

**Counseling Intervention for Parents Caring  
for Children with Autism**

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**Abstract**

This study is an experimental research aimed to assess the effect of counseling intervention for parents caring for children with autism to help parents to provide their children with skills necessary or successful caring, enhance parents practice and coping patterns. This study was conducted at special needs care center affiliated to institute of post graduate childhood studies and out patient clinic for children psychiatric treatment at elabassia mental health hospital. The sample consisted of 60 parents providing care for their children suffering from autism.

Data were collected through interview questionnaire sheet to assess child and parent sociodemographic characteristics and parents practices.

**Results:**

1. The main results revealed that the majority of children were completely dependant on their parents on daily living activity.
2. Counseling intervention has a positive effect on parents' care providing patterns and their stress from child dependancy.

**Recommendations:**

1. The study recommended necessary of continuous free health education and counseling programs for parents to improve their care.
2. Increase community awareness about childrens with autism and their rights.

**Key words:**

Children with autism, Parents, Practices, Counseling intervention.

**Introduction**

Autism is a complex developmental disability; it is a neurological based developmental disorder. It is characterized by varying degrees of impairment in communication skills, social interactions and the presence of repetitive and stereotyped behaviors, (Elbahnasawy & Girgis 2011). Onset occurs before

the child reaches the age of 36 months that affects normal functioning of brain, it affects boys four times more than girls, (Makrygianni, & Reed 2010). Parents usually notice signs in the first two years of their child's life. The signs usually develop gradually, but some autistic children first develop more normally and then regress, (Probst et al., 2010).

Caring for a child with autism may be very difficult for parents. When the symptoms of autism get clear the parents have confusion because of the uncertainty about their children. The parents may have feeling of fear, rejection, or shock after the diagnosis is made by the professional following the assessment of the child, (Welterlin, 2009). The diagnosis of the child with autism is some times viewed as the death of the expected normal child (Johnston, at al., 2010).

The nature of parent stress has been shown to span over several aspects of parents' life such as daily care demands, emotional distress (e.g., maternal depression), interpersonal difficulties (e.g., parental discord), financial problems and adverse social consequences (Singer & Powers, 2010). Studies have found them to be at a higher risk for marital discord and social isolation, (McCubbin & Patterson, 2009). In addition, families are also concerned with communication, education and related services, relationships with professionals and the independence of the child and his/ her future concerns, (Elbahnasawy& Girgis 2011).

Caring for the child requires a great deal of time, routine, energy, and money. Provide parents with the most up-to-date information on autism. Clear explanations of recommended treatment plans and parental involvement in decision making are essential to help the child achieve long-term goals, (Johnston, at al., 2010).

Parents are engaged in process of child development, So they need resources and support for

caring of their children with appropriate assessment, education programs, awareness and support for parents helpful them to provide these children with the skills necessary for successful integration, and become active and contributing members of their communities, additionally early counseling intervention can improve long-term function and help the families, (Ghanizadeh, et al., 2009). Counseling parents about autism can help parents, in modifying their children's behavior, which contains some activities for developing some social skills, self care skills, (Kirby, 2006).

Psychiatric mental health nurse play important role to assess the parents and families level of understanding about autism, their coping abilities, and their access to support groups or services, as well as their willingness to avail themselves of these services, (Mohr, 2009), in addition to that, nurses can provide parents anticipatory guidance to prepare child adequately for increasing independence, also instruct families to keep channels of communication opened with child and the system, (Hassan, 2008).

#### **Aim Of The Study:**

This study aims to assess the effect of counseling intervention for parents caring for children with autism to help parents to provide these children with the skills necessary for successful caring, enhance parents practice pattern.

#### **Hypothesis:**

Counseling interventions has a positive effect on parents' care providing pattern to children with autism.

#### **Subjects And Methods:**

1. Research Design: The present study is "a quasi experimental" research designed to evaluate the effect of this counseling intervention on parents' care providing pattern to children with autism.
2. Setting This study was conducted in two setting:
  - a. The 1<sup>st</sup> setting is the special needs care

- center affiliated to institute of post graduate childhood studies.
- b. The 2<sup>nd</sup> setting is out patient clinic for children psychiatric treatments at El Abbassia mental health hospital.
  3. Sample: Sixty parents from both setting (40 from special needs care center affiliated to institute of post graduate childhood studies & 20 from out patient clinic for child with autism at El Abbassia mental health hospital).
  4. Tools of data collection: A structured Interview questionnaire sheet developed by rerearchers covering the following items:
    - a. Socio- demographic characteristics of the studied parents of children suffering from autism.
    - b. Characteristics of studies children suffering from autism.
    - c. Parents' care providing pattern to children with autism.
  5. Ethical Consideration: The researchers take oral consent, emphasized to parents that the study was voluntary and anoumous. Parents had the full right to refuse to participate in the study or to withdraw at any time. The nature of the study was explained with reassurance about confidentiality of child information and that it will be used for scientific research only.
  6. Pilot Study: The pilot study was conducted on 10% from the total sample in order ensure the clarity of questions, applicability of the tools and the time needed to complete them and perform the required modification according to the available resources. Based on pilot study revised each tool and deleted repeated statements and modify some statement.
  7. Tools Validity And Reliability: To achieve the criteria of trustworthiness of the tools of data collection in this study, the tools were tested and evaluated for their face and content validity, and reliability by jury group consisting of five experts Professors from different specialties were represented as the following: 3 professor of psychiatric medicine from Faculty of Medicine- Ain Shams University, 1 professor of pediatric nursing from Faculty of Nursing, Ain Shams University, 1 professor of psychology from Medical Children Studies Department institute of Post Graduate Childhood Studies- Ain Shams University, to ascertain relevance, clarity, and completeness of the tools experts elicited responses were either agree or disagree for the face validity and for content reliability, important and not important, and comments.
  8. Field Work: The researcher contacted the directors of the 2 sitting as well as administrative staff to explain the purpose of the study. Subjects "parents" were informed that they will have counseling sessions in addition to home activities. Data was collected through interviewing the parents.
    - a. Data collection of this study was carried out in the period from October 2010 to June 2011.
    - b. Data were collected one days of the week for each sitting 'mentioned before' at morning.
    - c. Each parent was interviewed and assessed two times before counseling interventions to obtain baseline data and after implementing counseling interventions to assess the effectiveness of implementing counseling interventions on the parents.
    - d. Each parent was interviewed individually.
    - e. The researcher collected the data from each parent in more than one session because the parents have short time and have exhausted from the length of the tools as

well as presence of many variables.

- f. The researcher frequently repeated the program sessions each session started by summary about that was given through the previous session & objectives of the new, talking into consideration using simple language to be suit the educational level of parents also gave homework reminders to ensure the parents is remembering information and skills learned during the session.

**Results:**

Table (1): Illustrates that less than three quarters of the children with autism 71.7%, were male. Nearly three fifths of them 58.3% their age ranged between (3- 4) years. Concerning the child’s growth, the majority of them 81.7%, were normal. Nearly one third of them 31.7%, were ranked as second child in the family. Less than half of them 41.7% have mild and moderate degree of autism. Slightly more than one third of them 38% their age when autism discover, were 24 months. Finally nearly half of them their age when autism diagnosed 48.3% were 36 months.

Table (2- a) Shows that slightly more than half of mother's (51.7%), their age ranged between (26- 34) years. Concerning father's age nearly three fifths of them (58.3%), their age ranged between (31- 41) years. Nearly one third (31.7%) of mother's education were secondary, while nearly half (43.3%) of fathers education were university education. The highest percentages of mothers (86.7%) were house wives.

Table (2- b): This table apparents that the highest percentage of the parents' care givers (91.7%) were mothers. Nearly half of the family (43.3%), their numbers was 4. The majority of parent (88.3%) their monthly income not adequate. The highest percentages of parents (96.7%) have negative family

history of autism. The majority of parent (86.7%) did not attend educational courses about autism.

Table (3): This table reveals that there is a significant change (p value= 0.122) after counseling intervention. This indicates that there improvement after counseling intervention in degree of dependance among children suffering from autism.

Table (4): Demonstred that there is a highly statistical significant differences between pre- and post- counseling intervention, as regard learning child with autism daily living activity as (feeding, toilet, personal hygiene, closing, sleeping), Socialskills, attention and concentration skills, communication skills& motor activity skills are upgraded in post counseling intervention respectively.

**Discussion**

**Characteristics of studies children suffering from autism:**

Concerning to gender of the studied children the present study illustrates that less than three quarter of the children with autism was males. This finding was in accordance with (Mansour, 2010), who study the parent awareness regarding care of their children suffering from autism found that less than three fourths of them were male. Regarding to the age of the children with autism nearly three fifths of them their age ranged between (3- 4) years. This finding was supported by a study carried out by (Mahmoud et al, 2009) who observed that the highest percentage of children with autism their age ranged from (1- 5) years old. As regard to the children's growth the majority of them were had normal physical growth compared with normal values in relation to their peers' ages respectively. This study agreed with (Mansour, 2010), who reported that physical measurements of almost two thirds of studied children were normal. The results of the present study clarify that nearly one third of the studied children with autism were ranked as second child in

the family this result disagreed by (Mahmoud et al., 2009) and (Mansour, 2010), they reported that the highest percentage of children with autism ranked the first child in the family. Regarding to the degree of autism, the current study result showed that less than half of the children with autism have mild and moderate degree of autism. This finding is inconsistent with (Probst et al., 2010), who mentioned that the degree of autism can range from mild, moderate to severe whereas mildly affected individuals may appear close to normal. As regards the children with autism age when autism discovered, the present study illustrated that slightly more than one third of them their age when autism discovered were 24 months and nearly half of them their age when autism diagnosed were 36 months. This result is to some extent supported with the result of (Akshoomoff, et al 2010) in that the patterns of autistic behavior discovers do not emerge until the child is between 18 months and 36 months.

**Socio- demographic characteristics of the studied parents of children suffering from autism:**

The present study result showed that the highest percentage of the parents' care givers under this study, were mothers and a minority of them were fathers. This reflects that the mothers are able to tolerate the responsibility of caring for those children especially in early childhoods. Also, it reflects the strong emotional ties between mothers and their children, who make children, respond to mothers more easily than fathers. Besides, mothers react more patiently to children's' behavior than fathers.

This result was supported by a recent study carried out by (Mansour, 2010), who observed that more than three fourths of parents were mothers, while minorities of them were fathers. Moreover (Altieri, et al., 2010) found that all family care givers were females in agreement with the previous result,

(Mahmoud, 2009) recently reported that, the effects of care giving roles are highly gendered, with women providing most of care for disabled family members, an estimated 85% of care is provided by women in spite of recent changes in social thinking on the role of women within the family.

As regards family history of autism results of the current study showed that the highest percentage of parents had a negative family history of autism and were not family relatives, this may reveal that consanguinity does not play an important role in the autism disorder. This result contradicted with (Coonrod & Stone, 2010) who provided that there is a genetic etiology related to the severity of autism among children attending health centers and special school.

Based on the present study findings, the majority of parents their monthly income not adequate. This may be due to parents have to spend a part of their income on the care and follow up of their children with autism, also they usually decrease work hours or stop it to care for their children. Parents have to spend many hours to receive care. It should be noticed that the facilities and cares might be available in some regions or cities. Additionally in the same line the current result was supported by (Elbahnasawy, & Girgis, 2011) they study the economics of autism in Egypt. They discovered that autism costs in Egypt largely derive from much higher investments in time, attention and behavioral adaptation on the part of family care givers. Hence, autism cost consequences in Egypt significantly differ from many developed countries.. This analysis was supported by a recent study carried out by (Ahmad et al., 2010).

As regarded to the mothers' occupation, the present study revealed that the highest percentages of mothers were house wives. This may be related to the high percentage of mothers prefer to stay at

home to take care of her child also, this may be due to mothers have to spend a part of their effort and time on the care and follow up of their children with autism, also they usually decrease work hours or stop it to care for their children. This finding is in congruence with (Ahmad et al., 2010), who reported that, the majority of mothers of autistic child were housewives.

In the light of the current study findings the majority of parents did not attend educational courses about autism. This result has agreement with (Mansour, 2010) who confirmed that the majority of parents were not attended previous training program related to autism. In this Context, (Coonrod & Stone, 2010) emphasized that parents need accurate information and training to understand and help their children suffering from autism. The results of the present study revealed that all children with autism need partial or complete assistance in performing daily activity as (self feeding, elimination, personal hygiene, wearing clothes and communication) this may be due to that the children with autism have significant delay in reaching developmental milestones due to low muscle tone, in addition to that the autism children have great difficulties in understanding the purpose and social meaning of behavior. This explanation is supported by (Johen, 2010) who found that the majority of autistic children have moderate to severe loss of muscle tone, and this can limit their gross and fine motor skills. In this respect (Johnston, et al, 2010) point out that autistic children have a physical limitation and reported also that more than two third of autistic children are disabled in dressing and wearing cloths. This result was supported by a recent study carried out by (Mansour,2010), who found that half of the children with autism need complete assistance in mouth care, elimination and communication, also two thirds of them need

partially assistance in feeding and wearing clothes. the present study results also indicated that there were improvements after the counseling intervention implementation the children suffering from autism were improved regarding their dependent level in performing daily activity as (self feeding, elimination, personal hygiene, wearing clothes and communication) this may be due to improvement of parents' practices regarding their children's daily after implementation of counseling intervention. In this respect this analysis was supported by a recent study carried out by (Khushabi, et al., 2010), who found support for the idea that parents typically are active partners' in their children's education to ensure that skills learned in the educational program, they transfer to their children's at home to teach their children many behaviors that are best mastered in the home and community.

Comparing parents' knowledge about autism before and after counseling intervention implementation; in pre counseling intervention most of parents had inadequate, incorrect knowledge about autism, however in post counseling intervention the frequency of correct, complete answers of parents regarding knowledge about autism were up graded, there is highly statistical significant difference in signs& symptoms, a statistically significant difference in definition and treatment method. This result was supported by (Mahmoud, 2009)& (Mansour, 2010) who clarified that, the minorities of parents were scored good knowledge regarding concept of autism. This result may be due to the minority of parents attended previous training and educational courses about autism. This result consistent with (Khushabi, et al., 2010) who reported that, help parents with autistic children in preschool to deal effectively with behavioral problems for autistic children and understand their disability, hence increase awareness

of parents about autism to be able to care for their children.

**Parents' care providing pattern to children with autism:**

The present study showed that parents were using different approaches in training children with autism. Regarding learning the child with autism skills of child daily living activities, it was observed that self feeding skills as (training the child on feeding him/ her self, encourage the child to set until ending meal eating& discussing the food with the child by using pictures) elimination skills as (make schedule to enter bathroom, training child to enter bathroom after every meal & encourage child to go to bathroom when needing) skills of personal hygiene as (training the child to wash his/ her hand before and after eating and after elimination) sleeping alone skills as (reading nice stories appropriate to the child age, decreasing support touch and speak with the child in soft sound) and wearing clothes skills as (training child to wear clothes in right orders & Training child to getting off clothes).

The present study results also indicated that there were improvements after counseling intervention implementation for all aspects of parents' care of daily living activities for their autistic child. this may be due to that these are basic elements in daily living activities in child's life, so parents have tried very hardly to cope with their children's needs. This analysis is supported by (Wand, et al., 2011) who found support for the idea that it is important for parents to develop skills of daily living activity and encourage the child with autism to handle and manipulate items as the normal child, in addition, (Khushabi, et al., 2011) study the effincency of educational program for parents to improve autistic child skills, illusterated that the ability to learn and develop skills exist in every child, in autistic child was matured over time

and shows its undelying training.

Comparing parents' caring skills regarding social interaction for their children with autism. The present study indicates that there is highly statistical significant differences between pre- and post-counseling intervention, as regard learning child with autism social skills as (encouraging child to initiate relationship with other children in group play & training child to use hand gestures as remark for approval or disapproval) are upgraded post counseling intervention.

The previous findings might be attributed to that most of autistic children have difficulty in making social interaction and have avoidance social behavior, additonally children with autism have no content or information, use wards in the way that does not make sense, use of body movement instead of words and are not able to pay attention for long time. Also This may be due to that children have failure to develop peer relationships appropriate to developmental level, they are not seeking to share enjoyment, interests, or achievements with other people and have lake of social or emotional reciprocity.

This analysis was by (Khushabi, et al., 2010) clarified that children with autism are typically characterized by a lack of social connectedness, and difficulties with communication, and unusual, repetitive behaviors. All the last factors leading parents to be more active to learn new caring skills for improving social skills among their children.

Concerning comparison between parents' caring skills regarding attention and concentration for their children with autism. The findings of the present study demonstrates that there is a statistical significant differences between pre- and post-counseling intervention as regard learning child with autism attention and concentration skills as (Grasping child attention for some thing for long

period & Encourage child to practice some plays helping in concentrate) are upgraded post counseling intervention. This may be due to most of family caregivers are helping their children with autism in grasping child attention for something for long period and do some exercises that increase mouth coordination they also Encourage child to practice some plays helping in concentrate as (building blocks, drawing pictures and similarity pictures). In addition to that, this may be due to that the children with autism have unusual sensitivities to sounds; sights and modulation of speech are often odd.

In the light of the current study findings, (Johnston et al., 2010), studying the effects of task difficulty on parents teaching skills and behavior problems of children with autism the research in this study trained children with autism on how to deal with problems and decreased behavioral problems and revealed that, the children skills improved by education of their parent.

This result has agreement with (Ahmad et al., 2010) who stressed on the importance of child stimulation, especially in intellectual development, and encourage the child with autism to handle and manipulate items as the normal child.

The present study clarified that there is a highly statistical significant differences between pre- and post- counseling intervention regarding parents' caring skills regarding communication for their children with autism as (starting communication with one word and gradually move to more complex sentence, training child on imitate tongue movement, tone of voice and some pictures & avoid asking questions needs to describe with child) are upgraded post counseling intervention. This may be due to parent start to know the important of improving their children communication skills in order to be able to express their basic wants or needs. Therefore, parents can understand their children with autism

needs instead of playing a guessing game. When parents can not determine their child's needs, both are left feeling frustrated.

The present result revealed that there is a highly statistical significant differences between pre- and post- counseling intervention as regard learning child with autism motor activity skills as (encourage child to holding pencil and panting, training the child to reduce stereotyped movements, encourage child to joint in different physical activity & encourage child to practice fine motor activity by fingers) are upgraded post counseling intervention. This may be due to the majority of parents devote more effort in developing motor skills for their children, this is due to resistance to change in routines, in addition children have hand and finger mannerisms and repetitive complex body movements of a stereotyped kind such as; hand flapping or tiptoe walking are common among autistic child. This stereotyped behavior leading parents feel severe shame from their child and avoid meeting their child with family friends or relatives. therefore parent improve their care regarding motor activity for their children with autism to reducing their stigma and be able to increase their social interaction.

In this context Wiener (2010), illustrated that most parents with child suffering from autism afraid from comments of people when they observe child stereotyped behavior, they are embarrassed from their children when visit the public places.

Generally, this improvement after implementation of the counseling intervention might be due to the majority of parents suffering from stress from personal exhaustion due to the majority of their children with autism were semi- dependant or dependant on them. In addition to that counseling intervention can be a positive way of addressing any unresolved issues. It can help parent to understand their problems better, rather than ignoring them and



hoping that they will go away. it can also give a better understanding of parent's point of view.

**Conclusion:**

Counseling interventions has a positive effect on parents' coping patterns and care providing patterns as (daily living activity, attention, communication skills, motor and social skills) to children with autism. There is a statistical insignificant differences regarding to the stress from child dependency. Caring of a child with autism brought parents closer to God; additionally parent stress from financial costs needs more effort and time from governmental and non governmental organizations not only counseling intervention.

**Recommendation:**

Based upon the finding of the current study, research hypothesis the following recommendations can be deduced:

- ✧ Continuous health education and counseling programs are necessary to improve parents' coping patterns toward care of their children with autism through reassuring the importance of follow up care.
- ✧ Services given to the children with autism and their parents must be based on actual assessment to identify the actual needs and provide appropriate facilities to meet these needs.
- ✧ Developing free educational resources about autism for parents, home, school, educators, and students.
- ✧ A follow up of this study is needed, a wider utilization and longer duration of the designed counseling intervention may wish to achieve results that help nurses and other health care persons to maintain and improve life satisfaction among children with autism and their parents.
- ✧ Increase community awareness about the rights

of children with autism and their needs for care and supports, and now to communicate, modified their behavioral to be good child in the community. In addition to that media awareness to aid health team professionals in prompting tolerance and understanding of autism with a clear explanation and focus on increasing awareness, as individuals with autism will be better when integrated in the society.

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Table (1): Socio demographic Characteristics of children with autism.

Children's Characteristics	Total No. of children= 60 (100%)	
	No	%
Gender:		
Male	43	71.7
Female	17	28.3
Child Age (Years) :		
3 > 4	35	58.3
4 > 5	25	41.7
Mean ± 4.08 SD0,73		
Child's Growth:		
Normal	49	81.7
Abnormal	11	18.3
Birth Order:		
Only	13	21.7
First	17	28.3
Second	19	31.7
Third	10	16.7
Fourth	1	1.7
Degree Of Autism:		
Mild	25	41.7
Moderate	25	41.7
Severe	10	16.7
Child's age in years when autism discovered(by months) :		
18 Months	21	35
24 Months	23	38
30 Months	16	26.7
Child's age in years when autism diagnosed (by months) :		
24 Months	5	8.3
30 Months	20	33.3
36 Months	29	48.3
42 Months	6	10

Table (2- a): Distribution of parents of children with autism according to parent's characteristics.

Item	Total No. of parents= 60	
	No	%
Mothers' Age (Years) :		
22 > 26	13	21.7
26 > 34	31	51.7
34 > 40	16	26.7
Mean ± 30.9 SD 4.9		
Fathers' Age (Years) :		
24 > 31	12	20.0
31 > 41	35	58.3
41 > 49	13	21.7
Mean ± 36.7 SD 5.9		
Mothers' Educational Level:		
Read And Write	14	23.3
Secondary Education	19	31.7
Moderate Education	16	26.7
University Education	11	18.3
Fathers' Educational Level:		
Secondary Education	12	20
Moderate Education	22	36.7
University Education	26	43.3
Mothers Occupation:		
Working	8	13.3
House Wives	52	86.7

Table (2- b) : Distribution of the studied parents of children suffering from autism according to socio- demographic characteristics.

Families Characteristics	Total No. of parents= 60	
	No	No
Caring Person:		
Mothers	55	91.7
Fathers	2	3.3
Others	3	5
Monthly Income:		
Adequate	7	11.7
Not Adequate	53	88.3
Family History Of Autism:		
Positive	2	3.3
Negative	58	96.7
Attendance educational courses about autism:		
Yes	8	13.3
No	52	86.7

Table (3): Comparing parent's report regarding their children with autism degree of dependant pre and post counseling intervention.

Degree Of Dependant	Before Counseling Intervention		After Counseling Intervention		Chi-Square	P-Value
	No	%	No	%		
Poor	50	83.3	36	60.0	8.81	0.01220
Average	8	13.3	22	36.7		
Good	2	3.3	2	3.3		

Table (4) distribution of the parents according to their Knowledge and their caring skills for their children with autism.

Items		Before Counseling Intervention		After Counseling Intervention		T-Test	P-Value
		No	%	No	%		
Parents' Knowledge About Autism	Poor	0	0.0	0	0.0	0.000	**-17.409
	Average	32	53.3	3	5.0		
	Good	28	46.7	57	95.0		
Daily Living Activity	Poor	20	33.3	0	0.0	0.000	**-24.842
	Average	40	66.7	55	91.7		
	Good	0	0.0	5	8.3		
Social skills	Poor	26	43.3	0	0	0.000	**-15.145
	Average	33	55.0	55	91.7		
	Good	1	1.7	5	8.3		
Attention And Concentration Skills	Poor	17	28.3	0	0.0	0.004	*-19.017
	Average	43	71.7	48	80.0		
	Good	0	0.0	12	20.0		
Communication Skills	Poor	16	26.7	0	0.0	0.000	**-16.920
	Average	44	73.3	47	78.3		
	Good	0	0.0	13	21.7		
Motor Activity Skills	Poor	20	33.3	0	0.0	0.000	**-16.676
	Average	39	65.0	38	63.3		
	Good	1	1.7	22	36.7		

**المخلص****التدخل بالمشورة للوالدين القائمين على رعاية أطفال مصابين بالتوحد**

يواجه الوالدين القائمين برعاية أطفال مصابين بالتوحد سلسلة من الضغوط مثل اليأس وإرهاك القوى الداخلية بسبب المفاهيم الخاطئة عن التوحد وعدم وجود خدمات متخصصة، وكذلك أيضا صعوبة أو استحالة الاطمئنان على مستقبل الطفل. إن إمداد الوالدين بالمعلومات الحديثة عن التوحد وأيضا قلة المعلومات للخطة العلاجية الموصى بها إضافة إلى مشاركة الوالدين في اتخاذ القرار من الأشياء الضرورية لمساعدة الوالدين في تحقيق أهداف بعيدة المدى في حياة طفليهما. لذا التدخل بالمشورة للوالدين يساعدهما على تعديل سلوك طفليهما عن طريق ممارسه بعض الأنشطة لتطوير مهارات الحياة اليومية والمهارات الاجتماعية والتواصل اللغوي لدى الطفل. أيضا إن تدريب والدي الطفل المصاب بالتوحد يحسن من التحول الإيجابي نحو طفلهما، كما يزيد من العلاقات الاجتماعية بينهما وبين الطفل وتقليل من الضغوط والأعباء على الوالدين.

**الهدف من البحث:**

تهدف هذه الدراسة إلى تقييم تأثير برنامج إرشادي للوالدين القائمين على رعاية الطفل الذي يعاني من التوحد لمساعدة الوالدين تعلم المهارات اللازمة لتقديم رعاية ناجحة لأطفالهم وأيضا لتحسين طرق التكيف للوالدين القائمين برعاية هؤلاء الأطفال.

**نوع البحث:**

بحث إجرائي.

**مكان الدراسة:**

تم إجراء هذه الدراسة في مركز ذوى الاحتياجات الخاصة التابع لمعهد الدراسات العليا للطفولة والعيادات الخارجية للتوحد بمستشفى العباسية للأمراض النفسية على عينات تنطبق عليهم معايير البحث.

**أدوات البحث:**

1. استمارة المقابلة الشخصية: وقد صممت هذه الأستماره بواسطة الباحثة لجمع المعلومات التالية:
2. السمات الشخصية الإجتماعية والإقتصادية... الخ للوالدين مقدمي الرعاية للطفل المصاب بالتوحد.
3. السمات الشخصية للطفل المصاب بالتوحد مثل السن، النوع،... الخ.
4. استبيان بمعرفة الوالدين عن الرعاية المقدمة منهم

لرعاية أطفالهم المصابين بالتوحد.

**نتائج البحث:**

1. أوضحت الدراسة أن أكثر من نصف الأمهات القائمين على رعاية الأطفال المصابين بالتوحد تتراوح أعمارهن بين ستة وعشرين إلى أربعة وثلاثين عام أما أعمار الآباء فإن حوالى ثلاث أخماسهم يتراوح أعمارهم بين واحد وثلاثون إلى واحد وأربعون عام والغالبية العظمى من الأمهات لا يشغلن وظيفة. حوالى ثلث الأمهات كان تعليمهن متوسط بينما حوالى نصف الآباء تعليمهم جامعي.
2. أهم المشاكل التي واجهت الوالدين أثناء رعايتهم طفلهم المصاب بالتوحد هي اضطراب التواصل اللغوي، الحركات والإيماءات النمطية المتكررة والانعزال الاجتماعي بينما حوالى ثلث الأطفال يقومون بسلوك إيذاء النفس.
3. يوجد تغيير ذا دلالة إحصائية واضح في معرفه الوالدين تجاه (التعريف، العوامل المسببة للمرض، العلامات والأعراض وطرق العلاج) للتوحد قبل وبعد التدخل بالمشورة للوالدين.
4. يوجد تغيير ذا دلالة إحصائية واضح قبل وبعد التدخل بالمشورة تجاه تدريب الأطفال المصابين بالتوحد مهارات التغذية بمفرده، الإخراج، ارتداء الملابس، النوم بمفرده، النظافة الشخصية، المهارات الاجتماعية والحركية ومهارات التواصل بالإضافة إلى مهارة الانتباه.

**التوصيات:**

التوصيات التي نتجت من هذه الدراسة هي:

1. التنقيف الصحى المستمر والبرامج الإرشادية من الأشياء الضرورية لتطوير أنماط التكيف مع الضغوط لدى والدي الأطفال المصابين بالتوحد وتحسين طرق رعاية هؤلاء الأطفال عن طريق التدعيم والإهتمام بمتابعه الرعاية الطبية.
2. الخدمات التي تقدم للأطفال المصابين بالتوحد ووالديهم لابد أن تعتمد على التقييم الفعلى لتحديد الاحتياجات الحقيقية ولتقديم الخدمات المناسبة لتلك الاحتياجات.
3. إعداد برامج تدريبية وإرشادية ومصادر تعليمية مجانية عن التوحد للآباء والمعلمين فى المدارس وكذلك للطلاب.

**Comparative study between Climatotherapy  
and Cry-therapy regimens In management of  
Children with Molluscum Contagiosum**

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**Abstract:**

Molluscum contagiosum is viral infection caused by a DNA poxvirus. It occurs frequently in children. It is characterized by small, painless blisters or papules that often spread through direct skin-to-skin contact, through shared items and often by papules scratching, picking, or breaking to other areas of the body. Lesions usually disappear within 6 to 12 months, and after 2 to 3 weeks with treatment by number of pharmaceutical and other surgical treatments, which showed high recurrence rates. Although Climatotherapy is not accepted as well-established management modalities in dermatology, but it used throughout the world. The therapeutic properties of the Red Sea area may be attributed to unique climatic characteristics and unique natural resources. This research aimed to compare the effects of Climatotherapy at the Red Sea area on Molluscum contagiosum, and surgical cry-therapy at Saudi German Hospital. Since systemic medications are avoided for all patients, the advantage of Red Sea Climatotherapy was concluded as a natural, pleasant, without the serious side effects therapy.

**Conclusions:**

Results of the current study encourage the use of climatotherapy for skin infection at the Red Sea in Jeddah, and open the way for the institutions to develop a therapeutic use of environmental therapy. healing of 93% of the patients and, suggest that some correlation does exist between the natural factors and the clinical response to this method of treatment. The improvement of skin infection significantly with no recurrence after 5 days up to two weeks from climatotherapy program is a short period compared with time needed for therapeutic medication or surgery Besides, there isn't any contraindication recorded for patients with diseases as chronic hypertension, diabetes, atherosclerosis. Besides have no side effects or hazards as therapeutic medication or surgery. Adding to the indirect psychological effects of climatotherapy.