

Description of Parenting Style of Parents with Autistic Children and Their Accompaniment Treatment

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Abstract. This study aims to describe the parenting styles of parents and the treatments provided to children with autism. The research employed a descriptive quantitative method with purposive sampling, involving 20 parents of children with autism aged 3–6 years at the Autism Service Center in Kupang. The instrument used was the PSDQ-Short Version questionnaire, which has been tested for validity ($r > 0.422$) and reliability ($\alpha = 0.912$). The results showed that the democratic parenting style was the most widely applied, especially by parents aged 30–54 years with high school and undergraduate education. Meanwhile, a combination of democratic and permissive parenting was found among parents aged 55 years with a postgraduate education. Speech therapy and behavioral therapy were the most frequently used (90.23%), while sensory therapy was less applied (72.18%).

Keywords: *Autistic Children, Parenting Styles, Treatment*

Abstrak. Penelitian ini bertujuan untuk mendeskripsikan pola asuh orangtua serta *treatment* yang diberikan kepada anak autis. Penelitian menggunakan metode kuantitatif deskriptif dengan teknik purposive sampling, melibatkan 20 orangtua dari anak autis usia 3–6 tahun di Pusat Layanan Autis Kota Kupang. Instrumen yang digunakan adalah kuesioner PSDQ-Short Version yang telah diuji validitas ($r > 0,422$) dan reliabilitas ($\alpha = 0,912$). Hasil penelitian menunjukkan bahwa pola asuh demokratis paling banyak diterapkan, terutama oleh orangtua berusia 30–54 tahun dengan pendidikan SMA dan S1. Sementara itu, kombinasi pola asuh demokratis dan permisif ditemukan pada orangtua berusia 55 tahun dengan pendidikan S2. Dalam hal *treatment*, terapi wicara dan terapi perilaku paling sering digunakan (90,23%), sedangkan terapi sensori diterapkan lebih sedikit (72,18%).

Kata kunci: *Anak Autis, Pola Asuh, Treatment*

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Introduction

Autism was first introduced by Leo Kanner in 1943 as a neurodevelopmental disorder that affects communication and social interaction and leads to restricted and repetitive behavioural patterns (American Psychiatric Association, 2013). Autism Spectrum Disorder (ASD) can be identified as early as 18 months of age (Hyman et al., 2020). According to WHO data (2018), approximately 1 in 160 children worldwide has ASD. In Indonesia, the number of autistic children is estimated to reach 3.2 million (BPS, 2020). Data from the Special Education Statistics Center show that the number of autistic students increased from 133,826 in 2018 to 144,102 in 2019 (Kemendikbud, 2020). In Kupang City, the number of autistic children enrolled in school in 2018 reached 164, while data from the Autism Service Center in Kupang recorded 80 autistic children aged 3–12 years.

Children with ASD often experience difficulties in social interaction, communication and exhibiting repetitive behavioral patterns (McConnell, 2002). The role of parents is crucial in supporting a child's development, especially through appropriate parenting styles. Baumrind (Santrock, 2007) classifies parenting styles into four types: democratic, authoritarian, permissive, and neglectful. The parenting style applied by parents can impact the social, emotional, and cognitive development of autistic children (Malucelli, Antoniuk, & Carvalho, 2020).

In addition to parenting styles, accompanying treatment also plays an important role in the development of autistic children. Early intervention can improve adaptive skills and reduce problematic behaviors (Kodak & Bergmann, 2020). Some commonly used treatments include Behavioral Therapy (ABA), Speech Therapy, Occupational Therapy, Play Therapy, Sensory Therapy, and Visual Therapy.

Based on observations, interviews, and initial data collection conducted on April 5, 2024, at the Autism Service Center in Kupang City involving five parents of autistic children, the researcher found that when a child experienced a tantrum, the subjects responded by giving warm hugs, gently stroking the child's back and head,

and calming them by offering some toys. The interview results revealed that the subjects initially discovered their child had autism when they were between 1 and 2 years old. At first, they felt confused as they did not know how to apply the appropriate treatment. As a result, they began observing their child's daily behavior, attending webinars on autism management training, and seeking information from child psychologists and other parents of autistic children.

In addition to receiving treatment from therapists, the subjects also provided several basic treatments at home. Speech therapy involves training the child to pronounce words such as "Papa" or "Mama." Play therapy allows the child to play or interact with peers and siblings while still being supervised by the subjects. Sensory therapy was provided by giving learning tools or toys, such as rubber balls, to stimulate the child's sensory-motor skills.

The subjects also provided visual therapy by giving the child a spoon and a glass while explaining and reinforcing their understanding of the names and functions of the objects they saw. Behavioral therapy involves teaching the child to pray before meals, wash their hands after eating, sweep and wash dishes. Physical therapy included training the child to throw a ball, ride a bicycle, and play with blocks and puzzles. Occupational therapy focuses on helping the child learn to tie their shoelaces independently, put on clothes, eat by themselves, and use the toilet.

When the child can accomplish tasks as expected through the treatment, they receive praise and rewards in the form of toys. However, the subjects always provide rewards based on the child's needs, ensuring that the gifts serve to enhance treatment and improve the child's skills. If the child is unable to complete a task, the subjects continue to provide treatment support until the child can do so.

In parenting style, the subjects play a role in building the child's social relationships through daily interactions, always being present to accompany, care for, and appreciate their child. When the child faces challenges, the subjects respond with loving hugs. In terms of discipline, they establish rules and control to teach behavior

that aligns with social norms. If the child breaks the rules, the subjects handle the situation patiently by offering advice and guidance without using violence.

Based on the phenomenon above, the researcher is interested in conducting a study on "Description of Parenting Styles of Parents with Autistic Children and Their Accompaniment Treatment".

Method

This study employs a descriptive quantitative method to illustrate parenting styles and accompanying treatments for children with autism. The research participants consisted of 20 parents of autistic children aged 3–6 years at the Autism Service Center (PLA) in Kupang City. Parenting styles were measured using the Parenting Styles and Dimensions Questionnaire (PSDQ-Short Version) based on Baumrind's theory, which includes three categories: democratic (15 questions), authoritarian (12 questions), and permissive (5 questions). The instrument used was the PSDQ-Short Version questionnaire, which has been tested for validity ($r > 0.422$) and reliability ($\alpha = 0.912$). Each item was rated on a Likert scale from 1 to 5 (1 = never, 5 = always). To assess the accompanying treatment, a daily frequency table was used, where parents recorded the types of therapy provided over a week. The highest frequency score indicated the most frequently applied treatment. The collected data were analyzed descriptively to obtain an overview of the parenting styles and treatments implemented by parents.

Result

Description Based on Parenting Styles

Parenting styles were measured using the Parenting Styles and Dimensions Questionnaire - Short Version (PSDQ). The data used was standardized scores from the research results, specifically the parenting style scores for each parent, calculated based on the PSDQ scoring method. The description of parenting style data includes the parent's age, their highest level of education, and the child's age.

NO	Σ Democratic Parenting Score	Σ Authoritarian Parenting Score	Σ Permissive Parenting Score	Category	Description
1	4,06	2,75	3	1	Democratic
2	4,8	2,5	2,4	1	Democratic
3	5	4,91	5	1/3	Democratic /Permissive
4	4,6	1,3	2,2	1	Democratic
5	4,53	2,25	2,4	1	Democratic
6	3,66	1,91	2	1	Democratic
7	5	3,08	3,4	1	Democratic
8	4,13	2,83	3	1	Democratic
9	4,6	2,6	3	1	Democratic
10	3,86	3,5	3,4	1	Democratic
11	4,86	3,41	3,4	1	Democratic
12	5	2,58	2,4	1	Democratic
13	3,53	2,6	2	1	Democratic
14	4,3	3,25	2,8	1	Democratic
15	4,4	3,58	3,2	1	Democratic
16	4,73	2,6	2,6	1	Democratic
17	4,93	3	2,8	1	Democratic
18	3,8	2	2,8	1	Democratic
19	4	1,6	2,4	1	Democratic
20	3,46	2,25	2,8	1	Democratic

Figure 1. Parenting Style Tabulation Table

Based on Figure 1 above, it is evident that among the 20 participants, the democratic style is the most used parenting style. Additionally, one participant also applies the permissive parenting style alongside the democratic style.

Table 1.

Parents Age Range and Parenting Styles

No	Parents Age Range	Parenting Style
1	30-34	Democratic
2	35-39	Democratic
3	40-44	Democratic
4	45-49	Democratic
5	50-54	Democratic
6	55	Democratic/Permissive

Based on Table 1, it is evident that parents aged 30-54 tend to apply the democratic parenting style, while parents aged 55 tend to apply both the democratic and permissive parenting styles.

Table 2.

Parents' Highest Education Level and Parenting Styles

No	Highest Education Level	Parenting Styles
1	SMA	Democratic
2	S1	Democratic
3	S2	Democratic/Permissive

Based on Table 2 above, parents with a high school (SMA) and bachelor's degree (S1) apply the democratic parenting style, while parents with a master's degree (S2) apply both the democratic and permissive parenting styles.

Table 3.

Child's Age and Parenting Styles

No	Child's Age	Parenting Styles
1	3	Democratic
2	4	Democratic
3	5	Democratic
4	6	Democratic/Permissive

Based on Table 3 above, parents with children aged 3-5 years tend to apply the democratic parenting style, while parents with children aged 6 years tend to apply both the democratic and permissive parenting styles.

Description Based on Treatment

Treatment is measured using a frequency table. The frequency table is used to record the frequency of autism treatment implementation based on the type of therapy and the days of the week.

Day	NO	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	Total
	Type of Therapy																					
Monday	Occupational Therapy	7	3	5	2	7	7	3	7	7	2	2	7	7	3	7	7	7	5	4	4	103
Tuesday	Speech Therapy	7	7	0	7	7	7	7	4	7	1	7	7	7	5	7	7	7	5	7	7	120
Wednesday	Play Therapy	2	4	3	4	7	7	5	7	3	1	7	7	7	7	7	7	7	3	3	4	102
Thursday	Physical Therapy	7	7	7	7	7	7	7	7	7	2	7	7	7	3	2	7	2	4	0	3	107
Friday	Behavioral Therapy	7	7	0	7	7	7	7	7	7	2	7	7	7	7	7	7	7	3	3	7	120
Saturday	Visual Therapy	1	7	0	4	7	7	4	7	7	1	7	7	7	7	7	7	7	2	1	3	100
Sunday	Sensory Therapy	2	3	3	2	7	7	2	7	7	2	7	7	7	7	2	7	7	2	4	4	96

Figure 2. Frequency Tabulation Table for Treatment

From the table above, the therapies with the highest total frequency is Speech Therapy and Behavioral Therapy, each conducted 120 times per week. Meanwhile, the therapy with the lowest total frequency is Sensory Therapy, with a total of 96 times.

Table 4.

Percentage of Treatment Frequency

Type of Therapy	Day with Sessions	Total Sessions	Percentage (%)
Occupational Therapy	Monday	103	77,44%
Speech Therapy	Tuesday	120	90,23%
Play Therapy	Wednesday	102	76,69%
Physical Therapy	Thursday	108	81,20%

Behavioral Therapy	Friday	120	90,23%
Visual Therapy	Saturday	100	75,19%
Sensory Therapy	Sunday	96	72,18%

Based on Table 4 above, Speech Therapy and Behavior Therapy have the highest percentage, at 90.23% of the total maximum sessions. This indicates that these therapies are often considered a priority by parents.

Discussion

The results of the study show that the most dominant parenting style applied by parents of children with autism aged 3–6 years is the democratic parenting style. Parents tend to implement open communication, emotional support, and a balance between meeting demands and being responsive toward their children. This finding aligns with Hurlock's (2010) view that democratic parenting is an ideal approach for children with special needs because it allows children to feel accepted and valued. Thaibah et al. (2020) also reinforce this by emphasizing that democratic parenting supports a sense of security and emotional attachment within the family.

However, there was one participant aged 55 years who applied a combination of democratic and permissive parenting styles, indicating that age influences flexibility in parenting (Hurlock, 2010). Regarding education, parents with a high school (SMA) and bachelor's degree (S1) background were more consistent in applying democratic parenting, while those with a master's degree (S2) tended to incorporate permissive elements. Miyati et al. (2021) stated that the level of education affects parents' perspectives in choosing parenting strategies, including openness to various parenting approaches.

From the child's age perspective, it was found that as the child grows older, parents tend to allow more flexibility in decision-making. At 6 years old, a combination of democratic and permissive parenting styles begins to emerge as an

adaptation to the child's cognitive development. This is consistent with Trianingsi Ulfa's (2022) findings, which state that democratic parenting supports optimal social development and identity formation during the preschool years.

Regarding treatment, Speech Therapy and Behavioral Therapy were the most dominant interventions, each with 120 sessions (90.23%). Speech Therapy is important because children with autism generally experience difficulties with verbal communication. R. Paul (2008) emphasized that intensive early speech therapy can improve receptive and expressive communication abilities. Behavioral Therapy aims to develop social skills and reduce maladaptive behaviors. Studies by Dawson et al. (2010) and Volkmar (2005) highlight that early and intensive behavioral interventions strengthen cognitive and adaptive functions in children with autism.

Additionally, Physical Therapy (108 sessions), Occupational Therapy (103 sessions), and Play Therapy (102 sessions) were frequently used. These therapies play roles in developing motor skills, independence, as well as social and emotional skills. Although Sensory Therapy had the lowest frequency (96 sessions), it remains important in balancing children's responses to environmental stimuli.

Overall, democratic parenting and structured therapy provision are the main approaches parents use to support children with autism. Factors such as parental age, education level, and child's age influence parenting styles and treatment choices, demonstrating that parental approaches are adaptive to the child's characteristics and family conditions.

Conclusion

This study concludes that the democratic parenting style is the dominant approach applied by parents to children with autism aged 3–6 years. This style is chosen because it effectively supports the child's emotional and social needs in a balanced manner. Parental age, educational level, and the child's age all play a role in determining variations in the parenting style used.

In terms of treatment, Speech Therapy and Behavioral Therapy are the most frequently provided interventions, followed by Physical Therapy, Occupational Therapy, and Play Therapy. Although Sensory Therapy is less frequently administered, it still plays an important role in addressing sensory challenges faced by children with autism. An appropriate parenting style combined with consistent treatment support is a crucial combination for fostering the optimal development of children with autism. The limitations of this research include difficulty in recruiting participants, limited research location, a relatively small sample size, the sensitive nature of the information, and challenges in managing research time.

Suggestion

Parents are advised to continue implementing democratic parenting, characterized by open communication, emotional support, and a balance between demands and responsiveness, as this parenting style has been proven to support the development of children with autism. Attending seminars, training sessions, or consulting with experts can help parents gain a deeper understanding of their child's needs and more effective parenting strategies.

The Autism Service Center can organize regular seminars, workshops, or training sessions to help parents understand effective parenting styles and appropriate support strategies for children with autism. Additionally, providing counseling services or support groups for parents can help them cope with the challenges of raising a child with autism, ensuring they feel more emotionally supported.

Future research can involve a larger number of participants to obtain a broader perspective and stronger generalization of the results. Additionally, it can explore other factors such as economic status, culture, or social support in influencing the parenting styles of parents with autistic children.

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