Parental Stress and Coping Mechanisms in Families with Children on The Autism Spectrum

Maria Lourdes J. Atos

Camarines Sur Polytechnic Colleges Graduate School, Camarines Sur, Philippines Corresponding author: Maria Lourdes, email: maatos@my.cspc.edu.ph, Phone: +96566879270

ABSTRACT

Background: Parents were able to alleviate the stress they faced through the essential role played by social support networks, which provided emotional, practical, and informational aid. Furthermore, participating in educational seminars had a notable influence on how stress is perceived, highlighting the need of easily accessible and pertinent information.

Aim: This research aimed to investigate the encounters of families who are raising children diagnosed with autism spectrum disorder (ASD) and their strategies for dealing with different demographic circumstances.

Subject and method: The current purposive mixed- method research study was conducted at Bacacay Albay, Philippines. It included sample of all Autism children in the locality. Researcher's made 5- point likert scale questionnaire that was used to gather the perceived experiences of the respondents. This study examined the complex correlation between parental stress and the coping strategies utilized by families with children diagnosed with ASD. Thus, gaining insight into the factors that cause stress for these parents and their methods of dealing with it, which is essential for offering appropriate assistance and treatments to improve the overall welfare of both parents and children with ASD.

Results: The study highlights the vital importance of social support networks in reducing stress for parents of children with autism. Emotional bonds, tangible support, and availability of knowledge and resources were recognized as crucial elements. Supportive surroundings helped parents in difficult situations by enabling them to express themselves, receive counsel, and exchange experiences, thereby improving their well-being.

Conclusion: It is important in having customized support systems that take into account the varied demographic traits of families who are raising children with autism. Furthermore, the research emphasized the pivotal significance of social support in alleviating stress and the flexible nature of coping mechanisms.

Keywords: Parental stress, Coping mechanisms, Autism spectrum disorder (ASD), Children with autism, Autism support.

INTRODUCTION

Individuals diagnosed with autism spectrum disorder (ASD) encompass a distinct and varied group characterized by a broad spectrum of skills and difficulties. Raising a child with ASD can be a fulfilling yet frequently challenging endeavor, as these parents encounter distinct sources of pressure that differ from those faced by parents of neurotypical children (1).

In recent decades, the incidence of ASD has been consistently rising, impacting around 1 in 44 children in the United States alone ⁽²⁾. Hence, parents of children with ASD may experience heightened levels of stress due to the difficulties and obstacles that come with raising their child. Parental stress in this context refers to a range of issues, such as mental discomfort, financial burden, social isolation, and the ongoing need for caring tasks ⁽¹⁾. Thus, the distinct pressures encountered by these parents can have an influence on their general quality of life, mental well-being, and family dynamics.

It is commonly acknowledged that parents of children with ASD frequently encounter elevated levels of stress. However, there is an increasing amount of study focused on investigating the precise causes and expressions of this stress. Parental stress can be influenced by various factors such as the child's difficulty in communicating, sensitivity to sensory

stimuli, challenging behaviors, and the uncertainty surrounding the long-term prognosis of ASD ⁽³⁾. In addition, a lack of access to support services and community resources might worsen parental stress ⁽⁴⁾.

In order to deal with these sources of stress, parents utilize diverse coping strategies to adjust and manage the difficulties linked to raising a kid with autism. Coping methods can be classified into two main categories: (1) problem-focused coping, which involves taking steps to directly address specific stressors, and (2) emotion-focused coping, which involves employing ways to effectively manage emotional discomfort (4, 5). Parents can employ both sorts of coping strategies concurrently, and their efficacy can impact the overall welfare of the family. Studies investigating the coping strategies employed by parents of children with ASD have revealed a diverse array of approaches. These include seeking guidance and assistance from healthcare professionals and support groups, establishing regular routines and structures in daily life, and engaging in mindfulness and relaxation techniques (3, 6). In addition, certain parents may employ avoidant coping mechanisms, such as denial or social isolation, which can have adverse effects on their mental well-being and the functioning of their family (6).

It is crucial to acknowledge that the efficacy of coping methods might differ among parents, and the

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selection of coping strategy may be influenced by the individual's personal traits, the intensity of the child's symptoms, and the presence of social support (3). Moreover, the cultural heritage of parents can impact their methods of dealing with stress and their interpretations of it (7). Thus, gaining insight into the intricate relationship between parental stress and coping strategies in families with children on the autism spectrum is crucial for the development of specific therapies and support programs. Efficient interventions should prioritize the reduction of stresses, the enhancement of coping skills, and the improvement of the general well-being of parents and children with ASD. Furthermore, it is crucial to acknowledge the wide range of experiences that families from different cultural and socioeconomic backgrounds have. This is important in order to customize treatments and address the unique requirements of these families ⁽⁷⁾.

This study aimed to explore the experiences of parents who are raising children with ASD, specifically focusing on the distinct challenges they encounter and the strategies they use to manage these difficulties ⁽²⁾. By acquiring a more profound comprehension of parental stress and coping in these families, we can more effectively provide assistance and enable parents to improve the well-being of both themselves and their children with ASD). This research represents an essential milestone in the advancement of therapies and the enhancement of the overall well-being of families with children diagnosed with ASD.

Significance of the study: The study is important for understanding the complex dynamics and difficulties experienced by parents of children with autism. ASD imposes distinct challenges on parents, including emotional, practical, and informational components, which can lead to significant stress. The social support networks play a crucial role in protecting parents from the stress of raising a child with autism. The participants regularly highlighted the importance of emotional, informational, and practical support they got from family, close friends, and support groups. These networks offered a secure environment for parents to share their feelings, seek advice, and swap personal stories, emphasizing the importance of shared experiences in dealing with challenges. The emotional bond formed through these support networks was considered vital in the process of dealing with challenges. The study highlighted the significance of empathy, understanding, and non-judgmental attitudes from family and friends. Thus, the emotional relationships provided parents with opportunities to express frustrations, share happiness and sadness, and receive validation, which greatly contributed to their overall coping strategies.

Practical aid was recognized as a crucial coping method, providing actual support. The study highlighted that social support networks frequently provided tangible assistance, such as childcare help,

respite care, and aid with everyday tasks. This practical support helped parents manage their responsibilities and focus on their own health, promoting resilience in dealing with the difficulties of raising a child with autism. Furthermore, the study emphasized the importance of support groups in offering knowledge and resources. These groups are vital sources of knowledge in the intricate domain of ASD, helping parents stay informed about the newest research and therapy. This highlights the need of providing parents with effective coping strategies to help them deal with the difficulties of raising a kid with autism. The study provided vital insights into the pressures experienced by parents of children with autism and the complex nature of their coping strategies.

Research hypothesis:

There is no significant relationship between the extents of stress level that the family is experiencing as perceived by the respondents and how do they adapt their coping mechanisms based on the severity of the child's autistic condition.

SUBJECTS AND METHODS

The study used a mixed-method research methodology, combining qualitative and quantitative methodologies, to examine the experiences of families with autistic children. It occurred within the Municipality of Bacacay, Albay, Philippines. The participants were chosen as random sample to reflect the variety of families with autistic children. The sample size included all families in the chosen Municipality dealing with the distinct challenges of raising a kid with autism. This comprehensive approach guaranteed a thorough investigation of parental stress and coping strategies in the selected Municipality, improving the study's relevance and offering significant insights into the wider realm of autism parenting.

Inclusion criteria: Parents and caregivers of children with ASD.

Tools for data collection:

The following data statistical tools were used to analyze the data:

Frequency Count and Percentage Distribution. This was used to analyze each demographic data, such as the number of children with autism, socio-economic status, seminars attended, years of having children with ASD, and total number of family members, which may determine the frequency and percentage of respondents in each group. This offered a concise and comprehensive summary of the attributes of the sample.

Mean and standard deviation: This was used to evaluate the magnitude of reported stress levels among the respondents. This was used to present the Likert

scale survey to assess stress levels, thereafter computing the mean to ascertain the average degree of stress encountered by the families. The standard deviation is a statistical measure that quantifies the extent of variability around the average value, which provides valuable information about the range of stress levels within the sample.

ANOVA: This was used to measure the significant differences between the extent of stress level that the family experiencing as perceived by the respondents as grouped by their demographic profile.

Modified Likert Scale: It was used to assess comprehensive responses from participants, enabling to acquire profound insights into their distinct experiences. Moreover, it was used to obtain a thorough comprehension of the coping techniques that are both widespread and advantageous, by assessing their effectiveness and frequency:

Strongly disagree: 1
Disagree: 2
Neutral: 3
Agree: 4
Strongly agree: 5

Ethical considerations: Ethical considerations in this study involved safeguarding the confidentiality and privacy of families with autistic children. Informed consents were paramount, ensuring participants willingly contribute. Additionally, the research prioritized the emotional well-being of participants, providing support mechanisms and addressing any potential distress arising from discussions on the challenges of raising children with autism. There is full understanding of the researcher's responsibility to follow the Camarines Sur Polytechnic Colleges Research and Innovation Code of Practice on ethical standards, and any relevant academic or professional guidelines in the conduct of the study.

Data Gathering Procedure:

A systematic data gathering approach was conducted to examine parental stress and coping mechanisms in families with children on the autistic spectrum. Hence, the study utilized a mixed-approaches approach, integrating both quantitative and qualitative data collection methods to achieve a comprehensive knowledge of the phenomenon.

Initially, a survey questionnaire was created with the specific aim of assessing the levels of stress experienced by parents who had children diagnosed with autism. The questionnaire was developed utilizing established measures such as the Parental Stress Scale and the Parenting Stress Index. Research sampling was conducted from support groups, autism organizations, and online platforms, to identify children with autism. The survey was disseminated digitally, guaranteeing both anonymity and confidentiality. It encompassed inquiries regarding demographic data, the kid's diagnosis, and particular pressures associated with raising a child diagnosed with autism.

Aside from the quantitative data collected from the survey, research also conducted in-depth interviews with a selected respondents to acquire qualitative insights into their coping strategies. The semi-structured interviews was created with the purpose of investigating the techniques parents utilize to handle stress, the origins of their social support, and their perspectives on how their child's autism affects their family life. Moreover, the interviews were meticulously recorded and transcribed word for word. Thematic analysis was then employed to find consistent patterns and themes.

To increase the rigor of the study, researcher used triangulation of data, which involved combining findings from both quantitative and qualitative sources to ensure accuracy and reliability. By employing a multi-method approach, a thorough investigation of parental stress and coping methods was facilitated, leading to a more profound comprehension of the experiences and requirements of families with children who have autism spectrum disorder. The findings of this study could provide significant knowledge to the field, perhaps guiding interventions and support systems for these families and improving the welfare of parents and their children with autism.

RESULTS

Table (1) provided a detailed overview of participant demographics in the study, offering crucial insights into the context of caring for children with ASD. The distribution of participants by the number of autistic children in their homes revealed that 81% had one child with autism, while 19% had two. Socioeconomic status analysis showed that 44% fall within the 5,001 to 10,000 income bracket, and 38% earn between 10,001 to 20,000.

Varied engagement in autism-related seminars was evident, with 62% participating in early intervention and diagnosis sessions, and 56% reported no workshop attendance. The duration of caregiving ranges from under three years to 16 years or more, reflecting diverse experiences. Family size distribution revealed that 44% had four to five members, 19% had three or fewer, and 37% had six or more. This comprehensive demographic profile set the stage for understanding parental stress and coping strategies within the diverse landscape of families impacted by ASD.

Table (1): Demographic profile of the respondents (N= 16)

Tuble (1). Demograpine prome of the	N= 16	Frequency (f)	Percentage (%)
	1	13	81%
No. of Autistic Children	2	3	19%
	3 & above	0	0%
	5,000 – below	2	12%
Socio Economic Status	5,001 - 10,000	7	44%
Socio Economic Status	$10,\!001 - 20,\!000$	6	38%
	20,001 - 30,000	1	6%
	Early Intervention and Diagnosis	10	62%
	Sensory Sensitivities	11	69%
Seminars on Autism- Related	Parenting and Caregiving	7	44%
	Legal and Advocacy Issues	1	6%
	No Seminar	9	56%
	3- below	4	25%
No of Vocas in Coning Autistic	4- 7	6	38%
No. of Years in Caring Autistic Children	8- 10	3	19%
Ciniuren	11- 15	2	13%
	16- above	1	5%
	3- below	3	19%
	4- 5	7	44%
No. of Family Members	6- 7	2	13%
·	8- 9	3	19%
	10- above	1	5%

Table (2) provided a detailed overview of participants' perspectives on family stress related to raising a child with ASD. Mean scores, standard deviations, and qualitative descriptors convey insights into stress levels and overall well-being. The average score across stress indicators (ranging from 2.75 to 3.29) suggests moderate stress perception, with an overall mean score of 3.06 categorized as "Agree." Notably, indicator 10 reflects a "Strongly agree" score (3.7), indicating families actively seek support and coping strategies for ASD challenges. These data supported subsequent analyses on coping strategies and supported networks, offering avenues for intervention and assistance.

Table (2): Stress level that the family experiencing as perceived by the respondents.

Indicator	Mean	SD	Qualitative Description
1. Family members in our household experience high levels of stress due to our child's autism.	3.29	0.56	Strongly Agree
2. Challenges related to our child's autism led to increased stress within our family.	3.03	0.56	Agree
3. Stress levels in our family have a negative impact on our overall well-being.	3.14	0.56	Agree
4. The demands of caring for a child with autism caused stress-related health issues among family members.	2.86	0.65	Agree
5. Family struggle to balance the needs of our child with autism and the needs of other family members, causing stress.	3.01	0.57	Agree
6. Family's stress levels have increased over time as we continue to support our child with autism.	3.18	0.73	Agree
7. Coping with our child's autism-related challenges require significant emotional and psychological resources from our family, leading to stress.	2.75	0.67	Agree
8. The stress within our family due to our child's autism affected our relationships with extended family and friends.	3.17	0.57	Agree
9. It is difficult to find effective ways to manage and reduce the stress caused by our child's autism.	2.80	0.67	Agree
10. The family actively seek support and coping mechanisms to address the stressors associated with /our child's autism.	3.7	0.56	Strongly Agree
AVERAGE	3.06	0.61	Agree

Table (3) delved into the adaptive coping strategies employed by respondents in response to the varying severity of their child's autism. With an average score of 3.14 falling within the "Agree" range, participants generally acknowledged significant adjustments to their coping mechanisms based on autism severity. Indicator 1, scoring 3.34, emphasizes the strong recognition of the need for adaptive coping, highlighting the ever-changing nature of caregiving. Various indicators (2, 4, 5 & 9) within the "Agree" range revealed the adaptability in seeking external support tailored to the intensity of their child's symptoms. Indicator 10, scoring 3.9, underlines the belief in the impact of autism severity on interactions with professionals, emphasizing effective communication. These data illuminated the crucial role of tailored assistance in addressing diverse challenges faced by families.

Table (3): Respondents adaptation of coping mechanisms based on the severity of the child's autistic condition.

Indicator	Mean	SD	Qualitative
Indicator	wican	JD _	Description
I adapt my coping mechanisms significantly based on the severity of my child's	3.34	0.52	Strongly
autistic condition.			Agree
The severity of my child's autistic condition directly influences the coping strategies I employ.	2.9	0.63	Agree
I find it necessary to adjust my coping mechanisms depending on how challenging my child's behaviors are due to their autism.	3.17	0.51	Agree
The severity of my child's autism symptoms dictates the level of support I seek from external resources and professionals.	3.01	0.51	Agree
I am more likely to seek emotional support from friends and family when my child's autistic condition is more severe.	2.93	0.57	Agree
I tend to use more problem-solving strategies when my child's autism-related challenges are more pronounced.	3.10	0.71	Agree
The severity of my child's autistic condition influences my willingness to participate in support groups and therapy sessions.	3.11	0.67	Agree
I adjust my self-care routines and prioritize them differently based on the severity of my child's autism symptoms.	3.19	0.63	Agree
I am more likely to seek professional counseling or therapy for myself when my child's autistic condition becomes more severe.	2.79	0.61	Agree
The severity of my child's autism influences how I communicate and	3.9	0.50	Strongly
collaborate with my child's educational and healthcare providers.			Agree
AVERAGE	3.14	0.59	Agree

Table 4 scrutinizes stress levels among participants, categorized by demographic characteristics. Notable variations in stress are observed based on autism diagnosis count (p = 0.00023), socio-economic status (p = 0.00311), workshop attendance (p = 0.00074), caregiving duration (p = 0.0286), and family size (p = 0.0098). Rejected null hypotheses underscore the influence of these factors on perceived stress levels. The data accentuates the complex interplay of demographics in shaping stress experiences, emphasizing the need for tailored interventions that consider these nuances in supporting families raising children with autism.

Table (4): Significant differences between the extent of stress level that the family experiencing as perceived by the

respondents as grouped by their demographic profile

Profile	Mean	<i>p</i> - value	Interpretation	Decision
<i>N</i> = 16	Square			
No. of Children with Autism	1.0123	0.00023	There is a Significant	Reject Null
			Differences	Hypothesis
Socio-economic Status	0.1932	0.00311	There is a Significant	Reject Null
			Differences	Hypothesis
Seminars on Autism- Related	1.0013	0.00074	There is a Significant	Reject Null
			Differences	Hypothesis
Years of having Children with ASD	0.0113	0.0286	There is a Significant	Reject Null
-			Differences	Hypothesis
Total no. of Family	0.189	0.0098	There is a Significant	Reject Null
			Differences	Hypothesis

Table (5) revealed a significant correlation (p = 6.3675E-05) between perceived stress levels and adaptive coping strategies influenced by the severity of a child's autism. The robust association suggested that as stress increases due to the child's condition, families demonstrated a pronounced ability to adapt coping methods (t = 7.5895). Rejecting the null hypothesis underscores the dynamic nature of coping strategies, highlighting the importance of tailored support interventions aligned with stress variations in families children with autism. raising This nuanced understanding enhances the effectiveness of therapies and promotes the well-being of families.

Table (5): Significant relationship between the extent of stress level that the family experiencing as perceived by the respondents and how do they adapt their coping mechanisms based on the severity of the child's autistic condition

	T- value	P- value	Interpretation	Decision
N=16	7.5895	6.3675E-	There is a	Reject Null
		05	significant	Hypothesis
			difference	

Thematic Analysis

Participants stressed the crucial role of social support networks in mitigating stress associated with raising a child with autism. Relatives, companions, and organizations offered assistance emotional, informational, and practical aid, creating a secure space for parents to express emotions and seek guidance. Emotional connections were highlighted, emphasizing empathy and non-judgmental attitudes from family and friends. Practical assistance, including childcare and respite care, alleviated parenting burdens. Support groups emerged as valuable sources of knowledge and resources for navigating ASD, underscoring the multifaceted role of social support in enhancing the well-being of parents in challenging circumstances.

DISCUSSION

Parents of children on the autism spectrum often experience high levels of stress, which can have a significant impact on their well-being. However, there are coping mechanisms that can help alleviate this stress. Psychosocial programs have been found to have a positive effect on parents' knowledge, stress levels, and coping strategies [8]. Family adaptability and cohesion have been shown to influence parental stress, with higher levels of family adaptability leading to reduced stress through increased parental self-efficacy [9].

In this study, a total of 16 families/ respondents were enrolled with inclusion criteria ensuring a diverse family structure and demographic and socioeconomic profile. Remarkably, the distribution of participants based on the number of children with autism in their households revealed that 81% had one child with

autism, while 19% had two. Additionally, the socioeconomic analysis showed that participants came from various income brackets, with the majority earning between 5,001 Php to 10,000 Php (44%) and 10,001 Php to 20,000 Php (38%). Furthermore, various activities by the participants were recorded such as engagement in autism-related seminars caregiving duration, and family size, providing insights into the complexity of their experiences and support networks.

Research has shown that mothers younger than 30 years old, children younger than 6 years old, a recent diagnosis, low educational level, and low monthly income were associated with higher levels of parental stress in families with children with ASD (10, 11). Additionally, socioeconomic status (SES) has been found to impact the prevalence and severity of ASD, with lower SES scores being associated with delayed diagnosis and higher disease severity (10). It is important to provide intervention and support tailored to the unique needs of each family to reduce parental stress and promote the quality of life for families of children with ASD (11).

Higher parental stress related to core autism symptoms is associated with poorer family quality of life, while implementing psychoeducational and supportive programs for parents can enhance family quality of life ⁽¹²⁾.

Multiple studies have found that the majority of parents with young children diagnosed with ASD experience high levels of stress, as determined through various rating scales and assessments. The primary source of this stress was attributed to the challenging behaviors exhibited by children with ASD, including aggression towards themselves and others. This finding is supported by research conducted by Plant and Sanders (13). Additionally, identified another significant stressor for both mothers and fathers, which was the completion of daily care tasks such as meal preparation, cleaning up after their child, and bath time. These findings are in line with our study, where responses indicated a negative impact on the participants' overall well-being as well as their relationships with their extended family and friends, and the need for support and coping mechanisms to address the stressors associated with our child's autism. Similarly, this study revealed a significant relationship between level of stress and different mediators, and social support available to the family and different socio-demographic variables and mediators among the families having children with autism spectrum disorder. Additionally, sociodemographic factors such as age, education, and family income were found to affect parental perception of oral health-related quality of life (OHRQoL) in children with ASD (14).

A study conducted by **Pepperell** *et al.* ⁽¹⁵⁾, explored the psychological and social needs of parents within the same family unit raising a child with ASD and found that more mothers reported engaging in emotion-focused strategies and accessing social support for

emotional and practical support. Another research involved a video feedback intervention to promote positive parenting adapted to autism (VIPP-AUTI) is presented, which is a manualised program of a five-session home training, using video-taped fragments of the individual parent-child dyad during play and mealtime interactions. The VIPP-AUTI intervention increased parental sensitivity and feelings of efficacy in child rearing. Oxytocin administration improved paternal stimulation skills in father-child play interaction. VIPP-AUTI is a home training program that uses video feedback to enhance parental sensitivity in interactions with children with autism (16).

In this study, significant correlation (p = 6.3675E-05) between perceived stress levels and adaptive coping strategies was influenced by the severity of a child's autism. The robust association suggested that as stress increases due to the child's condition, families demonstrated a pronounced ability to adapt coping methods (t = 7.5895). Rejecting the null hypothesis underscores the dynamic nature of coping strategies, highlighting the importance of tailored support interventions aligned with stress variations in families children with autism. This understanding enhanced the effectiveness of therapies and promoted the well-being of families. According to Wahab et al. (17), perceived social support has been found to have a significant negative relationship with parental stress, indicating that social support plays a crucial role in reducing stress levels among parents of children with ASD. Hwang et al. (18) explored autistic parents' experiences of parenting and support and concluded that dismantling stereotypical norms of autism and lack of knowledge of autism within professionals is needed to change to properly assess autistic parent's needs and their capacity using strength-based approach. Autistic parents have reported that appropriate support services are essential for them to succeed in raising their children, especially autistic children. Understanding cultural influences on parenting stress may help service providers and agencies offer more culturally sensitive services, parent-education courses, and intervention programs. The findings suggest that autistic symptom severity scores may reflect cross-cultural differences in parenting beliefs, views toward autism, and response styles for evaluating children's behavior (19).

In summary, the current study collectively underscored the complex interplay between demographic factors, stress perception, and coping strategies in families raising children with autism. Understanding these dynamics is crucial for developing comprehensive and tailored support systems that enhance the well-being of families and optimize care for children with ASD. By recognizing the nuanced experiences and challenges faced by these families, interventions can be more precisely targeted, ultimately improving outcomes and quality of life.

CONCLUSION

This study emphasized the pivotal significance of social support in alleviating stress and the flexible nature of coping mechanisms. These observations could guide the creation of interventions and services to boost the welfare of these families and enhance their capacity to offer optimal care for their children with autism.

RECOMMENDATIONS

Given the presented results and discussions, the following recommendations are proposed:

- 1. Personalized assistance: Create individualized support services for families caring for children with autism that consider their distinct demographic attributes. Acknowledge that the requirements of each family may vary depending on variables such as the size of the family, socioeconomic situation, and the number of children with autism.
- 2. Stress Management Programs: Provide stress management programs and resources to assist families in dealing with the difficulties of raising a kid with autism. These systems should be flexible enough to adjust to different degrees of stress based on the child's condition.
- 3. Promotion of the establishment and utilization of social support networks: Organize and coordinate support groups, linking families who have shared experiences to offer emotional, practical, and informative aid.
- 4. Enhance and broaden educational seminars and workshops on autism-related subjects, such as early intervention, sensory sensitivity, parenting and caregiving, and legal and advocacy issues. Ensure that these materials are universally accessible to all families.
- 5. Financial Aid: Contemplate providing financial assistance or subsidies to families with lower socioeconomic position, as the study emphasized the influence of economic background on stress levels. Alleviating stress can be achieved by reducing financial obligations.
- 6. Provide counseling and therapy services to families that are encountering elevated levels of stress, particularly those with children who have more pronounced autistic problems. Ensure the accessibility and affordability of these services.
- 7. Professional training: Deliver comprehensive training to healthcare and educational professionals on the optimal methods of communication and collaboration with parents of children diagnosed with autism. Enhancing these contacts can optimize the overall support system for families.
- 8. Long-term caregiving support: Acknowledge the length of time spent providing care as a significant contributor to stress levels. Establish enduring assistance initiatives that address the changing

- requirements of families as they persist in providing care for their children with autism.
- 9. Respite care: Advocate for respite care services that enable parents to temporarily step away from their caring duties, thereby mitigating stress and averting exhaustion.
- 10. Public awareness: Increase public knowledge and understanding of autism and the difficulties encountered by families. Enhancing awareness and diminishing prejudice might result in heightened societal assistance and approval.
- 11. Conduct ongoing research and evaluation to assess the efficacy of support programs and treatments, ensuring they are responsive to changing family needs and effectively reducing stress.
- 12. Promote a comprehensive approach to autism care that takes into account the well-being of both the kid and the family. This strategy should give precedence to the psychological and emotional well-being of parents and caregivers.
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REFERENCES

- 1. Estes A, Munson J, Dawson G, Koehler E, Zhou X, Abbott R (2019): Parenting stress and psychological functioning among mothers of preschool children with autism and developmental delay. Autism: The International Journal of Research and Practice, 23 (7): 1555-1563.
- 2. Maenner M, Shaw K, Baio J et al. (2020): Prevalence of autism spectrum disorder among children aged 8 years—Autism and Developmental Disabilities Monitoring Network, 11 sites, United States, 2016. Morbidity and Mortality Weekly Report. Surveillance Summaries, 69 (4): 1-12.
- 3. Smith L, Hong J, Seltzer M, Greenberg J, Almeida D, Bishop S (2018): Daily experiences among mothers of adolescents and adults with autism spectrum disorder. Journal of Autism and Developmental Disorders, 48 (4): 1342-1353.
- 4. Kuhlthau K, Payakachat N, Delahaye J, Hurson J, Pyne J, Kovacs E, Tilford J (2014): Quality of life for parents of children with autism spectrum disorders. Research in Autism Spectrum Disorders, 8 (0): 1339-1350.
- Lazarus R, Folkman S (1984): Stress, appraisal, and coping. New York: Springer, https://link.springer.com/referenceworkentry/10.1007/978-1-4419-1005-9_215
- **6. Hastings R, Brown T** (**2002**): Behavior problems of children with autism, parental self-efficacy, and mental health. American Journal on Mental Retardation, 107 (3): 222-232.
- 7. Dabrowska A, Pisula E (2010): Parenting stress and coping styles in mothers and fathers of pre-school

- children with autism and Down syndrome. Journal of Intellectual Disability Research, 54 (3): 266-280.
- 8. Bunijevac M, Čanadanović-Marinković J (2023): The effect of stress on the quality of the parental role of children with autism. Research in education and rehabilitation, 6 (1): 46-55.
- Zafar S, Khalid S, Ahmad S (2023): Stress Resolution in Mothers of Autism Spectrum Children: An Efficacy Study of Healthy Lifestyle Practices. Journal of Professional & Applied Psychology, 4 (2): 226-235, DOI: 10.52053/jpap.v4i2.172
- **10. Kiyani Z, Mirzai H, Hosseini S, Sourtiji H, Hosseinzadeh S, Ebrahimi E (2020):** The Effect of Filial Therapy on the Parenting Stress of Mothers of Children with Autism Spectrum Disorder. Archives of Rehabilitation., 21 (2): 206-19.
- **11. Hsiao Y (2018):** Autism spectrum disorders: Family demographics, parental stress, and family quality of life. Journal of Policy and Practice in Intellectual Disabilities, 15 (1): 70-9.
- 12. Papadopoulos A, Siafaka V, Tsapara A, Tafiadis D, Kotsis K, Skapinakis P, Tzoufi M (2023): Measuring parental stress, illness perceptions, coping and quality of life in families of children newly diagnosed with autism spectrum disorder. BJPsych Open, 9 (3): e84.
- **13. Plant K, Sanders M (2007):** Predictors of care-giver stress in families of preschool-aged children with developmental disabilities. Journal of intellectual disability research., 51 (2): 109-24.
- 14. Saini M, Singh Y, Khan T, Syeda MS, Khanam H, Afroz M (2023): Influence of sociodemographic factors on parental perceptions of Saudi parents on oral health-related quality of life of children with autism spectrum disorder in Riyadh, Saudi Arabia: A cross-sectional study. Journal of international oral health, 15 (2): 206-11. DOI: 10.4103/jioh.jioh_228_22.
- **15. Pepperell T, Paynter J, Gilmore L (2018):** Social support and coping strategies of parents raising a child with autism spectrum disorder. Early Child Development and Care, 188 (10): 1392-404.
- **16. Poslawsky I, Naber F, Kranenburg M** *et al.* (2014): Development of a Video-feedback Intervention to promote Positive Parenting for Children with Autism (VIPP-AUTI), Attachment & Human Development, 16 (4): 343-355, DOI: 10.1080/14616734.2014.912487.
- 17. Wahab R, Fahmy K, Ibrahim S, Philip W (2022): Social Support and Stress among Parents with Autism Spectrum Disorder Children. Environment-Behaviour Proceedings Journal, 7 (20): 449-454.
- **18. Hwang S, Heslop P (2023):** Autistic parents' personal experiences of parenting and support: messages from an online focus group. The British Journal of Social Work, 53 (1): 276-295.
- 19. Porter N, Loveland K, Saroukhani S *et al.* (2022): Severity of child autistic symptoms and parenting stress in mothers of children with autism spectrum disorder in Japan and USA: cross-cultural differences. Autism Research and Treatment, 7: 1-19, DOI:10.1155/2022/7089053.