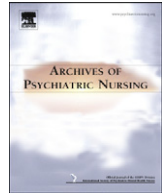




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## Psychological Distress in Jordanian Parents of Children with Autism Spectrum Disorder: The Role of Positive Reappraisal Coping

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### ABSTRACT

**Background:** Parents of children with autism spectrum disorder (ASD) frequently report poor psychological well-being. Positive reappraisal coping (PRC) is a coping strategy which offers a protective effect from anxiety and depression. However, the association between PRC and the psychological distress in parents of children with ASD has yet to be established.

**Aim:** This study examines the association between PRC and the psychological distress in parents of children with ASD.

**Method:** In this descriptive correlational study, 104 parents of children with ASD completed measures of psychological distress and PRC. Hierarchical multiple regression analysis was used to examine the association between PRC and the psychological distress in parents after controlling the influence of parental age and gender.

**Results:** The PRC was associated with the psychological distress in parents above and beyond the variance accounted for by parental age and gender. After controlling for parental age and gender, PRC had significant negative correlation with the levels of anxiety, stress, and depression in parents (Anxiety:  $\beta = -0.36, p < 0.001$ ; Stress:  $\beta = -0.21, p = 0.03$ ; Depression:  $\beta = -0.37, p < 0.001$ ).

**Conclusion:** Using positive reappraisal coping strategy may help to reduce psychological distress in parents of children with ASD.

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Parents of children with autism spectrum disorder (ASD) frequently report poor psychological well-being (Falk, Norris, & Quinn, 2014; Firth & Dryer, 2013; Merkjaj, Kika, & Simaku, 2013). Literature revealed that parents of children with ASD report higher levels of psychological distress stress than both parents of typically developing children and parents of children with other disabilities (Almansour, Alzahrani, & Algeffari, 2013; Hayes & Watson, 2013).

Some parents have reported positive experiences about raising a child with ASD such as finding a greater sense of meaning in their lives, and having intense pride for accomplishments of their children (Kourkoutas, Langher, Caldin, & Fountoulaki, 2012). Despite these positive experiences, substantial research evidence indicates that raising a child with ASD can impose a severe burden on parents (Almansour et al., 2013; Baker-Ericzén, Brookman-Fraze, & Stahmer, 2005; Hayes & Watson, 2013).

In Jordan, few special services have been specialized to include children with ASD. Further, these services are child-focused, with little attention paid to the needs of parents of children with ASD (Al-Khalaf, Dempsey, & Dally, 2014). In addition, referring to the Jordanian context, parents of children with ASD have many stressful experiences, including stigma, lack awareness about ASD, a diagnostic delay for their children, and face difficulties in educating them (Abu-Hamour & Muhaidat, 2014; Jabery, Arabiat, Khamra, Betawi, & Jabbar, 2014; Masri, Al Suluh, & Nasir, 2013). The same challenges were reported by parents of children with ASD in other Arab countries and found high levels of self-reported anxiety, stress, and depression in these parents (Al-Farsi, Al-Farsi, Waly, Al-Sharbaty, et al., 2014; Almansour et al., 2013; Fido & Al Saad, 2013). Symptoms' deficits which include deficits social interaction (DSI), and restricted interests and repetitive behaviors (RIRB), in addition to difficulties in dealing with children with ASD are likely to cause psychological exhaustion in parents.

The complexity of ASD, lack of an available cure, and challenging symptoms characterized by deficits in communication and restricted behaviors are factors that may exacerbate stress in parents of children with the disorder (Anagnostou et al., 2014; de Bruin, Blom, Smit, Steensel, & Bögels, 2014). Other sources of parental stress in parents of children with ASD include difficulty in interaction with the child, marital conflicts resulting from difficulty meeting the child's needs, conflicts between other family members, lack of professional support services, and stigma in society (Al-Khalaf et al., 2014; Dardas & Ahmad, 2014; Zeedyk, Cohen, & Blacher, 2014).

**Conflict of Interest:** The authors declare that they have no conflict of interest.

**Ethical approval:** All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

**Informed consent:** "Informed consent was obtained from all individual participants included in the study."

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According to Lazarus and Folkman (1984), stress emerges when an individual is threatened by a situation or event within the surrounding environment that is appraised by the individual as exceeding his or her resources. Similarly, stress in parents may involve a discrepancy between the parent's perceived resources and the actual demands of the parenting role (e.g., economic, social, and psychological demands). Therefore, parenting stress for parents of children with ASD emerges when the demands of the parenting role exceed their resources.

Previous research suggests that parents' demographics including parental age and gender are often associated with psychological distress in parents of children with ASD (Duarte, Bordin, Yazigi, & Mooney, 2005; Falk et al., 2014; Merkaj et al., 2013). However, parents' demographics are considered nonmodifiable factors. Given the chronic nature of ASD, researchers who wish to support parents of children with ASD may want to identify potentially modifiable correlates of psychological distress in parents. These modifiable correlates should be targeted in future interventions to support these parents.

Emotion regulation is the processes by which individuals determine how they experience their emotions, which may alter their response to the current emotions and affect cognitive and interpersonal functioning (Kashdan, Barrios, Forsyth, & Steger, 2006). Positive reappraisal coping is an emotional regulation strategy that focuses on appraising stressful situations in a positive manner (Folkman & Moskowitz, 2000). It is defined as an adaptive process by which the meaning of the stressful situation is re-constructed as beneficial, valuable or benign (Garland, Gaylord, & Park, 2009). For example, in the case parents of children with ASD, parents who have a child first diagnosed with ASD might positively reappraise the diagnosis of the child with ASD as an opportunity to find a greater sense of meaning in their lives and their parenting role. Literature review revealed that positive reappraisal of stress offers a protective effect from negative psychological symptoms such as anxiety and depression in different population (Garnefski, Boon, & Kraaij, 2003; Garnefski & Kraaij, 2009). Up to date, the association between positive reappraisal coping and psychological distress in Arab parents of children with ASD has yet to be established. According to Garnefski, Kraaij, and Spinhoven (2002), cognitive coping strategies, such as positive stress reappraisal coping may be changed or learned through intervention programs such as psychotherapy.

Establishing the relationship between positive stress reappraisal coping and psychological distress in parents of children with autism spectrum disorder (ASD) may inform the development of helpful intervention programs to support these parents. These programs may include conducting specific psychotherapeutic interventions which may reduce parental psychological distress by modulating attention and emotional regulation. Therefore, the purpose of this study was to assess psychological distress in parents of children with ASD and to examine the potential correlation between positive stress reappraisal coping and psychological distress in Arab parents of children with ASD after the influence of some parental characteristics was controlled.

## METHOD

### Participants

All parents who were invited to participate in the study met the following inclusion criteria: (a) having a child diagnosed with ASD, diagnosed using the DSM-V criteria; (b) being literate and Arabic-speaking; (c) not diagnosed with any cognitive disorder or a psychiatric illness; (d) able to read the questionnaire materials and willing to complete all study measures (e) living with the child diagnosed with ASD in the same home.

Based on a sample power calculation for the hierarchical multiple regression analysis, with a power of 0.80, anticipated medium effect size, and an alpha level of 0.05, the minimum sample size required is 56 participants (Cohen, Cohen, West, & Aiken, 2003). This estimation was calculated when adding one independent variable to the model, over and

above another two independent variables entered in the first step of the hierarchical multiple regression analysis (Cohen et al., 2003). However, this number is substantially increased to 387 if the anticipated effect size was small. In the current study, a sample of 187 parents of children with ASD living in a community setting in Jordan was invited to participate in the study. These parents were recruited in coordination with 10 centers serving children with ASD in Jordan. Out of the 187 parents invited, 104 completed the study measures. Parents who did not complete the study reported that they were busy with the child care and have no time to participate in research.

### Ethical Issues

The IRB for the study was granted by the Jordanian Ministry of Social Development and the Deanship of the Academic Research at the University of Jordan. The researcher obtained a written informed consent from all participants who agreed to participate in the study. All participants were notified about the aims of the study. In addition, confidentiality was assured for all participants. The researcher explained to the participants that their participation is for the purpose of scientific research and there was not a direct benefit because of their involvement in the study. In addition, participants were informed that there were no specific harmful effects as a result of their participation in the study, except the potential for psychological discomfort during completing the questionnaires. Participants were informed that they could withdraw at any time from the study and that only the overall results would be communicated to the public. Furthermore, a psychiatric nurse provided the needed emotional support for parents who have a severe emotional reaction during the time of filling the questionnaires.

### Procedure

The researcher first made a list of centers that are serving children with ASD in Jordan. The list included 10 special centers. These centers are serving children with ASD from all over the country. Consistent with some previous studies in this area, the current researchers relied on the existing diagnosis of the children (Dardas & Ahmad, 2014). All children were previously diagnosed with ASD by certified professionals in the diagnosis centers in Jordan. However, with a help of a certified professional, the researcher assured the diagnosis of children with ASD using the DSM-V criteria (American Psychiatric Association, 2013).

### Instruments

In addition to the socio-demographic questionnaire, which inquires about the demographic characteristics of parents and their children with ASD, participants completed Depression, Anxiety and Stress Scale (DASS21) and The Positive Reappraisal Coping (PRC) Subscale of the Cognitive Emotion Regulation Questionnaire (CERQ).

#### Depression, Anxiety and Stress Scale (DASS21)

The DASS21 is a 21-item self-report instrument used to measure the severity of depression, anxiety and stress. It has three subscales; the depression, anxiety and stress subscales. Each of them contains 7 items, inquiring about the severity of a reported symptom over the past week. It is scored on a 3-point scale ranging from 0 to 2 with the high scores on each item indicate that the reported symptom is applied very much (Lovibond & Lovibond, 1995). The Arabic DASS21 showed excellent alpha coefficient reliability and satisfactory discriminant validity (Lovibond & Lovibond, 1995; Taouk, Lovibond, & Laube, 2001). It was used in different studies for Arab and non-Arab parents of children with ASD (Al-Farsi et al., 2014; Firth & Dryer, 2013; Merkaj et al., 2013). The Cronbach's alpha reliability coefficient for the Arabic DASS21 used in the current study was 0.93.

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