

## Perceived Stress and Coping Strategies in Parents with Autism and Intellectual Disability Children

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### ABSTRACT

The present study was designed to assess and compare perceived stress and coping strategies in parents of children with autism and parents of intellectual disability. For this purpose, Questionnaire on resource and stress and Brief cope scale were administered on 30 parents of children with autism and intellectual disability, selected from Hyderabad. For statistical analysis, Means, standard deviation and t- test were used. Results revealed that there was no significance in Perceived Stress and Coping Strategies for parents of children with Autism and parents of intellectual disability. Parents of children with Autism are experiencing more Stress and seeking more social support than the parents of Intellectual disability.

**Keywords:** *Perceived stress, Coping Strategies, Autism and Intellectual disability*

Autism Spectrum Disorder (ASD) is a complex developmental disability that appears early in childhood with severe and long-lasting effects for affected individuals and their families. It is now considered to be the most common developmental disorder (Bernier, Mao, & Yen, 2010). Current reports state that 1 in 68 children today are diagnosed with autism (Baio, 2014).

Intellectual disabilities (ID) affect 2-3% of the population worldwide and are defined as a “reduced ability to understand new or complex information, or to learn new skills (impaired intelligence); and reduced ability to cope independently (impaired social functioning), which started before adulthood, with a lasting effect on development” (World Health Organization, 1990).

### REVIEW OF LITERATURE

Parenting a child with a developmental disability is stressful. Psychological impairment among parents and siblings is more apparent in families where there is a child with emotional, behavioural, and communication problems, such as autism (Dabrowski & Pisula, 2010). Researchers have found that parents of children with autism are more distressed

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compared with parents of children with other developmental disabilities, such as Down syndrome (Sanders & Morgan, 1997).

Parental stress is associated with the type of disability present in the child (Gupta, 2007). A number of authors have reported higher levels of stress in mothers of children with autism compared with mothers of children with other developmental disabilities, e.g. Down syndrome, fragile X syndrome, severe intellectual disability (White & Hastings, 2004), parents of children with special health care needs without developmental problems (Schieve et al., 2007) or typically developing children (Yamada et al., 2007). Tomanik, Harris and Hawkins (2004) found that two-thirds of mothers of children with autism in their study demonstrated elevated stress levels. Another revealing fact is that parents themselves often use the word “stressful” when talking about raising a child with autism.

Coping with stressful situations that are beyond one’s control is one of the greatest challenges of life. With no scope of reducing or eliminating the sources of stress, such situations require strategies where one changes the self to fit the situation. Understanding the ways of family coping is very important, as these are central to cognitive models of stress and coping often applied to families of children with disabilities (Wallander JL, Varni JW.1998).

Interventions focused on parents’ coping skills have reported positive results. These interventions use ideas from stress and coping theories to inform parent training in problem solving and decision-making, communication skills, skills in accessing and utilising social networks, and coping strategies such as positive self-statements, self-praise and relaxation. Some successful strategies include gaining perspective, finding meaning in an event, acceptance, positive reinterpretation, and humour (Terry and Haynes 1998).

### ***Aim***

- Aim of this investigation is to determine the perceived stress and coping strategies in parents of children with autism and Intellectual disability.

### ***Sample***

The sample for the study consisted of a group of 30 parents of children with autism and 30 parents of intellectual disability children. The age of the parents is between 20-45 years and children’s age range between 3- 15 years.

### ***Tools Used***

1. ***Questionnaire on resource and stress:*** It is developed by Holroyd (1974). The QRS-F has been widely used measure the impact of a chronically ill child on other family member. It consist of total 52 statements and the respondent have to indicate whether each of these statements hold TRUE/FALSE for them. The QRS-F Consists of four domains .The reliability of QRSF is 0.95 and validity is 0.93 true score one and false score zero. Number of score indicates stress in parents higher the score higher the stress indicate.

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- 2. Brief cope scale:** This was developed by Carver CS (1997). It consists of 28 items that were divided into 14 subscales. The reliability for all subscales is more than 0.60. Each item has to be rated on four point scale. The procedure requires is that the subject has to mark how much or how frequently the items in the scale are used to cope with a particular problem during past 2 years.

The respondent is asked to mark how much or how frequently the items in the questionnaire are used by him to cope with a particular problem which has occurred in the person's life. In scoring part for four subscales reversal score were used.

### ***Procedure***

A purposive sample of 30 parents of children with autism, were selected from child development centers and Autism and special schools in Hyderabad. Parents of children with autism and intellectual disability were included in the study; informed consent was taken from the parents. Those who were willing to participate were administered the questionnaire on resource and stress and brief cope scale individually. All the questions were asked one by one and their responses were recorded by the investigator. Scoring of the tests was done as per instructions for scoring in respective test manuals.

### ***Statistical Method to Be Used***

Keeping in view of the aim of the study the data collected on the two groups i.e. the parents of autism children and parents of children with intellectual disability were subjected to statistical analysis. The means and standard deviations for scores on different variables under study were calculated for the two groups separately. Further 't' test was used to find out the significance of difference between the perceived stress and coping strategies in parents of children with autism and parents of intellectual disability.

## **RESULTS & DISCUSSION**

The results were analyzed using descriptive statistics like mean, SD, and "t" test. The results are presented and interpreted keeping the aim in view. Results are discussed in the following section. Initially the discussion about data related to demographic details. Followed by perceived stress and coping strategies of children with autism and intellectual disability. In this study 30 parents of children with autism and 30 parents of intellectual disability were taken respectively. Table-I shows socio demographic details, Table-II represents the perceived stress assessment for parents of autism and intellectual disability children. Table-III shows the coping strategies for parents of autism and Intellectual disability.

**Table 1: Socio demographic characteristics of study population**

Variable	Autism	Intellectual Disability
Age of mothers (Mean +SD)	30.86(±3.47)	32.36(±5.71)
Age of children (Mean +SD)	5.56(±1.88)	7.23(±3.02)
Employment of parents		
Unemployed	10%	16.6%
Employed	90%	83.3%
Family type:		
Nuclear	63.3%	70%
Joint	36.6%	30%
Domicile:		
Rural	10%	6.6%
Urban	90%	93.3%
Socio Economic Status:		
High	6.6%	3.3%
Medium	80%	20%
Low	13.3%	76.6%
Sex :		
Male	63.3%	53.3%
Female	36.6%	46.6%

The table-I shows the socio demographic characteristics of the sample. It shows the mean and standard deviation of the age and shows the percentage value of other variables such as employment status of the parents, family type and domicile socio economic status and sex of the children of the sample.

**Table -2 Mean (+SD) Score on Questioner on Resource and Stress (QRS)for parents of Autism and Intellectual Disability (N=30/group).**

QRS	AUTISIM MEAN(+SD)	INT. DISABILITY MEAN(+SD)	“t”	“p”
Parents and family problems	30.86(3.47)	32.36(5.71)	1.22	.224
Pessimism	14.60(2.44)	13.20(2.69)	2.10	.039*
Child characteristics	5.56(1.88)	7.23(3.02)	-2.56	.013*
Physical incapacitation	30.10(6.61)	30.60(4.81)	-3.34	.739

\*=  $p < 0.05$  level, \*\*= $P < 0.01$  level.

Table 2 shows Mean (±SD) score on Resources and stress with Autism group and Intellectual disability group. There is a significant difference in pessimism and child characteristics; the Mean (±SD) scores on pessimism of parents of children with Autism are 14.60(±2.44) whereas Mean (±SD) of parents of intellectual disability children are 13.20(±2.69). The “t” value is 2.10 and it is significant at 0.05 level. The Mean (±SD) scores on child characteristics of parents of children with Autism are 5.56(±1.88) whereas Mean (±SD) of

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parents of intellectual disability children are 7.23( $\pm$ 3.02). The “t” value is -2.56 and it is significant at 0.05 level.

The Mean ( $\pm$ SD) scores on parents and family problems of children with Autism are 30.86( $\pm$ 3.47) whereas Mean ( $\pm$ SD) of parents of intellectual disability children are 32.36( $\pm$ 5.71). The “t” value is 1.22. The Mean ( $\pm$ SD) scores on physical incapacitation of parents with Autism children are 30.10( $\pm$ 6.61) whereas Mean ( $\pm$ SD) parents of intellectual disability children are 30.60( $\pm$ 4.81). The “t” value is -3.34. There is no significant difference in this group.

There is a significant difference ( $p < 0.05$ ) in pessimism and child characteristics between the two groups whereas no significant difference is found in parents and family problems and physical incapacitation.

**Table-3 mean (+SD) score on Coping Strategies scale for parents of Autism and Intellectual Disability children (N=30 group).**

Coping Strategies	Autism Mean(+Sd)	Intellectual Disability M.(+Sd)	“t”	“p”
Self-direction	4.03(1.47)	4.36(1.47)	-.876	.385
Active coping	6.23(1.43)	5.96(1.92)	.610	.544
Substance use	4.66(1.99)	4.00(1.20)	2.33	.023*
Emotional support	4.56(1.65)	4.63(1.47)	-.165	.870
Instrumental support	5.16(1.59)	5.13(1.50)	.083	.934
Denial	3.33(1.49)	4.23(1.88)	-2.04	.045*
Beh.disengagement	3.43(1.52)	3.30(1.36)	.357	.723
Venting	3.90(1.53)	4.70(1.76)	-1.87	.066
Positive reframing	5.66(1.64)	6.56(1.30)	-2.34	.022*
Planning	5.70(1.84)	5.96(1.65)	-.587	.559
Humor	3.66(1.40)	2.93(1.39)	1.90	.062
Acceptance	5.66(1.68)	6.53(1.67)	-1.99	.051
Religion	4.73(1.79)	5.53(1.90)	-1.67	.100
Self-blame	2.73(1.04)	2.56(.72)	.715	.477

\*=  $p < 0.05$  level, \*\*= $P < 0.01$  level

Table III: Shows there is a significant difference between the parents of children with Autism and parents of children with intellectual disability on coping strategies scale and the subscales are substance use, denial and positive reframing.

The Mean ( $\pm$ SD) scores on substance use of children with Autism are 4.66(1.99), whereas Mean ( $\pm$ SD) of parents of intellectual disability children are 4.00(1.20). The “t” value is 2.33. The “t” value is -2.56 and it is significant at 0.05 level. The Mean ( $\pm$ SD) scores on denial of children with Autism are 3.33(1.49), whereas Mean ( $\pm$ SD) of parents of intellectual disability children are 4.23(1.88). The “t” value is -2.04 which is significant at 0.05 level. The Mean ( $\pm$ SD) scores on positive reframing of children with Autism are 5.66(1.64), whereas Mean

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( $\pm$ SD) of parents of intellectual disability children are 6.56(1.30). The “t” value is -2.34 and it is significant at 0.05 level.

On coping strategies scale; for parents of children with autism and Intellectual disability children shows that there is no significant difference in coping strategies. The parents of children with autism and parents of children with intellectual disability are getting same in other the subscales such as Self direction, Active coping, Emotional Support, Instrumental Support, Behavior disengagement, Venting, Planning, Humor, Acceptance, Religion, Self-blame.

## CONCLUSION

The parents of children with Autism are experiencing more Stress and seeking more social support than the mothers of Mental Retardation and there was no significance in Perceived Stress and in Coping Strategies for parents of children with Autism and parents of intellectual disability children.

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**Conflict of Interests:** The author declared no conflict of interests.

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