

**A STUDY TO ASSESS THE LEVEL OF STRESS AND COPING
STRATEGIES AMONG MOTHERS OF AUTISTIC CHILDREN
AT SELECTED SETTING, IN A VIEW TO DEVELOP AN
INFORMATIONAL BOOKLET**



BY

301731005

**A DISSERTATION SUBMITTED TO THE TAMILNADU
DR M.G.R MEDICAL UNIVERSITY CHENNAI IN
PARTIAL FULFILMENT OF REQUIREMENT
FOR THE DEGREE OF MASTER OF
SCIENCE IN NURSING**

OCTOBER - 2019

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INTERNAL

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PLAGARISM CERTIFICATE

This is to certify that the Dissertation work Titled “ A STUDY TO ASSESS THE LEVEL OF STRESS AND COPING STRATEGIES AMONG MOTHERS OF AUTISTIC CHILDREN AT SELECTED SETTING, IN AVIEW TO DEVELOP AN INFORMATIONAL BOOKLET ” of the candidate D.SHANTHAKUMARI with registration number 301731005 for the award of M.Sc., Nursing in the branch of MENTAL HEALTH NURSING. I personally verified PLAGARISM CHECKER X.COM website for the purpose plagiarism check. I found that the uploaded thesis file contains from introduction to conclusion pages and the result shows 6% plagiarism in the dissertation.

Subject Guide Signature

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ABSTRACT

ABSTRACT

Statement of the problem:

A study to assess the level of stress and coping strategies among mothers of autistic children at selected setting, in a view to develop an Information booklet.

Study Objectives:

- 1) To assess the level of stress among mothers of autistic children.
- 2) To determine the coping strategies among mothers of autistic children.
- 3) To correlate the level of stress and coping strategies among mothers of autistic children.
- 4) To find out the association with the selected demographic variables.
- 5) To develop an information booklet on coping with stress for mothers of autistic children.

Methodology:

The design adopted was Descriptive research design in a selected setting .The sample size was 100. The sample is selected by means of purposive sampling technique. The level of stress among mothers with autistic children was assessed by Parental stress scale, the level of coping was assessed by COPE inventory.

Results:

The results shows that 59% of the mothers suffering from moderate stress, 41% are having severe stress.54% are having Inadequate coping skills, 46% are having moderately adequate coping skills , correlation was done between stress and coping skills where r value is -0.70.

Conclusion:

There was a negative correlation between stress and coping skills that shows there is significant relationship between stress and coping strategies.

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INTRODUCTION

CHAPTER – I

INTRODUCTION

*Awesome in every way, unique things
you accomplish every day, talented
beyond compare, intelligence you
willingly share, smiling face I adore,
motivates me to always do more.*

- *Michele Edwards*

Johns Hopkins and psychiatrist Leo Kenner was the first to describe autism and in 1944 by Australian pediatrician Hans Asperger.

Autism is one among the five pervasive developmental disorders (PDD) that are characterized by abnormalities of communication, social interactions, severely restricted interests and highly repetitive behavior.

Children with Autism Spectrum Disorders (ASD) are not physically ill or disabled such as someone with brain injury. ASD are mostly characterized by some or all of the followings: 1. Difficulties in interacting with others or socializing with other people 2. Communication challenges 3. Repetitive behaviour (National institute of Mental Health 2017).

The term “Spectrum” refers to the wide range of symptoms, skills, and levels of impairment that people with ASD (Autism Spectrum Disorder) can have (National institute of Health 2017).

The symptoms of ASD might be more severe on someone and less on the other (Viscidi et al. 2013).Autism is a spectrum disorders that has a variety of combination of symptom and behaviors that range from mild to severe males are affected more than female 4:1.

The symptoms include spinning, no speech, flapping hands, walking on tip toes, lack of eye contact, self injurious behavior, lack of interest in toys, dislike of being touched, non-speech vocalization, preoccupation with hands, lack of response, dislike of certain foods, repetitive behavior, aggressive behavior, lack of interaction with the children, extreme dislike to touching certain textures, confusion between pronoun I and you, treating other people as if they were inanimate objects.(www.autism.study).

Some autistic children are mute but others are at some success but still cannot communicate effectively. (Tager flushberg et al 2009).Autistic child speak in a robotic tone. (Flipek et al 2000).Autistic individuals cannot able to understand the intentions of other person's action (Zalla et al 2011).

Autism is increasing in proportions in India and as per statistics it is about 1 in every 200 persons, epidemiological studies estimate that there are approximately 1.7 million individuals with autism in India (Nair 2007).

The main focus of the study is not to explore ASD (Autism Spectrum Disorder) but about the challenges faced by the parents in rearing their children, and also to investigate about the coping strategies used by mothers of autistic children.

BACKGROUND OF THE STUDY

The World Health Organization has described Autism Spectrum Disorder (ASD) as group of complex disorders of brain development that include impaired social interaction such as difficulties in verbal and non-verbal communication and speech along with repetitive or stereotyped behaviors and often narrow range of interests and activities that are both unique to the individual. Individuals with autism can experience a type of sensory sensitivity to different sensation such as touch,

sounds, taste, light and temperature and pain. For example, different background sounds of environment which rarely interrupts other people may make autistic person sound harsh and distracting while causing them feel anxiety as well as physical pain (WHO 2017).

Stress is the trash of modern life, we all generate it but if you don't dispose it properly it will pile up and overtake your life (Terri Guillemets).

Parenting is a tough role and having a child with disabilities can make it more difficult as these children have impairment in physio-psycho-social development parents find their roles very stressful resulting in social/economic/physical and physiological problems(Hartley et al 2010).

Parents find more stressful to accept the disability of their child (Sharief 2014).Stress is normal part of life and everyone experiences stress in different degrees depending on persons tolerance level, stress exits when environmental / internal demands exceeds the individual resources for managing them (Horloryd &Lazarus 1982).

When raising a child with disabilities parents go through a significant changes in their life to accommodate and adapt the constant change accompanying the growth of child (woodman and harer 2013).Although both parents report stress level that is higher than normative group (wong, Michael 2011).

A gender difference is also reported such that the stress level of mothers having disabled children is much higher than that of fathers (Bawalsah 2010).Women who were working tend to experience more stress than women with low education in rearing disabled child (wang et al 2015).

Having girl child with disabilities is more stressful to parents than male child with disabilities (Kamasudhir 2015).Parents factor such as gender, family history, mood states, beliefs about child development and ideas on how to best raise a child will have a direct impact on the way in which parent behaves (Crnic and low 2002).

Individuals usually cope with problem in different ways that depends on n one's personalities, problem solving ability, nature of stress and methods used to solve these issues (Folkman).Coping efforts serve two purposes management of persons, environmental relationship and regulation of associated stressful emotions (Folkman & Lazarus).

COPING STYLE (Lazarus):

PROBLEM FOCUSED COPING STYLE: These are used by an individual when he/she assesses that harmful, threatening or challenging situation is amenable to change, the individual thus perceives the stressful situation as alterable &with in his/her control to make changes, Individual who faces this situation usually ignore emotional component and employ the coping strategies like collecting information, conflict resolution, planning and decision making are used (Lazarus 1984).

EMOTION FOCUSED COPING STYLE :This is used when individuals feels that there is not a thing that can be done to alter modify the stressful situation, they use strategies like seeking social support, affect regulation, acceptance, running of emotions (Carver et al 1984).

ACCEPTANCE COPING: It involves active cognitive, behavioral efforts to understand given situation (Dahlbeck 2008).

AVOIDANT COPING : It is use of cognitive and behavioral efforts directed towards minimizing or avoiding stressful events the strategy used are avoidance, denial, wishful thinking (Lazarus 1984).

PARENTAL COPING:

The parents of children with disabilities pass through the series of different stages while adjusting the situation arise from birth of disable child (Mc Conactive 1986).Early parental reaction soon after the diagnosis of child include ambivalence, anger, confusion, denial, self pity, blame feelings, grief, guilt, mourning, rejection, shock, suicidal impulses (Mary et al 1990).

Parents require coping skills to cope with stress resulting from extra familial factors and inter personal factors or child factors (Webstar 1990).The effect of the stressors on the parents depends up on the parent's psychological wellbeing and the amount of support they receive from friends, family and other personal resources (Olsen et al 2003).

The main goals for treating the children with autism are to lessen family distress and to increase quality of life, families and educational system are the main resource for treatment. Service should be carried out by behavior analyst, special education teachers, speech pathologists and psychologists

1.1 NEED OF THE STUDY

Nationally 1 in 59 children had a diagnosis of Autism Spectrum Disorder (ASD) by the age 8 in 2018 (CDC – Centre for disease control and prevention 2018).Autism Spectrum Disorder is considered to be second common development disability in United States (Newschaffer et al 2007).

It is estimated that there will be a rise of 10% to 17% of cases each year which reach around 4 million individuals by the year 2015 (Autism society of America 2010).Boys are more likely to be affected by autism than girls (CDC).

Approximately 75% to 80% of individuals with autism are said to develop mental retardation as a co morbid symptom (WHO 1993).Parents who have a child with autism have a chance of 2%-18% of having second child with autism (www.autismspectrum.org).

There will be greater anxiety and stress in Parents who are caring for autistic (Cummings 1986).Evidence shows that there will be increased anxiety, depression and financial difficulties (Gargiulo 1985).

The coping strategies like social support, positive reappraisal, plan full problem solving and emotional regulation were used by the parents who are caring for autistic child (Smith 2003).

The importance of family dynamics in handling stress due to having child with disabilities is studied (Phelps et al 2009). Parents who used avoidance coping strategies have more stress and poor quality of life (Siah & Tan 2016).

A study was conducted to assess the relationship between severity of autism and coping styles used by the parents and came to conclusion that most parents used emotional oriented coping style (Lyons & Leon 2010).

The incidence of autism is found around the globe, autism knows no racial, ethnic, social boundaries, family income, lifestyle and educational level, according to WHO around 1.7 million people are said to be autistic, experts estimate that around 2 to 6 children out of 1000 are said to be affected with autism (autism society).

Family members of children with autism are said to have negative psychological effects, studies shows that they have a risk for depression, social isolation and marital dispute. Some of the parents will have feelings of disbelief, inadequacy, anger, shock and guilt. Mainly the mothers of children with autism were found to be easily upset and disappointed with their child (www.autismindia.org).

After the diagnosis of an autistic child parents were reported to experience feelings like losing of loved one, the reaction include shock, denial, poor cope, depression, guilt feelings and anxiety (www.brightshots.com).

The mothers of autistic child are said to have high anxiety, emotional disturbance, and frustration from criticism. Studies also shows elevator level of anxiety, the parents of autistic child shows limited friendship and the increased stress within their families (Lynn Hamilton).

Parents expectations and believes about parenting starts as soon as the child is born and it is modified through interactions with their developing child. As the children with the autism tend to behave in an unusual manner, the parenting role is altered and experiencing high stress. A study reveals that stress and depression is negatively associated (www.brighthots.com).

In a recent study mothers of children with autism reported more trouble in understanding their children behavior than mothers of typically developing normal children. Accurate knowledge of autism may aid parents into their children difficult behavior. Depression and stress are two ailments parents experience in rearing a child with autism (Eric Hollander et al).

As the most of the research was done on autistic children compared with other disabilities like mental retardation, learning disability, Intellectual disability. Parenting a child with autism puts a very high demand and hence it make difficult to cope, Mothers plays a major role in parenting a child that too if the child is autistic she is piled up with severe stress, so the researcher aims to understand the level of stress faced by mothers and coping strategies used by her.

It will help the investigator to conclude the type of coping strategies used by most of the mothers and in what area they have to be strengthened so that it helps to develop a module on effective coping skills.

The stress of the parents demands extra effort from parents in dealing with autism disorder with the demands of everyday living in saving their children.

Coping involves effort and strategies aimed to manage the stress. Association were also found between the stress and coping strategies.

So, the researcher interested to assure the stress of mothers with autistic children and how the mothers react and use the coping strategies while raising a child with autism.

1.2 STATEMENT OF THE PROBLEM

A study to assess the level of stress and coping strategies among mothers of autistic children at selected setting in a view to develop an Information booklet.

1.3 OBJECTIVES

- 1) To assess the level of stress among mothers of autistic children.
- 2) To determine the coping strategies among mothers of autistic children.
- 3) To correlate the level of stress and coping strategies among mothers of autistic children.
- 4) To find out the association with the selected demographic variables.
- 5) To develop an information booklet on coping with stress for mothers of autistic children.

1.4 OPERATIONAL DEFINITION

Coping Strategies:

It is a cognitive, behaviour and effective efforts used by an individual to deal with stressful situations with an aim to reduce internal and actual demands with the stressful situations and it is measured by cope inventory.

Level of Stress

It is an emotionally unbalanced state as a consequence of perceived difference between situational demands and it is measured by parenting stress scale.

Autism

A developmental disorder of variable severity that is characterised by difficulty in social interaction and communication and by restricted or repetitive patterns of thought and behaviour.

Autistic children

A child diagnosed with autism, characterized by impaired communication, excessive rigidity and emotional detachment.

Mother with autistic children

The Individual who has primary responsibility for rearing and autistic child.

Information booklet

Refers to systematic information of various aspects of stress and coping strategies of mothers with autistic children.

1.5 HYPOTHESIS:

H0 : There is no significant relationship between level of stress and coping strategies among mothers of autistic children.

H1 : There is significant relationship between level of stress and coping strategies among mothers of autistic children.

1.6 VARIABLES

Research Variables:

Stress and coping strategies among mothers of autistic children.

Demographic Variables:

Age of mother, Age of child, Sex of child,, Religion, Education, Occupation, Income, No. of Children, Availability of any support system, Type of Family.

1.7 ASSUMPTION

- 1) The mothers with autistic children may have high level of stress.
- 2) The mothers with autistic children may have poor coping strategies.

- 3) It is assumed that stress and coping strategies vary from person to person.
- 4) The increase level of stress of mothers with autistic children will affect the coping strategies.
- 5) It is assumed that information regarding coping with stress may promote the wellbeing of mothers with autistic children .

1.8 DELIMITATION

- 1) The study is delimited to period of 4 weeks.
- 2) The study is delimited to selected settings.
- 3) The study is delimited only with mothers of autistic children.
- 4) The divorced and single parents were not included in this study.

PROJECT OUTCOME

- 1) The findings would provide an insight regarding autism and has to rear children with autism and thereby reduce stress.
- 2) The findings would help to strengthen the needed coping strategies.
- 3) The findings help to develop an Information Booklet on coping strategies for mothers with autistic children.

SUMMARY

This chapter contains background of the study, significance and need for the study, title, statement of the problem, objective, variables of the study, assumption, operations definitions, delimitations and project outcomes.

**REVIEW OF
LITERATURE**

CHAPTER – II

REVIEW OF LITERATURE

The review of literature is essential to all steps of all research process this prospective review is based on broad systemic, critical and evaluation of the important published scholarly literature and unpublished research finding. Reading the literature is to develop sound studies that contribute to development of knowledge in the aspect of theory, research education and practice.

Review of literature is a critical summary of research on a topic of interest often prepared to put a research problem in context as the basic for an implementation project. (Polit & Hungler,2002)

Review of literature was done for the present study and presented in the following headings.

PART – I: Review Of Literature

2.1: Literature related to stress among mothers of autistic children.

2.2: Literature related to coping strategies among mothers with autistic children.

PART – II: Conceptual Framework

PART - I

2.1 Literature related to stress among mothers of autistic children.

Noor Ismael, Mische Lawson et al. (2018) A cluster analysis was done on coping strategies among care givers of children with autism spectrum disorder. Secondary data analysis was assessed through cope inventory, and came to conclusion that they used different coping style like social/ Support/planning/Reactive self. Supporting Reappraisal.

Mohammad (2018) the study evaluated level of stress among parents of children with autism, Down syndrome. Parenting stress index short form, Brief Cope used to assess the parents. There is no significant difference in the level of stress and the study did not show any relationship between demographic variables and level of stress.

Agyekum, Ghana(2018) The study aimed at challenges and coping strategies for parents with autistic children semi structured interview were used for data collection parents used coping strategy like god support family members and family support as well as taking leave to help their children.

Fazaila Sabiha, wahid (2018) aimed to study the level of parenting stress and associating factors of stress in parents learning children with autism. A total of 30 mothers and 30 fathers with autistic children were selected and their stress level were assessed through parental stress scale. They concluded that there was significant stress in parents of autistic children. Mother experienced more stress than father.

Smith, et al (2018) Studied about the impact of autism and coping on the well being among mothers having children with ASB, 151 mothers of toddlers with ASD is Compared with 201 mothers of adolescents with ASD both the groups have different level of depression and significant difference also found on the wellbeing. While studying about coping strangers both groups actively involved in copying, the Toddless mothers used coping styles like venting of emotions, denying and disengaged behaviors, rather than adolescent mothers.

Sheri R. Kiami and Shelley Gold (2017) Studied maternal stress, coping strategies and support needs among mothers of children with ASD. 70 Mothers were given parent stress index short form, coping health inventory for parents and modified family needs questionnaire and it helps to identify important unmet needs like financial support, break from responsibilities, getting enough rest, counselling for the mothers.

Ciara Padden (2017) studied on stress among parents of children with or without ASD. They compared parent reported stress, anxiety and depression as well as selected physiological indicators like level of cortisol alpha amylase ambulatory blood pressure and heart rate between 38 mothers with and without ASD. The study shows that higher use of number of adaptive coping strategies in comparison to parents developing children.

David Preece and Vladimir (2017) Studies about the families with autism spectrum disorder. They found that it not only affect the child but also family functioning and quality of life parent education is given as a intervention for the group. And came to conclusion that it reduces the stress, anxiety improved coping and improved parent child interaction.

N. Somasckhar (2017) Aimed to study compare perceived stress and coping strategies in parents with autism intellectual Disability children. 30 parents of autism and intellectually Disability were selected and assessed their stress level coping strategies through stress scale brief cope scale and concluded that parents of children with autism are experiencing more stress and seeking more social support than the parents of intellectual disability.

Khan and Alam (2016) studied the coping strategies of parents having children with many forms of developmental disabilities. They came to conclusion from reviewing many papers that the symptoms have great threat to physical health and wellbeing. That it range from stress coping and then to depression and other psychological symptoms include low self-esteem, pessimistic attitude lack of belief in the child and they also came to conclusion that mothers are easily affected rather than fathers. Most of the mothers seek support and help from others and also they revealed that positive coping like realistic appraisal, optimism are used so that parents feel less stress.

Khan and Humtsoc (2016) studied the quality of life experienced by parents with children suffered from ASD and LD. Totally 60 mothers participants were selected and their quality of life were assessed based on all four domains. The mother

with ASD children scored low in all four domains of quality of life like physical, Psychological, social relationships and environment as compared to mothers with LD children.

Pepperell (2016) The study explored the psychological and social needs of parents with in the same family unit raising a child with ASD. Semi structured interview was done to 10 mothers and 9 fathers, both showed adopting problem focused coping strategies. Mostly mothers engaged in emotion focused strategies.

Swati Arora, Dr.Neelam Pandey (2016) Studied to determine the level of stress and different coping mechanism used by parents with autistic children training module was implemented to 100 participants the module insisted to enhance the coping techniques and reduce the level of stress. Parental stress index and F-COPES was assessed and revealed that there was significant improvement in the reduction of stress and effective coping techniques.

Nicole M.Storms (2016) studied about the stress and coping strategies used by parents when raising young child with an ASD, Results shows that the parents with young children affected with ASD was suffered from severe stress, social support coping strategy was used and came to counseling, support groups and family members to address stress associated with raising a young child with Autism.

Atefeh Soltanifar (2015) the objective of their research is to evaluate the parenting stress among fathers and mothers of children with ASD and find the correlation between severity of the disorder in children and level of parental stress 42 participants were selected stress level were assessed using parenting stress index the findings shows that parents with ASD children have many emotional needs which should be considered in planning effective treatment strategies for their children.

Shin and Park (2015) studied broadly on two objectives, first they studied how the behavioral problem associated with autism and coping of mothers affect parental stress. The second objective studied the moderating effect of coping between perceived effect of behavioral problems of children with autism and parental stress,

the study was conducted on 106 participants and came to conclusion that parents tend to experience higher level stress strategies.

2.2 Literature related to stress and coping strategies among mothers of autistic children.

Sunayan (2015) studied about the quality of life and profile of stress of parents having autism children. 160 participants were purposively selected and assessed quality of life and stress and researcher came to conclusion that there is relationship between symptoms of autism and quality of life.

Lyons and Leon (2015) Aimed to study the severity of autism in relation with the coping style of parents of autistic children. Totally 77 parents were selected and given coping inventory for stressful situation and QRS – F (Questionnaire on Resource and Stress – Freidricho Short form) and results shows that parents who used coping strategy of emotional basis. There was a great parental & Family difficulties. If the coping strategy focused on task at and then there was a lower score in physical incapacity, if avoidance and distraction technique were used then there was higher stress level among parents.

Nisha Vidhyasagar and Susan Koshy (2015) Studied stress and coping in mothers of autistic children and normal children .A quasi experimental research design was used 25 mothers with autistic children and 30 mothers of normal children .parental stress scale and ways of coping questionnaire was done .results shows that there is increased stress level for autistic mothers than mothers of normal children. Mostly confrontive coping technique was used by the mothers.

Dardas and Ahmad (2014) they made comparative study on QOL of Arab fathers and mother with autistic children and predicted that QOL psychological variables affected by autistic disorder. Totally 195 participants were selected and admitted with quality of life assessment parenting stress index short form and way of coping check list revised and came to conclusion that coping as influence on quality of life and stress. Parents who are not effectively coping with stress have poor quality

of life. On the other side if they involve actively coping with stress as tend to experience better quality of life and also concluded that working mothers have better quality of life. When compared with non-working mothers along with higher income.

Jesan Ara and Kamaluddian (2014) Studied to assess the impact of psycho education on care givers mental health and level of stress of children with autism. Pre post design was used to assess the perceived stress and mental health condition of the subjects. There was significant improvement in the post. That participant's mental health and reduced level of stress.

Latefa Ali Dardas (2014) studied about the stress coping strategy and quality of life among Jordian parents of children with autistic disorder. The 184 study participant was selected using a descriptive cross sectional design, self-administered questionnaires' on parenting stress, coping strategies and quality of life was done. The result show, that parent of children's with autism experience higher level of stress. Positive appraisal were frequently used coping strategy and shows poor quality of life.

Mcstay, et al (2013) assessed the relationship between stress of parent and various characteristic of children with ASD. Totally 150 parents with adolescent children with autism were assessed on parental stress and perceived quality of stress. Parental stress depends upon symptom of children and also the quality of life of parents depends upon child quality of life.

Sheela Upendra (2013)The study aimed to assess the stress and coping strategies of mother of children with Autism. 30 sample were selected through random sampling technique. Parental stress scale and COPE inventory was assessed. It shows that the mothers has severe level of stress

Syeda Shahida (2013) studied the factors associated with stress among parents of children with autism.100 parents were selected and measured childhood autism rating, sense of coherence, parenting self efficacy, parenting stress and concluded the severity of child's impairment emerged as a most risk factor for parenting stress.

CONCEPTUAL FRAMEWORK

CONCEPTUAL FRAMEWORK

PART- II

2.3

A conceptual framework provides a rationale for predictions about relationship among variables in the research study. Conceptual frame work facilitates communication and provides a systematic approach to nursing research, education, administration and practice.

Conceptual frame work also gives meaning to the problem and study findings by summarizing existing knowledge in the field of enquiry and identifying linkage among concepts.

The conceptual frame work of the present study is based on **Betty Neuman's System Model (1995)**. It mainly focuses on stress and stress reduction, and also concerned with effect of stress on health. In this model the person considered (Mothers with autistic children) as an open system who interacts with the environment. The mother has a core consisting of basic structures that encompasses the energy resource for their healthy survival. The first lines around the basic structure are the line of resistance, and then the middle one is normal line of defense and outer most is flexible line of defense.

The line of resistance are nothing but series of lines surrounding the basic core structure which represent the internal factors of a person that help in defending against stressors. The normal line of defense is represented as a solid line outside the line of resistance. This is a person's equilibrium state or usual level of wellness. The flexible line of defense is depicted in the model as a broken line outside the normal line of defense. This line acts as a protective barrier to prevent stressor from breaking through the normal line of defense. If the flexible line of defense cannot protect a person from stressor, the stressor can break through normal line of defense causing reaction that depends on the client's line of resistance.

Neuman defined stressor as a potential tension producing stimuli leading to disequilibrium. The stressors are classified into intra personal, interpersonal and extra personal factors.

Intra personal factors

The intra personal factors are stimuli that occur within the individual. In this study it refers to age of mother, gender, educational status, marital status, religion, type of family, number of children, and previous source of information regarding stress and its management.

Inter personal factors

The inter-personal factors are stimuli that occur between the individual. In this study the inter personal factors are age of the child, sex of the child, severity of symptoms, child expectations, conflicts and poor communication

Extra personal factors

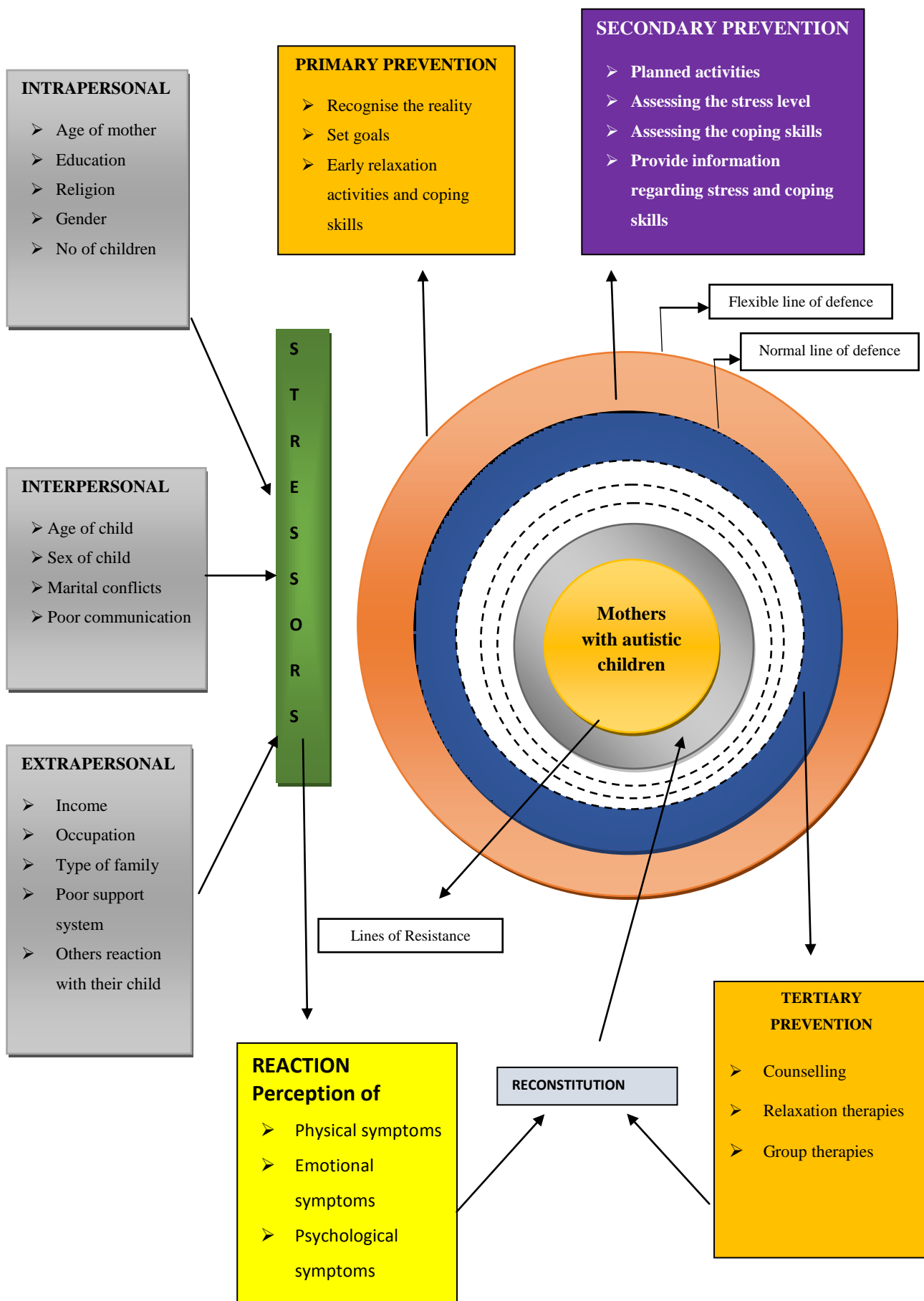
The extra personal factors are those stimuli that occur outside the person. These factors in this study include income, available support system, type of family, perception of neighbours, religion, occupation.

Degree of reaction

The degree of reaction is the amount of system instability that occurs after exposure to a stressor. As a part of reaction, a person's system can adapt to a stressor. This adaptation is called reconstitution.

According to Neuman, specific interventions are used to maintain system stability. This includes primary prevention, secondary prevention and tertiary prevention.

Fig 1: Betty Neumanns Conceptual Model



**RESEARCH
METHODOLOGY**

CHAPTER – III

RESEARCH METHODOLOGY

According to Polit and Beck (2004) Research methods are the techniques used by researchers to structure a study and to gather and analyse information relevant to research question.

This chapter deals with the description of methodology and the various steps adopted to collect and organize data for the study methodology is an important part for the study that makes the researcher to project the research. It involves the steps in which researcher identifies the problem to its final conclusion.

This section includes the research approach, research design, variables, setting of the study, population, sample, and sample size, sampling technique, sampling criteria, development of the tool, description of the tool, content validity, reliability, pilot study, data collection procedure and plan for data analysis.

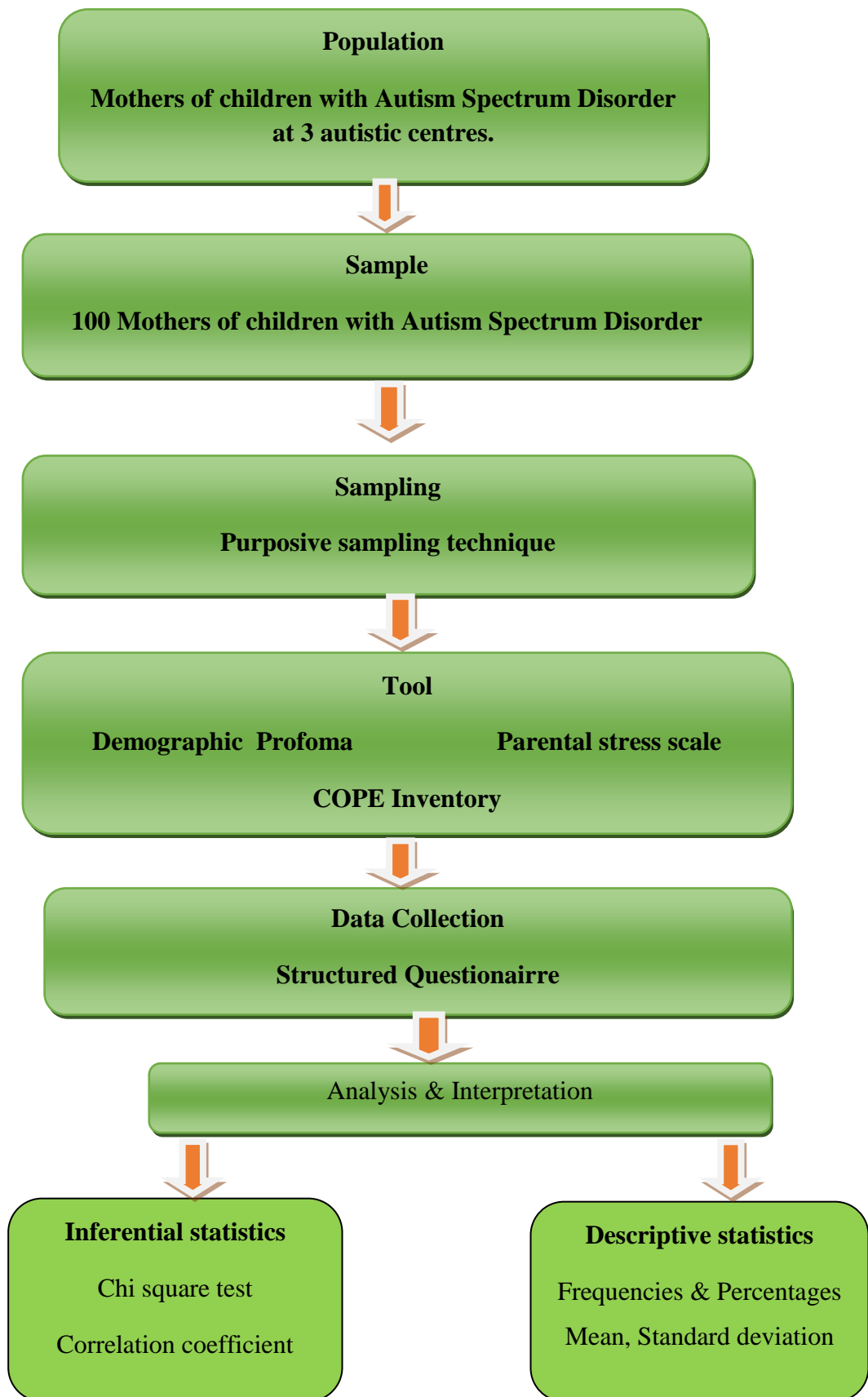
3.1 RESEARCH APPROACH

The Quantitative research approach is used by the investigator to assess the level of stress and coping strategies among mothers of autistic children.

3.2 RESEARCH DESIGN

According to Polit and Beck (2004) the research design is the overall plan for obtaining answers to the questions being studied and for handling some of the difficulties encountered during research process. The research design selected for this study is Descriptive Research Design.

Fig 2: Schematic Representation of Research Design



3.3 VARIABLES UNDER STUDY

Research Variables:

Stress and coping strategies of mothers with autistic children.

Demographic Variables:

Age of mother, Age of child, Sex of child,, Religion, Education, Occupation, Income, No. of Children, Availability of any support system, Type of Family.

3.4 RESEARCH SETTING

According to Polit and Beck (2004) setting is the places where data collection occurs.

The selection of setting was done on the availability of conduction of study, availability of subjects and cooperation of authority. For this study, Shivesh autism centre Coimbatore, Smart learning centre Chennai, Thai rehabilitation centre Chennai, was chosen considering the samples, investigator acquaintance and cooperation from the institution.

3.5 STUDY POPULATION

Population refers to the complete set of individuals having common characteristics and it is composed of two groups. Target and Accessible Population.

Target Population:

Target population of the study comprised of all mothers of autistic children

Accessible Population:

Accessible population of the study comprised of mothers of autistic children who are at Shivesh autism centre Coimbatore, Smart Learning Centre Chennai, Thai rehabilitation centre Chennai.

3.6 SAMPLE

According to Polit and Hungler (1999) sample is a subset of population selected to participate in a research study sampling refers to the process of selecting a portion of a population to represent the entire population.

The sample of the study comprised of all mothers of autistic children at Shivesh autism centre Coimbatore, Smart Learning Centre Chennai, Thai rehabilitation centre Chennai, who fulfilled the inclusion criteria.

3.7 SAMPLE SIZE

The sample size consists of 100 mothers of autistic children at Shivesh autism centre Coimbatore, Smart Learning Centre Chennai, Thai rehabilitation centre Chennai, who fulfilled the inclusion criteria.

3.8 SAMPLE TECHNIQUE

Sampling technique refers to the process of selecting the population to represent the entire population.

The sampling technique used in this study was purposive sampling technique. According to the researcher concurrence the mother of autistic children who are at Shivesh autism centre Coimbatore, Smart Learning Centre Chennai, Thai rehabilitation centre Chennai, and who fulfills the inclusion criteria were selected as samples.

3.9 SAMPLING CRITERIA

Inclusion Criteria:

- 1) Mothers of child diagnosed to be an Autistic.
- 2) Mothers of autistic children who are willing to participate in the study.
- 3) Mothers of autistic children who are available during data collection procedure.
- 4) Mothers of autistic children who are available at selected setting.

Exclusion Criteria:

- 1) Clients who refused to participate in the study.
- 2) Only mother of autistic children will participate.
- 3) Mothers with co morbid physical illness.
- 4) Mothers already underwent training programme.

3.10 DEVELOPMENT AND DESCRIPTION OF TOOL

The following steps are carried out in developing questionnaire.

- 1) Literature review
- 2) Expert opinion

Literature Review:

Books, Journals, Periodicals, News Papers, Articles, Published Studies were reviewed and developed the tool.

Expert Opinion:

Researcher discussed with the experts and their valuable suggestions are incorporated in developing the tool.

3.11 DESCRIPTION OF RESEARCH TOOL

After discussing with the experts, and reviewing the literature, two types of tools were developed to collect the data.

- 1) Parenteral stress scale to assess the stress level of mothers.
- 2) Cope inventory to assess the coping strategies of mothers.

Format of the structured questionnaire includes

The following steps are carried out in developing questionnaire.

Section A :Consists of demographic variables.

Section B :Consists of parental stress scale.

Section C :Cope inventory by Carver C,S (2013).

Section A :

Socio demographic variables include Age of mother, Age of child, Sex of child,, Religion, Education, Occupation, Income, No. of Children, Availability of any support system, Type of Family.

Section B :

Parental stress scale (Berry & Jones 1995), parental stress scale attempts to measure the level of stress experienced by parents. It is a 18 item self report scale. Items represents positive (e.g. emotional benefits, personal development) & negative (demand on resources, restriction).

Section C :

Cope inventory Carver C.S. Modified Cope inventory is a 40 item questionnaire that ask you to indicate what you generally do and feel. When you experience stressful events.

SCORING KEY

Parental Stress Scale:

It is a 5 point scale. Which has 18 item each item supports to describe a specific manifestation of stress. The questionnaire are given and possible range of score i.e. from 18-90. To compute the parental stress scale item 1, 2, 5, 6, 7, 8, 17 & 18 should be reverse scored, low score for low level of stress and high score signifies high level of stress.

Modified Cope Inventory: It is a 4 point scale that has 40 items, each items specifies a particular coping inventory.

- Positive interpretation and growth 1, 19, 20, 38
- Mental disengagement 2. 11, 21, 27
- Focus on & venting of emotions 3,12, 18, 30
- Use of instrumental social support 4, 9, 20, 29
- Active coping 5, 17, 31, 37

- Religious coping 6, 13, 32, 39
- Use of emotional social support 7, 16, 24, 33
- Acceptance 8, 15, 28, 34
- Suppression of competing activities 10, 23, 26, 35
- Planning 14, 22, 25, 36

INTERPRETATION OF THE SCORE

With respect to **parental stress scale**. The scoring was designed as follows

- | | |
|---|-------------------|
| 1 | Strongly disagree |
| 2 | Disagree |
| 3 | Undecided |
| 4 | Agree |
| 5 | Strongly Agree |

0 – 30	< 50%	Mild stress
31 – 60	50% - 75%	Moderate stress
61 – 90	> 75%	Severe stress

With respect to **cope inventory**. The score were clarified as

- | | | |
|---|---|---------------------------------|
| 1 | - | Usually do this at all |
| 2 | - | Usually do this a little bit |
| 3 | - | Usually do this a medium amount |
| 4 | - | Usually do this a lot |

Below 50%	Inadequate coping
50% - 75%	Moderate coping
Above 75%	Adequate coping

VALIDITY OF THE TOOL

The content of the research tool was validated by 5 experts, 03 in the field of psychiatric nursing, 01 psychiatrist, 01 psychologist, minor suggestions regarding rearrangement were made in the tool and it was finalized and used in the main study.

3.12 RELIABILITY OF THE TOOL

The reliability of the tool as established by Karl Pearsons correlation coefficient method for parental stress scale is “r”=0.83 and cope inventory r value was “r” = 0.92 for coping strategies and the tools was found to be found to be reliable to conduct main study. The scores indicated a high correlation and hence the tool was considered as reliable.

3.13 ETHICAL CONSIDERATIONS

The study was conducted after obtaining approval from the institutional ethical committee PPG College of nursing Coimbatore. The respondents were explained about the purpose and need for the study. They assured that their details and answers will be used only for the research purpose. Further they were ensured that their details will be kept confidentially thus, the investigator followed ethical guidelines, which were issued by the ethics committee after getting a written permission.

3.14 PILOT STUDY

According to Polit & Hungler a pilot study is a small scale version or trial run down in preparation for major study. The principle focus of a pilot study is to assess the adequacy of the data collection plan. A pilot study should be arrived out with as much care as the major study, so that any detected weakness will be truly representative of inadequacies inherent in the major study. In this study, the pilot study was conducted with prior permission from the authorities obtained informed consent was obtained from 10 samples who were selected according to the purposive sampling method from 21.01.19 to 28.01.19. The data was collected by interviewing and using a questionnaire privacy and confidentiality was ensured. The study was found to be feasible in team of availability of sample cooperation of the institution, time & distance, money & material.

3.15 DATA COLLECTION PROCEDURE

Data collection is the gathering of information needed to address the research problem.

The study was done for the specified period of 4 weeks, the period of data collection is from February 4th to 28th February 2019, the data collection was done in 3 centres by getting official permission was obtained from the Director of Shivesh Autism Centre, Coimbatore, Thai Rehabilitation Centre, Smart Learning Centre, Chennai. The 100 mothers who fulfilled the inclusion criteria were selected by purposive sampling. Parental stress scale and cope inventory was given to 5 samples per day totally 30 samples were assessed in Thai Rehabilitation Centre, from 04/02/2019 to 09/02/2019, another 30 samples were assessed in Smart Learning Centre, from 11/02/2019 to 16/02/2019 at last 40 samples were assessed in Shivesh Autism Centre, Coimbatore, from 18/02/2019 to 28/02/2019.

The average time taken was 30 minutes per sample, a formal permission from the concerned authorities were obtained for conducting the study, confidentiality was ensured. The purpose of the study was explained to the patients and the informed consent was obtained from the mother. Stress coping strategies was measured by the self administered questionnaire and the investigator developed information booklet and distributed to the centres.

DATE	NO. OF SAMPLES
04/02/2019	5
05/02/2019	5
06/02/2019	5
07/02/2019	5
08/02/2019	5
09/02/2019	5
11/02/2019	5
12/02/2019	5
13/02/2019	5
14/02/2019	5
15/02/2019	5
16/02/2019	5
18/02/2019	4
19/02/2019	4
20/02/2019	4
21/02/2019	4
22/02/2019	4
23/02/2019	4
25/02/2019	4
26/02/2019	4
27/02/2019	4
28/02/2019	4

STATISTICAL ANALYSIS PROCEDURE

Both descriptive & inferential statistics were used.

Descriptive Statistics:

Analysis of demographic data of clients was done in terms of frequency and percentage distribution. Mean and Standard Deviation was used to compute the stress and coping strategies on problem related mothers of autistic children.

Inferential Statistics:

Correlation coefficient was used to study the correlation between stress and coping strategies.

Chi square test was used to associate the stress and coping strategies with the demographic variable.

**DATA ANALYSIS
AND
INTERPRETATION**

CHAPTER IV

DATA ANALYSIS AND INTERPRETATION

This chapter deals with the data analysis and interpretation to evaluate the level of stress and coping strategies among mothers of autistic children.

According to the study objectives the interpretation has been tabulated and organized as follows.

ORGANIZATION OF DATA

Section A: Description of demographic variables.

Section B: Assessment of level of stress and coping strategies among mothers of autistic children.

Section C: Correlation between level of stress and coping strategies among Mothers of autistic children.

Section D: Association of level of stress and coping strategies with selected demographic variables among mothers of autistic children.

SECTION A

Table 1: frequency and percentage distribution of demographic variables of stress and coping strategies

N=100

Demographic Variables	No	%
Age of Mother		
20 – 25	18	18
26 – 30	28	28
31 – 35	25	25
36 - 40	23	23
Above 40	6	6
Age of Child		
2 – 4	26	26
5 - 7	40	40
8 - 10	30	30
Above 10	4	4
Sex of child		
Male	47	47
Female	53	53
Religion		
Hindu	59	59
Muslim	19	19
Christian	22	22

Demographic variables	No	%
Education		
Primary education	20	20
Higher secondary education	42	42
Graduates	38	38
Illiterate	0	0
Occupation		
Employed	26	26
Unemployed	74	74
Family monthly income		
5000 – 10,000	05	05
10,001- 15,000	39	39
Above 15,000	56	56
No of children		
1 child	28	28
2 child	60	60
3 child	12	12
Types of family		
Nuclear family	49	49
Joint family	51	51
Availability of support system		
Relatives	50	50
Agencies	22	22
Social support	13	13
Others	15	15

Table 1:

Represents the frequency and percentage distribution of demographic variables of stress and coping strategies

With regard to age, majority 28(28%) of the mothers were 26 – 30 years, 25 (25%) of the mothers were 31 – 35 years 23 (23%) of the mothers were 36 – 40 years, 18(18%) of the mothers were 20- 25 years, 6 (6%) of the mothers were above 40 years of age

With regard to age of child majority 40 (40%) of the child were 5 – 7 years, 30 (30%) of the child were 8 – 10 years, 26 (26%) of the child were 2 – 4 years, 4 (4%) of the child were above 10 years of age.

With regard to sex of child 53 (53%) of the child were female, 47 (47%) of the child were male. With regard to religion majority 59 (59%) belong to Hindu, 22 (22%) belong to Christian, 19 (19%) belong to Muslim.

With regard to educational status of mother majority 42 (42%) were higher secondary, 38 (38%) were graduates, 20 (20%) were primary education. With regard to occupation majority 74 (74%) were unemployed, 26 (26%) were employed.

With regard to family monthly income majority 56 (56%) were earning above Rs.15, 000 39 (39%) were earning Rs.10,000 – 15,000, 5 (5%) were earning Rs.5,000 – 10,000.

With regard to number of children majority 60 (60%) of mothers were having two children, 28 (28%) were having one child and 12 (12%) were having three children.

With regard to type of family majority 51 (51%) of mothers living in joint family, 49 (49%) of mothers living in nuclear family.

With regard to availability of support system majority 50 (50%) were getting support from relatives, 22 (22%) were getting support from agencies, 15 (15%) were getting support from other means, 13 (13%) were getting social support.

SECTION A: Percentage distribution of demographic variables

Fig 3: Frequency and percentage distribution of age of mothers with autistic children

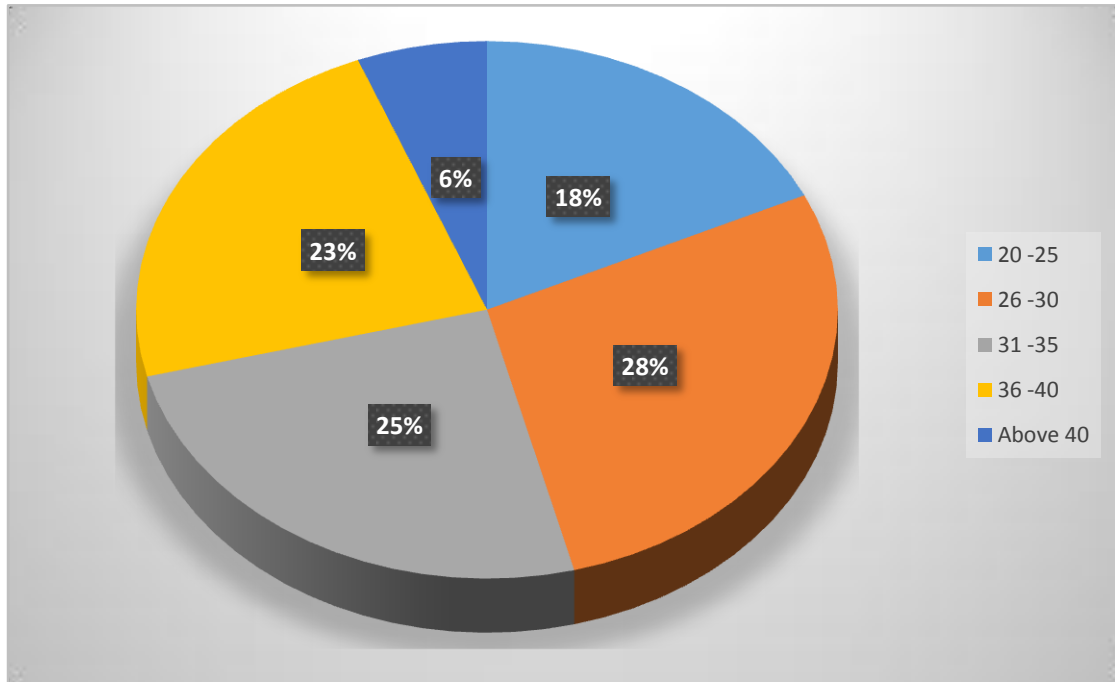


Fig 4: Frequency and percentage distribution of age of children with autism

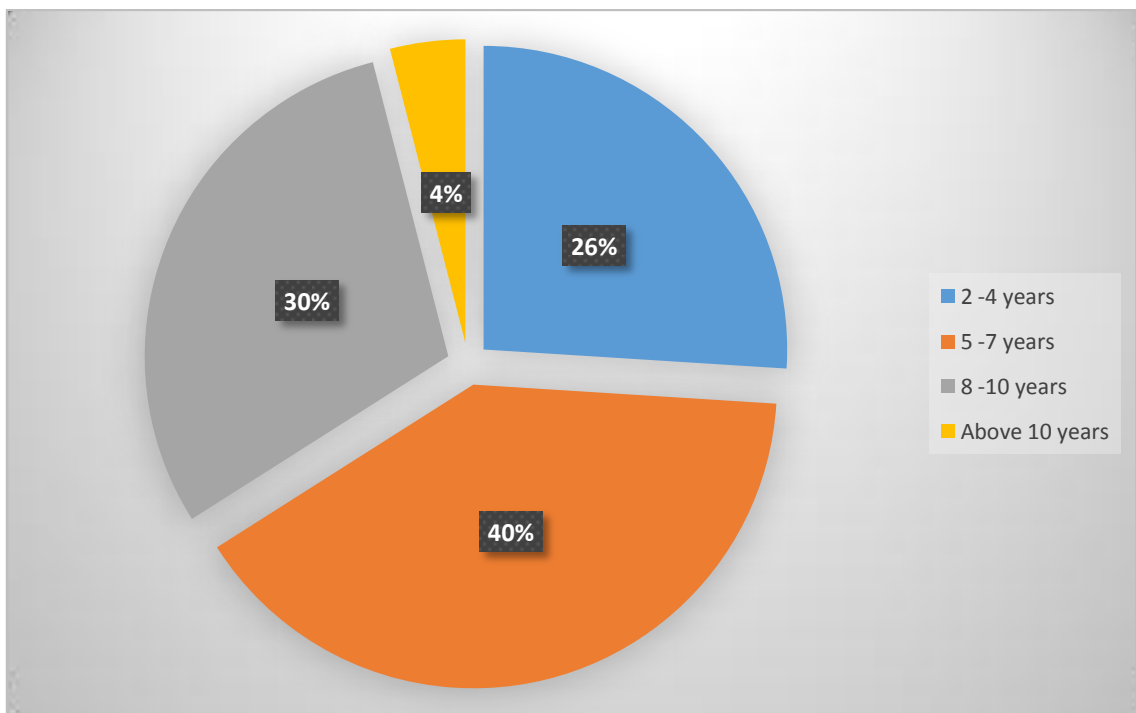


Fig 5: frequency and percentage of sex of autistic child.

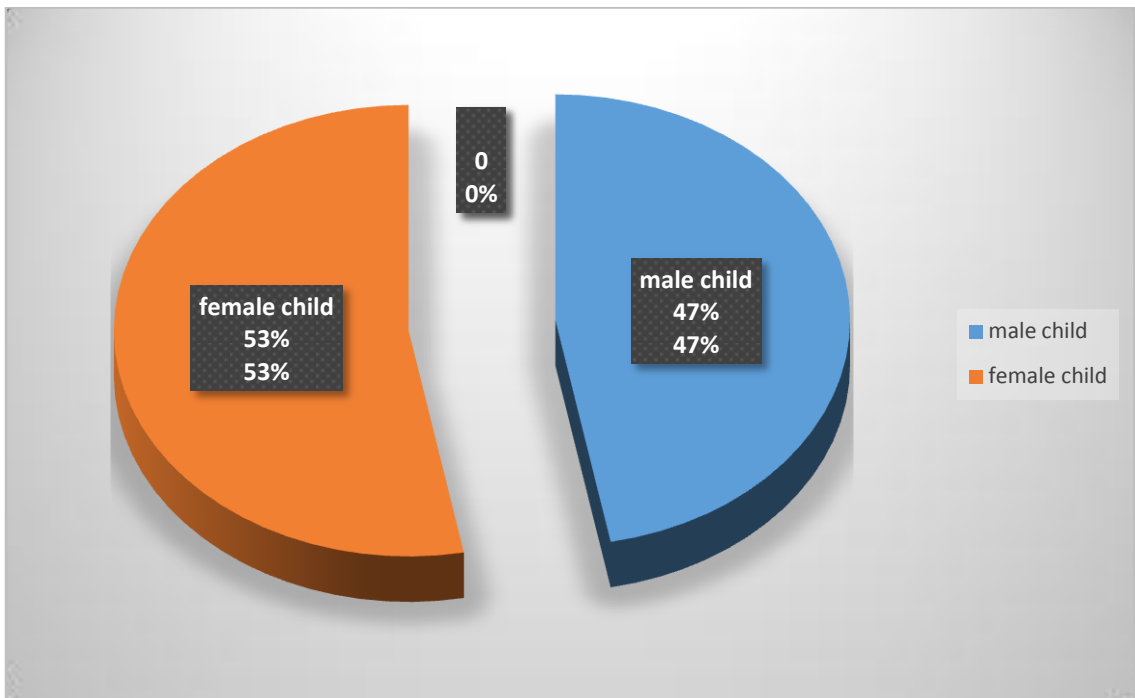


Fig 6: Frequency and percentage distribution of religion among mothers

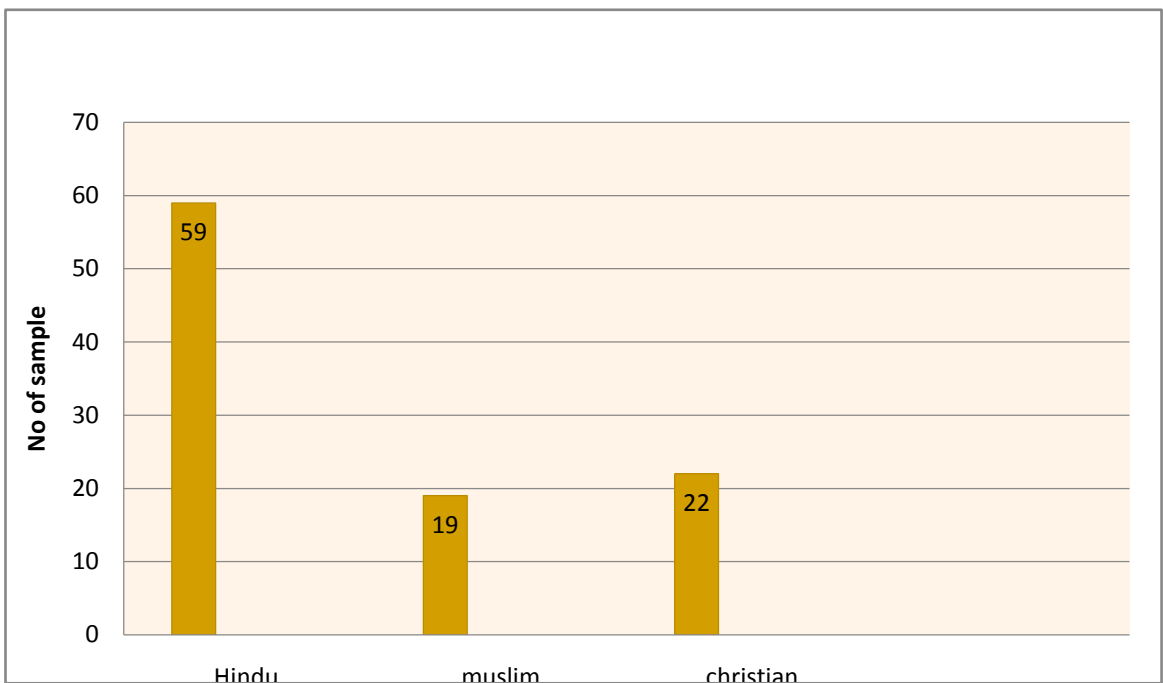


Fig 7: Frequency and percentage of educational status of mothers with autistic children

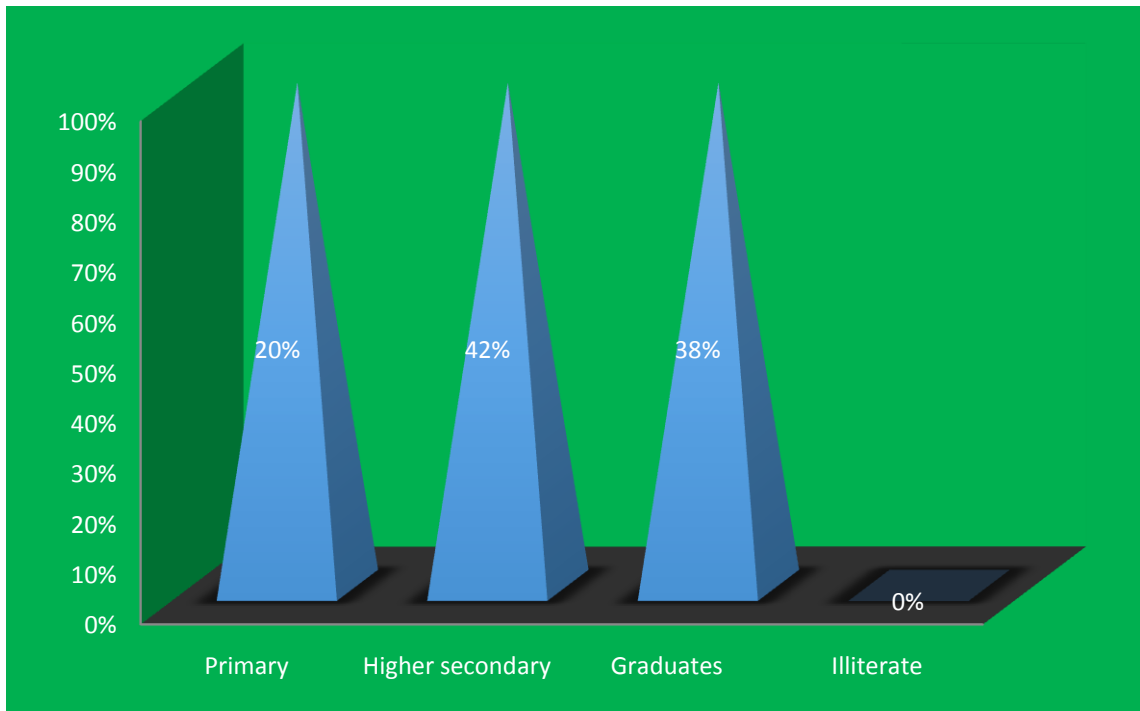


Fig 8: Frequency and percentage distribution of family monthly income

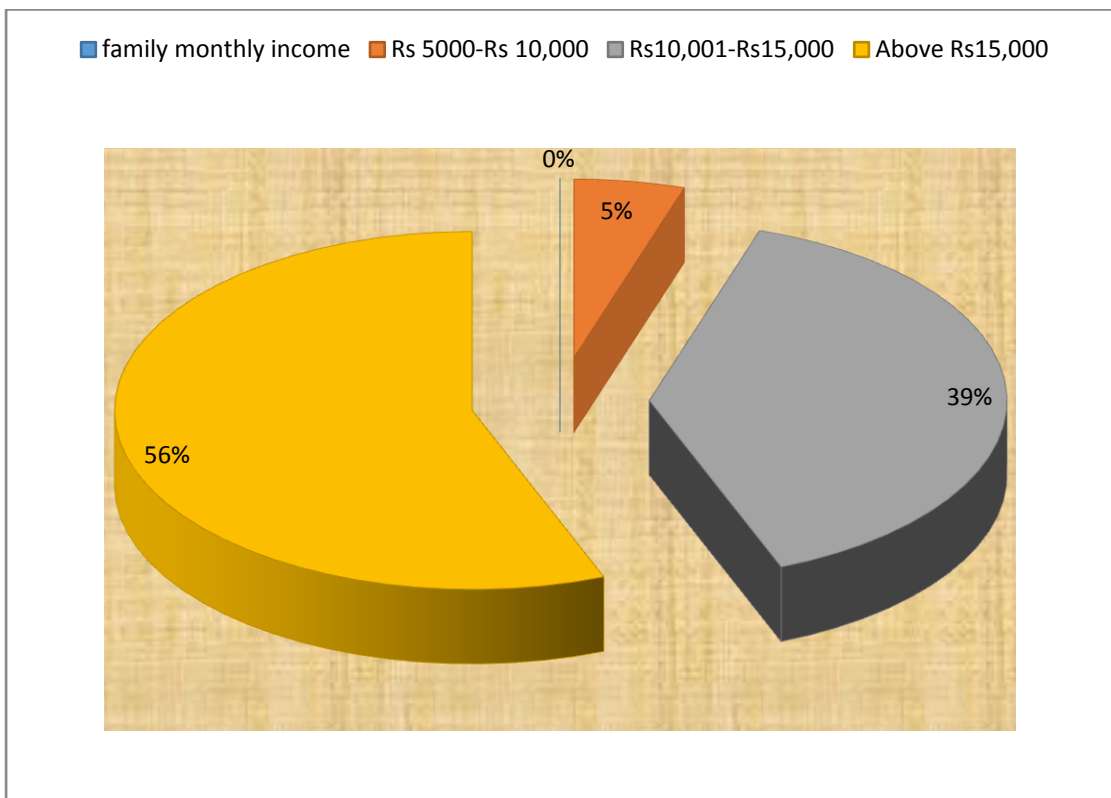


Fig 9: Frequency and percentage distribution of occupation of mothers with autistic children.

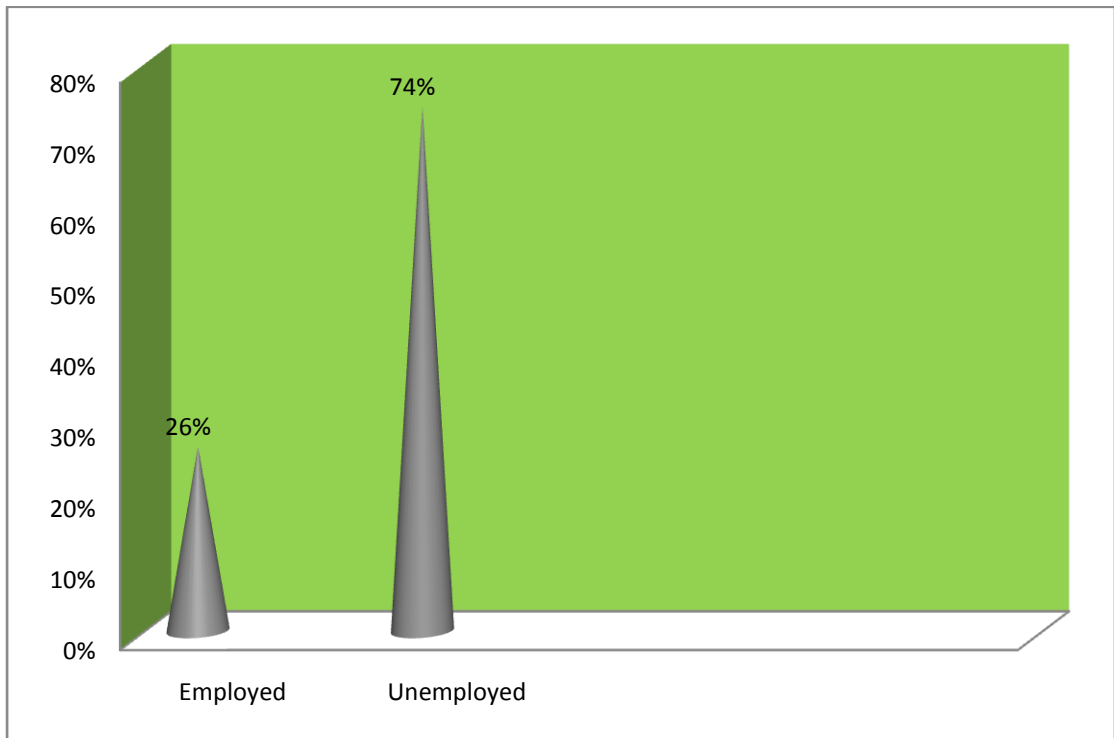


Fig 10: Frequency and percentage distribution of number of children

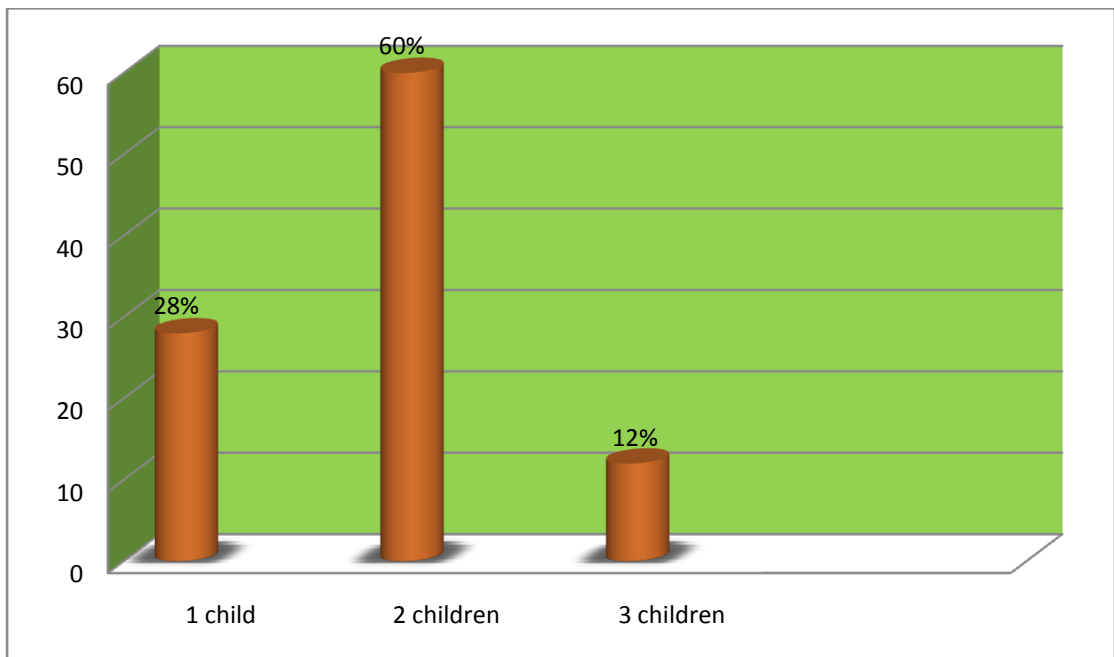


Fig 11: Frequency and percentage distribution of type of family.

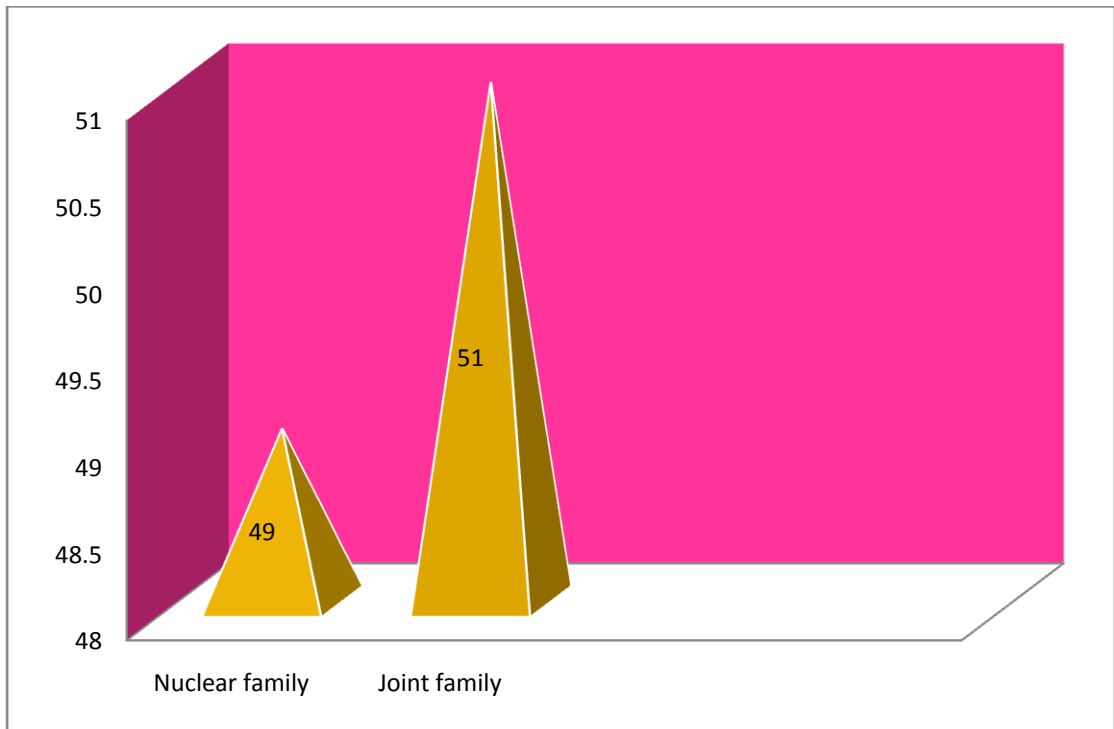
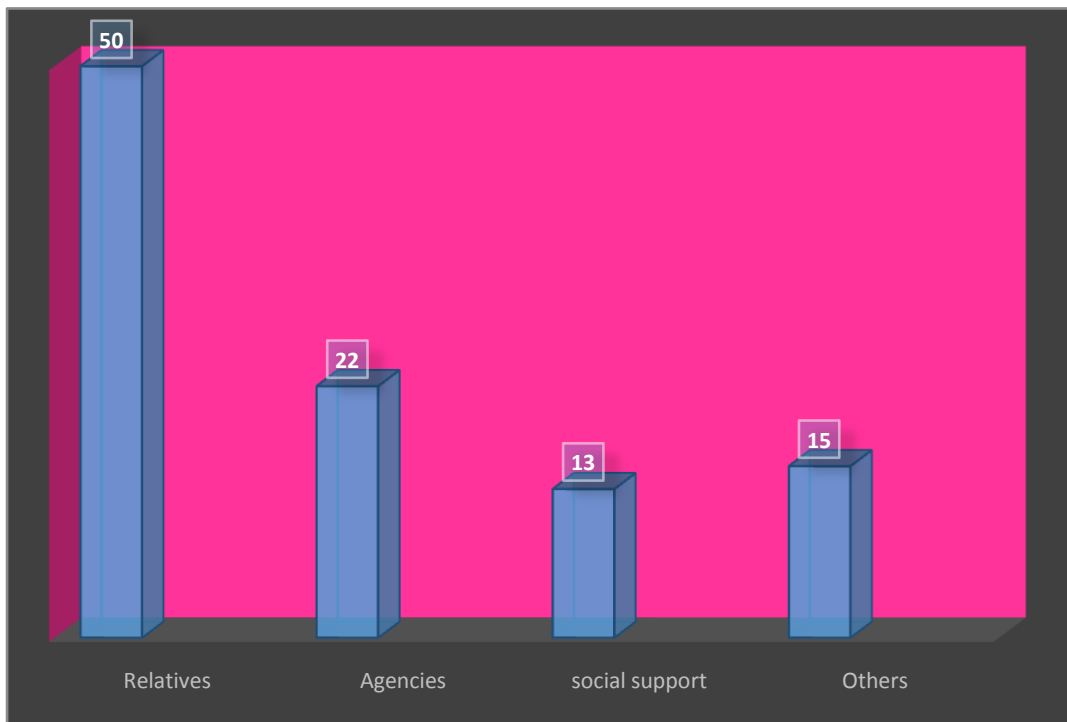


Fig 12: Frequency and percentage distribution of availability of support system



SECTION B:

Table 2: Frequency & percentage distribution of level of stress among mothers of autistic children

N=100

Variable	Mild <50%		Moderate (50 – 75%)		Severe (>75%)	
	No	%	No	%	No	%
Level of stress	0	0	59	59%	41	41%

Table 2:

Reveals that out of 100 samples about 59% of mothers with autistic children have suffering from moderate amount of stress that was assessed by parental stress scale and about 41% of mothers with autistic children has severe stress and it shows that none of them has mild level of stress.

Fig 13: Frequency and Percentage distribution of level of stress

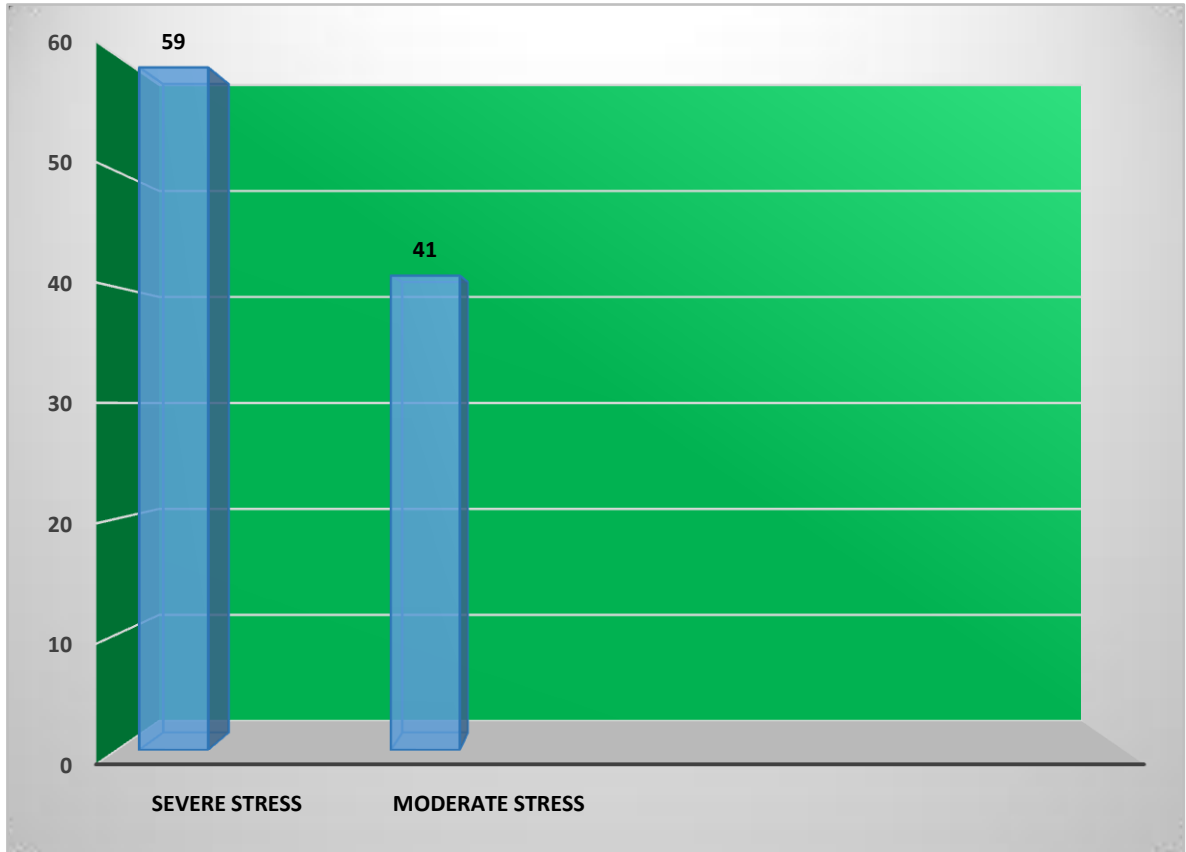


Table 3: Range, mean, mean percentage and standard deviation for the stress score

S. No.	Aspects	Max score	Range	Mean	Mean percentage	Standard Deviation
1.	Stress score	90	77 – 33	56.28	62.53%	5.68

Table 3

Shows that on assessment of stress among mothers of autistic children with parental stress scale shows that the stress score among mothers varies from lower score of 33 to a higher stress score of about 77 in the maximum score of 90, it shows the mean value of stress score of about 56.28, mean percentage 62.53% and standard deviation 5.68, that shows the mother stress score deviates among the mean value.

Table 4: Frequency & percentage distribution of level of coping strategy among mothers of autistic children

N=100

Variable	Inadequate <50%		Moderately adequate (50 – 75%)		Adequate (>75%)	
	No	%	No	%	No	%
Level of coping strategy	54	54%	46	46%	0	0

Table 4:

Reveals that out of 100 samples about 54 (54%) of mothers with autistic children had inadequate level of coping strategy, which was assessed by cope inventory and about 46(46%) had moderately adequate level of coping strategy among mothers with autistic children, and it is also assessed that none of them is having adequate coping skills.

Fig 14: Percentage distribution of level of coping

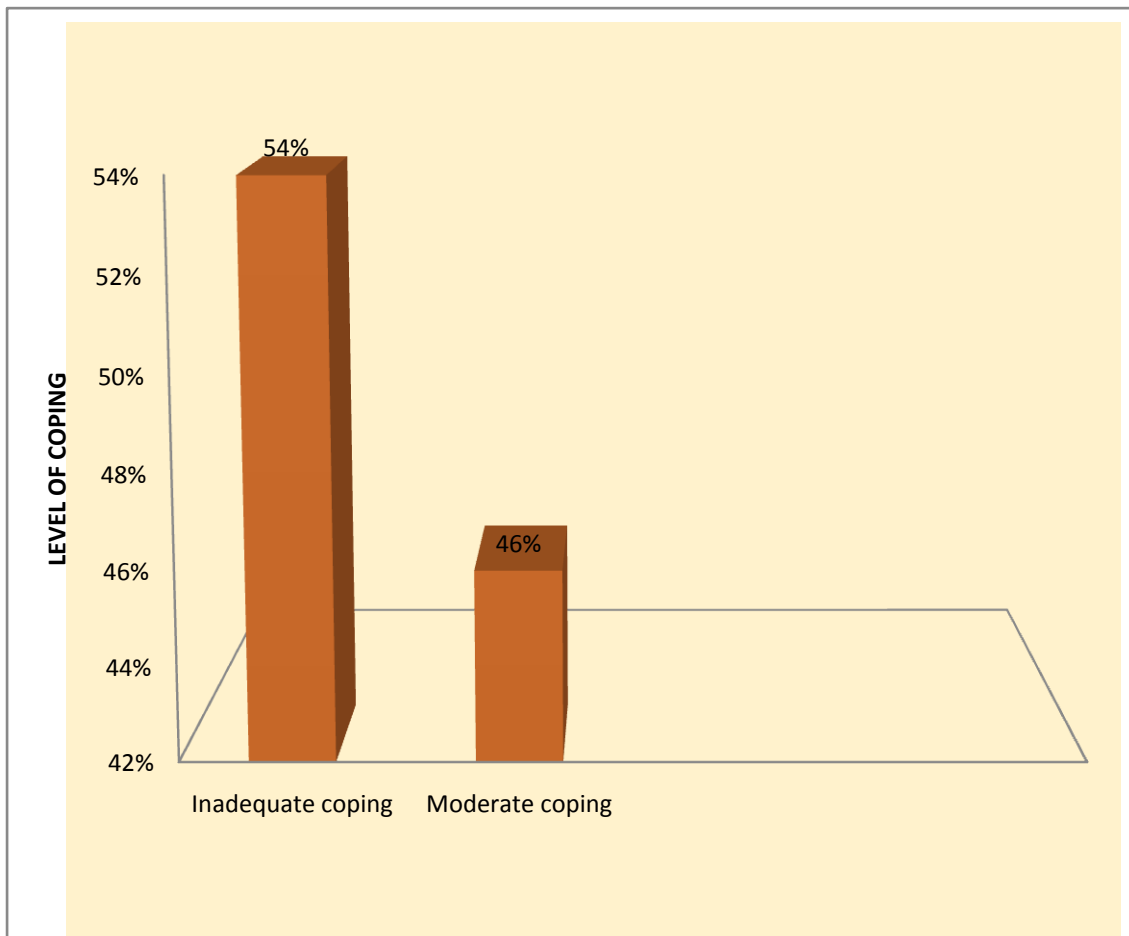


Table 5: Range, mean, mean percentage and standard deviation for the coping strategy.

S. No.	Aspects	Max score	Range	Mean	Mean percentage	Standard Deviation
1.	Coping	160	105–60	76.13	47.58%	6.95

Table 5, shows that on assessment of coping strategies among mothers of autistic children with COPE inventory shows that the coping score among mothers varies from lower score of 60 to a higher stress score of about 105 in the maximum score of 160, it shows the mean value of coping score of about 76.13, mean percentage 47.58% and standard deviation 6.95, that shows the mother coping score deviates among the mean value.

SECTION C:

Table 6: Correlation between level of stress and coping strategy among mothers of autistic children.

S.no	Variables	Mean	Standard deviation	r- value
1.	Stress	56.28	12.08	-0.70
2.	Coping	76.13	12.95	

The correlation was found to be -0.70. This shows there is a significant negative correlation that the mothers of autistic children are having high level of stress due to use of poor coping strategies. Hence the hypothesis H1 there is a significant relationship between stress and coping strategies among mothers of autistic children is accepted.

Fig 15: shows correlation between level of stress and coping strategies

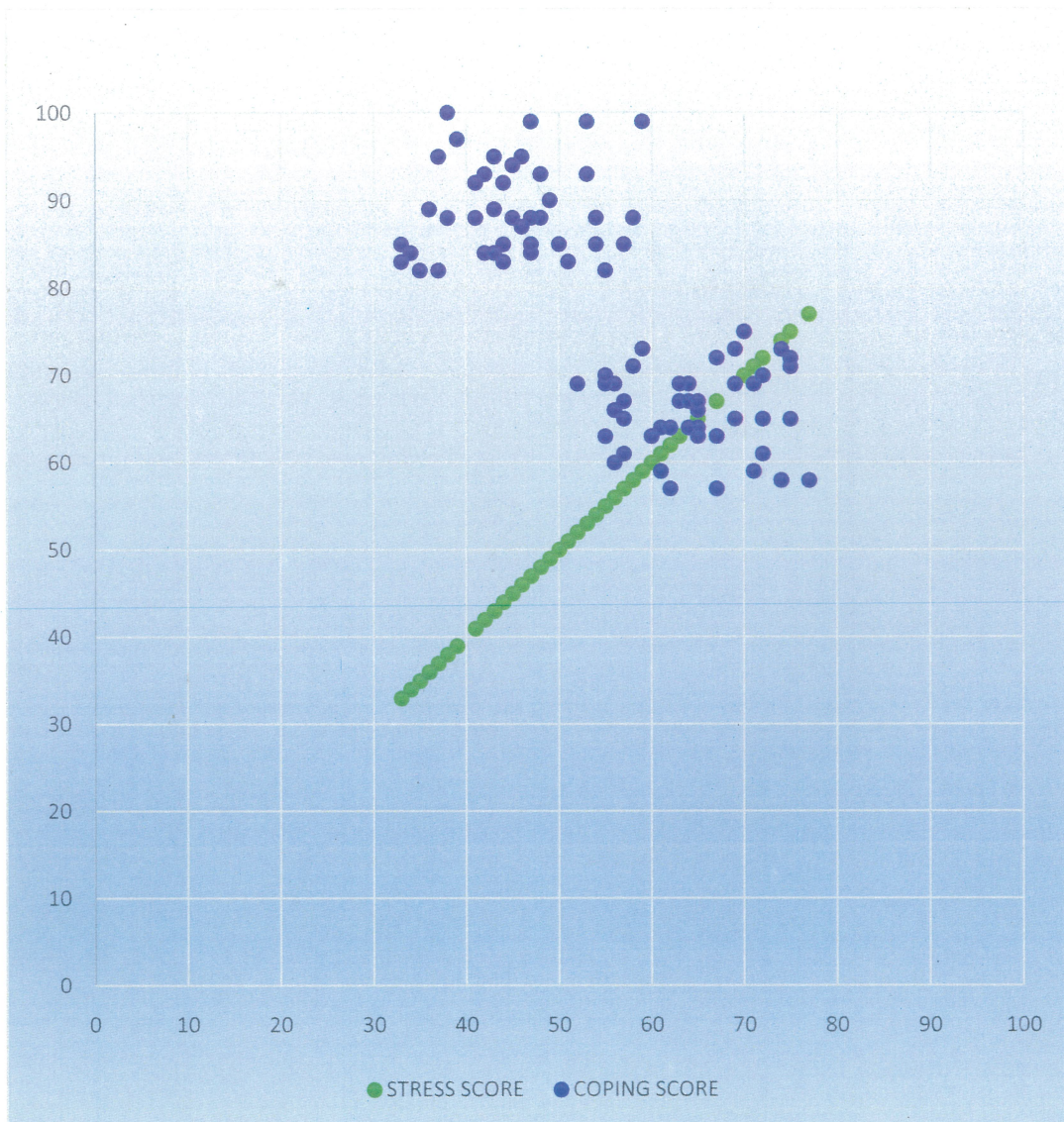


Table 7: Aspect wise mean coping strategies score of mothers with autistic children.

N=100

No	Aspects of coping strategy	Statements	Max score	Respondent score			
				Mean	S.D	Mean%	S.D%
1	Positive interpretation and growth	4	16	11.23	1.82	70.18	11.37
2	Mental disengagement	4	16	4.74	0.86	29.62	5.37
3	Focus on venting of emotions	4	16	10.71	1.89	66.93	11.81
4	Use of instrumental social support	4	16	7.26	1.65	45.37	10.31
5	Active coping	4	16	6.46	1.85	40.37	11.56
6	Religious coping	4	16	1.01	1.94	68.81	12.12
7	Use of emotional social support	4	16	10.27	2.42	64.18	15.12
8	Acceptance	4	16	4.73	0.89	30.18	5.56
9	Suppression of competing activities	4	16	4.72	0.70	29.5	4.37
10	Planning	4	16	5.28	1.17	33	7.31

Table 7: reveals the most commonly used coping strategy.

It shows that positive interpretation & growth is used commonly by the mothers followed by religious coping, focus on a venting of emotions& use of emotional social support.

Least used coping technique were suppression of competing activities, acceptance, mental disengagement and active coping.

SECTION D:

Table 8: Association of Level Of Stress Among Mothers of Autistic Children.

N=100

S.No		Demographic variable	Total No. of sample	Moderate stress	Severe stress	Chi square value
1.	Age of mother	20-25	18	11	7	2.018
		26-30	28	17	11	p< 0.05
		31-35	25	16	9	NS
		36-40	23	13	10	
		Above 40	6	2	4	
2.	Age of child	2-4	26	19	7	4.47
		5-7	40	23	17	p< 0.05
		8-10	30	14	16	NS
		Above10	4	3	1	
3.	Sex	Male	47	31	16	1.77
		Female	53	28	25	p< 0.05
						NS
4.	Religion	Hindu	59	35	24	1.43
		Muslim	19	13	6	p< 0.05
		Christian	22	11	11	NS

S. No		Demographic variable	Total No. of sample	Moderate stress	Severe stress	Chi square value
5.	Education	Primary education	20	13	7	8.20 p< 0.05 S
		Higher secondary education	42	18	24	
		Graduation	38	28	10	
		Illiterate	0	0	0	
6.	Occupation	Employed	26	14	12	0.38 p< 0.05 S
		Unemployed	74	45	29	
7.	Income	5-10	5	4	1	2.15 p< 0.05 NS
		10,001 - 15,000	39	20	19	
		Above 15,000	56	35	21	
8.	No of children	1	28	14	14	2.23 p< 0.05 NS
		2	60	39	21	
		3	12	6	6	
		More than 3	0	0	0	

S. No		Demographic variable	Total No. of sample	Moderate stress	Severe stress	Chi square value
9.	Type of family	Nuclear	49	26	23	1.40
		Joint	51	33	18	p< 0.05 NS
10.	Availability of support system	Relatives	50	24	26	7.27
		Agencies	22	18	4	p< 0.05
		Social support	13	8	5	NS
		Others	15	9	6	

Table 8: Reveals that demographic variable educations of mother & occupation of mother had shown statistically significant association with the level of stress of $p < 0.05$ level and other demographic variable like age of mother, age of child, sex of child religion, income, number of children type of family & availability of support system had not shown any association with the level of stress.

Table 9: association of coping strategy among others of autistic children.

N=100

S.No	Demographic variable	Total No. of sample	Moderate coping	Inadequate coping	Chi square value
1.	Age of mother	20-25	18	9	4.73 p< 0.05 NS
		26-30	28	11	
		31-35	25	15	
		36-40	23	10	
		Above 40	6	1	
2.	Age of child	2-4	26	14	1.82 p< 0.05 NS
		5-7	40	19	
		8-10	30	12	
		Above10	4	1	
3.	Sex	Male	47	27	4.67 p< 0.05 S
		Female	53	19	
4.	Religion	Hindu	59	26	0.244 p< 0.05 NS
		Muslim	19	9	
		Christian	22	11	
5.	Education	Primary education	20	11	14.96 p< 0.05 S
		Higher secondary education	42	10	
		Graduation	38	25	
		Illiterate	0	0	

S.No	Demographic variable	Total No. of sample	Moderate coping	Inadequate coping	Chi square value	
6.	Occupation	Employed	26	11	15	0.19
		Unemployed	74	35	39	p< 0.05 NS
7.	Income	5-10	5	3	2	1.64
		10,001 - 15,000	39	15	24	p< 0.05 NS
		Above 15,000	56	28	28	
8.	No of children	1	28	12	16	3.01
		2	60	31	29	p< 0.05
		3	12	3	9	NS
		More than 3	0	0	0	
9.	Type of family	Nuclear	49	19	30	2.01
		Joint	51	27	24	p< 0.05 NS
10.	Availability of support system	Relatives	50	20	13	3.69
		Agencies	22	14	18	p< 0.05
		Social support	13	6	7	NS
		Others	15	6	9	

Table 9: Shows that demographic variable like sex of child, religion and education of mother had shown significant association with the coping strategy & other demographic variable like age of mother, age of child, sex of child, occupation, income, no of children, type of family & availability of support system had not shown any significant association with the coping strategy.

DISCUSSION

Chapter V

DISCUSSION

This chapter discuss the finding of the study revised from statistical analysis with its preference of the objectives and related literature of the study.

The problem stated was a study to assess the level of stress and coping strategies among mothers of autistic children in a view to develop an information booklet .

Discussion were done under following headings.

SECTION 1: To assess the level of stress among mothers of autistic children.

SECTION 2: To determine the coping strategies among mothers of autistic children.

SECTION 3: To correlate the level of stress and coping strategies among mothers of autistic children.

SECTION 4: To associate the demographic variables with the level of stress.

SECTION 5: To associate the demographic variable with the level of coping.

Frequency and percentage distribution of socio demographic variables were as follows.

Nearly 28%. Of mothers were in the age group of 26 - 30 years, with regard to age of child 40% belong to 5-7 years, with sex of child 53% of them are female, with regard to education of mothers 42 of them were higher secondary, with regard to occupations 74%unemployed with regard to family monthly income 56%of them belong to above Rs.15000, with regard to number of children 60% of them were

having 2 children, with regard to type of family 59% of them belong to joint with regard to availability of support system 50% were getting support from relatives.

This study closely goes with N. Somasckhar (2017) where they compared perceived stress and coping strategies in parents with autism intellectual Disability children. 30 parents of autism and intellectually Disability were selected and assessed their stress level coping strategies through stress scale brief cope scale and concluded that parents of children. 90% of were employed mothers, 63% were living in nuclear family with regard to the sex of child 36% of them affected were female with autism are experiencing more stress and seeking more social support than the parents of intellectual disability.

5.1 The first objective was to assess the level of stress among mothers of autistic children.

The analysis revealed that majority 59% of mothers had moderate stress, 41% had severe stress, and none has mild stress.

The result showed that majority of the mothers had moderate level of stress.

This result is consistent with the findings of Monalt Mostafa 2019 where 60% of parents have moderate level of stress this may be due to parents reported feeling

5.2 The second objective was to determine the coping strategies among mothers of autistic children.

The analysis revealed that majority 54% of mothers had inadequate coping, 46% had moderate coping and none had adequate coping, the most commonly used coping were positive interpretation and growth focus on venting of emotions.

The result of this study showed that majority of the mothers had inadequate coping.

This study is supported by Sheela Upendra (2013) studied to assess the stress and coping strategies of mother of children with Autism. 30 sample were selected through random sampling technique. Parental stress scale and COPE inventory was assessed, the study highlighted that most commonly used coping strategies were

positive interpretation, focus on venting of emotions, According to Vernhat.c et al highlighted that parents with ASD child most commonly used avoidance and less social support seeking strategies.

5.3 The Third objective was to correlate the level of stress and coping strategies among mothers of autistic children.

The data analysis revealed that the correlation coefficient ($r = -0.70$) this shows there is a significant negative correlations between stress and coping strategies. This reveals that the mothers of autistic children are having high level of stress due to us of poor coping strategies. Hence the hypotheses H1 is accepted that there is a significant relationship between among mothers of autistic children.

This study concluded Nisha Vidhyasagar and Susan Koshy (2010) Studied stress and coping in mothers of autistic children and normal children .A quasi experimental research design was used 25 mothers with autistic children and 30 mothers of normal children, parental stress scale and ways of coping questionnaire was done .results shows that there is increased stress level for autistic mothers than mothers of normal children. Mostly confrontive coping technique was used by the mothers, and there was a significant negative correlation between stress and coping strategies of autistic child.

5.4 The Fourth objective was to associate the demographic variables with the level of stress.

The analysis revealed that there was statistically significant association of stress with socio demographic variable like education of mother $\chi^2 = 8.20$ and occupation $\chi^2 = 0.38$ at $P < .05$ level the analysis revealed there was no significant association between stress with socio demographic variable like age of mother, age of child sex of child religion, income number of children, type of family, availability of support system.

Mari Biji Studied association between Stress and demographic variable with 100 sample and concluded that there is a significant association is found is age of mother, educational status, sex of child, family interaction.

5.5 The fifth objective was to associate the demographic variable with the coping strategies.

The analysis revealed that there was a significant association of coping strategy among mothers of autistic children with socio demographic variables like education of mother $\chi^2=14.969$ and sex of child $\chi^2 =4.677$ at $P<0.05$ level.

The analysis revealed that there was no significant association between coping strategy among mothers of autistic children with socio demographic variable like age of mother, age of child, religion income, occupation, type of family, availability of support system, and number of children.

The highlights that the coping strategies among mothers of autistic children were influenced by education of mothers & sex of child.

The overall finding of the study showed that 59% of mothers had moderate stress & 54% of mothers had inadequate coping.

SUMMARY AND CONCLUSION

CHAPTER VI

SUMMARY, RECOMMENDATIONS, NURSING, IMPLICATIONS AND LIMITATIONS.

This chapter presents the summary of nursing implications, recommendations and limitation of the study.

Objectives of the study:

- 1) To assess the level of stress among mothers of autistic children.
- 2) To determine the coping strategies among mothers of autistic children.
- 3) To correlate the level of stress and coping strategies among mothers of autistic children.
- 4) To find out the association of stress and coping strategies with selected demographic variables.
- 5) To develop an information booklet on coping with stress for mothers with autistic children.

Null Hypothesis:

H01: There is no significant relationship between the level of stress and coping strategies among mothers of autistic children

ASSUMPTION OF THE STUDY:

- 1) The mothers with autistic children may have high level of stress.
- 2) The mothers with autistic children may have poor coping strategies.
- 3) It is assumed that stress and coping strategies vary from person to person.
- 4) The increase level of stress of mothers with autistic children will affect the coping strategies.
- 5) It is assumed that information regarding coping with stress may promote the wellbeing of mothers of autistic children

Major finding of the study:

Majority 8% of mothers belong to age group of 26 – 30 years.

59% of the mothers belong to Hindu religion. 42% of them were higher secondary with regard to family monthly income 56% of them were earning above Rs.15000.

With regard to family type 51% of mothers were living in joint family. With regard to availability of support system 50% were getting support from relatives.

With regard to age of child 40% belong to 5.7 years of age. With regard to sex of child 53% of them were female With regard to number of children 60% of mothers were having 2 children.

Majority 59% of the mothers were having moderate stress and 41% of mothers are having severe stress, mean stress of mothers is 56.28 with standard deviation 12.68.

Majority 54% of the mothers were having in adequate coping 46% of them were having moderate coping. Mean coping vale of mothers is 76.43 with a standard deviation of 12.95 with regard to correlation between level of stress and coping strategy it was found that $r = .0.70$ that shows significant negative correlation which shows that the mothers of autistic children were having high level of stress due to use of poor coping strategies.

With regard to aspect wise coping strategy it was found that positive interpretation and growth is most commonly used with mean of 11.23 and standard deviation 1.82 followed by religious coping with a mean value of 11.01 standard deviation of 1.94, least used coping strategies were suppression of competent activities , acceptance, mental disengagement and active coping.

There was a statistically significant association with the level of stress and demographic variable like education of mother $x^2=8.20$ & occupation of mother $x^2=0.38$ at $P<0.05$ level of significance.

There was a statistically significant association was found between coping strategies & religion of mothers $\chi^2 = 4.66$ and education of mothers $\chi^2 = 14.96$ at $P < 0.05$ level of significance.

IMPLICATION:

The Implication of the present study is discussed under the following headings, nursing practice, nursing education, nursing administration & nursing research.

NURSING PRACTICE:

A Child with autism can have behavioral problems, cognitive problems, communication problems, deficit in social skills, hence,

- 1) The nurses should have adequate knowledge and skill to handle them.
- 2) The nurses should try to identify the problems of parents of children without Autism Spectrum Disorder.
- 3) The nurses should offer supportive counselling service to overcome stress full behavior.
- 4) The nurse should provide health education to the parents which will help in the better acceptance and interaction of desirable practice for change in the life style.
- 5) The nurse should help the parents to adapt good coping strategies to overcome the stresses.
- 6) Also the nurses can educate the community regarding various therapies for children with autism, support centers available for parents.

NURSING EDUCATION:

- 1) The Study contributes to the body of psychiatric nursing by including the care of autistic children & their parent's education in the curriculum.

- 2) Also the care of children with Autism Spectrum Disorder caution Spectrum disorder should be included in community health nursing.
- 3) This will help the students to identify the needs of such kind if children & parents to help them in a better way.
- 4) Findings of the study suggested that the teachings should be given to the parents of children with Autism Spectrum Disorder regarding some non Pharmacological measure for moderate and severe stress and proper selection of coping strategies.
- 5) The student nurses should be equipped with the knowledge regarding stress and coping strategies of parents of children with Autism Spectrum Disorder.

NURSING ADMINISTRATION:

- 1) The nurse administrator should plan and organize in service educational programs to upgrade the knowledge of staff nurses regarding the care of children Autism Spectrum Disorder & needs of such parents.
- 2) The nurse administrator should identify the staff nurses who will be able to give counselling service to the parents of children with disability.
- 3) Administrator should see that the stress reduction program & proper selection of aging skills are taught to the nursing personnel as a part of orientation programme that will help to deal with the patients.

NURSING RESEARCH:

- 1) The result of the present study focused on the level of stress of parent, children & Education.
- 2) The study has attempted to bring out factors responsible for stress of parents & poor coping strategies.
- 3) The present study held to identify the methodology for conducting future research studies.

- 4) The result of the study emphasis to teach the parents regarding adoption of effective coping strategies.

LIMITATIONS:

The limitation of present study is as follows.

- 1) The effectiveness of the booklet and follow up was not possible in this study.

RECOMMENDATION:

The following recommendation were made on the result of the study.

1. A longitudinal study can be conducted to follow through stress and coping strategies of parents of children with Autism Spectrum Disorder by using larger sample.
2. An Interventional study can be conducted to assess the stress and coping strategic among mother of autistic children.
3. A Comparative study can be conducted between the parents of children with Autism Spectrum Disorder& parenting of children with other disabilities.
4. An Experimental study can be conducted to assess the effectiveness of booklet on stress and coping strategies among mothers of autistic children.

CONCLUSION :

The result of this study concluded the most of the mothers had severe level of stress (41%), 59% of mothers have moderate level of stress.

On assessment of coping skill 54% have in adequate coping 46% have moderate coping.

The study concluded that there was a negative correlation r value = -0.70 between level of stress and coping strategies.

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APPENDICES



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Tamilnadu Nursing Council, Chennai.

To

Through

The Principal
PPG College of Nursing
Coimbatore-35

Respected Sir/ Madam,

Sub: Seeking permission for conducting research study.

I am a student of M.Sc Nursing in PPG College of Nursing .Our College is affiliated to the Tamilnadu DR. M.G.R University, Chennai. I have taken the specialization in Mental Health Nursing Nursing.

TOPIC: " A STUDY TO ASSESS THE LEVEL OF STRESS AND COPING STRATEGIES AMONG MOTHERS OF AUTISTIC CHILDREN AT SELECTED SETTING, IN A VIEW TO DEVELOP AN INFORMATION BOOKLET".

I request you to kindly permit me to conduct my study in hospital. Hope you will consider my requisition and do the needful.

Thanking you

Place: Coimbatore

Yours sincerely,

PPG COLLEGE OF NURSING
9 / 1, Keeranatham Road
Saravanampatty
Coimbatore - 641 035



Permitted.
R. A. J.
CLINICAL INCHARGE
SHIVESH AUTISM CENTRE
Coimbatore-641 044.



க.தாய் மருத்துவ மறுவாழ்வு கையம்
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Cell : 95001 67600, 98400 78073, 96773 72153,

Website : www.kthairechab.com, E-mail : kthairehabilitationcentre@gmail.com

Date :11/01/19.....

To

D.Shanthakumari,
M.Sc Nursing 2nd year,
PPG College of Nursing,
Coimbatore.

Dear Madam,

Sub : Main Study by D. Shanthakumari – Permission granted.

~X~X~

We are pleased to permit you to do project work on "A study to assess the level of coping strategies among mothers of autistic children at selected in a view to develop an information booklet" under our guidance.

We are also permitting you to use our organization name in the dissertation and we will provide necessary attendance during the period of study.

S. Anurani
Administrative Incharge

ADMINISTRATIVE INCHARGE
K.THAI PHYSIOTHERAPY & REHABILITATION CENTRE
Villivakkam, Chennai-600 049.

M. Shanmugavelu
Clinical Incharge

Dr. M. SHANMUGAVELU,
B.P.T., M.P.T., M.I.A.P.,
INCHARGE
K. THAI REHABILITATION CENTRE,
VILLIVAKKAM, CHENNAI-600 049.



SMART - THE LEARNING CENTRE

(School for Autism Spectrum Disorders, ADHD,
PDD, Learning Difficulties & Other Developmental Delays)

From the Desk of

Mrs. NEELA SHANKAR B.O.T.

(Paediatric Occupational Therapist & Autism - LD Specialist)
(Life Member of AIOTA) Regd No. L2987 / 04

Date : 10/04/2019



To

D.Shanthakumari
M.Sc Nursing II year,
PPG College of Nursing,
Coimbatore.

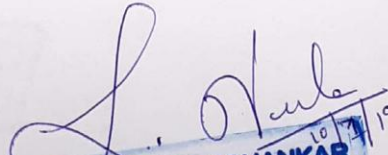
Dear Madam,

Sub: Main study by D.Shanthakumari – permission granted.

We are pleased to permit you to do project work on “A study to assess the level of coping strategies among mothers of autistic children at selected setting in a view to develop an information booklet” under our guidance.

We are also permitting you to use our organization name in the dissertation and we will provide necessary attendance during the period of study.

Regards


Dr. Mrs. NEELA SHANKAR
B.O.T., D.A.M. (HOMEO), D.Acu.
Reg. No: L-2987 / 04 (AIOTA)
Paediatric Occupational Therapist
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Tamilnadu Nursing Council, Chennai.



Requisition letter for content validity

From:

Mrs. Shanthakumari.D
M.SC (N) II year,
PPG College of Nursing,
Coimbatore-35.

To:

Through: principal, PPG College of Nursing,

Respected sir/ madam,

Sub: requisition letter for expert opinion and suggestion for content validity of tool.

I am a student of M.Sc (N) II year, PPG College of Nursing affiliated to the Tamilnadu Dr. M.G.R Medical university , Chennai. As a partial fulfillment of the M.Sc (N) programme. I am conducting

“ A STUDY TO ASSESS THE LEVEL OF STRESS AND COPING STRATEGIES AMONG MOTHERS OF AUTISTIC CHILDREN AT SELECTED SETTING, IN A VIEW TO DEVELOP AN INFORMATION BOOKLET”.

Herewith I have enclosed the developed tool for content validity and for the expert opinion and possible solution. It would be very kind of you to return the same as early as possible.

Thanking you,

Yours faithfully,




PRINCIPAL
PPG COLLEGE OF NURSING
9 / 1, Keeranatham Road
Saravanampatty
Coimbatore - 641 035

APPENDIX-A

LIST OF EXPERTS FOR CONTENT VALIDITY

1. Dr.C.R.Rajendiran, M.B.B.S., D.P.M.

Consultant Psychiatrist,
Naveen Mental Hospital,
Coimbatore-35.

2. Mrs.Tamilselvi,

Head of the Department,
Mental Health Nursing
K.G College of Nursing,
Chennai – 600 062.

3. Mrs. Saranya

Head of the Department,
Mental Health Nursing,
Texicity College of Nursing,
Coimbatore-35.

4. Mrs. R.Vijayakumari

Professor & HOD
Mental Health Nursing
Shenbagha College of Nursing
Chennai-77.

5. Mrs Neela Shankar,

Paediatric Occupational Therapist
Smart Learning Centre
Chennai.

6. Dr Anandan MSc (psy); Ph,D

Associate Professor
PPG College of Nursing
Coimbatore-35.

CERTIFICATE FOR CONTENT VALIDITY

This is to certify that the tool constructed by Mrs D.Shanthakumari M.Sc., Nursing II year, PPG College of Nursing, Coimbatore which is to be used in her study title “A study to assess the stress and coping strategies among mothers with autistic children at selected setting Chennai” has been validated by the undersigned. The suggestions and modifications given by me will be incorporated by the investigator in concern with their respective guide. Then she can proceed to do the research.

SIGNATURE WITH SEAL

NAME :

DESIGNATION :

COLLEGE :

PLACE :

DATE :

CERTIFICATE FOR TAMIL EDITING

This is to certify that the study conducted by Mrs.D.Shanthakumari M.Sc Nursing II year Student, PPG college of nursing, Coimbatore -35 on the topic of "A STUDY TO ASSESS THE LEVEL OF STRESS AND COPING STRATEGIES AMONG MOTHERS OF AUTISTIC CHILDREN IN A VIEW TO DEVELOP AN INFORMATION BOOKLET" Has been edited by me for Tamil language appropriateness.

SIGNATURE

N. Chitra

PRINCIPAL
PPG College of Education
Coimbatore

NAME : Dr. N. CHITRA
INSTITUTION : PPG college of Education
PLACE : Coimbatore

CERTIFICATE FOR ENGLISH EDITING

This is to certify that the study conducted by Mrs.D.Shanthakumari M.Sc Nursing II year Student, PPG college of nursing, Coimbatore -35 on the topic of "A STUDY TO ASSESS THE LEVEL OF STRESS AND COPING STRATEGIES AMONG MOTHERS OF AUTISTIC CHILDREN IN A VIEW TO DEVELOP AN INFORMATION BOOKLET" Has been edited by me for English language appropriateness.



SIGNATURE

Mrs. R. GOMATHI LATHA, M.A., M.Ed., M.A., M.I
Asst. Professor in English
P.P.G COLLEGE OF EDUCATION
Saravanampatti, Coimbatore-64103

NAME : R. GOMATHI LATHA. M.A. M.Ed., M.A. M.Phil
INSTITUTION : PPG COLLEGE OF EDUCATION
PLACE : COIMBATORE

DEMOGRAPHIC VARIABLES

1. Age of mother
 - a. 20-25 years
 - b. 26-30 years
 - c. 31-35 years
 - d. 36-40 years
 - e. Above 40 years
2. Age of child
 - a. 2-4 years
 - b. 5-7 years
 - c. 8-10 years
 - d. Above 10 years
3. Sex of child
 - a. male
 - b. female
4. Education
 - a. Primary education
 - b. highersecondary
 - c. graduate
 - d. Illiterate
5. Occupation
 - a. cooley
 - b. employed
 - c. unemployed

6. Income
 - a. Rs 2000- Rs 4000
 - b. Rs 4001 –Rs 6000
 - c. Rs 6001-Rs 8000
 - d. Rs 8001- Rs 10000
 - e. above Rs 10000
7. No of children
 - a. 1
 - b. 2
 - c. 3
 - d. more than 3
8. Religion
 - a. Hindu
 - b. Christian
 - c. Muslim
9. Type of family
 - a. Nuclear family
 - b. Joint family
10. Availability of support system
 - a. Relatives
 - b. Agencies
 - c. Social support
 - d. others

PARENTAL STRESS SCALE

S. No	Item	Strongly Disagree	Dis-agree	Un-decided	Agree	Strongly Disagree
1	I am happy in my role as a parent					
2	There is little or nothing I wouldn't do for my child if it was necessary.					
3	Caring for my child sometimes takes more time and energy than I have to give.					
4	I sometimes worry whether I am doing enough for my child					
5	I feel close to my child.					
6	I enjoy spending time with my child.					
7	My child is an important source of affection for me.					
8	. Having child gives me a more certain and optimistic view for the future.					
9	The major source of stress in my life is my child.					
10	Having childleaves little time and flexibility in my life.					
11	Having child has been a financial burden.					
12	It is difficult to balance different responsibilities because of my child.					
13	The behaviour of my child is often embarrassing or stressful to me.					
14	If I had it to do over again, I might decide not to have child.					
15	I feel overwhelmed by the responsibility of being a parent.					
16	Having child has meant having too few choices and too little control over my life.					
17	I am satisfied as a parent					
18	I find my children joyable					

COPE INVENTORY

S. No.	Item	I usually don't do this at all	I usually do this a little bit	I usually do this a medium amount	I usually do this a lot
1	I try to grow as a person as a result of the experience.				
2	I turn to work or other substitute activities to take my mind off things.				
3	I get upset and let my emotions out.				
4	I try to get advice from someone about what to do.				
5	I concentrate my efforts on doing something about it.				
6	I put my trust in God.				
7	I discuss my feelings with someone.				
8	I get used to the idea that it happened.				
9	I talk to someone to find out more about the situation				
10	I keep myself from getting distracted by other thoughts or activities				
11	I keep myself from getting distracted by other thoughts or activities				
12	I get upset, and am really aware of it.				
13	I seek God's help.				
14	I make a plan of action.				
15	I accept that this has happened and that it can't be changed.				
16	I try to get emotional support from friends or relatives.				
17	I take additional action to try to get rid of the problem.				
18	I let my feelings out.				
19	I try to see it in a different light, to make it seem more positive.				
20	I talk to someone who could do something concrete about the problem.				

S. No.	Item	I usually don't do this at all	I usually do this a little bit	I usually do this a medium amount	I usually do this a lot
21	I sleep more than usual.				
22	I try to come up with a strategy about what to do.				
23	I focus on dealing with this problem, and if necessary let other things slide a little.				
24	I get sympathy and understanding from someone.				
25	I think about how I might best handle the problem.				
26	I try hard to prevent other things from interfering with my efforts at dealing with this.				
27	I go to movies or watch TV, to think about it less.				
28	I accept the reality of the fact that it happened.				
29	I ask people who have had similar experiences what they did.				
30	I feel a lot of emotional distress and I find myself expressing those feelings a lot.				
31	I take direct action to get around the problem.				
32	I try to find comfort in my religion.				
33	I talk to someone about how I feel.				
34	I learn to live with it.				
35	I put aside other activities in order to concentrate on this.				
36	I think hard about what steps to take.				
37	I do what has to be done, one step at a time.				
38	I learn something from the experience.				
39	I pray more than usual.				

ஒப்புதல் அறிக்கை

பெயர்:

நாள்:

எனக்கு இந்த செவிலிய ஆய்வனைப் பற்றிய முழு விவரம் விளக்கமாக எடுத்துரைக்கப்பட்டது. இந்த ஆய்வில் பங்குக்கொள்வதில் உள்ள நன்மைகள் மற்றும் தீமைகள் பற்றி முழுமையாக புரிந்துக் கொண்டேன். இந்த ஆய்வில் தானாக முன்வந்து பங்குப்பெறுகிறேன். மேலும் எனக்கு இந்த ஆய்விலிருந்து எந்தச் சமயத்திலும் விலகிக்கொள்ள முழு அனுமதி வழங்கப்பட்டுள்ளது. என்னுடைய பெயர் மற்றும் அடையாளங்கள் இரகசியமாக வைத்துக் கொள்ளப்படும் என்றும் எனக்கு உறுதியளிக்கப்பட்டுள்ளது.

கையொப்பம்

மக்கள் தொகைப் புள்ளி விவரம்

- 1) தாயின் வயது
 - அ) 20 – 25 வயது
 - ஆ) 26 – 30 வயது
 - இ) 31 – 35 வயது
 - ஈ) 36 – 40 வயது
 - உ) 40 வயதிற்கு மேல்

- 2) குழந்தையின் வயது
 - அ) 2 – 4 வயது
 - ஆ) 5 – 7 வயது
 - இ) 8 – 10 வயது
 - ஈ) 10 வயதிற்கு மேல்

- 3) குழந்தையின் பாலினம்
 - அ) ஆண்
 - ஆ) பெண்

- 4) தாயின் கல்வித் தகுதி
 - அ) ஆரம்பக் கல்வி
 - ஆ) மேல்நிலைக்கல்வி
 - இ) பட்டப்படிப்பு
 - ஈ) படிக்காதவர்கள்

- 5) தாயின் தொழில்
 - அ) வேலை செய்பவர்
 - ஆ) வேலை செய்யாதவர்

- 6) குடும்ப வருமானம்
அ) ரூ.5000 - 10000
ஆ) ரூ.10001 - 15000
இ) ரூ.15000க்கு மேல்
- 7) குழந்தைகளின் எண்ணிக்கை
அ) 1
ஆ) 2
இ) 3
ஈ) 3க்கு அதிகமாக
- 8) மதம்
அ) இந்து
ஆ) இஸ்லாமியர்
இ) கிறிஸ்தவர்
- 9) குடும்பத்தின் வகை
அ) தனிக் குடும்பம்
ஆ) கூட்டுக் குடும்பம்
- 10) ஆதரவு அளிப்பவர்கள்
அ) உறவினர்கள்
ஆ) நிறுவனங்கள்
இ) சமுதாய ஆதரவு
ஈ) மற்றவர்கள்

சமாளிக்கும் திறன் கணக்கெடுப்பு

வ. எண்	விவரம்	வழக்கமாக			
		செய்வ- தில்லை	சிறிதளவு செய்கிறேன்	நடுத்தரமாக செய்கிறேன்	அதிகமாக செய்கிறேன்
1	அனுபவரீதியாக நான் வளர முயற்சி செய்கிறேன்.				
2	ஒரு விஷயத்தில் இருந்து என் கவனத்தைத் திருப்புவதற்காக எனது வேலையிலோ அல்லது வேறு செயல்களிலோ ஈடுபடுகிறேன்				
3	நான் மனவருத்தப்படுவதுண்டு மேலும் என் உணர்ச்சிகளை வெளிப்படுத்துகிறேன்.				
4	நான் என்ன செய்யவேண்டும் என பிறரிடமிருந்து ஆலோசனை பெற முயற்சிக்கிறேன்.				
5	நான் எதையும் செய்யும் போது முழுகவனத்தோடு செய்கின்றேன்.				
6	நான் கடவுள் மீது நம்பிக்கை வைக்கின்றேன்.				
7	எனது உணர்ச்சிகளை பற்றி பிறரிடம் கலந்து பேசுகிறேன்.				
8	முன்பு எப்படி செய்தேனோ அதே வழிமுறை பின்பற்றி செய்கிறேன்.				
9	ஒரு சூழ்நிலைபற்றி அதிகமாக தெரிந்துகொள்ள பிறரிடம் பேசுகிறேன்.				
10	மற்ற எண்ணங்கள் அல்லது செயல்களால் நான் திசை திரும்பாதபடி பார்த்துக் கொள்கிறேன்				
11	சில விஷயங்களைப் பற்றி நான் பகல் கனவு காண்கிறேன்.				
12	உண்மையில் தெரிந்தே நான் வருத்தப் படுகிறேன்				
13	நான் கடவுளுடைய உதவியை நாடுகிறேன்.				
14	நான் எதையும் திட்டமிட்டு செய்கிறேன்.				
15	இது நடந்துவிட்டது இனிமேல் அதை மாற்ற முடியாது என்று ஒப்புக்கொள்கிறேன்.				

வ. எண்	விவரம்	வழக்கமாக			
		செய்வ- தில்லை	சிறிதளவு செய்கிறேன்	நடுத்தரமாக செய்கிறேன்	அதிகமாக செய்கிறேன்
16	நண்பர்களிடமோ உறவினர்களிடமோ இருந்து உணர்வுபூர்வமான ஆதரவைப்பெற முயற்சி செய்கிறேன்.				
17	ஒரு பிரச்சினையில் இருந்து விடுபடுவதற்காக கூடுதல் நடவடிக்கைகளை எடுக்கிறேன்.				
18	நான் எனது உணர்ச்சிகளை வெளிப்படுத்துகிறேன்.				
19	ஓன்றை சாதகமாக ஆக்குவதற்காக வேறு மாற்று வழிகளில் முயற்சி செய்கிறேன்.				
20	எனது பிரச்சனைகளுக்கு நல்ல தீர்வு கொடுப்பவரிடம் அதைப் பற்றி பேசுகிறேன்.				
21	நான் வழக்கத்தை விட அதிகமான நேரம் தூங்குகிறேன்.				
22	நான் என்ன செய்யவேண்டும் என்பதற்கான திட்டங்களை வகுக்க முயற்சிசெய்கிறேன்.				
23	நான் ஒரு பிரச்சினையை கவனமாக கையாள்வதற்காக தேவைப்பட்டால் மற்ற விஷயங்களை சிறிது தள்ளிவைக்கிறேன்.				
24	நான் ஒருவரிடமிருந்து அனுதாபத்தையும், புரிந்துக்கொள்ளுதலையும் பெறுகிறேன்.				
25	ஒரு பிரச்சனையை எப்படி சிறப்பாக கையாள முடியும் என்பதை பற்றி நினைத்துப் பார்க்கிறேன்				
26	நான் ஒன்றை கையாளும்போது மற்ற விஷயங்கள் அதில் குறுக்கிடாமல் இருப்பதற்காக கடினமாக முயற்சி செய்கிறேன்.				
27	ஓன்றைப் பற்றி சிந்திக்காமல் இருப்பதற்கு திரைபடமோ/ தொலைக்காட்சியோ பார்க்கிறேன்.				
28	நடந்ததை பற்றிய உண்மையான நிலவரத்தை ஏற்றுக் கொள்கிறேன்.				
29	இதே போன்ற அனுபவம் பெற்றவர்களிடம் இருந்து நான் கேட்டு தெரிந்துக் கொள்கிறேன்.				

வ. எண்	விவரம்	வழக்கமாக			
		செய்வ- தில்லை	சிறிதளவு செய்கிறேன்	நடுத்தரமாக செய்கிறேன்	அதிகமாக செய்கிறேன்
30	நான் உணர்வுபூர்வமாக துயருறும் வேலைகளில் எனது உணர்ச்சிகளை அதிகமாக வெளிப்படுத்துகிறேன்.				
31	நான் ஒரு பிரச்சனையை தீர்ப்பதற்கு நேரடியான நடவடிக்கைகளை எடுக்கிறேன்.				
32	எனது மதத்தின் வழியாக நான் ஆறுதல் பெற முயற்சிக்கிறேன்.ஹ				
33	நான் எப்படி நினைக்கிறேன் என்பதைப் பற்றி பிறரோடு பேசுகிறேன்.				
34	நான் இதனோடு வாழக் கற்றுக்கொள்கிறேன்.				
35	நான் ஒன்றை கவனத்தோடு சரியாக செய்வதற்காக மற்ற விஷயங்களை தள்ளி வைக்கிறேன்.				
36	என்ன நடவடிக்கை எடுக்க வேண்டும் என்பது பற்றி சிந்திக்க கஷ்டப்படுகிறேன்.				
37	நான் செய்ய வேண்டியவற்றை படிப்படியாக செய்கிறேன்.				
38	நான் அனுபவத்திலிருந்து சில விஷயங்களை கற்றுக் கொள்கிறேன்.				
39	நான் வழக்கத்தைவிட அதிக நேரம் பிராத்திக்கிறேன்				

பெற்றோரின் மன அழுத்த நிலை

வ. எண்	விவரம்	நிச்சயமாக இல்லை	இல்லை	நடு நிலை	ஆம்	நிச்சயமாக ஆம்
1	பெற்றோராக இருப்பதில் மகிழ்ச்சி அடைகிறேன்.					
2	குழந்தைக்கு தேவையானவற்றை சிறிதோ (அ) முழுமையாகவோ செய்ய இயலவில்லை.					
3	குழந்தையை கவனித்துக் கொள்வதற்கு எனது சக்திக்கு மேலாக அதிக நேரமும், அதிக ஆற்றலும் செலவிட வேண்டியுள்ளது.					
4	எனது குழந்தைக்கு தேவையானவற்றை போதுமான அளவு செய்கின்றேனோ என்பதை நினைத்து சில சமயங்களில் கவலைப்படுகிறேன்.					
5	என் குழந்தைக்கு நெருக்கமாக இருப்பதாக உணர்கிறேன்.					
6	என் குழந்தைக்காக நேரத்தை செலவிடுவதில் மிக்க மகிழ்ச்சி அடைகிறேன்.					
7	குழந்தை எனது பாசத்திற்கு ஆதாரமாக உள்ளனர்.					
8	குழந்தை இருப்பதால் எனது எதிர்காலத்தைப் பற்றி உறுதியான நம்பிக்கை கொள்கிறேன்.					
9	எனது மன அழுத்தத்திற்கு காரணம் குழந்தையே.					
10	குழந்தை இருப்பதால் எனக்கு சிறிது நேரமும், வாழ்வில் இணக்கமான சூழலும் கிடைக்கிறது.					
11	குழந்தை இருப்பது பொருளாதார சூழலாக உள்ளது.					
12	குழந்தை இருப்பதால் எனது மற்ற பொறுப்புகளை சரிவர செய்யமுடியவில்லை.					
13	குழந்தையின் நடவடிக்கை அடிக்கடி எனக்கு சங்கடத்தையும், மனஅழுத்தத்தையும் கொடுக்கிறது.					
14	மீண்டும் இதுபோன்று செய்யவேண்டுமானால், குழந்தை வேண்டாமென்று முடிவெடுப்பேன்.					
15	பெற்றோராக இருப்பதில் பெருமிதம் கொள்கிறேன்.					
16	குழந்தை இருப்பதால் நான் குறைந்த விருப்பங்களோடும் கட்டுப்பாட்டோடும் வாழவேண்டியுள்ளது.					
17	பெற்றோராக இருப்பதில் திருப்தியடைகிறேன்.					
18	எனது குழந்தை எப்போதும் மகிழ்ச்சியாக உள்ளனர்.					

K.THAI REHABILITATION CENTRE



SMART-THE LEARNING CENTRE



SHIVESH AUTISM CENTRE

