

The Effectiveness of Group Coping Skills training on reducing stress of mothers with disabled children

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Objectives: The purpose of this study was to investigate the Effectiveness of group Coping Skills training on reducing stress of mothers with mentally retarded children's.

Method: The research method was quasi experimental with pre-test and post-test design with a control group. Population of the study was all of the mothers of mentally retarded children that referred to welfare organization centers in Tehran. The sample was 44 mothers of mentally retarded children that randomly selected from participants that had inclusion criteria. They were placed randomly in case group (22 mothers) and control group (22 mothers). Case group received 12 session of coping skills training, while control group didn't receive any intervention.

Results: The results showed that case group had significantly decreased in stress level after intervention than control group ($p < 0.001$).

Conclusion: Results of this study indicated that coping skills training for decreasing stress level of mothers with mentally retarded children is effective. Based on the results, coping skills training can be considered an effective program for prevention of stress and promoting coping skills in mothers with mentally retarded children.

Keywords: Stress, coping, Coping skills training, mothers of mentally retarded children.

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Introduction

One of the major disabilities that create increased stress in parents is mental retardation of their child. Mental retardation is a highly prevalent and highly disabling condition. This is a condition in which there is delay or deficiency in all aspects of development, i.e. there is global and noticeable deficiency in the development of motor, cognitive, social, and language functions. This is the most common form of developmental disability. In many ways, mental retardation is also representative of developmental disabilities in general, in its causation, nature, and care (1)

According to the research conducted in each community, about 1 to 3 percent of the population, consist of individuals with mental retardation (2). The birth of a child with disability presents families with physical and emotional demands, which in turn, increases their level of stress (3). parents of children

with developmental or mental health problems, challenging with many problems, such as accepting the disability of their child, accept the fatigue of the nursing and care takers, manage issues related to leisure, deal with family financial problems and medical issues, education and rehabilitation (4,5).

Based on the problems of raising a child with disabilities, parents of these children reports more stress than parents of normal children. One study (6) has shown that stress in parents of children with special needs is 44 percent within comparing with 11 percent of parents of normal children. Another research results(7),revealed parents of disabled children experienced significantly higher levels of negative Affect, marginally poorer psychological well-being, and significantly more somatic symptoms, controlling for sociodemographic variables.

Although parents based on their specific characteristics and their environments show different reactions to

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birth of their child and rarely we can predict their reaction, the reaction of parent's of disable children is predictable and including: feeling guilty, feeling angry, extremist support, interpersonal problems and marital issues(4,5).

At this situation, mothers in the role of main care giving experience some bad things like feeling frustration, mental problems, emotional instability, anger, discomfort and psychological pressure and continuous, But about this issue(8), expressed anger to the child, thinking that having bad luck of being in mothers of children, anger and resentment from a partner is common.

A great body of research has shown that women bear a greater pressure than men caring of their disable child. They, because, not only spend more time caring of other family member's, but they tend to also experience greater depression, poorer well-being and worse physical health outcomes than men in care giving roles(9).

The continuous of pressure and depression make mothers weaker and fall them into deep depression and make them unable to spent more time and be useful for their family members and affect their relationship with their wives, children, and also community. The child with disability in the family is a stressor that requires the development of appropriate coping skills by the parents, especially mothers.

Coping is an interaction between the person's internal resources and external environmental demands (10). It is also defined as constantly changing cognitive and behavioral efforts to manage specific demands that are appraised as potentially taxing or exceeding a person's resources. Coping includes attempts to reduce the perceived discrepancy between situational demands and personal resources (11).

An individual employs coping strategies in one of two ways, by problem-focused coping, which is actively or behaviorally altering the external person-environment relationship, or emotion-focused coping, which is altering the personal or internal meaning or relationships (12). Lazarus believes that the effect and impact of any stressful life events is dependent on coping strategies that person apply. Therefore, appropriate coping skills are necessary to maintain of the family and the quality of life of each family member. Parents of children with disabilities can learn to control and manage their situation through appropriate parent training and early intervention programs.

Teaching Coping skills to parents with disable children can be useful and make them able to use their knowledge in appropriate situations for getting a good result. Families with disabled children need information to reorganize their lives into positive adaptation. However, interventions in this field have focused more on the child and parents have generally been ignored. There are many special education centers for disabled children; but, there are few programs and interventions for families of disabled children.

Some of practitioner (13) emphasize that specialists that provide some services for disabled children should monitor the exact stress level of their parents and on the other hand, they should teach to parents some useful coping with stress strategies. Results of studies in the effectiveness of coping skills training on the stress level of mothers of children's with disabilities inconsistent. For example, the study results (14), the asthmatic children's mothers taught skills coping, did not show any significant difference between the two groups after the intervention. Like this in another study (15) about the effects of Informative counseling on the anxiety level of parents, did not find any difference between experimental and control groups. On the other hand, research literature has supported that the results of parents coping skills training is effective (16). For example results of one Study (17) indicated that group training of positive parenting program can reduce the level of mother's stress. According to these studies, this study, is trying to answer this question that the coping skills training as a strategy for reducing and coping with stress in mothers of disabled child is effective or not?

Method and Materials

The study has been conducted through quiz-experimental design. The statistical population of this study is mothers of with educable mental retardation children, that they had a file in the welfare organization. In this study 44 subjects, by were randomly divided into two groups: case and control. The number of samples in each group was 22. The way that the samples chosen were this: after go to the welfare organization centers in Tehran, Iran, we can find the location of all centers in Tehran that they are providing some special services for disabled children. Then, after the coordination, we talked with centers supervisors about the training program. In the next stage, the educational program was prepared and started to recall for the company

and also took information to all people. Then, the clients volunteer enrolls for participation in training programs. Then, based on some inclusion and exclusion criteria we chose the mothers. Inclusion criteria were having an high school diploma, getting high level of stress. Exclusion criteria were an absence of 2 sessions, reluctance to continue the training, having a psychiatric problem.

Measurements - The research tool used in this study is Questioner on Resources and Stress was developed by Holroyd (1974); the currently used, shorter form has been used by Friedrich, Greenberg & Crnic (18). The shorter QRS consists of 52 items each requiring a true or false response This questionnaire is most important tool to measure stress in families with cerebral palsy, mental retardation and other disabilities children's. Among the tools for measuring stress in families with a disabled child, this questionnaire has been used more. The reliability and validity of this questionnaire has been tested by Hussein Nejad (1995) in a group of mothers with mentally retarded children in Tehran, Iran. According to his study (19) the validity and reliability of this questionnaire supported. Meanwhile, the questionnaire was used for different communities in Iran and revealed an acceptable reliability and validity.

The accomplishment of this program: we chose 22 mothers randomly to enter them into experimental group and other 22 mothers placed into control group. One week before the implementation of research, pre-test simultaneously was performed in the experimental and control group. The experimental group attended 12 group sessions of coping skills training, while the control group did not receive any intervention.

Coping skills training, on the base of Lazarus and Folk man (10) approach in stress and coping, was developed (12 sessions and each session 90 minutes). In this study training was held as weekly meetings (one meeting per week for 90 minutes each session). One week after the study in both groups (case and control) the questioner was carried out. After the implementation of the two groups (case and control), a three-day workshop for the control group was formed to observe ethics and educational booklet they were given. The Data that was obtained was analyzed by using the statistical software Spss version 16. Mean, standard deviation, independent t-test was used.

Results:

Mean and standard deviation of Participant and theirs children's ages has been shown in table 1 and

2. No statistically significant differences in age between the two groups. The average age of participants in case and control groups were 30.41(SD= 3.1), 31(SD=4.0) (table 1).

Table 1. Mean, Standard Deviation and T-test of mothers age in two group

| group | Mean | SD | t | df | p |
|---------|-------|-----|-----|----|-----|
| Case | 30.41 | 3.1 | | | |
| Control | 31 | 4.0 | .64 | 42 | .57 |
| total | 30.45 | 3.5 | | | |

The children age of participants in case and control groups were 6(SD=1.2), 6.5(SD= 1.6). No statistically significant differences in children age between two groups (table 2).

Table 2. Mean, Standard Deviation and T-test children's age in two group

| group | Mean | SD | t | df | p |
|---------|------|-----|-----|----|-----|
| Case | 6 | 1.2 | | | |
| Control | 6.5 | 1.6 | .77 | 42 | .61 |
| total | 6.2 | 1.4 | | | |

There were statistically no significant differences in stress level before intervention in two groups (table 3).

Table 3. Comparing of stress level in before intervention in tow group

| group | Mean | SD | t | df | p |
|---------|-------|-----|------|----|-----|
| Case | 22.44 | 6.4 | | | |
| Control | 21.40 | 5.5 | 12.2 | 42 | .53 |

Stress level in two groups before and after intervention significantly has changes. There were statistically differences in two groups after intervention (PV=. /05). (Table 4, figure 1).

Table 4. Comparing of stress level before intervention in group

| group | Mean | SD | t | df | p |
|---------|-------|-----|-----|----|-----|
| Case | 19.34 | 4.9 | | | |
| Control | 21.10 | 5.4 | .74 | 22 | .05 |

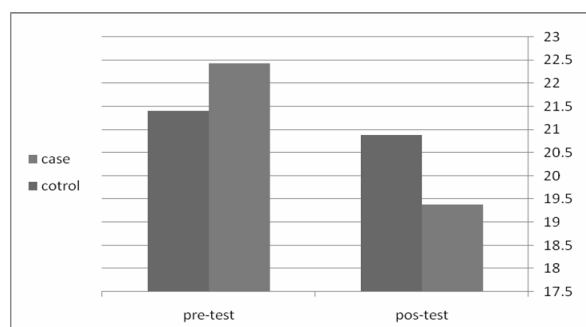


Figure 1. Comparing of stress level of mothers in before and after intervention

Discussion:

The results of this study showed that stress level of case group significantly reduced after intervention than control group. This result indicated that coping skills training in reducing of stress level of mothers with mentally retarded children is effective. This findings consistent with Gammon & Rose (16), study and with Kesgin (14) and Aksaz (15), findings is inconsistent. To explain these results, we can say that these mothers tolerate high levels stress before intervention and they had poor coping skills. Lazarus & Folkman (10) believes that impact of every life event stress is dependent on coping strategies that the person applies. Therefore, if people learn the effective coping strategies with stress, their stress level will reduce. In addition, group, providing a safe space for individuals so that they could communicate with and they will receive support from therapist and other members. In addition, the group provides an opportunity for others to be observed and touchable (20).

When people are placed in group counseling sessions, they are able to copy abilities and other useful characteristics of individual's in their group. In addition, education probably originated can change the attitude and beliefs that this in turn reduces the stress. training makes a good environment for mother's of disabled children (with mental retardation) to find their strengths and weaknesses and thus know enough to achieve the points to do the positive action.

As a result of this, one fact is that the mothers accept all the facts and they try to coping with them and it will reduce the level of stress. Counseling and education can support parents to help their negative feelings in the right direction so that interactions are constructive. Thus, they are able to learn which media and tool is useful for their child and it can express their feelings to achieve a more effective way. But, on the other hand, there are some reasons for inconsistent results with Kesgin (14) and Aksaz (15) study. First of all, mothers who participated in these studies had a lower stress level in beginning of intervention than this study. So, we may speculate that the mothers adapted to the condition that the child bring to their levies. Secondly, the number of training sessions of these studies were low (8 sessions), whereas, in this study training sessions were 12. Finally, you can check that the coping skills training in reducing stress levels of parents of children with mental retardation is effective. Therefore, coping skills training as a way to deal effectively with stress and promoting coping skills in mothers with mentally retarded child are recommended.

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