Transforming Family Care: A Single Case Study on the Psychological Impact of Family-Based Intervention for Persons with Disabilities

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DOI: https://dx.doi.org/10.47772/IJRISS.2025.909000737

Received: 23 September 2025; Accepted: 28 September 2025; Published: 28 October 2025

ABSTRACT

This single case study explores the effectiveness of a structured family-based intervention in enhancing the mental health of persons with disabilities (PWDs) within the Malaysian familial context. Grounded in the recognition that family systems are central to caregiving in Malaysia, the study involved a multigenerational family caring for two disabled children one with a learning disability and another with a physical impairment. The objectives were to examine the psychological impact of the intervention on the PWDs and to assess how family dynamics influence mental health support. Data were collected through semi-structured interviews with four family members and analysed thematically using Braun and Clarke's six-phase framework. Seven key themes emerged: role reconfiguration, emotional coping and resilience, perceived psychological gains in the disabled members, improved intra-family communication, ongoing structural and emotional barriers, empowerment through caregiving identity, and emerging advocacy. Findings revealed that the intervention enhanced family cohesion, emotional support, and caregiving coordination, leading to improved psychological outcomes in both PWDs. However, systemic barriers such as financial strain and lack of external services limited long-term impact. The study affirms that family-based interventions can serve as a low-cost, culturally congruent model for psychosocial support in Malaysia, but must be integrated with broader structural support to ensure sustainability and scalability. These findings have implications for the development of inclusive mental health and disability care policies that formally recognize and strengthen family caregiving ecosystems.

Keywords: Family, Psychological Impact, Persons with disabilities (PWDs), Intervention

INTRODUCTION

Mental health issues among persons with disabilities (PWDs) constitute a growing global concern that intersects with human rights, social inclusion, and public health. As the global prevalence of disability continues to rise driven by aging populations, chronic diseases, and injuries the need to address the psychosocial dimensions of disability becomes increasingly urgent. Persons with disabilities are disproportionately vulnerable to mental health conditions, including depression, anxiety, and feelings of isolation, often due to marginalization, stigma, and limited access to psychosocial services (Carroll, 2013; Felce et al., 1996). Traditional clinical approaches often fall short in addressing these multi-layered challenges, particularly when they exclude the social and relational dimensions that shape an individual's emotional well-being. One such dimension is the family. The family unit plays a pivotal role in shaping the lived experiences of individuals with disabilities (Priego-Ojeda & Rusu, 2023). It often functions as the primary source of caregiving, emotional support, and social buffering. In recognition of this, family-based interventions have emerged as a promising avenue to enhance mental health outcomes among PWDs (Anaby & Pozniak, 2019; Saleme et al., 2023). These interventions, which actively involve family members in structured support processes, aim to improve coping strategies, emotional regulation, and communication within the family system (Giallo & Gavidia-Payne, 2008). Importantly, they do not treat the individual with disability in isolation but instead engage the family as a dynamic ecosystem that influences mental health resilience and adaptation.

While previous studies have demonstrated the positive effects of family involvement in the psychological care

of individuals with disabilities, most rely on large-scale quantitative designs or generalized behavioural models (Newman, 2005; Oranga et al., 2022; Tournier et al., 2021). These approaches, though informative, may overlook the intricate interpersonal, cultural, and emotional nuances that define each family's response to disability. In contrast, qualitative and case-based methodologies allow for an in-depth exploration of how family interventions are experienced and negotiated within the everyday realities of individuals and their support systems. This study addresses this gap by adopting a single case study approach to examine the effectiveness of a family-based intervention in supporting the mental health of a person with disability. The case study methodology allows for rich, contextual insights into how family involvement can shape psychological outcomes over time, particularly in terms of reducing psychological distress, enhancing self-efficacy, and promoting social integration. The research focuses on a single-family unit engaged in a structured, family-cantered support program over several weeks.

The study is guided by two specific objectives:

1. To explore the psychological impact of a structured family-based intervention on the mental health of a person with disability within a real-life familial context.
2. To examine how family dynamics and involvement influence the effectiveness of mental health support provided to persons with disabilities.

By fulfilling these objectives, the study contributes to a deeper understanding of how family roles, emotional bonds, and communication patterns function as mechanisms of psychological support. Moreover, this study aims to inform both practitioners and policymakers on the potential for culturally responsive and relationship-centered approaches to mental health care. In the Malaysian context, where family ties are strongly valued across ethnic and cultural groups, and where formal mental health services for PWDs remain limited and unevenly distributed, this research is particularly relevant. Integrating family-based interventions into community and national health strategies could offer a culturally congruent and sustainable model to support mental well-being among persons with disabilities. The findings from this case study are intended to serve as a foundation for scaling up inclusive mental health frameworks that are both locally grounded and aligned with global standards.

LITERATURE REVIEW

The increasing recognition of the psychological vulnerability of persons with disabilities (PWDs) has prompted a global shift towards more holistic and socially embedded mental health strategies. Among these, family-based interventions have garnered significant empirical support as they leverage the relational and emotional structures within family units to foster psychological well-being (Baker et al., 2021; Dekker et al., 2002). Numerous studies have demonstrated that such interventions, which actively engage family members in therapeutic processes, contribute to improved mental health outcomes, enhanced adaptive behaviours, and greater social integration of individuals with disabilities (Baker et al., 2021; Gavín-Chocano & Molero, 2019). Globally, research has consistently highlighted the effectiveness of family-based approaches in diverse cultural and socio-economic settings. For example, a systematic review by Banu et al. (2020) reported that family-centered programs implemented in low- and middle-income countries (LMICs) were associated with positive outcomes for children and adolescents with mental health challenges, including those with developmental and cognitive disabilities. The review emphasized the importance of culturally sensitive parenting education, caregiver mental health support, and communication skill-building as core components of successful interventions. These findings were echoed by Aass et al., (2020) who emphasized the pivotal role of families and community structures in scaling mental health services in resource-constrained environments. They found that when families were trained and included as primary stakeholders, interventions were not only more cost-effective but also more sustainable in the long term.

In Asia, and particularly Southeast Asia, where family values are deeply rooted in cultural and religious traditions, the role of the family in caregiving and emotional regulation is particularly pronounced (Nasim et al., 2024). A study in Singapore by Loh et al. (2021) explored the impact of multi-family therapy on individuals experiencing psychosis. Families reported significant reductions in caregiver burden and psychological distress, alongside increased confidence in managing the affected family member's mental health symptoms

(Riebschleger et al., 2022). Similarly, a qualitative study in Indonesia Nugraha et al., (2023) demonstrated that family intervention programs for schizophrenia led to increased treatment adherence, emotional resilience, and reduced relapse rates. In Malaysia, empirical studies on family-based mental health interventions for PWDs remain limited but are gradually emerging. One notable contribution is a qualitative study by which evaluated best Xie et al., (2021) practices in promoting family well-being in Asia. The Malaysian component of the study showed that structured family workshops and home-based training enhanced emotional closeness, coping efficacy, and reduced stress among caregivers of persons with intellectual disabilities. Moreover, Balakrishnan et al., (2023) conducted an intervention trial targeting mental health literacy among Malaysian families and found that psych education improved recognition of symptoms, help-seeking behaviour, and interpersonal support within the family unit.

From a regional health systems perspective, according by Rotas and Cahapay (2021) observed during the COVID-19 pandemic that the mental health of persons with disabilities in Southeast Asia was better preserved in contexts where family support networks remained strong. Their structural equation modelling study suggested that perceived social support, primarily from family members, was a critical determinant of resilience and mental health quality of life during crises. Across all these studies, a common thread is the emphasis on the interdependence between the well-being of the person with disability and the psychological readiness and involvement of the family. Interventions that empower families through counselling, skill-building, and psycho-education can mitigate the psychosocial impacts of disability and strengthen long-term recovery trajectories (Hikmiah & Pratiwi, 2023). Despite methodological differences across studies, the consensus remains clear: family-based interventions are not merely supportive add-ons but essential components of effective mental health strategies for PWDs. Nevertheless, gaps remain in the Malaysian context. Many family-cantered mental health programs remain localized, unstandardized, or lack longitudinal evaluation. As such, single case study methodologies, like the one proposed in this article, can serve as valuable explorations to inform larger programmatic interventions (Md Tarmize et al., 2022). This literature affirms the importance of situating disability mental health interventions within the relational ecology of families, particularly in collectivist societies like Malaysia where family support often compensates for the gaps in formal care infrastructure.

METHODOLOGY

The case study involved a Malaysian family comprising eight members, including both parents and six children. Two of the children have diagnosed disabilities. The younger child, aged 11 years, has a learning disability and requires educational and behavioural support. The elder child, aged 34 years, has a physical disability resulting from congenital impairments that limit mobility and daily self-care functions. Both individuals live at home and are fully dependent on the family for physical, emotional, and social support. The parents are both still actively employed, working in low-to middle-income occupations, and share caregiving responsibilities with the assistance of older siblings. The family has limited access to external caregiving services and relies primarily on internal family structures for daily care management.

This family was purposively selected due to the complexity and diversity of caregiving needs across two age groups and disability types. They had recently completed a structured family-based intervention program conducted by a local community organization, which included psych education, communication training, and stress management modules across six sessions. The selection aligns with the research objective of exploring how such interventions influence mental health outcomes and family dynamics. Data were collected using semi-structured interviews, which allowed for both consistency across participants and the flexibility to explore individual perspectives in depth. This method was selected due to its suitability for qualitative case studies where participants' lived experiences and nuanced reflections are central to understanding the phenomenon under investigation.

An interview protocol consisting of seven open-ended core questions was developed based on the study's objectives and a preliminary review of the literature on family-based interventions. Each question was designed to elicit reflections on caregiving roles, emotional responses, perceived changes following intervention, and inter-family communication. Follow-up probing questions were used to further explore issues raised by participants.

The core interview questions were as follows:

Table 1: Set of Interview Question

No.	Interview Question	Purpose
1.	Can you describe how your daily life and family routines have changed since taking care of your children with disabilities?	To explore role reconfiguration, changes in household structure, and adaptation of daily practices in response to caregiving demands.
2.	How do you and your family members support each other emotionally when facing challenges in caregiving?	To understand intra-family emotional coping mechanisms, mutual support systems, and sources of psychological resilience within the family.
3.	Have you noticed any changes in the emotional or behavioral responses of your disabled children after participating in the intervention program?	To assess perceived psychological and behavioral improvements in the disabled family members as outcomes of the family-based intervention.
4.	Can you share how communication within your family has changed—if at all—since the intervention sessions?	To examine changes in the quality of intra-family communication, including conflict resolution, caregiving coordination, and emotional openness.
5.	Despite the support received, what ongoing challenges or barriers do you still face as a caregiving family?	To identify structural, financial, emotional, or systemic challenges that persist despite the intervention—critical for understanding limitations.
6.	How has this experience changed your perception of your family's strength or capabilities?	To explore identity reconstruction and empowerment narratives—how families redefine their self-perception and sense of agency after the intervention.
7.	What advice or messages would you give to other families who are caring for children with disabilities?	To examine generativity, advocacy orientation, and participants' desire to contribute to broader disability and caregiving discourse.

All interviews were conducted face-to-face at the family's residence in a quiet and private setting. The interviews were conducted in Bahasa Malaysia, audio-recorded with consent, and later transcribed and translated into English. The flexible structure of the interviews allowed participants to share personal narratives, emotional reflections, and practical insights, thereby enriching the quality and depth of the data collected.

DATA ANALYSIS

The analysis identified seven key themes that reflect the family's lived experiences and perceptions following their participation in a structured family-based intervention. Each theme illustrates the dynamic interplay between caregiving, emotional resilience, and the social realities of supporting family members with disabilities.

The first theme, role reconfiguration within the family unit, reflects a shift in caregiving dynamics from a mother-centric model to a more collaborative approach. Family members assumed new roles and responsibilities, often redistributed through informal negotiations. *"We take turns staying home when my eldest son needs more help. My younger siblings help with small tasks too. It's a shared duty now"* (Sibling, age 29). *"Before this, I thought it was only the mother's job. Now, even my sons understand their role"* (Father, age 58). The second theme**,** emotional coping and mutual resilience, reveals how the family processes distress and maintains cohesion through shared emotional expressions. Rather than avoiding difficult feelings, they have cultivated emotional openness as a protective factor. *"Sometimes we cry together, but crying helps. It reminds us we're going through this together"* (Mother, age 56). *"Even when I'm tired, seeing my daughter smile gives me strength. We lift each other up"* (Father, age 58).

The third theme, perceived psychological gains in the disabled children, captures observable behavioral and

emotional improvements attributed to the intervention. These included greater communication, calmness, and self-regulation. *"After the sessions, my youngest son started asking more questions and making eye contact. That never happened before"* (Mother, age 56). *"My eldest seems calmer. He used to get agitated easily, but now he listens more"* (Father, age 58). The fourth theme, enhancement of intra-familial communication, illustrates significant improvements in family dialogue, clarity in caregiving roles, and mutual understanding. The family reported fewer arguments and more structured discussions. *"We used to argue about everything who does what, who didn't help. Now we sit and talk. Everyone is heard"* (Sibling, age 33). *"The sessions taught us how to talk without shouting. That made a big difference"* (Mother, age 56).

Despite these improvements, the fifth theme, structural and emotional barriers, reflects persistent challenges. Financial limitations, inadequate external support, and societal invisibility remain as major stressors. *"It's still hard to manage therapy costs. Even with all we've learned, money is always a problem"* (Father, age 58). *"There's not much support outside the family. Sometimes I feel like we are invisible to the system"* (Mother, age 56). The sixth theme, family empowerment and identity reconstruction, highlights the family's emerging sense of capability and pride. The intervention helped redefine their identity from one of burdened caregivers to resilient and competent actors. *"I used to feel like we were weak. But now I see that we are strong, and we've come so far"* (Mother, age 56). *"This journey made us realize how close we are as a family. We are not just surviving—we're learning and growing"* (Sibling, age 33).

The final theme, advocacy and generativist, represents the family's desire to use their experiences to help others. This outward-looking orientation suggests the development of a generative role and a form of psychological empowerment. *"Other families need this kind of help too. I wish more people knew that it's okay to ask for support"* (Sibling, age 33). *"If we had known this earlier, we could have avoided many mistakes. I want to share our story"* (Father, age 58). Together, these themes underscore the profound effect that structured family-based interventions can have not only in improving the mental health of persons with disabilities, but also in transforming the entire family ecosystem. They reveal a trajectory from emotional burden toward mutual empowerment, while also exposing the systemic inequities that continue to constrain long-term resilience. Together, these themes underscore the profound effect that structured family-based interventions can have not only in improving the mental health of persons with disabilities, but also in transforming the entire family ecosystem. They reveal a trajectory from emotional burden toward mutual empowerment, while also exposing the systemic inequities that continue to constrain long-term resilience. To illustrate these findings more clearly, the seven themes that emerged from the analysis are summarized in Table 1 below.

Table 1 Key Themes from Family Lived Experiences Following Participation in a Structured Family-Based Intervention

Theme	Description	Illustrative Quotes
Role Reconfiguration within the Family	Shift from mother-centric caregiving to a collaborative family approach; redistribution of roles through informal negotiations.	"*We take turns staying home when my eldest son needs more help.*" (Sibling, 29) "*Before this, I thought it was only the mother's job. Now, even my sons understand their role*." (Father, 58)
Emotional Coping and Mutual Resilience	Families process distress collectively and foster emotional openness as a protective factor; shared emotional resilience strengthens cohesion.	"*Sometimes we cry together, but crying helps. It reminds us we're going through this together.*" (Mother, 56) "*Even when I'm tired, seeing my daughter smile gives me strength*." (Father, 58)
Perceived Psychological Gains in Children with Disabilities	Observable improvements in behaviour, communication, and self-regulation of the children as a result of the intervention	"*My youngest son started asking more questions and making eye contact*." (Mother, 56) "*My eldest seems calmer… now he listens more*." (Father, 58)

Enhancement of Intra-Familial Communication	Improved clarity in caregiving roles, reduced arguments, and more constructive dialogue within the family.	"*We used to argue about everything… Now we sit and talk. Everyone is heard*." (Sibling, 33) "*The sessions taught us how to talk without shouting*." (Mother, 56)
Structural and Emotional Barriers	Ongoing financial, societal, and systemic challenges despite positive progress in the family unit.	"*It's still hard to manage therapy costs*." (Father, 58) "*Sometimes I feel like we are invisible to the system*." (Mother, 56)
Family Empowerment and Identity Reconstruction	Families begin to redefine themselves as resilient, capable, and strong rather than burdened caregivers	"*I used to feel like we were weak. But now I see that we are strong*." (Mother, 56) "*We are not just surviving we're learning and growing*." (Sibling, 33)
Advocacy and Generativist Orientation	Families develop a desire to help others, share their stories, and advocate for support; a form of outward psychological empowerment.	"*Other families need this kind of help too*." (Sibling, 33) "*I want to share our story*." (Father, 58)

DISCUSSION

This study aimed to explore the psychological impact of a structured family-based intervention on persons with disabilities and to examine how family involvement influences the effectiveness of mental health support within a Malaysian family context. Through an in-depth case study of a multigenerational household caring for two children with disabilities, the findings illustrate how such interventions can catalyse positive psychological change, while also reshaping intra-family dynamics in meaningful and lasting ways. In line with the first research objective, participants reported notable psychological improvements in both children with disabilities following the intervention. The younger child, who has a learning disability, exhibited enhanced verbal communication, better sleep regulation, and improved interaction with family members. According Morisse et al. (2013) these behavioural changes coincided with the period following the family-based intervention sessions, suggesting a link between improved home environment and the child's emotional stability. Similarly, the older sibling with a physical disability was described as calmer, more patient, and more willing to engage in family conversations attributes previously hindered by frustration and dependency. These changes underscore how even non-clinical, family-level interventions can have ripple effects on the psychological well-being of PWDs by fostering emotional safety, consistency in care, and a more affirming relational environment (Van'T Noordende et al., 2021).

This aligns with Bonin et al. (2024) who argue that family-cantered approaches in low- and middle-income countries often serve as the most effective initial point of intervention for children with developmental or mental health challenges. Likewise, (Broady, 2013; Colello, 2011) emphasize that interventions targeting the emotional capacities and caregiving skills of family members are often more impactful than institutional programs alone, particularly in resource-constrained settings. The second research objective is to examining the influence of family involvement and dynamics was equally addressed through the thematic analysis. A key finding was the reconfiguration of caregiving roles**,** where responsibilities, once solely borne by the mother, became more distributed across family members. This shift led to reduced caregiver fatigue, improved role clarity, and greater mutual empathy, confirming earlier studies such as those by Hikmiah and Pratiwi (2023) who observed similar patterns among Malaysian families participating in psycho-educational support programs. Another significant shift occurred in intra-familial communication, which was repeatedly identified by participants as a turning point in family cohesion. Prior to the intervention, communication was described as reactive, emotionally charged, and often marked by blame or silence. Post-intervention, however, the family reported learning to express needs more clearly, listen empathetically, and resolve disagreements collaboratively. These findings reflect broader

conclusions drawn by in Baker et al. (2021) where improved communication was found to reduce family conflict and increase treatment adherence for individuals with chronic mental health conditions.

Perhaps most transformative was the emergence of family empowerment and identity reconstruction. Family members spoke about a shift in self-perception from feeling overwhelmed and isolated, to viewing themselves as strong, capable, and unified. The intervention seemed to provide not only techniques for caregiving, but also a framework for meaning-making, resilience, and pride in their caregiving roles. Such narratives support the work of Pinals et al. (2022) who emphasized the importance of helping families reinterpret their caregiving experiences as part of a shared journey, rather than a private burden However, despite these gains, participants also identified persistent barriers that limited the full potential of the intervention. Chief among them were financial pressures, the lack of formal community resources, and ongoing societal stigma. These challenges echo findings by Park et al. (2023) who argue that informal family-based systems must be complemented by structural support such as financial subsidies, accessible therapy, and inclusive education for long-term sustainability. In the Malaysian context, where family bonds are deeply embedded in cultural and religious norms, these findings carry important implications. They reaffirm the centrality of the family in disability care and mental health support while calling attention to the need for policy frameworks that formally recognize, resource, and strengthen family-based caregiving models. The success of such interventions lies not only in their content, but in their ability to work with and not against the relational realities of the families they aim to support.

CONCLUSION

This single case study provides compelling evidence that structured family-based interventions can significantly enhance the mental health and psychological functioning of persons with disabilities when delivered within the familial ecosystem. The findings reveal that emotional and behavioural improvements in the disabled children were closely linked to increased family cohesion, redefined caregiving roles, and strengthened communication. Moreover, the intervention facilitated a transformation in how the family perceived their collective identity from burdened caregivers to resilient agents of support. These outcomes affirm that family is not merely a context in which care is delivered, but a dynamic mechanism through which psychological healing and adaptation can occur. The study successfully meets both research objectives and highlights the value of positioning the family as an active therapeutic agent in disability-focused mental health care.

The implications of this research extend beyond the household level and call for systemic recognition of family-based interventions as an integral component of Malaysia's mental health and disability support frameworks. Policymakers, healthcare providers, and community stakeholders must prioritize the development and integration of culturally sensitive, low-cost, and scalable family intervention models into existing care systems. This includes the formal training of facilitators, the provision of ongoing psychosocial support to families, and the inclusion of family-cantered approaches in national disability policies. In a context where families often serve as the primary if not sole caregivers, failure to invest in their capacity is tantamount to overlooking the foundation of the care system itself. Supporting families is not merely an adjunct strategy; it is a critical intervention in its own right.

ACKNOWLEDGMENT

The authors gratefully acknowledge the University Pertahanan Nasional Malaysia (UPNM) for the financial support provided. The authors also wish to extend their sincere appreciation to the reviewers for their valuable feedback on this review for this article. Special thanks are due to colleagues whose support contributed to the completion of this work. The authors hope that the insights presented in this article will be of benefit to scholars, practitioners, and the wider community.

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