Assessment of Coping Strategies for Parents of Autistic Child and their relation to educational level

تقييم استراتيجيات التكيف لدى ابوى الطفل المصاب بالتوحد وعلاقتها بمستوى تعليم الابوين

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المستخلص:

الهدف : تقييم استر اتيجيات التكيف لدى ابوى الطفل المصاب بالتوحد وعلاقتها بمستوى تعليم الابوين.

المنهجية: دراسة وصفية- تحليلية اجريت للفترة من ١٠٤/ ٢٠١٣ لغاية ١٠٠/ وكانت العينة غرضية مكونة من ١٠٠ من الأطفال المنهجية: دراسة وصفية- تحليلية اجريت للفترة من ١٠٠ من الأطفال والذين تمت مقابلتهم أثناء مراجعتهم لأطفالهم في عدد من المراكز التأهيلية الخاصة في مدينة بغداد وقد تم أستخدام إستبانة خاصة بالبحث والتي تكونت من جزئين الجزء الأول يتعلق بالخصائص الديموغرافية للطفل والخصائص الديموغرافية للطفل والخصائص الديموغرافية للوالدين، والجزء الثاني تكون من أسئلة خاصة باستراتيجيات التكيف والتي شملت خمسين سؤالا توزعت على ثمانية أنواع من الأستراتيجيات. تم تحليل النتائج إحصائيا بالطرق الوصفية والتحليلية لمعرفة معدل إستخدام أستراتيجيات التكيف المختلفة وإستخراج العلاقة بينها وبين المستوى العلمي للأب أو الأم.

النتائج: اظهرت نتائج الدراسة أن استراتيجية حل المشكلات المنظم كانت هي الاكثر استخداما من قبل آباء وأمهات الأطفال المصابين بالتوحد تليها أستراتيجية البعد عن الدعم الاجتماعي في حين كانت استراتيجية الإبعاد(الإقصاء) الأقل استخداما من قبلهم ولم يظهر فرق في أستخدام تلك الأستراتيجيات بين الآباء والأمهات. ووجدت علاقة (ذات دلالة إحصائية)بين المستوى العلمي الأعلى و إستخدام الأستراتيجيات الأيجابية.

التوصات: توصى الدراسة بإشراك الآباء والأمهات في مجموعات المساندة الذاتية وتنظيم دورات تثقيفية لهم لتحسين مهاراتهم في أستخدام أستر اتبجبات التكيف.

Abstract

Objectives: To assess the coping strategies of parents of children with autism and the relationship of different strategies with their educational level.

Methodology: A descriptive analytical study was carried out from Feb. 14th, 2013 through April, 10th, 2013 in several private rehabilitation centers of autism in Baghdad city. A non- probability (purposive) sample of 100 autistic children and 100 of their parents (father or mother) was assessed by a questionnaire which consisted of two parts; the first part is concerned with the demographic characteristics of the child and demographic characteristics of the parents; the second part consisted of 50 questions about coping strategies that were distributed on 8 domains. The data were statistically analyzed by descriptive and analytical methods to find frequency of the use of different coping strategies and their association with the educational level of parents. **Results:** Planned problem solving strategy was found to has the higher chance of use by parents of autistic children followed by seeking social support, whereas distancing strategy has the lower chance of use. Educational level of parents was significantly associated with the use of positive coping strategies.

Recommendation: The study recommends the establishment of parents' self-help groups (support groups) and educational programs for parents to improve their coping strategies.

Keywords: Coping strategies, Autistic children, Parents, Educational level

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Introduction:

utism is a neurodevelopmental disorder characterized by deficits in social reciprocity and communication and by the presence of restricted and repetitive behaviors and/or interests ⁽¹⁾. Autism is more common in boys than girls. Boys are 3 to 5 times more likely to have autism than girls, but there is no significant difference among races, geographical locations, or socioeconomic levels ⁽²⁾

Most recent statistics from the Center for disease Control (CDC) predict one in 150 children will be diagnosed with ASD that is severe enough to disrupt their everyday lives ⁽³⁾.

All families experience some stress due to challenges related to work, child care, and schooling; however, families who have an autistic family member often experience these challenges to a greater extent and with greater amounts of stress ⁽⁴⁾.

The way by which parents respond to the stresses of raising a child with special needs depends on a wide variety of factors influencing their ability to cope, such as their interpretation of the crisis event (5), the family's sources of support, family resources, and family structure. Depending upon which type of strategy is used, one form of coping can be more effective than another (6). The personality characteristics of the family members, their financial status, educational level, problem-solving skills, and spirituality all influence a family's ability to cope (7). Strong marital relationship and social support also help determine parental adjustment (8). Parents with educational level that is higher than secondary school were found to be a majority among many study samples of autistic children (9, 10). Educational level was found to have a notable effect on the use of different coping strategies and many studies have found that increased level of education is associated with the use of more positive ways of coping (11, 12).

Objective of the study to examine the frequency of using different coping strategies

by parents of autistic children and the relationship between the use of different coping strategies and the educational level of parents.

Methodology:

A descriptive analytical study was carried out from Feb. 14th, 2013 through April, 10th, 2013 in order to assess coping strategies for parents of children with autism at six private rehabilitation centers in Baghdad city which is Rami center for Autism, Al-Safa Center for Autism, Al-Rahman Center for Autism, Iraqi Institute for Autism , Al-Nihal Institute for Autism and Association Brotherly of loving / program for integrating people with special needs in the community .

A non- probability (purposive) sample of 100 autistic children who were diagnosed to have an autistic spectrum disorder by a consultant psychiatrist, and 100 of their parents (mother or father) were interviewed during their attendance to these centers.

A questionnaire was constructed by the investigators to achieve the objectives of this study through a review of relevant literature, Consultation from panel of experts and The Ways of Coping Scale by Folkman et al. (13)

It consisted of two parts; the first part is concerned with the demographic characteristics of the children and demographic characteristics of the parents; the second part consisted of questions about coping strategies which were 50 items concerning 8 domains. The eight domains were: confrontation, distancing, self-controlling, seeking social support, accepting responsibility, planned problem solving, escape avoidance, and positive reappraisal.

The validity of the questionnaire was obtained through a panel of experts and the reliability was achieved through the application of Cronbach alpha correlation coefficient (r =0.87) which was statistically acceptable.

Data were analyzed through the application of the descriptive statistical methods (frequency, percentage, mean and standard deviation) and inferential statistical

methods (Cronbach alpha correlation Scheffe Multiple Comparisons Test). coefficient, one way analysis of variance and

Results:

A. Socio-demographic characteristics of autistic children:

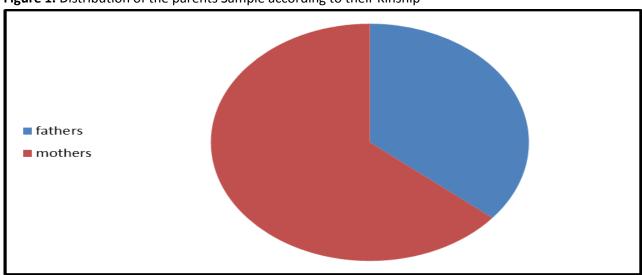
 Table
 1. Socio-demographic characteristics of autistic children sample

| | | variables | Frequency | Percent | |
|---|------------------------|------------------|-----------|---------|--|
| 1 | gender | Male | 82 | 82.0 | |
| | | Female | 18 | 18.0 | |
| | | Total | 100 | 100.0 | |
| 2 | age | 1-5 year | 66 | 66.0 | |
| | | 6 – 10 year | 31 | 31.0 | |
| | | 11year and above | 3 | 3.0 | |
| | | Total | 100 | 100.0 | |
| 3 | Child age at diagnosis | 1 year | 5 | 5.0 | |
| | | 2 year | 41 | 41.0 | |
| | | 3 year | 37 | 37.0 | |
| | | 4 year | 12 | 12.0 | |
| | | 5 year | 5 | 5.0 | |
| | | Total | 100 | 100.0 | |
| 4 | Birth order | 1 st | 39 | 39.0 | |
| | | medium | 44 | 44.0 | |
| | | last | 17 | 17.0 | |
| | | Total | 100 | 100.0 | |

The majority of the children sample (82%) were males, (66%) were 1-5 years old, and the highest percentage (78%) were diagnosed at the age of 2&3 years, (44%) were the medium in birth order.

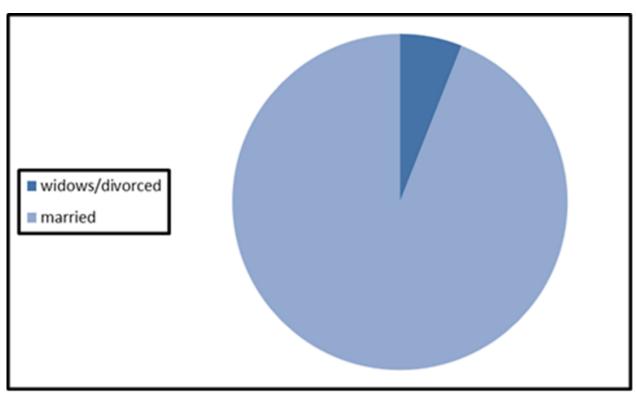
B. Socio-demographic characteristics of autistic children's parent's

Figure 1. Distribution of the parents Sample according to their Kinship



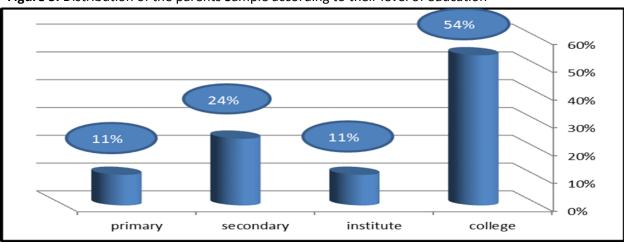
The result shows that most of parent samples (64%) are mothers.

Figure 2. Distribution of the parents Sample according to marital status



The results revealed that the majority of parents' sample (94%) were living together in the same household with their children whereas the rest (6%) were widows or divorced.

Figure 3. Distribution of the parents Sample according to their level of education



The findings indicated that more than half of parents sample are college graduates.

i jobeless/housewife
gainer
employee

55%

Figure 5. Sample Distribution according to their Occupation

The findings indicated that more than half of parents sample were employed.

C. Use of different Coping strategies among autistic children's parents

Table 2. The level of total average coping strategies among autistic child parents

| Total average coping strategies | Mean | Standard Deviation |
|----------------------------------|------|--------------------|
| Confronting domain | 2.7 | 0.84 |
| Distancing domain | 1.9 | 0.86 |
| Self-controlling domain | 2.8 | 0.81 |
| Seeking social support domain | 2.9 | 0.83 |
| Accepting responsibility domain. | 2.6 | 0.95 |
| Planed problem-solving domain | 3.05 | 0.76 |
| Escape- avoidance domain | 2.3 | 1.06 |
| Positive reappraisal domain | 2.6 | 0.97 |
| Total average | 2.6 | 0.88 |

The results revealed that the "planned problem solving domain" got the higher mean (3.05) which indicate that it has the higher chance used by parents of autistic child followed by" Seeking social support domain", whereas "Distancing domain" got lower mean which indicate it had the lower chance of use preceded by "escape –avoidance domain".

Table 3. One way analysis of variance in parents' coping strategies with regard to their educational level

| variables | | Sum of Squares | Df | Mean Square | F | Sig. |
|------------------|----------------|----------------|----|-------------|------|------|
| Confronting | Between Groups | 20.145 | 4 | 5.03 | 0.70 | 0.59 |
| Distancing | Between Groups | 106.846 | 4 | 26.71 | 2.89 | 0.03 |
| Self-controlling | Between Groups | 82.218 | 4 | 20.55 | 1.98 | 0.10 |
| social support | Between Groups | 142.604 | 4 | 35.65 | 3.74 | 0.01 |
| Accepting | Between Groups | 33.482 | 4 | 8.37 | 1.28 | 0.28 |
| problem-solving | Between Groups | 125.213 | 4 | 31.30 | 3.04 | 0.02 |
| escape-avoidance | Between Groups | 6547.844 | 4 | 1636.96 | 0.94 | 0.44 |
| reappraisal | Between Groups | 2013.568 | 4 | 503.39 | 0.65 | 0.62 |
| TOTAL | Between Groups | 19918.856 | 4 | 4979.71 | 1.03 | 0.39 |

df =degree of freedom , Sig.= level of Significance, F. =F-statistics

Table (3) reveals that there are significant differences in the parents coping strategies regard to their educational level in distancing, social support, and problem solving domains ($p \le 0.05$).

Table 4. LSD Multiple Comparisons Test for Significant Difference in Distancing Coping Strategy with Regard to the Parents' Educational Level

| level of education | | Mean Difference | Standard Error | Sig. | 95% Confidence Interval | |
|--------------------|--------------|-------------------|----------------|------|-------------------------|-------------|
| | | | Standard Error | | Lower Bound | Upper Bound |
| | secondary | 3.75 | 2.05 | 0.07 | -0.32 | 7.82 |
| | high schools | 3.75 [*] | 1.85 | 0.05 | 0.05 | 7.44 |
| Primary | institution | 3.45 | 1.97 | 0.08 | -0.47 | 7.37 |
| Primary | college | 5.09 [*] | 1.80 | 0.01 | 1.51 | 8.66 |
| | high schools | 0.0 | 1.23 | 1.00 | -2.46 | 2.46 |
| | institution | -0.29 | 1.41 | 0.83 | -3.09 | 2.50 |
| secondary | college | 1.34 | 1.14 | 0.24 | -0.94 | 3.62 |
| high schools | institution | -0.29 | 1.10 | 0.79 | -2.48 | 1.89 |
| high schools | college | 1.34 | 0.74 | 0.07 | -0.13 | 2.82 |
| institution | college | 1.63 | 1.0 | 0.10 | -0.35 | 3.63 |

^{*} The mean difference is significant at the 0.1 level, Sig.= level of Significance, LSD.= Fisher's Least Significant Difference

The results reveal that the primary school graduated parents have significantly higher level in distancing coping strategy than high school and college educational level ($p \le 0.05$)

Table 5. Scheffe Multiple Comparisons Test for Significant Difference in Social Support Coping Strategy with Regard to the Parents' Educational Level

| level of education sequence | | Mean Difference | Standard | C:~ | 95% Confidence Interval | |
|-----------------------------|--------------|--------------------|------------|------|-------------------------|-------------|
| | | | Error Sig. | | Lower Bound | Upper Bound |
| | secondary | -5.87 | 2.09 | 0.10 | -11.79 | 0.04 |
| Duine au | high schools | -6.70 [*] | 1.89 | 0.02 | -12.06 | -1.35 |
| Primary | institution | -5.81 [*] | 2.01 | 0.09 | -11.51 | -0.12 |
| | college | -4.96- | 1.83 | 0.12 | -10.14 | 0.22 |
| | high schools | -0.83 | 1.26 | 0.97 | -4.40 | 2.73 |
| secondary | institution | 0.05 | 1.43 | 1.0 | -4.00 | 4.11 |
| | college | 0.91 | 1.16 | 0.96 | -2.40 | 4.22 |
| high schools | institution | 0.89 | 1.12 | 0.95 | -2.29 | 4.07 |
| | college | 1.74 | 0.75 | 0.26 | 039 | 3.89 |
| institution | college | 0.85 | 1.02 | 0.95 | -2.03 | 3.74 |

^{*} The mean difference is significant at the 0.1 level, Sig. = level of Significance

The results reveal that the high school and institute graduated parents have significantly higher level in seeking social support coping strategy than primary educational level at $p \le 0.01$

Table 6. Scheffe Multiple Comparisons Test for Significant Difference in Planned Problem Solving Coping Strategy with Regard to the Parents' Educational Level

| level of education | | Mean Difference | Standard Error | Sig. | 95% Confidence Interval | |
|--------------------|--------------|--------------------|----------------|------|-------------------------|-------------|
| | | | Standard Error | | Lower Bound | Upper Bound |
| | secondary | -4.50 | 2.17 | 0.37 | -10.65 | 1.65 |
| Duine | high schools | -5.62 [*] | 1.96 | 0.09 | -11.18 | -0.06 |
| Primary | institution | -2.72 | 2.09 | 0.79 | -8.64 | 3.19 |
| | college | -4.25 | 1.90 | 0.29 | -9.64 | 1.13 |
| | high schools | -1.12 | 1.31 | 0.94 | -4.83 | 2.58 |
| secondary | institution | 1.77 | 1.49 | 0.84 | -2.44 | 5.99 |
| | college | 0.24 | 1.21 | 1.00 | -3.20 | 3.68 |
| high ashaala | institution | 2.89 | 1.16 | 0.19 | -0.41 | 6.20 |
| high schools | college | 1.36 | 0.78 | 0.55 | -0.86 | 3.59 |
| institution | college | -1.53 | 1.06 | 0.72 | -4.53 | 1.47 |

^{*}The mean difference is significant at the 0.1 level, Sig. = level of Significance

The results reveal that the high school parents have significantly higher level in escape-avoidance coping strategy than primary educational level at $p \le 0.01$

Discussion:

Throughout the course of the present study, it has been noticed that the majority of autistic children were males (82%), This result reflects the higher prevalence of autism in males compared with females which is consistent with many other studies which indicate that boys are more than girls in their study (80% boys, and 20% girls) (14, 15), also this result is consistent with the study which showed that the samples included 83.7% males and 16.3% girls (16). In regard to the children's age, 66% ranged between 3-5 years, and most of children were diagnosed at an age between 2-3 years, this study consistent with study which reveal that more than half of children with autism was discovered in age 2-5 years, also with study that show that the autism typically appears in the first 3 years of life. These studies may reflect the changes in the diagnostic criteria, and the increased awareness about autism among parents, medical, and educational professionals. Many researchers had got similar results (17, 18).

The majority of the parent's samples were mothers (64%) which might reflects the distribution of family roles between parents; fathers spend most of their time in work and had the provider's responsibility for household, so mothers look after the child therapy and treatment. More than half of them were college graduates (54%), while 24% were of secondary school level (figure 1), this finding might reflect a better awareness about autism among highly educated people this result is supported by other studies (9, 10). This study found that the majority of parents' sample (94%) were living together in the same household with their children whereas the rest (6%) were widows or divorced. This finding might reflect the nature of family cohesion in Iraqi culture.

The results of table (2) revealed that the domain of "planned problem solving gets

higher chance of being used by parents of autistic children followed by seeking social support ,whereas " distancing domain" get the lowest chance of use , preceded by escape-avoidance domain. This means that parents had used many coping strategies which reflect the burden of autism on the family. Positive coping strategies (social support, problem solving) were more frequently used than negative strategies (distancing).

The finding of table (2) is supported by study which indicates that seeking social supports were effective coping mechanisms for dealing with the daily stress of rearing a child with autism, also in a study which indicate that families effectively coped with stress through parent support groups and social support (19, 20). It is also inconsistent study which found that the avoidance coping strategy was high among parents who have children with severe ASD (21).

This study table (3) found significant differences in the parent's use of coping strategies in regard to their educational level specifically in distancing, social support, and planned problem solving strategies. The primary school graduated parents recorded significantly higher level in distancing coping strategy than high school and college graduated parents table (4), which means that they tended more frequently to use a negative coping strategy. Parents with high school and institute/college graduation are significantly higher in using planned problem solving and seeking social strategies than primary support coping educational level parents table (5, 6). This finding is supported by study which indicate that the factor that predicting higher levels of coping is the higher education also by study which found that there is significant relationship between levels of education and subscales of coping strategies (11,12). Educated parents have more resources for coping with their child's illness like having better financial status, being able to learn and develop healthy coping strategies, and they might be aware of attending seminars and workshops to improve their coping strategies in order to deal effectively with the problems of their child.

Recommendations:

The study recommends the establishment of parents' self-help groups (support groups) and educational programs for parents to improve their coping strategies. More studies about coping strategies which include larger samples and include other family members are also recommended.

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