security, and household involvement. In this program, engaging male participants, although only 10 percent of the total, is a

noteworthy start. Introducing psychoeducation on family roles provided these men, particularly from marginalized families, with a fresh perspective.

Participants demonstrated an improvement in their understanding of how to build family connections. They learned that positive family interactions can be nurtured through simple activities. Encouraging the involvement of all family members in communication fosters a positive and supportive family environment. Family relationships play a crucial role in public health and psychological well-being (Bylund & Duck, 2004). Ensuring clear role division in households, with men actively participating in domestic tasks, significantly enhances family interaction quality (Thomas et al., 2017). This also extends to the development of discipline in children (Gest et al., 2004). However, traditional norms in Indonesian families often promote a feminist attachment system for children, which alienates men from their roles in family interactions (Freeman, 2008).

Participants were introduced to using "I-messages" as a tool to express emotions effectively. While most participants adapted to this new approach, one individual struggled and required assistance from facilitators to practice the skill. Expressing anger constructively within families was particularly challenging for participants, as such practices are not common in marginalized communities. This unfamiliarity made the concept of "I-messages" a novel yet essential skill for them to learn.

Nearly 99 percent of participants revised their beliefs, agreeing that children should be allowed to express anger toward their parents. However, one participant retained the belief that children should not express anger to their elders, finding it culturally inappropriate. Adapting to new, healthier communication methods will require time and consistent practice, with an estimated three-month period needed to embed these habits into daily routines. To sustain the program's impact, regular follow-ups are recommended. A six-month to one-year follow-up would enable the evaluation and reinforcement of participants' knowledge and skills. This approach aligns with longitudinal research methodologies and provides an opportunity for long-term assessment and monitoring (Hill et al., 2016).

4. CONCLUSION AND RECOMMENDATIONS

This community service program aimed to provide knowledge and skills to participants from marginalized families in Semarang about healthy family interactions and roles as fathers and mothers toward their children. The program's objectives included equipping participants with an understanding of family roles and healthy interactions, as well as skills in communication and anger management. The program was implemented in two activities: psychoeducation and support groups. The involvement of partners such as PKBI Jawa Tengah and Rumpin Bangjo, the availability of venues, necessary supporting equipment, and a dedicated volunteer team were key factors contributing to the program's success. Participants expressed a strong desire for similar programs in the future to ensure continued mentoring and to further develop the skills they had acquired.

From this program, it can be evaluated that a follow-up program is necessary after completing this phase. This is needed to monitor the behavioral changes that have already begun during this program. Additionally, this program can be extended to other marginalized community groups. Regarding the tools used, such as case-cards, they can be tested experimentally to strengthen the evidence of their effectiveness.

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