Ministry of Higher Education
and Scientific Research
University of Babylon
College of Nursing

Emotion-Focused Coping: Strategies for Managing Psychological Stress among Parents of Children with Neurodevelopmental Disorders

A Dissertation Submitted

By

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To

College of Nursing, University of Babylon

In

Partial of Fulfillment of the Requirements for the Degree of

Doctorate of Philosophy in Nursing

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May-2023 AD *Shawal- 1444 AH*

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(وَقَالُواْ الْحَمْدُ للّهِ الّذِيَ أَذْهَبَ عَنّا الْحَزَنَ إِنّ رَبّنَا لَغَفُورٌ شَكُورٌ)

صدَقَ الله العَظِيم

سورة فاطر: الآية (34)

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Dedication

To those who have a favor on me, I dedicate this scientific work,

My beloved parents who spared no effort in supporting me since I was born until this moment of finishing my doctoral journey.

My wife and my children (Fatima and Mahdy), who have shared every moment in my study journey with support and encouragement.

My brothers and sisters, your trust was my motivation

My friends, for sharing their expertise and knowledge

Hani Mueen Razaq

Acknowledgments

I thank Allah Almighty first and foremost for the great mercy that has given to me to be able to finish this scientific work. I am also pleased to thank the dean of nursing college (Prof.Dr. Amean.A.Yasir) and esteemed college administration for facilitating the process of managing administrational steps of my research. I also would like to express my deep thanks and appreciation for my supervisor, Dr. Hayder AL-Hadrawi, for his scientific guidance and directional supervising. Special thanks for People working in the administration of autism centers in AL-Najaf, Babylon, and Al-Diwaniyah provinces for their assistance in collecting study data and applying the coping strategies.

Abstract

Background: Parenting a child with neurodevelopmental disorder is source of stress that influences the life of parents and their families. This type of stressor is not controlled; therefore, new strategies are required to control stress-related emotions.

Aim: This study aims to measure the effectivness of emotional- focused coping strategies on managing stress in parents of children with neurodevelopmental disorder.

Methods: A quasi-experimental study design (one group pretest-posttest) was carried out to measure the effectiveness of emotional- focused coping strategies in managing psychological stress among parents of children with neurodevelopment disorders. Simple random sampling method was used to select study participants. A total of 119 parents included in pretest study and 113 parents included in posttest. The period from February,2021 to May, 2023.

Results: The findings of pretest study show that (72.3%) of parents had moderate level of psychological stress and (27.7%) had sever level of psychological stress. After applying the coping strategies, the results show that the psychological stress levels of parents changed significantly and the levels of stress ranged from moderate level (72.6%) and mild level of stress (27.4%).Measuring the effect size of the coping strategies, it shows a large effect on stress reduction with (Cohen's d) about 0.50%.

Conclusion: Emotional-focused coping is proved to be effective in managing stress of individuals with uncontrolled stressors, considering the fact that these strategies are economical, safe, effective, simple, and applicable. Apply multiple strategies in one time is not contraindicated and it is more beneficial for parents.

Recommendation: It is highly recommended to use emotion-focused coping techniques for stress management in all circumstances that expose people to situations of chronic stress for which the cause cannot be controlled.

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List of Abbreviations and symbols

Abbreviations	Meaning
%	Percent
ADHD	Attention-deficit/hyperactivity disorder
ANOVA	Analysis of Variance
ASD	autism spectrum disorder
CVI	Content validity index
CVR	Ratio of content validity
DD	developmental delay
df	degree of freedom
EFT	Emotion-focused therapy
EPA	Environmental Protection Agency
et al	Others
Etc.	Et cetera
F	frequency
F-COPESs	Family Crisis Oriented Personal Evaluation Scales
H	Hypothesis
HFASDs	high-functioning autism spectrum disorders
IQ	intelligence quotient
LMIC	low- and middle-income countries
M	mean
n	numbers of Samples
N	Panels number
NDD	neurodevelopmental disorder
Ne	Number of experts
No	number of study sample
NTP	The National Toxicology Program
P- value	Probability value
PCBs	polychlorinated biphenyls
PSQ	Perceived Stress Questionnaire

QOL	quality of life
r	Pearson Correlation
sig	Significant
SPSS	statistics package program for social sciences
Std	stander deviation
U.S	united states
WHO	World Health Organization

Chapter one introduction

Chapter one : Introduction

1.1. Overview:

The stress is a term used in professional, academic, and social settings. It is approved that some amount of pressure can benefit person's achievement. But, when the pressures go above the capacity to deal with, it can cause psychological stress (Chao 2012; Tavolacci *et al.* 2013). Psychological stress is a specific connection between the individual and the situation that is judged by the person as challenging or more than his or her properties and threatening his or her health(Gustems-Carnicer *et al*., 2019).

Most researchers include in the concept of stress some reference to the resulting state in an individual who has experienced various demands. Stress, therefore, has been defined as "a state of imbalance within a person, elicited by an actual or perceived disparity between environmental demands and the person's capacity to cope with these demands."(Allen *et al*., 2019).

Stress is not always negative. Stress in the form of a challenge energizes individuals psychologically and physically, and motivates them to learn new skills and master their work. When a challenge is met, we feel relaxed and satisfied. This is good stress or eustress. However, sometimes a challenge is turned into job demands that cannot be met. This is negative stress, or distress, which sets the stage for illness, injury, and job failure(Yasmin *et al*., 2020).

The configuration of the stress process can be described as various stressful situations (or stressors) occur and are appraised by the individual depending on their degree of threat. Individuals are forced to cope with some

manageable stressors; however, stressors that are unsuccessfully resolved lead to negative stress outcomes(Sicorello *et al*., 2021).

Four types of coping strategies have been identified as common, which are:appraisal-focused (adaptive cognitive), problem-focused (adaptive behavioral), emotion-focused, and occupation-focused coping. Billings and Moos added avoidance coping as one of the emotion-focused coping (Stoeber& Janssen, 2011).

Coping has two widely recognized functions: regulating stressful emotions and/or altering the troubled person environment that underlying the stress. Previous studies in social psychology have provided strong support for the idea that coping usually involves both functions (Folkman & Lazarus , 1985).

Two broad strategies exist through which people can cope with stressful episodes. First, problem-focused coping, involves tactics such as taking responsibility, self-control, efforts at self-improvement, or analytical efforts to solve the problem causing the stress, all of which are driven by the goal of removing or by passing the source of the stress . The second strategy is emotion-focused coping, involves attempts to diminish or eliminate the emotional distress associated with or caused by the stress. Emotion-focused coping tactics include efforts aimed at escaping or avoiding the stress-inducing situation or seeking social support among others. Emotion-focused coping attempts to govern the emotions that result from the stress (Folkman *et al*.,1986).

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Emotion-focused coping tactics could include efforts aimed at distancing oneself or outright escape from the stressful situation. But, emotion-focused coping could also involve the pursuit of positive social support. Each of the two broad coping strategies encompasses a wide range of cognitive and behavioral activities that can be used to manage the stress.(Lumpkin, 2008).

Moreover, emotion focused coping involves various forms of denial through either avoidance, distancing, or outfight escape from the stressor. The process of denial has been variously labeled as intra-psychic coping. Denial may occur immediately after the stressful event, or it may occur during it to the extent that individuals mentally disengage from the stressful situation. Although denial was once exclusively perceived as an unhealthy defense mechanism, a belief that benefits are associated with denial as a coping activity has more recently emerged. The beneficial effects of denial are thought to stem from the fact that it allows distressed individuals to cognitively withdraw from disturbing information or circumstances at a time when they are incapable of confronting or assimilating the information (van ‘t Riet& Ruiter, 2013).

The conceptualization of emotion-focused coping was introduced by Lazarus and Folkman in (1984) in the framework of their cognitive model of stress and coping. According to this model, coping strategies are initiated when people encounter stressful events such as daily hassles (e.g., discovering a flat tire in one’s car, or mistreated by an official), life events (e.g., relative illness, or being fired from work), or large-scale threatening events involving a great number of people(Ben-Zur, 2020).

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Forgiveness can thus be used as an emotion-focused coping strategy to reduce a stressful reaction. Direct empirical research suggests that forgiveness is related to health outcomes and to mediating physiological processes in such a way as to support the conceptualization that forgiveness is an emotion-focused coping strategy. Indirect mechanisms might also affect the forgiveness-health relationship. Namely, forgiveness might affect health by working through social support, relationship quality, and religion(Worthington& Scherer,2004)

Emotion-focused therapy (EFT) is a therapeutic approach based on the premise that emotions are keys to identity. According to EFT, emotions are also a guide for individual choice and decision making. This type of therapy assumes that lacking emotional awareness or avoiding unpleasant emotions can cause harm. It may render the ability to use the important information regarding emotions regulation (Greenberg, 2004).

EFT is an empirically-based approach that draws from principles of cognitive behavioral, person-centered, and Gestalt therapies. It also incorporates aspects of Piaget's studies on how people solve problems. When directed toward treating a couple, EFT also references interactional systemic perspectives.EFT attempts to help people look inside them selves and better understand their own emotions. It is an intervention designed to help couples and family members better understand the emotions of significant others in their lives, and the two approaches are separate. The process of coming to better understand one's emotions may facilitate better relationships with others(Goldman *et al*., 2011).

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Emotion-focused coping is an attempt to control emotional response to a stressful situation when individuals believe they cannot change the situation. These strategies can be divided into active emotional coping and avoidant emotional coping. Active emotional coping includes venting, positive reframing, humor, acceptance, and emotional support strategies. Avoidant emotional coping includes self-distraction, denial, behavioral disengagement, self blame, and substance use. The predominant view of emotion-focused coping is that it is a maladaptive form of coping associated with impaired health outcomes. Emotion-focused coping can have positive influence on the risks associated with unhealthy lifestyle practices such as smoking, lack of exercise, drinking, non-compliance with medical regimen, and drug use that may lead to frequent hospitalization and even higher mortality rate (Baker& Berenbaum, 2007).

The focus of this coping mechanism is to change the meaning of the stressor or transfer attention away from stress. For example, reappraising tries to find a more positive meaning of the cause of the stress in order to reduce the emotional component of the stressor. Avoidance of the emotional distress will distract from the negative feelings associated with the stressor. Emotion-focused coping is well suited for stressors that seem uncontrollable. Some mechanisms of emotion focused coping, such as distancing or avoidance can improve the outcomes for a short period of time. However, they can be detrimental when used over an extended period. Positive emotion-focused mechanisms, such as seeking social support and positive re-appraisal are associated with beneficial outcomes(Zarei, *et al.*, 2016)

Emotional approach coping is one form of emotion-focused coping in which emotional expression and processing is used to adaptively manage a response to a stressor. Other examples include relaxation training through deep breathing, meditation, yoga, music and art therapy, and aromatherapy, as well as grounding, which uses physical sensations or mental distractions to refocus from the stressor to present(Ben-Zur, 2009).

In working with the emotions it is important to make distinctions between different types of emotional experiences and expression that require different types of in-session intervention. We have emphasized the importance of differentiating between both primary and secondary emotions, and between emotional experiences that is adaptive or maladaptive behaviors. Primary emotions are the person's most fundamental direct initial reactions to a situation like being sad at a loss. Secondary emotions are those responses that are secondary to other more primary internal processes and may be defenses against these such as feeling hopeless when angry (Greenberg, 2010).

1.2. Importance of the Study

Emotion-focused coping focuses on regulating negative emotional reactions to stress such as anxiety, fear, sadness, and anger. This type of coping may be useful when a stressor is something that you cannot change. Finding the right emotion-focused coping strategies for your lifestyle and personality can provide you with a vital tool for overall stress relief and can enable you to achieve greater physical and emotional health(Amnie, 2018).

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There are many kinds of pressures, including psychological, physical, social, economic, political or other pressure - experienced by parents. Pressures of all kinds are the result of accelerated civilizational progress. Which results in the release of deviations that burden people's and resilience. The Rush of Civilization It carries pests targeting the human soul. And further evolution is overburdening. It results in an increase in pressure on our bodies, reflecting on the state of health (physical-physical). And mental psychosis leads to collapse and then death. (Nomaguchi, & Milkie, (2020).

The pressures vary from aria to another and therefore the degree of vulnerability varies. The degree of exposure and the extent to which it relates to an individual's personal life; Home and at work, man Contemporary may succeed in absorbing the accelerated growth of the demands of civilization, but as a result it loses its capacity. Physical and psychological and resistant to endurance. This leads to the depletion and destruction of that energy. Psychological stress levels vary depending on the circumstances of each person. (Chatelain, *et al.*, (2020).

Training children and helping them to cope with the challenges and pressures of life require parental models that are rational in thinking, abstraction, freedom from stress and anxiety, the ability to control emotions and deal with developments and changes in a disciplined, intellectual and emotional manner, and the ability to manage life with flexibility and the skill of negotiation, debate and dialogue. (Wu, & Xu, (2020).

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A child's traumatic experience and trauma is significant in his or her psychological development, and anxious parents often carry their messages of caution and caution, thereby depriving children of psychological and emotional maturity. (Choi, & Kangas, (2020).

The behaviour of fathers is the most influential message in the mind of the children, which it is difficult for them to forget or ignore and which remains an extended experience and experience of their lives and future. (Shorer,& Leibovich,(2022).

Some parents think that their children's aversion to anxiety-inducing attitudes protects them from its dangers, but in fact, it leads them to lack of self - confidence, promote anxiety and poor personal and social adaptability, and to poor communication skills and lax social role in life. (Sahan, & Kahtali, (2021).

Support for children does not mean excessive protection, which stimulates the concept of dependency, and in the event of pressure, some parents avoid interaction by escaping and not being confrontational.(Fischer, (2021).

Discarding the parental role of children loses the role model and thus undermines the fundamentals of balanced psychological development. Angry reactions on the part of parents carry negative messages about the concept of life and about others. This enhances the children's general anxiety about attitudes and leads the son unthinkably to expect risks before they occur.(Hee Soon, *et al,* (2019).

When a human is exposed to any stress factor, the nervous system responds equally physically, psychologically and emotionally, regardless of the type of psychological stress, so psychological stress is defined as the most common psychological disorder because people are exposed to many life challenges and adaptive skills. The parents of children with special needs are more vulnerable to psychological stress because of the nature of their children's illness, which often negatively affects their personal and family lives as well as their ability to care for their children properly. So they most need to learn adaptation strategies that are inexpensive and easy to apply and help them reduce the effects of stress on their health and personal lives. It is for these reasons that the idea of research on emotionally focused coping strategies for parents of children with neurodevelopmental disorders has come about.

1.3. Problem statement:

Stress is a significant problem of our times and affects both the physical and mental health of people. The same stressful circumstances do not lead to the same stress outcomes in all people. Other factors exist that modify the stressor/stress outcome relationship. These additional factors are referred to as mediators of stress; they are so identified because research has demonstrated their potential to influence or modify the effects of stressors(Pearlin, 2005).

Most people develop a repertoire of personal responses that can be activated when stressful circumstances arise. This repertoire consists of responses which have been learned through socialization experiences and evolves over time as particular techniques work or fail to work to mediate stress(Weiss, 2015).

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Stress has a powerful impact on various aspects of a life, including but not limited to mood, energy level, relationships, work performance, and stress. Stress also cause and exacerbate a wide variety of health conditions. Reacting to chronic stress can impair individuals' ability to succeed in life aspects. In fact, stress can impact life and job performance in a variety of ways, including: difficulty making decisions, wanting to avoid or leave work, emotional swings, feelings of helplessness, and inefficiency(Epel *et al.*, 2010).

Unpleasant feelings draw people's attention to matters that are important to their well-being. However, when unpleasant emotions endure individuals' abilities become dysfunctional. Healthy adaptation is crucial to maximize tolerance, regulate negative emotion, and to enjoy positive emotion. Dysfunction in the ability to access and process emotional information, both positive and negative disconnects people from one of their most adaptive orientation and meaning production systems (Diener& Biswas-Diener, 2005).

Coping refers to things people do to prevent, avoid, or control emotional distress and includes three basic objectives; Efforts to eliminate or modify the stressful situation so that it will not be a continuing problem, Efforts to control the meaning of the problem, by "cognitively neutralizing" the situation, and efforts to control the stress created by the situation (Meyer *et al.*, 2008).

Therefore, since stress-related to care for affected children is out of control, parents require to demonstrate effective coping approaches to avoid the consequences of stress. Coping strategies help to deal with life's difficult challenges in a healthy and productive way. If parents do not know how to deal with certain situations, their stress usually get worse. Coping strategies help increase resilience. Resilience refers to how quickly a person is able to recover

from a difficult situation, or in other words, how quickly and easily they bounce back after something like the death of a loved one or another difficult life situation. People who are highly resilient can process difficult experiences by acknowledging their mistakes, learning from the situation, and moving on. Coping skills increase resilience because they help people learn how to properly handle negative emotions, panic attacks, and other difficult situations. (Ayed, *et al.*, 2019).

1.4. Objectives of the Study:

I. To assess the level of psychological stress among parents of children with neurodevelopmental disorders Pretest and posttest.

II. To measure the effect of emotional- focused coping strategies on managing stress in the study group (comparing the results of the study group with the control group).

III. To identify the relationship between psychological stress (pre and post) and parents' socio-demographic variable.

1.5. Research Questions:

A. What are the levels of psychological stress among parents of children with neurodevelopmental disorders?
B. Will the emotional- focused coping strategies effective on managing psychological stress?
C. Is there a relationship between psychological stress and parents' socio-demographic variables?

1.6. Research Hypothesis:

H_1. Parent of children with neurodevelopmental disorders are more likely to experience sever level of psychological stress.

H_2: Emotional-focused coping strategies are effective in managing psychological stress among parents of affected children.

H_3: there is no difference in means after and before of applying coping strategies.

H_4: there is a difference among used coping strategies in response to psychological stress

H_5: there is no difference in the perceived benefits by parents in response to psychological stress

1.7. Definition of Terms

Stress:

Theoretical definition: It is regarded as the perception of threat with result of anxiety, discomfort, emotional tension, and difficulty in adjustment (Fink, 2010).

Operational definition:

Parents of children with physical, emotional and intellectual neurological disabilities interact with their surrounding environment.

Emotional-focused coping:

Theoretical definition: Is a type of stress management that attempts to reduce negative emotional responses that occur due to exposure to stressors(Ben-Zur,2020

Operational definition:

It's the techniques that parents use to reduce or remove their psychological stress. Such as meditation technique, physical relaxation technique, journal writing technique, positive thinking technique and reframing ideas.

Chapter two
Review of Literature

Review of Literature

It is important to note that the literature review is a summary of most of the applied and theoretical sources and references related to the problem under investigation, with the purpose of forming a perception of the available knowledge on the subject and the aspects that have not been studied at all or have not been adequately researched, and thus clarifying the research problem and preparing available knowledge for use in the application of the study (Grove, *et al.,* 2022).

2.1. Overview about Stress and Coping Mechanisms

Coping mechanisms are the strategies that individuals frequently employ in response to stress or trauma in order to manage painful or difficult emotions. People can adapt to stressful events with the aid of coping mechanisms, thereby maintaining their emotional health(Enns *etal.,* 2018).

Negative life events can cause psychological stress for most people. Challenging events, such as divorce, miscarriage, the death of a loved one, or job loss, can trigger grief or distress in the majority of people. But even events that are viewed as positive by many, such as getting married, having a child, and purchasing a home, can cause significant stress. Depending on the circumstances, people may respond to stress through a combination of behavior, thought, and emotion. Individuals may use coping mechanisms to manage stress or to deal with anger, loneliness, anxiety, or depression(Updegraff, *et al.,*2021).

Some individuals may mistake defense mechanisms for coping mechanisms. Although there are some similarities between these two concepts, they are distinct. And generally occur on an unconscious level, with most

people unaware of their use. The use of coping mechanisms, on the other hand, is typically intentional and used to manage an external situation that is causing an individual problems. Defense mechanisms can alter an individual's psychological state(Perrotta, 2020).

Psychological stress of individual can be managed non pharmacological using problem-focused (also called instrumental) and emotion-focused coping teqnique. Problem-focused coping strategies are typically associated with methods of addressing the problem in order to reduce stress, whereas emotion-focused coping mechanisms can assist individuals in coping with any distressing feelings that result from the problem; in other words, when the problem is out of individuals' control, emotional-focused coping becomes appropriate (Auriemma, *et al.*,,2022).

In addition, coping mechanisms can be classified as either active or avoidant. Typically, active coping mechanisms involve awareness of the stressor and deliberate efforts to reduce stress. On the other hand, avoidant coping mechanisms consist of ignoring or otherwise avoiding the problem(Quahetal., 2020).

Some coping strategies, while temporarily effective, are ineffective over the long term. These ineffective coping mechanisms, which can often be counterproductive or have unintended negative consequences, are referred to as "maladaptive coping." Adaptive coping mechanisms, on the other hand, are generally regarded as healthy and effective ways to manage stressful situations(Schipper, 2020).

Chapter two: Review of literature

There are several factors that are considered as cause of stress in people. Stressors are defined as objects, people, or situations that cause an individual to experience stress and activate his stress response system. Stressor can defined as "a stimulus (or threat) that causes stress, such as an exam, divorce, loss of a loved one, relocation, or job loss. "In addition, can define stressors as stimuli or factors that cause psychological and physical stress. Also the definition of stressors developed to be that stressors are any actual or assumed event, situation, or stimulus that arouses or initiates the human stress response process(Brosschot, *et al.*, 2018).

Stressors are also defined as demands made by the internal or external environment that upset balance, thereby affecting physical and psychological well-being and necessitating actions to restore balance (Alawad, &Slamah, 2014).

Internal and external stressors are two of the most common stressor classifications. Several studies have discussed these types. Emotional stressors include anxiety, fear, personality traits, health, amount of sleep, suspicion, pessimism, and feelings of helplessness. Family stressors (family role expectations), social stressors (daily life challenges), change stressors (marriage), chemical stressors (alcohol use), disease stressors (health problems), and environmental stressors are examples of external stressors (pollution)((Lin &Yusoff, 2013).

There are different perspective on stressors; its divided into three main categories: sudden trauma, chronic stressors, and daily hassles. The first category is sudden trauma, and stress is defined as a stimulus that creates threats in one's personal life; therefore, it is an independent variable produced by the internal environment of the human being. The second variable, chronic stressors, is a response to the external environment and therefore a dependent variable that influences physiological, emotional, and cognitive body functions.

The final category, daily hassles, represents a transactional approach that combines the two preceding groups(Tafet, 2022).

The classification of stressors is discussed from a different perspective. They described two stressor categories: psychosocial and biogenic. Psychosocial stressors occur when an individual responds to threatening stimuli or situations. Thoughts, cognitions, or an evaluation of an event are not required for biogenic stressors to induce the same physiological stress response(Matthieu and Ivanoff, 2006)

In addition, studies indicate that the most significant sources of stress are academic issues identified academic stressors, which defined as academic demands such as environmental or social demands that force students to modify their behavior. Also, clarified that academic stressors are normal events in a student's life that impact academic performance and mental health; therefore, many academic stressors can be universal. Students of all cultures may experience stress as a result of examinations, excessive homework, time constraints, peer competition, and other factors(Yang, et al., 2021).

The majority of students encounter a variety of academic stressors. some stressors enumerated as excessive homework and exams; unclear assignments; maintaining good relationships with their teachers; limited time; coping with stressful classroom environments, waiting period for examination results; inadequate available resources to adapt to new learning environments; and facing pressure to develop the necessary skills for academic success(Kumar, & Nancy, 2011).

Thus, the concepts of stress have evolved over time, its defined psychological stress as a particular relationship between the individual and the environment that the individual perceives as taxing or exceeding his or her resources and endangering his or her health. Also, defined mental stress as a transaction, when the cognitive focus is on the relationship between the person and the environment, such as considering events in one's life and determining if one has the personal resources to deal with those events(Wu, & Xu, 2020).

Different individuals perceive and interpret stress in various ways and with varying significance. The stress resulting from individuals' perceptions. Some of them interpreted it as events or situations that elicit diverse negative emotions or cause them to experience tension or pressure. Others perceived it as a physiological, emotional, and behavioral response to the current circumstances(Liu, *et al.* 2021).

The stress can be categorized as positive stress (eustress) and negative stress (distress) based on the level of our response or management to stressors we encounter (distress).And explained the difference between positive and negative stress. Positive stress is the result of stressors that improve overall performance and productivity, such as a rise in self-esteem and creativity. Negative stress, on the other hand, is defined as the result of a negative attitude toward a stressor, such as ineffective time management and failure to prioritize work responsibilities(Byron, *et al.,* 2010).

The psychological reactions can manifest as changes in emotions, thoughts, and behaviors, whereas physical reactions occur when a person is confronted with a terrifying accident or event. As part of the fight-or-flight syndrome, a person will experience rapid breathing, increased heart rate, and

profuse sweating in this situation. Physical and psychological responses to stress frequently occur simultaneously, especially when stressors are severe. Additionally, one category of stress reactions can result in additional reactions(Porcelli, 2020).

Coping, on the other hand, is a learned behavior that has been effective at reducing urges by neutralizing dangerous circumstances. Positive reinforcement is also utilized by animals to reduce driving tension. It could be argued that the typical definition of coping involves attempting to manage stressful demands and considering potential outcomes. This implies that no strategy can be applied exactly to another individual (Carpenter, *et al.*, 2019).

Ultimately, coping is Constant change in cognitive and behavioral effort to manage internal or external demands, as demonstrated by honoring requests or expanding one's own resources (Parczewska, 2021).

Coping is also described as the use of one's own resources to manage (e.g., master, reduce, minimize) internal demands and conflicts. This highlights the fact that coping is a complex construct that can be categorized into person-specific and situation-specific aspects. The relationship between "person" and "situation" has a significant impact on the formation of coping (Butler, 2019).

The function of coping refers to the objective of a strategy, while the results relate to the individual's prepared strategy. A strategy has a predetermined function, such as avoidance, but avoidance is not the result. Generally speaking, there are two functions of stress coping: problem-focused coping and emotion-focused coping (Nabi, *et al.*, 2022).

The problem-focused coping strategy is similar to the problem-solving strategy. For instance, problem-focused efforts are frequently associated with defining the problem, developing alternative solutions, determining which alternative is more advantageous, selecting one of these alternatives, and then taking action. Nonetheless, problem-focused coping emphasizes the broader meaning of problem-oriented strategies as opposed to problem solving. While problem solving refers to an environment-focused process and analysis, problem-focused coping involves inwardly-directed strategies. This means that coping strategies that appear to be centered on individual problems will overcome stress by acquiring new skills. Individuals typically employ this tactic when they believe the situation's demands can be altered (Mehtälä, *et al.,* 2022).

In emotion-focused coping, individuals focus on cognitive aspects that aim to 'change how they deal with problems, not the nature of the situation' (Ruiz, &Robazza, 2020).

This strategy is comparable to reevaluation. Consequently, the objective of this strategy is to control emotional responses to stressful situations. Individuals can also employ a behavioral approach in addition to a cognitive one. Alcohol use, seeking emotional support from friends and other activities are examples (Cho, *et al*., 2020).

There is a significant correlation between emotion focused coping and problem focused coping, indicating that humans use both types of coping in their daily lives(Lloyd, *et al.,* 2019).

2.2. History of Using Coping Strategies

Numerous strategies for coping have been identified. No consensus exists regarding the classification of these strategies into a broader architecture. Researchers attempt to categorize coping responses rationally, empirically, or by combining the two approaches (Carver, *et al.,* 2010).

Folkman and Lazarus divided coping strategies into four categories: problem-focused, emotion-focused, support-seeking, and meaning-making coping. Weiten has identified four types of coping strategies: appraisal-focused (adaptive cognitive), problem-focused (adaptive behavioral), emotion-focused, and occupation-focused coping (Daryna, *et al.,* 2020).

Billings and Moos included avoidance coping as one of the emotion-focused coping strategies. Some scholars have questioned the psychometric validity of forced categorization because these strategies are not independent of one another. Furthermore, in reality, individuals can adopt multiple coping strategies simultaneously (Noriega, 2018).

Typically, individuals employ a variety of coping strategies, which may evolve over time. Some claim that those who use problem-focused coping strategies will adapt better to life. Problem-focused coping mechanisms may give a person a greater sense of control over their problem, whereas emotion-focused coping may sometimes lead to a loss of control (maladaptive coping) (Munawar, & Choudhry, 2021).

Cognitive coping strategies overlap with a person's defense mechanisms. Adaptive cognitive (appraisal-focused) strategies occur when a person modifies the way they think, such as by employing denial or distancing themselves from

the problem. Those who use appraisal coping strategies intentionally alter their perspective on their situation to have a more optimistic outlook on it. An example of appraisal coping strategies would be a person purchasing football tickets despite the likelihood that their medical condition would prevent them from attending. People can change the way they think about a problem by altering their goals and values, for example, by seeing the humor in a situation(Di Giuseppe, *et al.*, 2019).

Commonly, psychological coping mechanisms are referred to as coping strategies or coping skills. Generally, the term coping refers to adaptive (constructive) coping strategies, i.e., strategies that reduce stress. In contrast, other coping strategies that increase stress may be deemed maladaptive. Based on its outcome, maladaptive coping is also described as non-coping. In addition, the term coping typically refers to reactive coping, that is, the coping response that follows the stressor. This contrasts with proactive coping, in which a coping response seeks to neutralize an impending stressor. In general, unconscious or subconscious strategies (such as defense mechanisms) are excluded from the field of coping (Bhurtun, *et al.*, 2019).

The effectiveness of coping strategies is contingent upon the type of stress, the individual, and the situation. Personality (habitual traits) and the social environment, particularly the nature of the stressful environment, both influence coping responses (Strelan, 2019).

People employing problem-focused strategies attempt to address the root of their issue. They accomplish this by gathering information about the issue and acquiring new problem-solving skills. The goal of problem-focused coping is to alter or eliminate the source of the stress. Folkman and Lazarus identified

three problem-focused coping strategies: taking control, information seeking, and weighing the pros and cons. However, problem-focused coping may not be adaptive and may backfire, especially in the uncontrollable case where the problem cannot be eliminated (Diponegoro, *et al.*, 2020).

Emotionally-focused coping is a strategy for alleviating distress by minimizing, reducing, or preventing the emotional aspects of a stressor (Greenman, *et al*., 2019).

Emotion-focused coping "is oriented toward managing the emotions that accompany the perception of stress." Folkman and Lazarus identified five emotion-focused coping strategies: disclaiming, escape-avoidance, accepting blame or responsibility, demonstrating self-control, and positive reappraisal (Singh, & Singh, 2020).

This mechanism can be utilized in numerous ways, including: seeking social assistance, reevaluating the stressor in a favorable light, taking accountability, using avoidance, demonstrating self-control, distancing (Park, *et al*., 2021).

This coping mechanism aims to alter the meaning of the stressor or divert attention away from it. For instance, reappraisal attempts to find a more positive interpretation of the stressor in order to reduce its emotional impact. Avoiding emotional distress will divert attention away from the negative emotions associated with the stressor. Uncontrollable stressors lend themselves well to emotional coping (ex. a terminal illness diagnosis, or the loss of a loved one) (Ben-Zur, 2009).

Some emotion-focused coping mechanisms, such as distancing and avoidance, can have short-term alleviating effects, but long-term use can be harmful. Positive emotion-focused mechanisms, such as social support seeking and positive reappraisal, are associated with positive outcomes (Sapeta, *et al*., 2022).

Emotional approach coping is a form of emotion-focused coping in which emotional expression and processing are used to adaptively manage a response to a stressor. Other examples include relaxation training through deep breathing, meditation, yoga, music and art therapy, and aromatherapy, as well as grounding, which uses physical sensations or mental distractions to refocus from the stressor to the present, leading to healthy coping (Agbaria, &Mokh, 2021).

The health theory of coping aims to overcome the limitations of previous theories of coping by describing coping strategies within categories that are conceptually clear, mutually exclusive, comprehensive, functionally homogeneous, functionally distinct, generative, and flexible, and by explaining the continuum of coping strategies. The usefulness of all coping strategies to reduce acute distress is acknowledged; however, strategies are categorised as healthy or unhealthy based on their functional homogeneity, functional differentiation, generativeness, and flexibility. Self-soothing, relaxation/distraction, social support, and professional support are healthy categories. Negative self-talk, harmful activities (e.g., emotional eating, verbal or physical aggression, alcohol, drugs, self-harm), social withdrawal, and suicidality are examples of unhealthy coping mechanisms (Murry, *et al*., 2018).

In contrast, unhealthy coping strategies are employed when healthy coping strategies are overwhelmed, not when none are available. Some coping approaches view it as a process and advocate promoting self-care strategies (MacIntyre, *et al*., 2020).

The majority of coping is reactive, as the response to stressors. Anticipating and reacting to a future stressor is known as proactive coping or future-oriented coping. Anticipation is when one reduces the stress of a difficult challenge by anticipating what it will be like and preparing to cope with it. Social coping acknowledges that individuals are bedded within a social environment, which can be stressful, but also is the source of coping resources, such as seeking social support from others (Soliemanifar, *et al*., 2018).

Humor as a positive coping mechanism may have beneficial effects on emotional and mental health. By adopting a humorous perspective on life, stressful events can be and are frequently mitigated. This coping strategy corresponds with positive emotional states and is recognized as an indicator of mental health. Humor also influences physiological processes. Laughing, for instance, may reduce muscle tension, increase blood oxygenation, exercise the cardiovascular system, and produce endorphins in the body (Tariq, *et al*., 2013).

Depending on one's life circumstances and sense of humor, the use of humor as a coping mechanism while processing feelings can vary. Regarding grief and loss in life events, it has been discovered that genuine laughter/smiles when discussing the loss predicted later adjustment and elicited more positive responses from others. A person may also find comedic relief with others when discussing irrational outcomes for the funeral service of the deceased. It is also possible that people would use humor to temporarily escape a feeling of

helplessness and to gain a sense of control over a more powerless situation. Humor can be a sign of positive adjustment as well as a means of eliciting the support and participation of others around the loss (Booth-Butterfield, *et al*., 2014).

In contrast to adaptive coping strategies, maladaptive coping techniques (also known as non-coping) only reduce symptoms while maintaining or intensifying the stressor. These coping strategies hinder the individual's ability to unlearn or separate the paired association between the situation and the associated anxiety symptoms. As they serve to maintain the disorder, these are maladaptive strategies (Rautenbach, 2019).

Dissociation is the mental capacity to compartmentalize and separate thoughts, memories, and emotions. This is frequently associated with post-traumatic stress disorder. Sensitization is when a person seeks to learn about, rehearse, and/or anticipate fearful events in an effort to prevent them from occurring. Safety behaviors are demonstrated when individuals with anxiety disorders come to rely on something, or someone, as a means of coping with their excessive anxiety (Steele, *et al.*, 2022).

Procrastination occurs when a person delays a task in order to obtain momentary stress relief. As a coping mechanism, procrastination causes more problems in the long run, despite the fact that it may provide temporary relief. Rationalization is the practice of attempting to use logic to minimize the significance of an event or avoid approaching it in a way that could cause psychological trauma or stress. The most common manifestation of rationalization is making excuses for the behavior of the rationalizer or others involved in the situation the rationalizer is attempting to justify (Kühnel, *et al* 2022).

A person engages in anxious avoidance when they avoid anxiety-provoking situations at all costs. This is the most common method. Escape and avoidance are closely related. People who experience panic attacks or have phobias frequently demonstrate this technique. These individuals wish to flee at the first sign of anxiety (Ginsburg, *et al*., 2021).

Emotion coaching aims to improve emotion-focused coping by assisting individuals in becoming conscious of, accepting, and making sense of their emotional experience. Coaching is generally defined as a mutually accountable relationship in which the client (trainee) and therapist (coach) actively collaborate to create an educational experience for the client, who is an active participant in the process (Greenberg, & Goldman, 2019).

Emotion coaching entails a relationship characterized by a high degree of collaboration, acceptance, and change. Acceptance, use, and transformation of emotional experience are the objectives of emotion coaching. This includes the awareness and intensification of experience, the processing of emotion, and the production of alternative emotional responses. A safe, empathic, and validating relationship is maintained throughout emotion coaching to promote acceptance of emotional experience. A relational environment that is accepting and empathic fosters greater openness and provides individuals with a new interpersonal experience of emotional soothing and support that is internalized over time (Lee, & Kim, 2019).

In addition to providing interpersonal validation, this type of safe relational environment reduces interpersonal anxiety, enabling clients to focus on their bodily-felt experience by freeing up their processing capacities. In this type of relational environment, individuals sort out their emotions, cultivate

self-empathy, and gain access to alternative, resource-based resilient responses (Sukhera, 2019).

Emotion coaching is a collaborative effort to help clients use their emotions intelligently to solve life problems by accepting emotion instead of avoiding it, utilizing both the information and response tendency information it provides, and transforming it when it is maladaptive (Shadur, &Hussong, 2019).

In addition to monitoring the client's current state, the therapist coaches the client in new ways to process experiential information. Change and novelty can be introduced into the emotional domain by guiding individuals' attention and meaning construction processes, as well as by assisting individuals in becoming aware of their emotional processes (Stein, & Levine, 2021).

Although challenging, it is possible to have a positive impact by entering the highly subjective realm of unformed personal experience, a place beyond reason and frequently beyond words. The steps involved in coaching individuals to skillfully experience their emotions are outlined below. In therapy, emotion coaching is based on two phases: Arrival and Departure. A major premise is that one cannot leave a location before arriving there. The first phase of discovering one's emotions consists of four steps. These focus on emotional awareness and acceptance (Waters, 2020).

Coping strategies work in different directions. Initially, it is essential to assist individuals in recognizing their emotions. Secondly, individuals must be instructed to accept and allow their emotional experience (this does not necessarily mean they must express everything they feel to other people but rather acknowledge it themselves). People may also require training in regulation skills to help them manage their emotions. Third, people need

assistance articulating their emotions in order to be able to solve problems. Fourth direction is that they must be assisted in determining whether their emotional reactions are their primary emotions in this circumstance. If not, they need assistance identifying their primary emotions. Fifth, after assisting the individual in experiencing a primary emotion, the coach and the individual must determine whether the emotion is a healthy or unhealthy response to the current situation. If the information is sound, it should serve as a guide for action. If something is unhealthy, it must be altered. Sixth, when the individual's accessed primary emotions are unhealthy, the individual must be assisted in recognizing the negative voice associated with these emotions (Ford, & Gross, 2019).

Seventh, the individual is assisted in discovering and utilizing alternative healthy emotional responses and needs. Eighth direction is that individuals must be coached to challenge the destructive thoughts in their unhealthy emotions with a new inner voice based on their healthy primary emotions and needs, and to learn to regulate themselves when necessary (Hajal, & Paley, 2020).

A style of following and leading embodies the dialectic of acceptance and change. Following offers acceptance, whereas leading introduces novelty and the potential for change. This provides direction for the exploration not by suggesting what content clients should focus on nor by interpreting the significance of their experience, but by guiding the type of processing in which they engage. Each therapist response is viewed as a processing proposal that influences the client's emotional engagement (Tummers, *et al*., 2015).

The types of proposals used in emotion coaching are those that assist individuals in symbolizing and making sense of their internal experiences. Coaching in the emotional domain entails helping to verbally label emotions

being felt, assisting individuals in accepting the emotion, conversing with the client about what it is like to experience the emotion, facilitating new ways of processing the emotion, and teaching techniques for calming or regulating the emotion. It is important to note that people cannot often be taught explicitly new strategies for coping with difficult emotions; rather, they must often be guided experientially through the new process. Accessing a need or a goal, for instance, may be very helpful in overcoming a sense of passivity or defeat or in overcoming a painful emotion (Althoff, *et al*., 2014).

However, teaching people explicitly that this is how they should feel is not nearly as effective as interpersonally facilitating this by asking them what they need when they are feeling hopeless and have processed the emotion. By experiencing a process of shifting states by accessing needs, for instance, experiential links between states are forged most effectively. This is only later strengthened by explicit knowledge of the process (Roth, *et al*., 2019).

2.3.The psychological consequences of having a child with neurodevelopment disorder

Neurodevelopment disorders are impairments primarily associated with the functioning of the nervous system and the brain. Attention-deficit/hyperactivity disorder (ADHD), autism, learning disabilities, intellectual disability (also known as mental retardation), conduct disorders, cerebral palsy, and vision and hearing impairments are examples of neurodevelopment disorders in children (Arora, *et al*., 2018).

Children with neurodevelopmental disorders may struggle with language and speech, motor skills, behavior, memory, learning, and other neurological functions. Despite the fact that the symptoms and behaviors of

neurodevelopmental disorders frequently change or evolve as a child ages, certain disorders are permanent (Straub, *et al*., 2022).

Diagnosis and treatment of these disorders can be challenging; treatment typically combines professional therapy, pharmaceuticals, home- and school-based programs (McDonagh, *et al.*, 2019).

ADHD and learning disabilities had the highest prevalence among these disorders. Approximately 4% of U.S. children, for example, have both attention-deficit hyperactivity disorder and a learning disability. According to some researchers, the incidence of certain neurodevelopmental disorders, namely autism and ADHD, has increased over the past four decades. Due to a lack of data to track prevalence over many years as well as shifts in awareness and diagnostic criteria, it is difficult to determine with certainty the long-term trends of these diseases. Nonetheless, some exhaustive analyses of historical data indicate that the prevalence of autism appears to be increasing. Educators and pediatricians have reported an increase in the number of children with behavioral and learning disorders in classrooms and offices (Lung, *et al*., 2019).

Genetics can play a significant role in a variety of neurodevelopmental disorders, and certain cases of intellectual disability are associated with particular genes. Nevertheless, the majority of neurodevelopmental disorders have complex and multiple contributors as opposed to a clear cause. These conditions are likely caused by a combination of genetic, biological, psychosocial, and environmental risk factors (Cardoso, *et al.*, 2019).

A wide variety of environmental risk factors, including (but not limited to) maternal use of alcohol, tobacco, or illicit drugs during pregnancy, lower socioeconomic status, preterm birth, low birth weight, the physical

environment, and prenatal or childhood exposure to certain environmental contaminants, may affect neurodevelopment (Oudin, *et al*., 2019).

Many studies have linked widespread environmental contaminants such as lead, methylmercury, and polychlorinated biphenyls (PCBs) to adverse effects on the developing brain and nervous system of children. The National Toxicology Program (NTP) has concluded that lead exposure during childhood is associated with reduced cognitive function, including a lower intelligence quotient (IQ) and lower academic achievement (Carlsson, *et al*., 2021; Bai, *et al.*, 2019; Almandil, *et al*., 2019).

The National Toxicology Program has also concluded that childhood lead exposure is associated with attention-related behavioral problems (including inattention, hyperactivity, and attention-deficit/hyperactivity disorder) and increased incidence of problem behaviors (including delinquent, criminal, or antisocial behavior) (Behl, *et al*., 2019).

According to the Environmental Protection Agency (EPA), methylmercury has neurotoxic and developmental effects on humans. During two high-dose mercury poisoning incidents in Japan and Iraq, prenatally exposed individuals experienced severe adverse health effects, including cerebral palsy, mental retardation, deafness, and blindness (Barbone, *et al*., 2019).

Prospective cohort studies have been conducted in island populations where frequent fish consumption exposes pregnant women to methylmercury at levels much lower than those observed in poisoning incidents but significantly higher than those typically observed in the United States. The findings of these studies in New Zealand and the Faroe Islands suggest that increased prenatal mercury exposure due to maternal fish consumption was associated with

negative effects on intelligence and diminished performance in the areas of language, attention, and memory (Caetano, *et al.*, 2019).

Initial findings from a comparable study in the Seychelles Islands did not reveal these associations. After accounting for the developmental benefits of fish consumption, researchers in the Seychelles discovered associations between prenatal mercury exposure and certain neurodevelopmental impairments. After accounting for the beneficial effects of fish consumption during pregnancy, more recent studies conducted in the United States have found associations between neurodevelopmental effects and blood mercury levels within the range typical for American women (Ulloa, *et al.*, 2021).

Several studies of children who were prenatally exposed to elevated levels of polychlorinated biphenyls (PCBs) have suggested links between these contaminants and neurodevelopmental effects, such as reduced intelligence and behavioral deficits like inattention and impulsive behavior. In addition, studies have found associations between PCB exposure and learning and memory deficits (Dack, *et al.*, 2022).

Some studies have reported relationships between adverse effects and PCB exposure during infancy and childhood. Although there is some inconsistency in the epidemiological literature, several reviews of the literature have concluded that the overall evidence supports a concern for the effects of PCBs on children's neurodevelopment (Tahir, *et al.*, 2020).

2.4. The Effect of Caring for Children with Neurodevelopmental Disorders

All children, including those with neurodevelopmental disabilities, must be viewed and considered in the context of child-in-family-in-community, and not as isolated 'child cases.' The reason for emphasizing this obvious truth is

that our traditional biomedical focus has been on the child: we strive to make a diagnosis, find the right interventions (therapies and other treatments), prescribe these to parents, and expect to see improvement (Han, *et al.*, 2021).

That could add additional stress on parents as responsible for give the prescribed medications for their children. Traditional thinking is typically child-centered, with little or no formal recognition of the roles and needs of parents and families, despite the fact that we know the child lives in a family and is raised by parents. Parenting a child with a disability can, and frequently does, come with heightened anxiety, elevated stress levels, financial insecurity, and numerous other physical, psychological, or socioeconomic obstacles (Bujnowska, *et al.,* 2019).

Despite the increased burden of caring for their disabled children, parents frequently assert that they are just as "normal" as any other family. It is not surprising that some parents of children with disabilities report that the child's disability did not have a significant impact on the family's functioning until the child was expected to participate in 'extra-family' activities(Adams *et al*., 2019).

On the other hand, seeking the best (often expensive) services, advocating endlessly for their child with a variety of community services (educational, recreational, social services, etc.), and coping with stigmatization and discrimination appear to many parents to be greater challenges than the disability itself. It is reasonable to assume that the source of parents' stress and anxiety is not their "inability to cope," but rather the attitudes and characteristics of the "outside" world (Llanes, *et al*., 2020).

In the field of childhood disability today, the family is increasingly recognized as the unit of interest. First and foremost, children never independently seek assistance for their development or behavior! Professionals

develop clinical relationships with parents regarding their child, who, in terms of traditional clinical practice, may be viewed as the "presenting complaint" for which parents seek advice and assistance. Insofar as even the most qualified service providers can only offer perspectives and suggested interventions, our true "clients" are the parents. We hope that the parents and families who raise their children will comprehend and implement our suggested interventions. For these reasons, professionals must develop respectful, trustworthy relationships with families as the 'context' — the milieu — in which children will develop and grow (Cohn, *et al.*, 2020).

There is also substantial research evidence indicating that parents who report experiencing "better" family-centeredness of services also report better satisfaction and mental health outcomes, as well as less stress when dealing with their child's services. This will be evidently significant for the children of these families. It also implies that providing parents with appropriate information about their child, ideas to promote development, and sensitivity to the parents' and family's plight are just as crucial as specific therapies for the child (Powell, *et al.*, 2020).

The new emphasis of our thinking must therefore be on recognizing that children with neurodevelopmental disorders are, first and foremost, children — in a constant state of 'being, becoming, and belonging' This implies that when providing any intervention, we must consider whether and how our advice is intended to promote the development of children. Equally important, but less widely acknowledged, is the fact that parents and families are also evolving and changing, so our intervention advice must also take parents' health into account (Toledano-Toledano, *et al.*, 2018).

2.5. The role of Coping in changing parents emotion, reducing stress, or solving problems

Parenting a child with neurodevelopmental disorder (NDD) is associated with elevated rates of anxiety and depression, elevated levels of stress, and diminished quality of life. Although there is reason to believe that parenting children with NDD in low- and middle-income countries (LMIC) can be difficult, there is a lack of knowledge regarding the psychological distress of these caregivers, particularly in rural areas (Fatima, *et al*.,2021).

The impact of NDD on the quality of life and mental health of families with children who have these conditions is becoming increasingly clear. However, the majority of research has been conducted in high-income countries, and little is known about the situation in low- and middle-income countries (Hansen, *et al*., 2018).

For these caregivers, research from high-income countries indicates significantly increased stress, chronic distress, fatigue, a higher rate of anxiety and depression, emotional and cognitive problems, and an increased likelihood of physical illness (Mercado, *et al*., 2021).

In addition, they lose employment opportunities, leisure time, and social interactions and are frequently confined to their homes. Also, having a child with a disability presents substantial economic challenges(Maridal, *et al.,* 2021).

In low-and middle-income countries (LMICs) with little or no government support, this is believed to be an even greater issue that can leave caregivers impoverished and in debt. As there are many additional challenges associated with raising a child with NDD in LMIC, caregiver experiences may vary across contexts. Stigma, exclusion, and inequitable policies can further exacerbate social isolation and psychological distress (Koly, *et al.,* 2021).

In addition, caregivers in low-income countries appear to be at a greater risk for psychiatric morbidity. The impact of a child's disability on the lives, economy, and mental health of caregivers in LMIC may be substantial (Arora, *et al.*, 2018).

The presence of psychiatric distress in the caregiver is associated with reports of poorer social support, family dysfunction, greater negative impact of the child's situation on the family, poorer child behavior, unfavorable parenting styles, poorer child psychosocial functioning, and even negative effects on siblings and marriage. Maternal depression has been shown to impact the child's psychological, intellectual, and psychosocial development, and may increase the child's risk of malnutrition and physical as well as psychiatric illness (Ademosu, *et al*.,2021).

It is easy for parents to feel that they are doing a good job when their children are developing "well." Conversely, if a child struggles with developmental or behavioral issues, it is frequently assumed (by parents and professionals alike) that this is the result of parental failure(Ashworth, *et al*., 2019).

The initial assumption was that the "problem" (disability) is internal to the individual. In fact, in many cultures, the additional implication of this notion was that some variation of fate, karma, or divine judgment pertaining to the child and/or family had contributed to this circumstance. From a strictly biomedical standpoint, this meant that professionals had to expend a great deal of time and energy in order to arrive at the correct diagnosis, often involving a variety of tests and examinations (Haque, *et al*., 2022).

Consequently, there is little reason to delay interventions, such as providing parents with advice and direction regarding their child's developmental issues, while the diagnostic search is ongoing. Both endeavors can be conducted concurrently (Bogossian, *et al.*, 2018).

2.6. Shifting from Problem Focused to Emotional Focused Coping

The goal of problem-focused coping techniques is to modify or eliminate a stressor. If you adopt a strategy to directly confront the stressor, you are employing problem-focused coping. For instance, planning, problem-solving, or removing the stressor entirely are problem-focused coping strategies (Chen, *et al.*,2018).

In contrast, emotionally-focused coping involves addressing onse emotional reaction to the stressor. Individuals use emotion-focused coping if they are attempting to reduce, eliminate, or simply tolerate the emotional response to a stressor. Examples are withdrawal, expressing anger and frustration, seeking emotional support, distractions, ruminating, and resignation acceptance (accepting the problem will always exist) (Rodríguez-Rey, *et al.*, 2019).

Emotion-focused therapy relies on three empirically supported principles to improve emotion processing. The principles are embedded within an overarching framework that emphasizes the importance of emotional and social support in promoting change. In psychotherapy, emotional/social support is operationalized as the provision of a relationship characterized by affect sensitivity, experience validation, and empathic receptivity (Stanisławski, 2019).

Emotional-focusing encouraging the acquisition of interpersonal emotional support characterized by listening, validating relationships, and, when necessary, instrumental support (Sarfraz, *et al*.,2021).

Emotional support within therapy is the foundation for the therapeutic efficacy of the following three principles of emotion processing: (1) increasing emotional awareness; (2) improving emotional control; (3) emotional transformation. These three principles serve as guidelines for working with emotion. They aid in comprehending the various objectives of emotion-focused intervention and explain how to work with various types of emotion at various times (Conner, *et al.*, 2019).

Emotion-focused therapy generally focuses on the objective of promotion of emotional awareness. The objective of EFT treatment is for clients to become conscious of their primary emotions, specifically their primary adaptive emotions. Enhanced emotional awareness has multiple therapeutic benefits. Being conscious of and symbolizing core emotional experience in language provides access to both the adaptive information and action tendency associated with the emotion (Völlink, *et al*., 2013).

Awareness assists individuals in making sense of their experiences. It is important to note that emotional awareness does not involve thinking about feelings. Once an emotion is experienced, its articulation in language becomes an essential aspect of its consciousness. The therapist works with clients to assist them in approaching, regulating, and accepting their emotions. Awareness work begins with the acceptance of emotional experience rather than its avoidance(Ryan, 2013).

After accepting the emotion rather than avoiding it, the therapist assists the client in utilizing it. Here, the client learns how to utilize the emotion they have recognized and accepted in order to enhance coping. Clients are assisted in understanding what their emotions are communicating and in identifying the goal/need/concern that the emotion is motivating them to pursue. (Ziółkowska, *et al*., 2020).

Individual differences in emotional awareness also predict recovery of positive mood and decreases in ruminative thoughts following a distressing stimulus .Awareness of emotion also entails overcoming emotional arousal avoidance and encouraging emotional processing. Humans have a strong tendency to avoid unpleasant emotions. Normal cognitive processes frequently distort or interrupt emotion, transforming adaptive unpleasant emotions into maladaptive behaviors designed to avoid feeling(Yoon, *et al*., 2018).

2.7. Emotional Focused Coping strategies

People who frequently employ emotion-focused coping techniques may be more robust to stress and have improved overall wellness, according to previous research (Thomas, *et al*., 2017). There are several types of emotional-focused coping techniques that can be used to manage stress among individuals whose stressors are uncontrollable.

2.7.1. Meditation

The main objective of meditation is to teach you how to recognize and sit with all of your thoughts and feelings, even the challenging ones. Being mindful is accepting and letting go of thoughts as they arise without dwelling on them or criticizing yourself for having them (Christmann, *et al*., 2017).

Anytime, anywhere, individuals can practice mindfulness, and it won't cost you anything. At first, it could feel a little strange or even counterproductive, and it might take some time before it starts to feel natural. If continue using the technique, subjects usually start to experience some advantages very quickly. (Lomas, *et al.*, 2015).

2.7.2. Journaling

Individuals sometimes experience lot of complex and conflicting emotions that need to me managed to avoid consequences of unresolved emotions. Journaling is an effective approach cope with difficult emotions. (Labrague, 2021).

The sensations of exhaustion and bewilderment are legitimate and can serve as good starting points for writing daily experiences. Sometimes, no matter how tangled or complex your feelings are, writing them down is the first step towards resolving them(Pogere, *et al*., 2019).

Journaling as a coping strategy provides a form of catharsis for emotions. To maximize the benefits of journaling, a clients need to try the following: Writing each day, even if it's just for five minutes; penning whatever ideas come to mind without worrying about editing or self-censorship; making a record of any mood or emotional shifts you experience, as well as any patterns that may be caused by your workout regimen, specific meals, or certain relationships (Emmons & Stern, 2013).

2.7.3. Positive thinking

It is crucial to recognize that being optimistic or thinking positively does not mean you should ignore your difficulties. Optimism will not fix problems on its own, but it can definitely improve mental wellbeing. Giving difficulties a

positive spin and discovering small moments of delight will help you get through them (Folkman, 2013).

Those who want to reserve benefit of this technique required to try these to improve their outlook on life such as, speak positively to their self instead of speaking negatively; appreciating their accomplishments rather than dwelling on their "failures"; making fun of errors; telling their self they can try again at a later time. These techniques will become second nature with some practice (Meyer, *et al.*, 2014).

2.7.4. Forgiveness

When someone bothers people or acts cruelly toward someone, it is simple to focus on the feelings. However, most of the time, there is little you can do to undo the damage. In other words, the harm has already been done, and the only course of action is to let go and go on (Weinberg, *et al*., 2014).

People can start to recover from hurt by forgiving others. Of course, it is not always simple to forgive. Before individuals feel able to forgive, it may take some time for them to accept their suffering (Flanagan, *et al.*, 2012).

There are many ways that practicing forgiveness can enhance the emotional wellness. They may observe, decreased tension and rage, heightened empathy, and improved interpersonal connections (Toussaint, *et al*., 2016).

2.7.5. Reframing

Reframing involves viewing a situation from a different angle. As challenging or uncomfortable as those details may occasionally be, doing so can help you see the bigger picture rather than getting mired down in the details. (Tuncay&Musabak, 2015).

Some clients may find their self spending a lot of time at home after unexpectedly losing their job. While not working is obviously not ideal, there is little they can do to improve the situation right now. They can choose to see the positive side of the situation rather than allowing boredom and frustration to fester. Now they have plenty of time to get back in touch with their partner and rebuild their relationship (Lee, & Mason, 2014).

2.7.6. Expression of emotions

Negative emotions ultimately tend to reappear, even if you strive very hard to keep them concealed. Burying or pushing away negative feelings typically does not do anything to improve them. They may gradually emerge in the interim in the form of: Mood swings; psychological distress; and bodily signs like headaches or tense muscles (MacIntyre&Gregersen, 2012).

In general, it is a good idea to express feelings to any other parties involved. If affected individuals do not tell them, they might not even be aware of how they affected their health. While talking about your problems won't always make them go away, doing so will increase the likelihood that you will find a solution together (Shin, *et al.*, 2014).

Talking about feelings with a trustworthy family member or friend can also make you feel better. Friends and relatives can assist you socially and emotionally by acknowledging your thoughts and listening with empathy(Hall, *et al*., 2012).

2.8.Theoretical framework

Several psychological theories have been identified for their relatedness to the main topic of the study which is stress. Some of these theories aim to describe how human stress is developed, and others explain factors that

determine the severity of stress in human being. For this study, the cognitive appraisal theory has been to guide the study process. This theory works in two directions (interpretation of stress and coping with stress).

2.8.1. **Cognitive Appraisal Theory**

The Theory of Cognitive Appraisal was originally developed by Lazarus and Folkman in 1984, which focuses on elucidating the mental operations that affect the stresses. (Oatley, *et al*., 2014).

Lazarus believed that "how stressful circumstances are interpreted is more significant than the actual happenings", further clarified the cognitive appraisal theory, saying that it occurs when a person considers two major factors that majorly contribute in his response to stress, including, the threatening tendency of the stress to the individual and the assessment of resources required to minimize, tolerate, or eradicate the stressor and the stress it produces. The model of stress includes primary and secondary cognitive assessment stages are separated. "The first level is primary appraisal, where an individual assesses whether the situation is potentially harmful, threatening, or challenging, and if the situation is perceived as threatening, the individual enters the secondary appraisal stage, examining the resources available for coping mechanisms." (Scarantino& De Sousa, 2018).

Lazarus and Folkman also proposed the Transactional Model of Stress and Coping in (1984) (see Figure 2.1). This paradigm consists of two stages: the first stage is cognitive evaluation, which has main and secondary levels, and the second is coping, which has problem-focused coping and emotion-focused coping (Oxford, 2018).

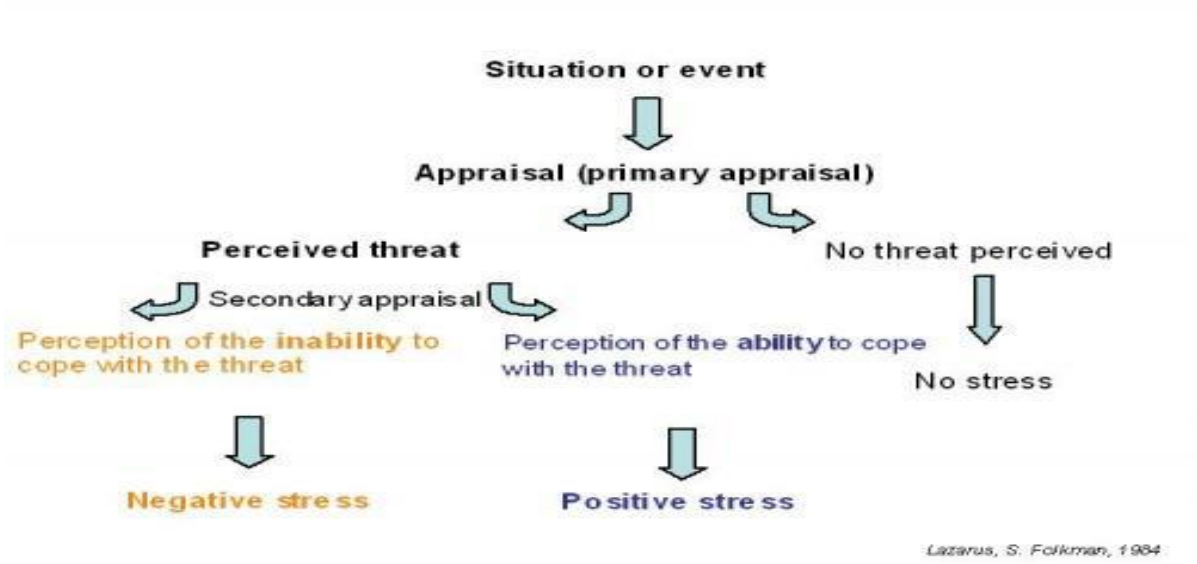

Figure (2.1) :Theory of Cognitive Appraisal, (Lazarus & Folkman, 1984).

According to several emotion theories, the tacit assessment of a situation in terms of one's own objectives, worries, or desires is a significant—though not the only—source of emotion creation at the psychological. Emotions are crucial because they alert people to the possibility of a circumstance advancing or undermining a crucial need, value, or purpose and they show how people view themselves and their surroundings (Shuman& Scherer, 2014).

The establishing of goal priorities is then influenced by emotions, which are physiologically grounded relational action tendencies that follow from the evaluation of the circumstance based on these goals, needs, and worries. Different emotions are matched with various action tendencies. For instance, rage entails the drive to fight, repel, or escape, but fear is linked to the mobilization for flight(Coppin& Sander, 2013).

Emotion is a fundamental signaling system that communicates intentions and governs interaction, in addition to having a primary meaning system that informs people of the relevance of events to their well-being and a rapid

adaptive action tendency. Thus, emotion controls oneself and others and contributes greatly to the meaning of life(Johnson& Stewart, 2017).

Neuroscience has demonstrated that emotion is a crucial precondition for many cognitive functions, including decision-making, and that altering emotions affects how the brain processes information. The "smoke detector" that automatically determines if incoming sensory information poses a threat is the amygdala, which is located in the center of the emotional brain. In reaction to certain experiences, such as sounds and images that have come to be associated with physical threats, the amygdala creates emotional memories. It seems really tough to alter these emotional judgments (Mulligan& Scherer, 2012).

So, whether treating trauma, anxiety, or depression, the challenge of good psychotherapy is to change amygdala reactivity so that unimportant reminders of the past are not interpreted as a recurrence of prior trauma, loss, or failure. That the style of processing that is taking place affects how cognition is infused with emotion. Effect is most likely to affect the formation of beliefs when processing is substantial in uncertain, open contexts, like most interpersonal experiences (OngZaki, & Goodman, 2015).

The effects of negative emotion are reversed by positive emotion, a finding that may be crucial for recovering from the impacts of self-criticism.In addition, according to Davidson's neuropsychological research ,a propensity for low positive affect confers a susceptibility to depression, whereas a consistent positive affective style fosters psychological toughness. Resilience seems to depend heavily on one's capacity to summon upbeat feelings when under stress (Halperin, 2014).

People focus on issues crucial to their well-being when they are experiencing unpleasant emotions. Unpleasant feelings, however, can become dysfunctional when they persist despite the fact that the conditions that gave rise to them have changed, are so strong as to overwhelm, or remind us of past pain or loss. Thus, healthy adaptation requires developing awareness of, tolerance for, and emotional self-control over negative emotions (Podoynitsyna, *et al*., 2012).

2.9. Coping Strategies in Reducing Stress: Findings of Previous Studies

Vernhet *et al.* (2019) Conduct a systematic review on the coping methods of parents of children with autism spectrum disorder and report that, in order to deal with stress, parents of children with ASD employ coping techniques that aid in addressing the difficult situations that arise when raising a kid. This review investigates parental coping strategy surveys, factors that influence these strategies, connections between these strategies and perceived stress, and their effects on parental quality of life. The results of an electronic search of Medline, Psych Info, and Eric were 156 articles and eleven studies. Parental coping techniques were evaluated using a variety of self-reported questionnaires. According to studies, parents of children with ASD employ more avoidance techniques and fewer social support-seeking strategies than parents of typically developing children. In addition, problem-focused coping protects parental stress and life quality, but emotion-focused coping is a risk factor for change. Our systematic review demonstrates the necessity of adapting psycho-educational therapies for parents of ASD children.

Estes *et al*. (2009) Conducting a study on Parental stress and psychological functioning among mothers of preschool children with autism and developmental delay, they concluded that Parents of children with developmental disabilities, particularly autism spectrum disorders (ASDs), are at risk for experiencing high levels of stress. It is unknown what circumstances contributed to this result. This study examined how child features affect parental stress and psychological discomfort in mothers.

Participants were moms and preschool-aged children with autism spectrum disorder (ASD) (N = 51) and developmental delay (DD) (N = 22). As compared to the DD group, women in the ASD group exhibited evidence of higher levels of parenting stress and psychological suffering. The problematic behavior of children was connected with increased parenting stress and psychological discomfort in ASD and DD mothers. The DD group had a stronger relationship. There was no correlation between daily living abilities and parenting stress or psychological anguish. The findings suggest that clinical therapies aimed at assisting parents should emphasize minimizing problem behaviors in children with developmental difficulties.

Ekas and Whitman (2011) In a study titled Adaptation to Daily Stress Among Mothers of Children With an Autism Spectrum Disorder: The Role of Daily Positive Affect, the researchers discovered that raising a child with an autism spectrum disorder is a difficult endeavor that can have an effect on mother well-being. This study analyzes, using a daily diary technique, (1) the relationship between stress and negative affect and (2) the significance of daily positive affect as a protective factor in the stress and negative affect relationship. Within and across days, hierarchical linear models revealed that higher levels of stress were associated with less negative affect. On days with low to moderate stress, daily positive affect buffered the immediate and longer-

lasting negative effects of stress. The present study has implications for theoretical models of positive affect, the development of intervention programs, and future avenues of research.

Lee, *et al,* 2009. The health-related quality of life (QOL) of 89 parents of children with high-functioning autism spectrum disorders (HFASDs) was compared to that of 46 parents of children without disabilities. Parents filled out a battery of questionnaires assessing demographics, parenting stress, coping, resources, and quality of life. In all variables, t tests revealed significant differences between the two groups. According to hierarchical regression analysis, demographic and psychosocial variables accounted for a considerable amount of variance in physical health-related QOL among parents of children with HFASDs, with income, number of children, and stress being significant variables. In addition to demographic and psychosocial characteristics, income and stress accounted for a large amount of variance in parents' mental health-related quality of life.

Costa, *et al.,* 2017. Prevention and intervention programs targeting parental well-being and stress will benefit from working with parents on the level of perceptual constructs and reappraisal ability. In addition, children's negativity was observed, parents' perceptions of their child's difficulties (autistic features, capacity to regulate emotions, and lability/negativity) were graded, and parents' use of reappraisal was recorded.

Twoy, *et al.,* 2007.Conductinga study about Coping strategies used by parents of children with autism, The purpose of this research was to determine (a) the level of family adaptation, as measured by the Family Crisis Oriented Personal Evaluation Scales(F-COPESs) instrument, among persons with a child diagnosed with autism spectrum disorder (ASD) aged 12 years and under, (b) if there was a difference in F-COPES scores based on family demographics, and

(c) the time lag between parent's suspicion of ASD and the actual professional diagnosis of ASD.

Descriptive survey was used with a convenience sample derived from ASD treatment agencies and a parental support group in the California Bay Area that supports the children and parents of children with special needs. Conclusions: Overall, the level of adaptation was within the normal limits with coping scores similar to the norm scores of the F-COPES with males scoring slightly higher than females in the coping scale.

Chapter three
Methodology

Chapter three: Methodology

This chapter highlights and summarizes the methods have been used in this study and the different stages and the necessary that were followed to accomplish the aims of this research.

3.1. Design of the study:

A quasi-experimental study design (one group pretest-posttest) was carried out to measure the effect of emotional- focused coping strategies in managing psychological stress among parents of children with neurodevelopment disorders. One group pretest-posttest design is one of the most common used designs in nursing research in which that pretest serves as control or comparison group. The period from February,2021 to May, 2023.

3.2. Administrative Arrangements

Dissertation proposal was submitted to the Research Ethics Committee at the University of Babylon, College of Nursing. After the proposal was reviewed, the ethical approval was issued (Appendix A). Accordingly, the college approval was obtained to complete the process of data collection(Appendix B).

3.3. Ethical Consideration:

The researcher clarified all issues related to the research topic, procedures, and expected benefits for all participants before deciding to be a part of the study. Parents were also informed that taking a part of the study is voluntary. Confidentiality of parents' information was also taken into account through the use of anonymous questionnaires. Parents were also informed that they could withdraw their participation anytime during the study phases. Furthermore, all of the aforementioned steps are included in the informed

consent form, which participant had to put a check mark as an approval for participation (Appendix C).

3.4. Setting of the Study:

The study was conducted at the Imam Hussain Centers of Caring for Children with Special Needs and Neurodevelopment Disorders.These center are found in eight governorates of Iraq which are Karbala, AL-Najaf, Babylon, A AL-Diwania, Wasit, Maysan, Dhiqar, and Muthanna. Three centers at three different governorates was selected to conduct the study as convenience places(Najaf, Babylon, and Al-Diwania). Each center has a special building and receive monthly required children those with special need for specific daily training and caring especially children who diagnosed with autism spectrum and related disorders. Number of continuous documented children in each center is more than 30 children monthly.

3.5. The study sample and sampling techniques:

Simple random sampling method was used and the sample size was determined based on 10% condition, by which that the study sample is recommended to be more than 100 parents out of total population). However, to increase the capacity of the recent study to determine the effect of the emotion-focused coping strategies for managing of psychological stress between pretest and posttest, a total of 119 parents included in pretest study and 113 parents included in posttest.

3.6. Instrument selection:

After reviewing relevant studies, a scale was selected to serve the study objectives. The perceived psychological stress scale is to measure the stress level of parents caring for children with neurodevelopment disorders (Appendix D).The questionnaire includes two parts:

Part one: Socio- demographic variables:

Several parents and children-related variables are included in this part that was believed to have an influence on the application of emotional-focused coping strategies for managing a psychological stress among parents of children with neurodevelopment disorders. Parents'-related variables are gender, marital status, age, academic status, profession, and monthly income. Children's-related variables are age of the child, type of diagnosis for a child, and duration of child disorder.

Part two: Perceived psychological stress questionnaire:

Instrument description and scoring

The Perceived Stress Questionnaire (PSQ), includes 30 items, and it was developed as an instrument for assessing the psychological stress as a response to different life circumstances. The scale is a self-report that requires between 10 and15 min for each parent to complete. The psychometric evaluation(validity and reliability) of the original scale reveals an internal consistency more than (.90) and stability value using test–retest reliability(0.82)(Levenstein, et al, 1993).Parents' responses are rated on a scale of four points, ranging from 1 "almost never" to 4 "usually". The stress levels of parents are determined based on the items sum of scores. The minimum score is 30 and the maximum score is 120; the higher scores indicate greater levels of psychological stress. Psychological stress levels are determined as follow: parents with scores of 30 – 60 are considered having mild level of psychological stress, scores between 61 - 90 are moderate, and 91 - 120 are considered having sever level of stress.

3.7. Validity and Reliability of the Study Instrument

1. Translation step:

The perceived stress questionnaire (PSQ) was translated forward to Arabic and back ward to English by two independent bilinguals to ensure that the Arabic version reflects the topic that is intended to measure.

2. Validity Step:

To measure the ability of the instrument in terms of measuring the intended construct (perceived stress questionnaire), content validity was used to validate the Arabic version of the appraisal scale. The process of validity went through the following steps:

(a) Preparing the scale of content validity.

(b) Selecting the panel of experts.

(c) Compute the ratio of content validity (CVR) for each item.

(d) Calculate the content validity index (CVI) for the total scale.

A: Preparing the scale of content validity

The first step of content validation is preparing the scale of content validity to ensure that experts have common understanding about the process of evaluating the scale items. In regard to the PSQ, experts were asked to rate each item on four levels, in which that (4) indicates “the item is essential to measure the parents' perceived stress”; (3) “the item is beneficial to measure the psychological stress”; (2) “the item is somewhat related to the topic”; (1) “the item is not related to the construct being measured.

The selected experts were also asked to review the scale items in terms of the language being used and the level of understanding regarding to the writing

level and make any appropriate comments or suggestion to be considered in the final version of the scale (Appendix D). Questionnaire was distributed to12 experts from different universities (Appendix E). Eleven experts are specialized in mental health nursing and one in medicine psychiatry; four experts are from the University of Bagdad, College of Nursing, two experts from the University of Karbala, College of Nursing, three experts are from the University of Babylon, College of Nursing, and one expert from the University of Kufa, College of Nursing. one expert is specialized in mental health nursing from the Bagdad Technical Medical Institute. One expert is specialized in medical psychiatry from the University of Kufa, College of Medicine.

C: Calculating the CVR and CVI for the PSQ

The content validity ratio (CVR) was calculated for each item on the PSQ based on the expert rating; items that were rated as "essential" or "beneficial" were given a score of "1", and items that were rated as "somewhat related" or "not related" were given a score of "zero". The CVR formula is: CVR= (Ne - N/2)/(N/2); in which that (Ne) means panel members number that represents an item "essential or beneficial"; (N)means the number of panels. CVR results of for each item on the scale are shown in (Appendix D). The acceptable value is 0.70 and the value of 0.80 is preferred (Gilbert and Prion, 2016). Based on the calculations above, the CVR for each item and the CVI for the entire scale are exceed the acceptable value, which is concluded that the PSQ is valid with a good content validity index 0.81.(table 3.1)

Table (3.1) . Content Validity ratio (CVR)

Items	E1	E2	E3	E4	E5	E6	E7	E8	E9	E10	E11	E12	Experts in Agreement	Ne-n/2	CVR
Item 1	1	1	1	1	1	1	1	1	1	1	0	1	1	11	5	0.83
Item 2	1	1	1	1	1	1	1	1	1	0	1	1	1	11	5	0.83
Item 3	1	1	1	1	1	1	1	1	1	1	1	1	0	11	5	0.83
Item 4	1	1	1	1	1	1	1	1	0	0	1	1	1	10	4	0.67
Item 5	1	1	1	1	1	1	0	1	1	1	1	1	1	11	5	0.83
Item 6	1	1	1	1	1	1	0	1	1	1	1	1	1	11	5	0.83
Item 7	1	1	1	1	1	1	0	1	0	1	0	1	1	9	3	0.50
Item 8	1	1	1	1	1	1	1	1	1	1	1	1	1	12	6	1.00
Item 9	1	1	1	1	1	1	0	1	0	0	1	1	1	9	3	0.50
Item 10	1	1	1	1	1	1	1	1	0	1	0	0	1	9	3	0.50
Item 11	1	1	1	1	1	1	1	1	1	1	1	1	1	12	6	1.00
Item 12	1	1	1	1	1	1	1	1	1	1	1	1	1	12	6	1.00
Item 13	1	1	1	1	1	1	1	0	1	0	1	1	1	10	4	0.67
Item 14	1	1	1	1	1	1	1	1	1	1	1	1	0	11	5	0.83
Item 15	1	1	1	1	1	1	1	1	1	1	1	1	1	12	6	1.00
Item 16	1	1	1	1	1	1	1	1	1	1	0	1	0	10	4	0.67
Item 17	1	1	1	1	1	0	1	0	1	0	1	1	1	9	3	0.50
Item 18	1	1	1	1	1	1	1	1	1	1	1	1	0	11	5	0.83
Item 19	1	1	1	1	1	1	1	1	1	1	1	1	1	12	6	1.00
Item 20	1	1	1	1	1	1	1	1	1	1	1	1	1	12	6	1.00
Item 21	1	1	1	1	1	1	1	0	1	1	1	0	1	10	4	0.67
Item 22	1	1	1	1	1	1	1	1	1	1	1	1	1	12	6	1.00
Item 23	1	1	1	1	1	1	1	1	1	1	1	1	0	11	5	0.83
Item 24	1	1	1	1	1	1	1	1	0	1	1	0	1	10	4	0.67
Item 25	1	1	1	1	1	0	1	0	1	0	1	1	1	9	3	0.50
Item 26	1	1	1	1	1	1	1	1	1	1	1	1	0	11	5	0.83
Item 27	1	1	1	1	1	1	1	1	1	1	1	1	1	12	6	1.00
Item 28	1	1	1	1	1	1	1	1	1	1	1	1	1	12	6	1.00
Item 29	1	1	1	1	1	1	1	0	1	1	1	1	1	11	5	0.83
Item 30	1	1	1	1	1	1	1	1	1	1	1	1	1	12	6	1.00
Proportion Relevance	1	1	1	1	1	0.8	1	0.7	0.866667	0.766667	0.966667	0.733333			CVI	0.81
					Avarege proportion of items judged as relevance across the 12 experts								0.90			
	Content validity ratio CVR				CVR=(Ne - N/2)/(N/2)											
	Content validity Index CVI		0.81		Ne= Number of panel members indicating an item "essential,"											
					N= The number of panel											
					CVI= Total Scale validity											

3.8. Pilot Study:

A simple random sample of (N=20) parents of children with neurodevelopment disorders. The pilot study was conducted through March 2, 2021to May 30, 2021.The aims of applying the pilot study were:

1) To investigate the feasibility of the study and the online recruitment process that was designed to include large sample size.

2) To discover if there is a modification needed in the study design

3) To determine the reliability of the study instrument.

Results of the Pilot Study:

1. Pilot study results exposed that the approach is feasible in terms of using probability sampling and recruiting parents of the children to participate in this study.

2. There was no need to modify or change the design selected to guide the current study.

3. Since the questionnaire was distributed online, there was no possibility to determine the required range of time for participants to complete the survey.

4. the scale shows acceptable reliability values.

3.9. Reliability of the study instruments:

The reliability analysis “Cronbach’s Alpha ”was run to specify the internal consistency of the scale (perceived stress questionnaire). The reliability analysis tested on 20 parents of children, and the results showed a Cronbach’s Alpha value of (0.76).

3.10: Construction and Application of Emotional-Focused Coping

Intervention Construction:

The content of the strategies was constructed after an extensive review of previous research and scientific resources. Scenario of coping strategies was written and its content was then revised and modified by research supervisor. Four main emotional-focus coping strategies were included to address psychological stress of parents, which are (meditation, physical relaxation, diary writing, and positive thinking). The strategies were recorded as YouTube video as follows:(Appendix F).

First Video: Introduction to Strategies

In this part , the researcher informs participants about the nature and importance of participating in this study and the extent of its expected utilization in a video for3 minutes and 29 seconds. (https://www.youtube.com/watch?v=Xy0DUll4H8g&list=PLQhRaxO9KDpppYY4vDD4-VBAkzPDex9CD&index=1).

Video II: Meditation Strategy

This part includes how the meditation strategy is applied in simplified steps with an overall illustration of the importance of applying this strategy in a video recording for 3 minutes and 47 seconds.(https://www.youtube.com/watch?v=rBwwUFrGnes&list=PLQhRaxO9KDpppYY4vDD4-VBAkzPDex9CD&index=2).

Video III: Physical Relaxation Strategy

The method of physical relaxation has been explained in general terms about its details from the front of the head to the ends of the feet and how important it is in a video for 2minutes and 19 seconds. (https://www.youtube.com/watch?v=94R6bJAreJo&list=PLQhRaxO9KDpppYY4vDD4-VBAkzPDex9CD&index=3)

Video IV: Diary Writing Strategy

This video describes the right way to write and how to make use of these writings and their effect on alleviating the effects of psychological stress in a video for 3:43 minutes. (https://www.youtube.com/watch?v=VgZik7ocJbY&list=PLQhRaxO9KDpppYY4vDD4-VBAkzPDex9CD&index=4).

Video V: Positive Thinking Strategy

The researcher shows participants how to benefit and how to implement the positive thinking method and how to reformulate ideas in a video for 3:27 minutes.(https://www.youtube.com/watch?v=m_PDpkOselg&list=PLQhRaxO9KDpppYY4vDD4-VBAkzPDex9CD&index=5).

These videos were then posted on a special YouTube channel and the parents involved in the study were provided with video links for the purpose of viewing and implementing these strategies.(https://www.youtube.com/playlist?list=PLQhRaxO9KDpppYY4vDD4-VBAkzPDex9CD).

3.11. Intervention Application

The process of application of the emotional-focused coping intervention was done in online way. The intervention video was posted and uploaded to YouTube. The video links was shared with parents of children through social media platforms that parents usually use to contact with the selected centers.

3.12. Data Collection:

Data Collection: Pre-test

The process of gathering information from parents began by communicating with the selected centers, where children with neurodevelopment disorders are trained. A total number of119 fathers and mothers from three different province, AL-Najaf, Babylon, and AL-Diwaniyah Provinces. The collection of information took a period of one month's during April, 2022.

Data collection: post-test

After the pretest data collection procedure completed, links of coping strategies were shared with participants using same online platforms. Participants were given about one month to practice as much as possible of the listed strategies.The link for post-test questionnaire was shared with participants to identify the difference in the stress levels after applying the constructed coping strategies. The surveys were completed by 119 parents. Participants who did not completed the pre-test questionnaire and those who did not apply the strategies were excluded. The valid post-test questionnaire was a total of 113. Several important additional questions were added to the post-test version of the PSQ as follow:

Q1. Have you seen the videos contents?

Q2. Which strategy have you practiced so far ?

Q3. How much you felt a benefit after practicing these strategies ?.

3.13. The Statistical Analysis:

The Statistical Package for Social Sciences (SPSS- 24) was used to analyze study data that were collected from parents before and after applying the coping strategies. Variety of statistical tests were used in order to create best understanding about study hypothesis and the effectiveness of the emotional-focused intervention on the perceived stress among parents of children with neurodevelopment disorders. The statistical analyses are:

1. Descriptive Statistics

Descriptive statistics were used to describe parents'socio-demographic information, as well as describing perceived stress level (pretest and posttest).

2. T-test analysis (paired sample t-test)

Paired sample t-test or dependent sample t-test was performed to determine the difference in response to psychological stress before and after applying the coping strategies. .

3. Spearman Correlation

Spearman Correlation analysis was used to measure the relationship between the psychological stress level of parent and their socio-demographic characteristics, as well as measuring the relationship between the psychological stress level of parent and children-related variables.

Chapter Four
Results

Chapter Four: Results

Table (4.1) : Socio-demographic characteristics of study participants

Gender (Pre-test)	f	%
Male	43	36.1
Female	76	63.9
Total	119	100.0
Gender (Post-test)	f	%
Male	41	36.3
Female	72	63.7
Total	113	100.0
Age Groups	f	%
21 - 26	13	10.9
27 - 32	37	31.1
33 - 38	32	26.9
39 - 44	21	17.6
45 - 50	14	11.8
Older Than 50 Years	2	1.7
Total	119	100.0
Mean Age: 35 years old		
Marital Status	f	%
Married	114	95.8
Divorce or separated	5	4.2
Total	119	100.0
Education Levels	f	%
Primary Education	17	14.3
Secondary School	34	28.6
University Education	57	47.9

(Diploma or Bachelor)		
Post-graduate (Master or PhD.)	11	9.2
Total	119	100.0
Occupation	f	%
Employed	55	46.2
Free Work	18	15.1
Not Working	46	38.7
Total	119	100.0
Monthly Income	f	%
Not Enough	15	12.6
Enough to Some Extent	61	51.3
Enough	43	36.1
Total	119	100.0

This table (4.1) shows that majority of participants are female 63.9% in the pretest survey and their percentage after applying the intervention becomes 63.7%. The findings of this table also shows that age group between 27-32 constitute 31.1%, followed by about 27% for the age group between 33 – 38 years old. The mean age of the participants is 35 years old. All parents reported continuous marital relationship except 4.2% was either divorced or separated. According to their level of education 47.9% reported having diploma or bachelor degree and about 29% having secondary school education. About half of the study participant were employed 46.2% compared to 38.7% were not working. Concerning their monthly income, the majority reported that their monthly income is ranged from enough to some extent 51.3% and not enough income 36.1%.

Table (4:2): Descriptive statistics of Child-related variables

Age of Child	f	%
1 - 3 Years	4	3.4
4 - 6 Years	57	47.9
7 - 9 Years	46	38.6
10 Years and Older	12	10.1
Total	119	100.0
Mean age of children: 7 years old		
Diagnosis	f	%
Unidentified	4	3.4
Autism	96	80.7
Learning Disorder	1	.8
Speech Disorder	6	5.0
ADHD	12	10.1
Total	119	100.0
Duration of Illness	f	%
Less Than 3 Years	23	19.3
3 - 5 Years	54	45.4
6 - 8 Years	30	25.2
More than 8 Years	12	10.1
Total	119	100.0

Table (4.2) represents the descriptive statistics of children-related variables. Most of children are between 4 to 6 years old 47.9% (mean age 7 years old). Most of children were diagnosed with autism disorder 80.7%, and most of children have been diagnosed with their disorder about 3-5 years 45.4%.

Table (4.3): Descriptive statistics of Psychological stress levels of parents (Pre-test)

Levels of Psychological Stress (Pre-test)	f	%
Moderate Psychological Stress	86	72.3
Severe Psychological Stress	33	27.7
Total	119	100.0

According to the findings of the first survey (pretest), most of parents (72.3%) had moderate level of psychological stress and the rest 27.7% had sever level of psychological stress.(Fgure 4.1).

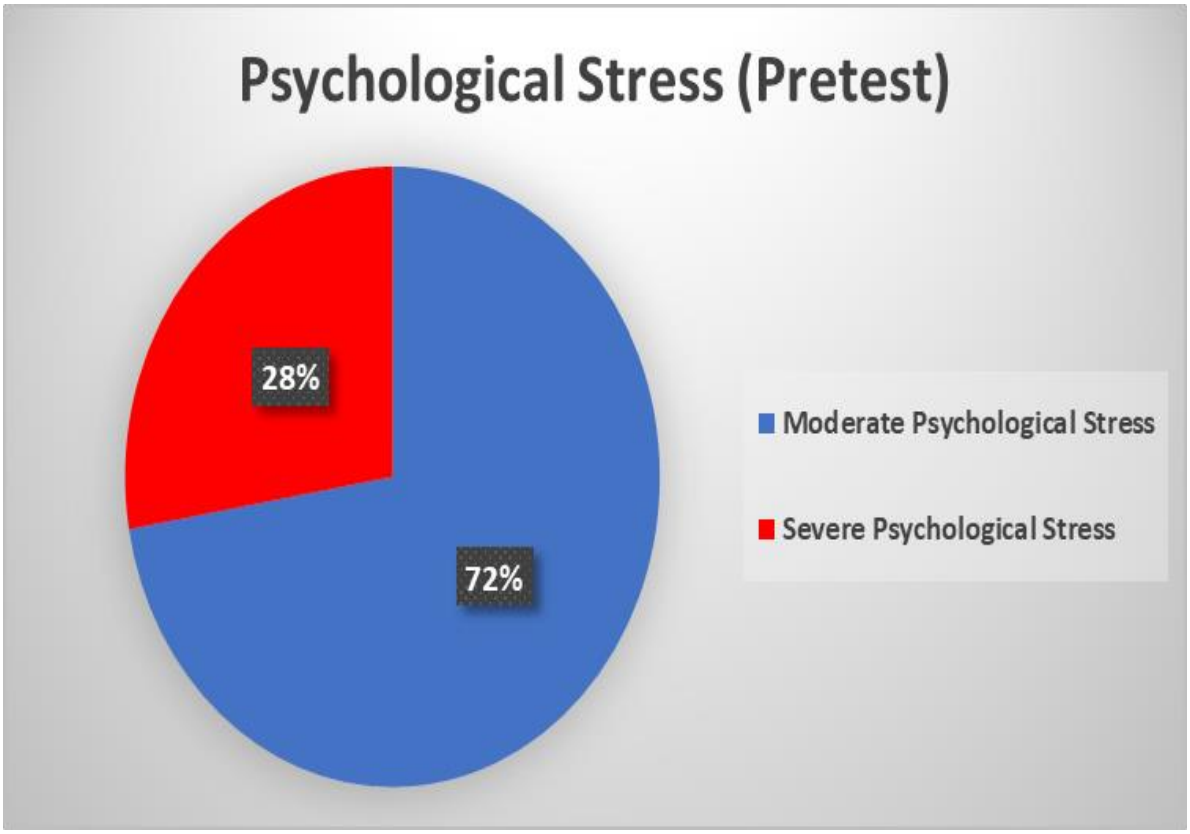

Figure (4.1): Descriptive statistics of psychological stress (pretest)

Table (4.4): Relationship between psychological stress and sociodemographic variables (pretest).

Parents Demographic Variables	**Psychological Stress**		
	Correlation Coefficient	**Sig.(2-tailed)**	**N**
Gender	-0.029	.751	119
Age	0.067	.469	119
Marital Status	-0.057	.093	119
Education Levels	-0.155	.093	119
Occupation	**0.201***	.028	119
Monthly Income	**-0.183***	.047	119

***significant at p – value 0.05**

In this table (4.4), Spearman Correlation analysis was used to measure the relationship between psychological stress level of parent and their socio-demographic characteristics. The findings indicate that there is a significant relationship between psychological stress of parents and their occupation; parents who are not working show more severe psychological stress level than employed or parents with free work (r = . 201*, *P* = .028).Similarly, an inverse correlation was also found between monthly income and the psychological stress of parents; parents reported not enough income are more vulnerable than those with better income (r = -.183*, *P* = .047).

Table (4.5): Relationship between psychological stress and child-related variables (pretest).

Children-Related Variables	Psychological Stress		
	Correlation Coefficient	Sig.(2-tailed)	N
Child's Age	-0.110	.235	119
Diagnosis	-0.116	.208	119
Duration of Illness	-0.193*	.036	119

Spearman Correlation analysis was used to measure the relationship between the psychological stress level of parent and the variables related to their children as shown in table (4.5). The findings indicate that there is a significant inverse relationship between duration of child illness and the psychological stress of parents; parents with newly diagnosed child are at higher risk for psychological stress that others (r = -.193*, *P* = .036).

Table (4.6): Psychological stress levels after applying the coping strategies (Post-test)

Levels of Psychological Stress (Post-test)	f	%
Mild Psychological Stress	31	27.4
Moderate Psychological Stress	82	72.6
Total	113	100.0

This table shows that the psychological stress levels of parents' after applying the coping strategies are moderate level 72.6% and mild level of stress 27.4% (figure 4.2).

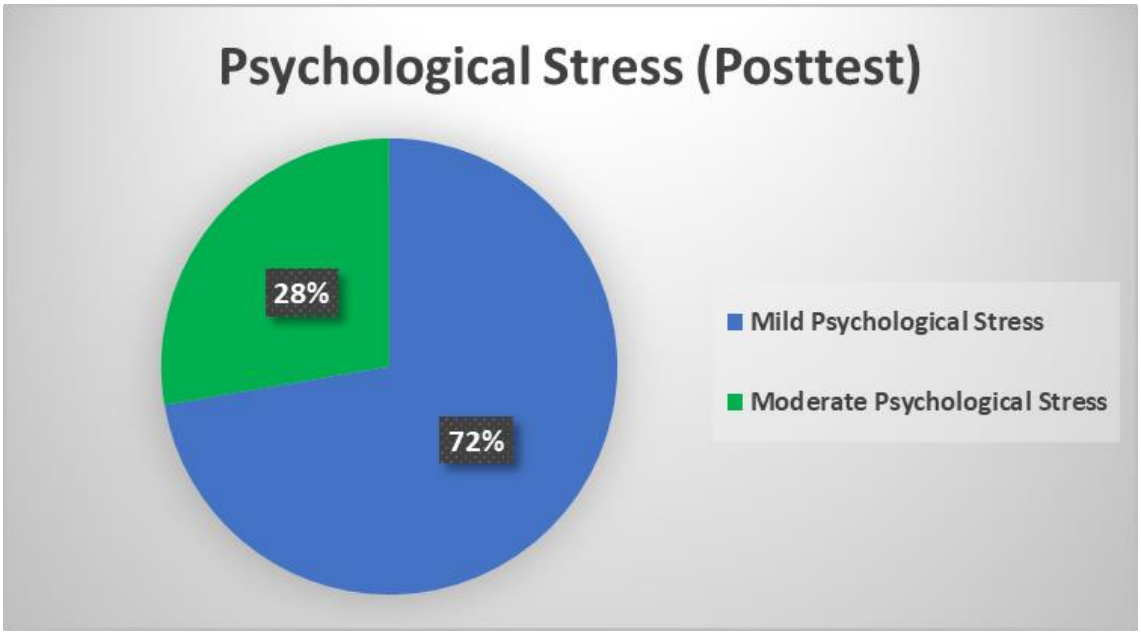

Figure (4.2): Descriptive statistics of psychological stress (posttest)

Table (4.7): Descriptive statistics of variables-related to coping strategies

Applied Technique	f	%
Meditation	25	22.1
Mindfulness	14	12.3
Journaling	20	17.7
Positive Thinking	40	35.4
Meditation and Mindfulness	7	6.2
Meditation and Journaling	1	0.9
Mindfulness and Journaling	1	0.9
Meditation, Mindfulness, and Journaling	3	2.7
Meditation, Mindfulness, and Positive Thinking	1	0.9
All Techniques	1	0.9
Total	113	100.0
Perceived Benefit		

Less than 10 %	11	9.7
10 - 30 %	20	17.7
30 - 50 %	38	33.6
50 - 70 %	33	29.3
Above 70 %	11	9.7
Total	113	100.0

This table (4.7) clarifies that positive thinking and meditation are the most used coping strategies by participants. The positive thinking strategy was used by 35.4% and meditation was used by 22.1% of the participants. In regard to the perceive benefits of coping strategies by parents, 33.6% reported perceived benefits ranged between 30% to 50%, followed by 29.2% reported a perceived benefit ranged from 50% to 70 %(figure 4.3).

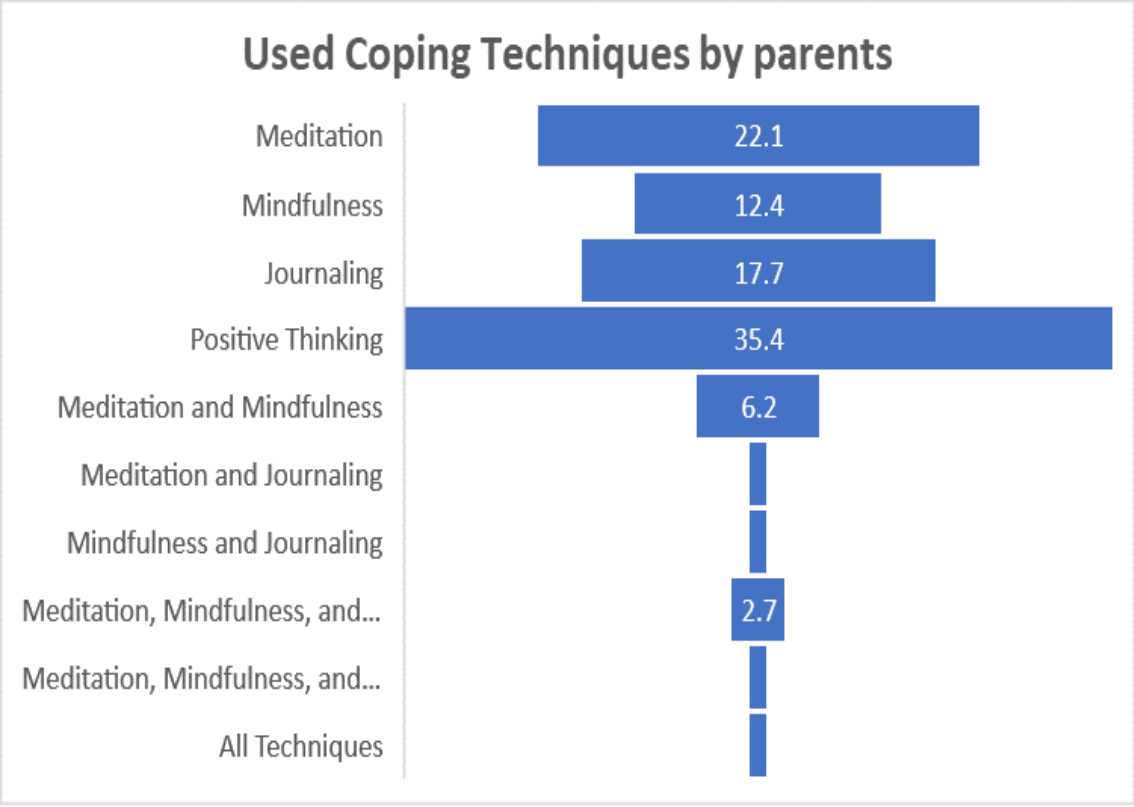

Figure (4.3): Used Coping Techniques by parents

Table (4.8):Difference in response to psychological stress before and after applying the emotional-focus coping strategies.

Psychological Stress	Paired Differences			t	df	Sig. (2-tailed)	Effect Size (Cohen's d)
	Mean	Mean Difference	Sd.				
Psychological Stress (Pre-test)	2.9056	.81445	.32696	26.480	112	.0001	0. 487
Psychological Stress (Post-test)	2.0912						
Effect sizes= small (d = 0.2), medium (d = 0.5), and large (d = 0.8)							

Paired Sample t-Test was run to measures the difference in the means of psychological stress of parents before and after applying the coping strategies. Table (4.8) shows that there is a statistically significant difference in the severity of psychological stress before and after applying the coping strategies (t = 26.480, *P* = .0001, MD = .81445, ES = 0. 487).

Table (4.9) Difference among used coping strategies in response to psychological stress

Used Coping Strategies * Psychological Stress	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	.467	9	.052	3.428	.001
Within Groups	1.560	103	.015		
Total	2.027	112			

The ANOVA test was run to determine the differences among used coping strategies in response to psychological stress (table 4.9). The ANOVA findings indicate that there is statistical significant difference in response to psychological stress based on the type of coping strategies that parents used (F = 3.428, *P* = .001).The figure (4.4)clarifies that using different emotional coping strategies are effective in reducing the level of stress among parents.

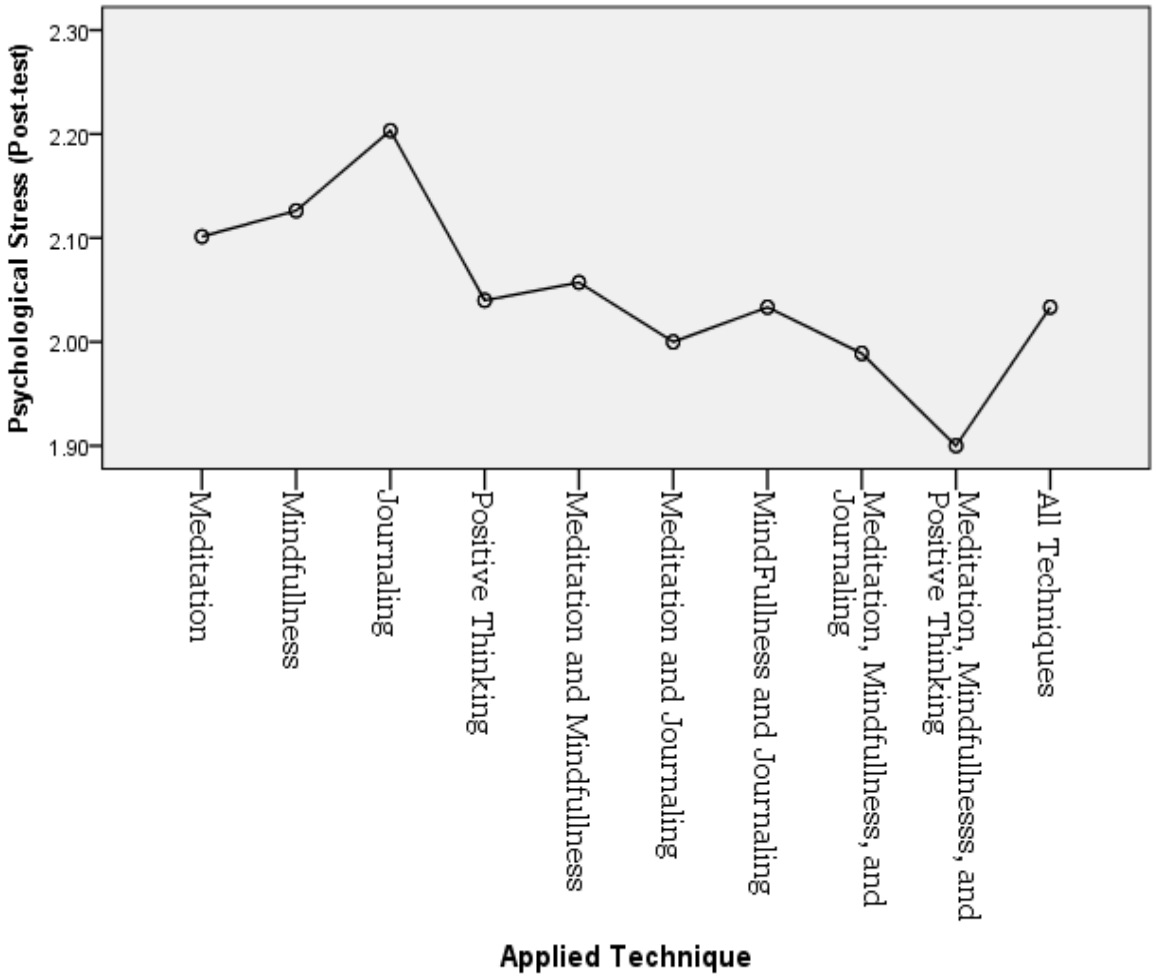

Figure (4.4): The difference in the psychological stress in response to various emotional coping techniques.

Table (4.10) : Difference in the perceived benefits by parents in response to psychological stress

Psychological Stress (post-test)	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	.324	4	.081	5.145	.001
Within Groups	1.702	108	.016		
Total	2.027	112			

The ANOVA test was run to determine the differences in the perceived benefits in response to psychological stress. The ANOVA findings (table 4.10) indicate that there is statistically significant difference in response to psychological stress based on the reported perceived benefits by parents (F = 5.145, *P* = .001). The figure (4.5) clarifies that parents who reported higher percentage of perceived benefits are at lower risk for psychological stress.

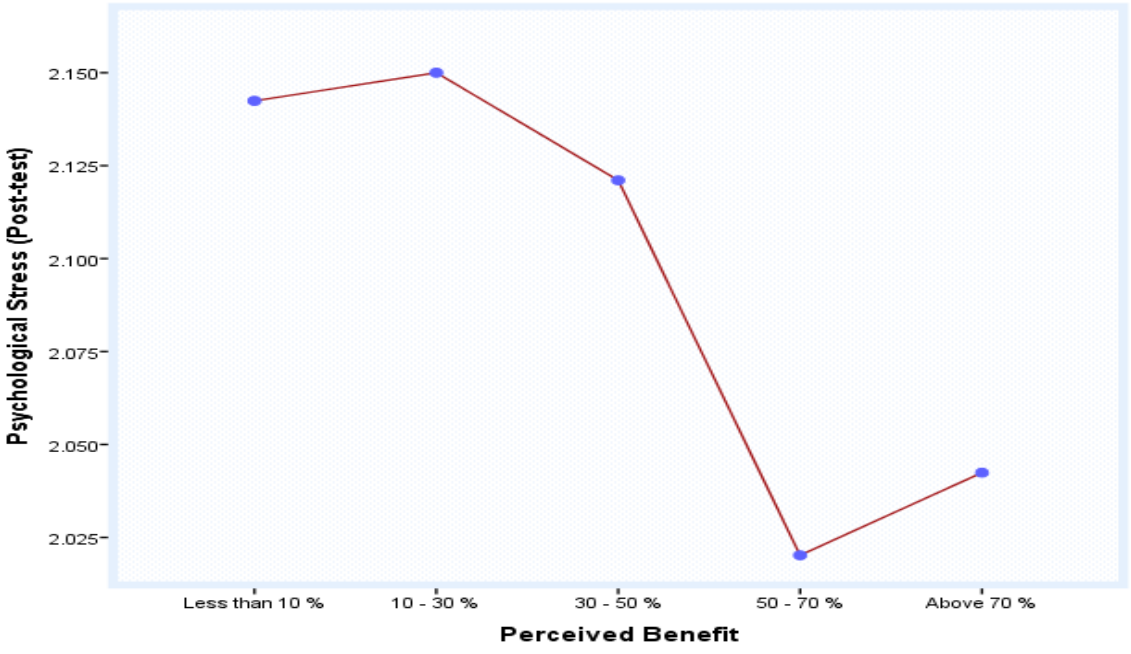

Figure (4.5) The difference in the psychological stress in response to the perceived benefits by parents

Chapter five
Discussion

Chapter five

Discussion

5.1. Descriptive statistics parents socio-demographic factors

The participants in this quasi-experimental study were the parents of children who were diagnosed with neurodevelopmental problems. There were 119 persons who took part in the study's pre-testing phase, and 113 of those same people participated in the study's post-testing phase after using emotion-based tactics to better manage their psychological stress.

The majority of people who took part in the study were female (63.9%), and the average age range for participants was 27 to 32 years old (31%). The vast majority of people who participated in the study remained in their previous family relationships (95.8%), with the exception of a relatively small number of people who had divorced (4.2%). The majority of contributors had a job that provided them with a monthly salary (46.2%), and the educational level of these contributors ranged from diploma to bachelor's degree (74.9%).

5.2. Descriptive statistics of the variables that is associated to children

In this section of the study, some information on the nature of the problems that are found in children is discussed. Additionally, the type of disease and the number of years since it was diagnosed are shown. 47.9% of the children were between the ages of 4 and 6 years old, making up the largest age group. The majority of parents have children diagnosed with autism spectrum disorder . Their duration of disease up until the start of the study ranged from three to five years (45.4%).

It is clear that the number of youngsters afflicted with autism spectrum disorders in various countries throughout the world is growing at an alarming rate. This is consistent with the findings of the following earlier research, such as the one published by Steinbrenner et al. in the year 2020, which stated that

autism is currently one of the most well-known and often discussed human illnesses. Because of its rising incidence, there is a greater need for efficient educational and therapeutic services. In addition, a significant information that was revealed on March 30, 2022 indicated that autism, which is also known as autism spectrum disorder, is a broad set of conditions related to the development of the brain. This is the same truth that was reported.

Autism affects around one child out of every 100. Autism is frequently not diagnosed until much later in life, despite the fact that its symptoms can be recognized as early as early childhood. People with autism have a wide range of abilities and requirements, all of which might change over time. Some persons with autism are able to live independently, while others have severe difficulties and need constant care and support for the rest of their lives (WHO,2022).

5.3. Levels of psychological stress among parents

The majority of parents, 72.3%, were found to be experiencing moderate levels of psychological stress, while the remaining 27.7% were found to be experiencing severe levels of psychological stress.

The findings suggested that parenting a child with a neurodevelopmental disorder increases the risk of psychological stress compared to other parents. It's possible that being a parent to a preschooler who has developmental impairments will put you under a great amount of stress.

Additionally, past research has shown that the degree of stress experienced by parents of preschool children who have developmental issues is significantly higher than that experienced by parents of preschool children who develop ordinarily (e.g. Baker *et al*. 1997, 2002, 2003; Tomanik *et al*. 2004; Spratt *et al.* 2007). The challenges that parents go through are made even more difficult when their child displays emotional, behavioral, or communicative difficulties (Baker *et al.* 2003; Beck *et al.* 2004). Parents of children who have autism spectrum disorders face a wide variety of challenges such as these

(ASD). The requirements of caring for a child who has autism spectrum disorder are exceptionally rigorous.

According to Dabrowska and Pisula (2010), the most significant sources of stress that parents of these children experience are: (1) the permanent nature of the condition; (2) the disapproval for the child's behavior that is displayed by society and family members; and (3) the lack of adequate professional support. Parents are left to fend for themselves when it comes to locating autism specialists who are able to make a diagnosis and institutions that can provide assistance that is tailored to meet the requirements of their child. Parents who are struggling to make ends meet due to their terrible circumstances receive little support from the state, leading many of them to create their own support organizations. The amount of stress that is endured by moms and fathers of autistic children is contingent upon a number of different circumstances. It was discovered that moms endure higher levels of stress than fathers do when it comes to their child's lack of self-sufficiency, behavioral issues, and physical growth. The ability of parents to adapt to the needs of a kid who has unique requirements may be considerably impacted by the stress that they feel. One of the most important factors in successful adaptation is how parents deal with stressful situations.

5.4 The relationship between sociodemographic variables and psychological stress of parents (pretest).

The findings of this study point to a significant relationship between factors related to parents' employment status and level of monthly income and their psychological stress (Table 4.4). The recent findings indicate that parents who are unemployed or not working and those with not enough income are at higher risk for psychological stress compared to parents who are able to provide

basic requirements to their children as a result of having secured job (employed) and their income is enough.

Also Previous research into the relationship between remote work and work-life stress provided some insights into potential issues for those who moved quickly to remote work, including the following: role stress and role overload from balancing work and family issues (Duxbury, *et al.*, 2018). Theories developed by Duxbury, Stevenson, & Higgins (2018) and by (Lim & Kim, 2014; Fan, Lam, & Moen, 2019), indicate that that women and men from lower social classes are frequently the most prone to stress because of the entrenched gendered expectations surrounding work and family life. This can lead to a proliferation of stress in both the workplace and the home (Fan, *et al.*, 2019). It shouldn't come as a surprise that the quantitative, emotional, and mental demands of one's job are consistent with sources of burnout that are related to one's line of work (Peeters, *et al.*, 2005).

5.5. The relationship between psychological stress and characteristics pertaining to children

The findings suggest that there is a significant inverse relationship between the duration of a child's illness and the level of psychological stress experienced by the child's parents; parents whose children have recently been diagnosed are at a greater risk for psychological stress than other parents (r = -193*, P =.036); see table (4.5). This could be due to the fact that when the disease is diagnosed at an early stage in their children, parents know very little about the disease and how it will progress in the future or how it will affect their lives. It is a form of anxiety and fear related with their uncertain future as well as the future of discontent about children. However, as the number of years that their child has been ill increases, the parents eventually adjust, become

accustomed to, accept, and learn to live with their children's condition. This results in a decrease in the amount of psychological stress that they are under.

This conclusion is consistent with the findings of the research conducted by Pinquart, M. (2018). They conducted a thorough search of electronic databases and found 547 relevant studies, which they then incorporated in a random-effects meta-analysis. The levels of general parenting stress, as well as the stress connected to the parent–child connection in particular, were shown to be slightly to moderately elevated in the parents of children who suffered from a chronic disease. They demonstrated moderate to significant increases in health-related parental stress. The most significant factors that were found to correspond with stressful parenting were behavioral issues in children . The current findings are helpful in identifying the types of parents that have the greatest need for therapies that try to reduce the stress of parenting.

5.6. Psychological stress of parents after implementation the emotion coping strategies

According to the statistics presented in Table 4.6, the current study found that the level of psychological stress experienced by parents after employing emotion-based strategies was changed significantly in a positive direction. Comparing to the pretest findings representing in (table 4.3), the levels of psychological stress among parents were changed from sever (27.7%) and moderate level (72.3%) before applying the coping strategies to moderate (72.6%) and mild level of psychological stress (27.4%). Furthermore, the findings of (table 4.8) indicate a statistically significant difference in the level of psychological stress experienced by parents before and after the implementation of emotional coping strategies (t = 26.480, P =.0001, MD =.81445, Effect Size = 0.487).It appears that these coping mechanisms are effective tools for parents to employ in circumstances in which they have limited influence over what is

taking on and are required to view the sources of their stress as opportunities rather than as potential dangers. For one thing, one change can lead to additional changes, which can result in the creation of a chain reaction of positive change, the opening of chances, and significant improvements in one's life.

These findings are consistent with those obtained from earlier research on parental coping mechanisms conducted in various parts of the world, such as (Twoy, *et al.,* 2007; Ben-Zur, 2009; Dabrowska & Pisula, 2010; Dardas& Ahmad, 2015; Rayan, and Ahmad, 2017; Ben-Zur, 2017; Vernhet, *et al*, 2019). Parents of children who have neurodevelopment disorders employ coping strategies to help them manage the stress brought on by the difficult circumstances that come with being a parent to a child with a neurodevelopment disorder. These findings provide evidence for the theory that emotion-focused coping, which is one of the primary strategies of coping, serves to regulate (tolerate, diminish, or get rid of) the physiological, emotional, cognitive, and behavioral responses that follow the experience of stressful encounters.

Lyons, *et al,* (2010) found that when they examined the impact of autism severity and parental coping strategies on stress in the parents of children with autism spectrum disorder (ASD). Their findings indicate that increasing individuals knowledge of the coping strategies that are more or less effective and under what conditions some coping strategies may be either beneficial or harmful for this population of parents has direct implications for treatment and parent education efforts.

5.7. Descriptive statistics of variables associated with coping methods

The findings of the current study make it abundantly clear that the most frequently utilized coping mechanisms by participants are meditation and the practice of thinking positively.

The practice of meditation was utilized by 22.1% of the participants, while the approach of positive thinking was utilized by 35.4% of the participants (table 4.7). same finding is the same as that found in the study carried out by Rastogi *et al.* (2018), who came to the conclusion that the effect of seeing a movie that promotes positive thinking also helps with stress management and raises the level of creative problem solving among students. Because of this, positive thinking suggests that in order for human beings to accomplish good things and pursue happiness, they must constantly have positive thoughts and prevent negative thoughts from entering their mind. This is due to the fact that positive thinking suggests that humans must think positively all the time. One way to accomplish this is to imagine oneself being successful, to recite positive affirmations over and over, to compliment oneself frequently in order to boost one's self-esteem, and to engage in activities that provoke happy thoughts, which can prevent one from thinking about things that cause stress (Andrade,2019).

In terms of the perceived benefits of coping mechanisms by parents, 33.6% of respondents indicated perceived benefits ranging between 30 and 50%, while 29.2% of respondents reported a felt benefit ranging between 50 and 70%. These findings are in contrast to those that were found in earlier research done on coping methods (Shermeyer, *et al.*, 2019). Where they tested whether four different types of daily coping (problem-focused engagement, problem-focused disengagement, emotion-focused engagement, and emotion-focused disengagement) were associated with three different aspects of daily functioning (negative mood, positive mood, and quality of life), and where they examined the day-to-day relations of the four different coping strategies with mood and quality of life, while controlling for perceived stress. The findings indicated that problem-focused engagement was associated with lower levels of negative mood, higher levels of positive mood, and improved quality of daily life. In

contrast, the other three types of coping were either negatively related to daily functioning or were unrelated to it altogether.

These findings provide support for the benefits of problem-focused engagement in coping with everyday stressors of life as a college student, and they have implications for psychotherapy. This disparity in findings between earlier and more recent research is attributable to differences among the participants in terms of the nature of the sources of stress. Whereas the stress of daily life is transitory in nature, long-term sources of stress, such as those encountered by parents who are caring for children who have neurodevelopmental disorders, are more pervasive in nature.

Chapter six
Conclusions and recommendations

Conclusions and recommendations:

This chapter summarizes and highlights the major concluded points in this study in systematic and clear way along with recommendations based on the discussion and results of the study.

6.1. The conclusions:

This current study has been carried out on parents of children with neurodevelopmental disorders to find out how much they benefit from managing their psychological stressors by using the common emotional-based coping techniques. The findings of the study indicate that emotion-based coping is an effective non-pharmacological therapy in managing stress of parents. This evidence is made clear by the positive change that was discovered in the comparison of the levels of the stress in parents before and after applying the emotional- focus coping. The levels of stress before applying the coping strategies were ranged between moderate level and sever level .Whereas, the levels of stress were positively changed as ranged from moderate level and low level after applying the coping techniques with an effect size about (.50). It is also concluded that trying more that a strategy is linked to the level of benefit that parents' experience.

6.2. The recommendations:

1- Emotion-focused coping techniques are recommended to be used for stress management in all envelopes that expose people to situations of chronic stress for which the cause cannot be addressed.

2- recommend teaching the content of strategies (emotion-focused coping) to all medical workers for the purpose of making personal use of them because they are exposed to some stress as well as through which they can teach them to clients who are exposed to stress associated with their organic, psychological and other illnesses.

3- recommend that everyone who wants to make great use of the content of strategies apply more than one strategy where it gives them better speed and greater ability to managing psychological stress.

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Appendices

Appendices

Appendix A

Approval letter of research ethics committee

University of Babylon
College of Nursing
Research Ethics Committee
Issue No: 27
Date: 23 / 2 /2021

جـامـعة بـابـل
كـلية التمريـض
لجنة اخلاقيات البحث العلمي

Approval Letter

Hani Mueen Razaq

The Research Ethics committee at the "**University of Babylon, College of Nursing**" has reviewed and discussed your application to conduct the research study entitled "**Emotional- Focused Coping: Strategies for Managing Psychological Stress among Parents of Children with Neurodevelopmental Disorders.**"

The Following documents have been reviewed and approved:

1. Research protocol
2. Research instrument/s
3. Participant informed consent

Committee Decision.

The committee approves the study to be conducted in the presented form. The Research Ethics committee expects to be informed about any changes occurring during the study, any revision in the protocol and participant informed consent.

Prof. Dr. Salma K. Jehad
Chair Committee
College of Nursing
Research Ethical Committee
23 / 2 /2021

Appendix B

Consent of data collection

Ministry of Higher Education and Scientific Research
وزارة التعليم العالي والبحث العلمي
University of Babylon
College of Nursing
جامعة بابل
كلية التمريض
لجنة الدراسات العليا

العدد : ٢١٢٤
التاريخ : ٦ / ٧ / ٢٠٢١
Ref. No. :
Date: / /

الى / العتبة الحسينية المقدسة

م/ تسهيل مهمة

تحية طيبة :

يطيب لنا حسن التواصل معكم ويرجى تفضلكم بتسهيل مهمة طالب الدكتوراه (هاني معين رزاق محمد علي) لغرض جمع عينة دراسة الدكتوراه والخاصة بالبحث الموسوم :

التكيف المرتكز على العواطف : استراتيجيات لمعالجة التوتر النفسي لدى والدي الأطفال المصابين باضطرابات النمو العصبي

Emotion – Focused Coping : Strategies for Managing Psychological Stress among Parents of Children with Neurodevelopment Disorders

مع الاحترام ...

المرافقات //
- بروتوكول .
- استبانة .

أ.م.د. حسام عباس داود
معاون العميد للشؤون العلمية والدراسات العليا
٦ / ٧ / ٢٠٢١

صورة عنه الى //
- مكتب السيد العميد للتفضل بالاطلاع مع الاحترام .
- لجنة الدراسات العليا
- الصادرة .

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المكتب 009647711632208
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Appendix C

Ethical consent for participants

رقم الاستمارة:
التاريخ

كلية التمريض – جامعة بابل
لجنة أخلاقيات البحوث العلمية

وزارة التعليم العالي والبحث العلمي
جامعة بابل - كلية التمريض

نموذج موافقة الاشخاص للمشاركة بالبحوث العلمية

اخي الكريم / اختي الكريمة

بين يديك استبانة لدراسة

التكيف المرتكز على العواطف: استراتيجيات لمعالجة التوتر النفسي لدى اباء الأطفال المصابين باضطرابات النمو العصبي

Emotional-focused coping: strategies for managing psychological stress among parents' of children with neurodevelopmental disorders

يروم الباحث الى دراسة اثر استراتيجيات التكيف المرتكز على العواطف لمعالجة التوتر النفسي , وبما أن مشاركتكم في هذه الدراسة ذات قيمة كبيرة، فالرجاء اختيار الإجابة التي تحدد ما تشعر به بالفعل، علما أنه لا توجد إجابة صحيحة وأخرى خاطئة، وانما اجاباتكم تعد صحيحة - فقط - طالما تعبر عن حقيقة شعورك تجاه المعنى الذي تحمله العبارة.

لاتضع أكثر من علامة أمام عبارة واحدة مع التأكد من عدم ترك أي عبارة بدون إجابة، علما ان الاستبانة بدون اسم وسوف تحضَ أجابتك بخصوصية وسرية مطلقة وتستعمل الإستبانة لغرض البحث العلمي فقط

. يرجى التحقق من أنك أجبت على كافة الأسئلة .

مع خالص الشكر والامتنان لتعاونكم معنا خدمة لأهداف الدراسة

الباحث / طالب الدكتوراه

هاني معين رزاق

Appendix D

استمارة استبيان

اخي الكريم /اختي الكريمة :تحية طيبة

يروم الباحث قياس مستوى فعالية استراتيجيات التكيف المرتكز على العواطف لمعالجة التوتر النفسي عند اباء وامهات الاطفال المصابين باضطرابات النمو العصبية، لذى يرجى منكم قراءة المعلومات الموجودة في هذه الاستمارة بعناية و الإجابة عليها جميعا، :كمانحيطكم علما ان مشاركتكم طوعية وان المعلومات الواردة فيها سوف تستخدم لأغراض البحث العلمي فقط ويتم المحافظة عليها بسرية كاملة .

الجزء الاول -:المعلومات الديموغرافية

1. الجنس :ذكر ☐ انثى ☐

الحالة الاجتماعية :متزوج/متزوجة ☐ منفصل/منفصلة ☐

2. العمر : ☐

3. التحصيل الدراسي :لايجيد القراءة والكتابة ☐ ابتدائية ☐ متوسطة ☐

اعدادية ☐ دبلوم او بكالوريوس ☐ دراسات عليا ☐

4. المهنة :موظف/موظفة ☐ كاسب ☐ لايعمل /لاتعمل ☐

5. دخل الاسرة :لايكفي ☐ يكفي الى حد ما ☐ يكفي ☐

6. عمر الطفل المصاب ☐

7. نوع التشخيص : ☐

8. مدة المرض : ☐

الجزء الثاني -:مقياس التوتر النفسي

يرجى قراءة الفقرات التالية واختيار اجابة واحدة فقط تجدها مناسبة لديك .وعدم ترك اي فقرة بدون اجابة

ت	الفقرات	نادرا	احيانا	غالبا	دائما
1	تشعر بالارتياح				
2	تشعر أن الكثير من المتطلّبات مُلقاة على عاتقك				
3	تشعر بانك مستاء وضيق الخلق				
4	تشعر بانه لديك الكثير من الاشياء للقيام بها				
5	تشعر بالوحدة و العزلة				
6	تجد نفسك في حالات صراع				
7	تشعر أنك تؤدي الأعمال او الاشياء التي تحبُّها فعلاً				
8	تشعر بالتعب				
9	تخاف ألا تتمكن من تحقيق أهدافك				
10	تشعر بالهدوء				
11	لديك الكثير من القرارات التي يجب تنفيذها				
12	تشعر بالإحباط				
13	تشعر بانك مُفعمٌ بالطاقة				
14	تشعر بالتوتر				
15	يبدو لك ان المشاكل قد تراكمت عليك				
16	تشعر أنك مندفع				
17	تشعر بالأمان				
18	لديكمخاوف كثيرة				
19	تتعرَّض لضغوط من الأخرين				
20	تشعران عزيمتك مثبطة				
21	تستمتع بوقتك				
22	تخاف من المستقبل				
23	تقوم بالأشياء لأنه يجب عليك القيام بها، وليس لأنك تريدها				
24	تشعر بانك تتعرض للانتقاد				
25	تشعر بالمرح				
26	تشعر أنك مُتعب نفسيا				
27	تعاني من مشاكل في الاسترخاء				
28	تشعر بان مسؤولياتك زادت				
29	تشعر ان وقتك ملك لك				
30	تشعر بالضغط بسبب التقيد بمواعيد محددة				

Appendices

Appendix E

Panel of Experts

ت	اسم الخبير	اللقب العلمي	سنوات الخدمة	مكان العمل	الشهادة	الاختصاص
1	ا.د .عبد المهدي عبد الرضا حسن	استاذ	42	جامعة بابل كلية التمريض	دكتوراه	تمريض الصحة النفسية
2	ا.د .سجاءهاشم محمد	أستاذ	40	استاذ متمرس - جامعة بابل كلية التمريض	دكتوراه	تمريض صحة نفسية
3	ا.د .علي كريم الجبوري	أستاذ	31	جامعة كربلاء كلية التمريض	دكتوراه	تمريض صحة نفسية
4	ا.م.د. كريم رشك ساجت	استاذ	30	جامعة بغداد كلية التمريض	دكتوراه	تمريض الصحة النفسية
5	ا.د .عرفات حسين الدجيلي	استاذ	15	جامعة الكوفة كلية الطب	دكتوراه	الطب النفسي
6	ا.م.د .معن حميد ابراهيم	استاذ مساعد	41	جامعة بغداد كلية التمريض	دكتوراه	تمريض الصحة النفسية
7	ا.م.د. كوثر سلمان داود	استاذ مساعد	18	المعهد التقني الطبي بغداد	دكتوراه	تمريض الصحة النفسية
8	ا.م.د .صافي داخل نوام	استاذ مساعد	16	جامعة كربلاء كلية التمريض	دكتوراه	تمريض الصحة النفسية
9	ا.م.د .قحطان قاسم محمد	استاذ مساعد	15	جامعة بغداد كلية التمريض	دكتوراه	تمريض الصحة النفسية
10	ا .م .د حسام مطشر	استاذ مساعد	15	جامعة الكوفة كلية التمريض	دكتوراه	تمريض الصحة النفسية
11	ا.م.د. حسن علي حسين	استاذ مساعد	13	جامعة بغداد كلية التمريض	دكتوراه	تمريض الصحة النفسية
12	م.د علي احمد الحطاب	مدرس	10	جامعة بابل كلية التمريض	دكتوراه	تمريض الصحة النفسية

Appendix F

محتوى استراتيجيات التكيف العاطفي المرتكز على العواطف

اخوتي الاباء اخواتي الامهات السلام عليكم ورحمة الله وبركاتة

واهلا وسهلا بيكم معنا في برنامج استراتيجيات التكيف العاطفي مع الضغوطات النفسية

في بادئ الامر اعرفكم على نفسي ..

معكم المتحدث (هاني معين رزاق) طالب دكتوراه في تمريض الصحة النفسية والعقلية في كلية التمريض جامعة بابل

أود ان اوضح اهم الفقرات والمواضيع التي سوف نتطرق اليها خلال هذا الفيديو مع توضيح مجمل عن الفائدة والايجابيات المتوقع حصولكم عليها من خلال التنفيذ الصحيح لاستراتيجيات التكيف التي سوف نذكرها في هذا الفيديو، لذا ارجو منكم مشاهدة الفيديو الى نهايته للحصول على الفائدة المرجوة من هذا البرنامج.

فأهلا وسهلا بكم.

المقدمة:

عندما يتعرض الإنسان لأي عامل من عوامل الاجهادالنفسي فان الجهاز العصبي يستجيب جسديا ونفسيا وعاطفيا بنفس الدرجة بغض النظر عن نوع الاجهاد النفسي الذي يتعرض له، لذلك تعرف الضغوطات النفسية بانها أكثر الاضطرابات النفسية شيوعًا بسبب تعرض الاشخاص الى الكثير من تحديات الحياة وقلة مهاراتهم التكيفية)أي قابليات الفرد على التكيف(، حيث أن الضغوطات النفسية تمس جميع شرائح المجتمع بلا استثناء، وان اباء وامهات الاطفال من ذوي الاحتياجات الخاصة هم اكثر عرضة من غيرهم للضغوطات النفسية بسبب طبيعة مرض اطفالهم وهذا في الغالب يؤثر سلبا على حياتهم الشخصية والعائلية وكذلك قدرتهم على رعاية اطفالهم بصورة صحيحة ..لذلك هم اكثر حاجة الى تعلم ستراتيجيات تكيف تكون غير مكلفة وسهلة التطبيق وتساعدهم في تقليل تاثيرات الضغوط النفسية على صحتهم وحياتهم الشخصية .

وفي هذا الفيديو القصير سوف نتطرق الى اهم استيراتيجيات التكيف التي يمكنم تطبيقها في منازلكم والاستفادة منها ...يمكن لكم تطبيق اكثر من وسيلية ولكن ليس بالضرورة تطبيق كل الإستراتيجيات المذكورة .

تقنيات مواجهة الضغوطات النفسية

هناك طريقتان للتخلص من الضغوط النفسية او لتقليل تاثيرها على حياتكم وصحتكم والتي يمكن للاباء والامهات استخدامها وكالتالي :

اولا:الطريقةالتي ترتكز على حل المشكلات المسببة للضغط النفسي

والطريقة الثانية هي استخدام وسائل التكيف مع الضغوط

بالتاكيد هنالك الكثير منكم يفكر الان بشكل اساسي في اتباع طريقة حل المشكلات باعتبارها طريقة مناسبة للتخلص من مصدر الضغوطات النفسية ولكن لطبيعة مرض اطفالكم الذي يعد من الامراض المزمنة اصبحتم بحاجة الى اتباع الطريقة الثانية وهي طريقة التكيف مع الضغوط اومايسمى باستيراتيجيات المرتكزة على العواطف للتخلص او لتقليل تاثيرات الانفعالات النفسية .

وهنا سوف نتعلم اربعة من هذه الستراتيجيات بالتمرينات التالية :

اولا :التامل او الاسترخاء الذهني: التامل هي طريقة بسيطة وسريعةلازالة الضغط النفسي الذي تعاني منه طوال اليوم، وجلب السلام الداخلي.

والان تعرف على كيفية ممارسة التأمل بسهولة عندما تكون في أشد الحاجة إليها

اولا... اختيار المكان قبل البدء ... تجنب بعض العوامل التي يمكن ان تشتت انتباهك مثلا أغلق التلفاز وهاتفك الذكي وغيره من الأجهزة، ولكن يمكن الاستماع الى القران الكريم او تشغيل بعض الموسيقى الهادئة او أصوات الطبيعة، كهدير الماء أو حفيف الأشجار اثناء ممارسة التأمل.

لا يُشترط أن يُخيم على المكان صمتًا تامًا، لذا لن تحتاج سدادات الأذن .أصوات حركة السيارات في الشارع أو نباح الكلب وما شابه لن تكون سببًا في قطع تركيزك أثناء جلسات التأمل، بل في المقابل ربما تكون بحاجة إلى الانتباه لتلك الضوضاء الطبيعية من حولك؛ أدركها بعقلك ولكن لا تسمح لها بالسيطرة على أفكارك، فذلك بحد ذاته جزء من تمرين التأمل؛ أي أنها عامل مساعد وليس العكس.

لا مانع من التأمل خارج المنزل في الحدائق العامة اذا توفرت طالما لاتوجد ضوضاء تشتت انتباهك.

بعض النصائح الاخرى المهمه قبل التامل

- ارتداء ملابس واسعة مريحة وليست ضيقة
- تحديد وقت لجلسة التامل باستخدام المنبة لمدة عشر دقائق او اقل ثم زيادة الوقت تدريجيا
- الجلوس بوضعية مريحة على الارض او الكرسي او السرير وغيرها
- الحرص على استقامة العمود الفقري اثناء الجلوس اوالاستلقاء لضمان الراحة والاسترخاء اثناء التامل
- اغماض العينين ان كان يساعدك ذلك على التركيز والاسترخاء
- الوقت المبكر من الصباح هو أفضل وقت للتأمل بما أن ذهنك يكون فارغًا ولم يُستهلك بعد بالضغوط والصعوبات التي ستمر عليك على مدار اليوم.
- لا ينصح بممارسة التأمل مباشرة بعد تناول الطعام، لأنك في وقت هضم الطعام، لن تشعر بالراحة اللازمة للاستغراق في التأمل وستكون قدرتك أقل على التركيز

خطوات التامل

راقب طريق تنفسك وتنفس من الانف

حدد مكانً الصدر وركز عليه كل انتباهك الذهني .

أدرك ما يحدث في جسدك أثناء ارتفاع وانخفاض صدرك مع كل شهيق وزفير .في المقابل، لا تبذل مجهودًا ذهنيًا في سبيل تغيير نمط تنفسك العادي بل تنفس كما تتنفس عادةً.

ركز كل ذهنك على التنفس ولا شيء غيره، لكن تفكّر في الأمر بعقلك؛ أي لا تصدر حكمًا على كيفية تنفسك (مثل" :هذا الشهيق كان أقصر من السابق"..) بل حاول التعرف على كيفية تنفسك وزيادة الوعي به

بامكانك اختيار كلمة تشعرك بالراحة وترديدها داخل عقلك اثناء التامل لغرض اسكات الافكار والمشتتات الاخرى مثل كلمة (استرخاء ,هدوء ,صمت ,سلام ,او اي كلمة تشعرك بالراحة).

الطريقة الثانية هي تمرين الاسترخاء الجسدي

يُقصد بالاسترخاء الجسدي هو عملية التركيز على كل عضو من أعضاء الجسد بعد الآخر في محاولة واعية لتحرير ما بهم من ضغوط وتوتر مكبوت ويساعدك هذا على زيادة التركيز وتعديل مزاجك وكذلك يساعدك على النوم المريح والتخلص من التوتر العضلي والالام التي تصاحبه.

للبدء بهذا التمرين، اجلس أو استلقِ في وضعية جسدية مريحة .أغلق عينيك وابدأ في التركيز على أنفاسك، ثم واصل نقل تركيزك على أعضاء جسدك واحدًا بعد آخر مع ملاحظة الإحساس الذي تشعر به عند التركيز على مناطق جسدك

يُقترح بالبدء من أدنى الجسد الى الاعلى .ركز مثلًا في البداية على ما تشعر به في أصابع قدمك محاولًا ارخاء عضلات القدم وتحرير ما بأصابع قدمك من ضغط وتوتر .عندما تشعر بالارتياح التام في أصابع قدمك، يمكنك الانتقال لقدمك نفسها وإعادة نفس خطوات الاسترخاء العضلي.

تابع نفس الخطوات مع كل مكان في جسدك صعوداً من قدمك وصولًا في النهاية إلى رأسك .استغرق ما يلزمك من وقت في عملية إرخاء عضلات كل مناطق جسدك.

انتقل للتركيز على جسدك كله بعد الانتهاء من إراحة كل عضو من أعضاء جسدك .استمتع بشعور الهدوء والاسترخاء التام الذي تحقق بالفعل عبر جسدك كله بعدما نجحت في التحرر من الضغوط في كل جزء صغير من جسدك واحدًا بعد آخر .ركز الآن على تنفسك لفترة من الوقت .تنفس بعمق وبهدوء، قبل إنهاء تمرين التأمل تمامًا.

بالممارسة المنتظمة لهذا التمرين، قد تقدر في النهاية على امتلاك وعي أعمق بالأحاسيس المختلفة في جسدك، ومن ثم تقدر على التعامل مع تلك الأحاسيس والمشاعر بكفاءة أعلى.

الطريقة الثالثة التي يمكنكم اتباعها هي تقنية كتابة اليوميات

ان هذه التقنية تمكن الشخص من طرح افكار وحلول تساعد على توفير مشاعر ايجابية مستقرة تساعد على تخفيف التوتر بشكل ملحوظ جدا .

استخدم مُفكرةً ورقية أو دفتراً فارغًا أو برنامجًا للكتابة على الكمبيوتر الخاص بك أو تطبيق مذكرة على هاتفك الذكي .

من الممكن أن تأخذ دفتر يومياتك معك لأي مكان تذهب إليه بحيث تتمكن من كتابة أي فكرة قد تأتيك على حين غفلة .حدد لنفسك وقتًا في كل يوم تستطيع فيه أن تجلس وتصفي ذهنك .على أي حال، من الممكن أن

تجعلها عادةً مستمرة، فكلما كانت كتابة اليوميات جزءًا من روتينك اليومي، كنت أكثر حرصًا في المواظبة على الكتابة.

تذكر ان ضع التاريخ على اليوميات التي تقوم بكتابتها .ربما يبدو ذلك شيئًا ثانويًا، لكنها قاعدة مهمة جدًا حينما يتعلق الأمر بالاستمرار في كتابة المذكرات اليومية .سوف تندهش حينما تعرف كم هو مفيد أن تضع التاريخ مع كل مرة تكتب فيها، وسوف تتذكر ذلك عندما ترجع لقراءة ما كتبته بعد شهور أو سنوات

المهم هو ان تبدأ في الكتابة .بمجرد أن تبدأ في تكوين دفتر يومياتك، قمّ بتدوين خواطرك كما حدثت معك بالتمام .إذا كنت في حيرة من أمرك وتعثرت في الكتابة، ابدأ في الكتابة عما فعلته على مدار اليوم أو أي حدث مهم حدث لك في الآونة الأخيرة .قد تقودك مثل هذه المواضيع لمواضيع مهمة أخرى مما يُسهل عليك الكتابة.

حاول أن تنظر لدفتر يومياتك على أنه مجرد "أفكار على الورق ."ربما لن تحتاج لأن تكتب خواطرك بشكل كتابي مُتقن أو بقواعد نحوية وعلامات ترقيم سليمة، بل بالعكس حاول أن تعتبر دفترك اليومي كأنه مساحة تكتب فيها مشاعرك وخواطرك بشكل مجرد وبسيط فقط لا غير.

لا تشعر بالإحراج من الناس .طالما أنك لا تخطط لمشاركة هذا الدفتر مع الناس فهو دفترك الخاص، ولا تقلق من رأي الناس حول أي شيء تكتبه .عبّر عما بداخلك بحرية؛ يعتبر التعبير بحرية عما بداخلك جزءًا حيويًا مهمًا يساعدك على الاستمتاع بكتابتك وأن يكون لدفتر يومياتك قيمة ومعنى خاص بالنسبة لك.

من الممكن أن تتوقف عن الكتابة بمجرد أن تشعر بأنك لاترغب بالكتابة او استنفدت كل أفكارك أو بعد أن تصل لعدد صفحات مُعين .تذكر أنه لابد أن يتبقى لديك طاقة كافية للمرات القادمة بحيث تتمكن من مواظبة الكتابة مرة أخرى في دفتر يومياتك

ولا تنسى اعادة قراءة ما كتبته)عندما تتاح لك الفرصة لذلك .(لأنها تساعدك في اكتساب رؤية لما تم كتابته وبالتالي دفعك للأمام والمُضي قدمًا في كتابة يومياتك.

الطريقة الرابعة هي تقنية التفكير الايجابي او اعادة صياغة الافكار

تسمح لك هذه التقنية بتغيير طريقة رؤيتك للمشكلة وبالتالي تقلل من تاثير الاحداث السلبية على حياتك..

في حياتنا اليومية فان كثير من الامور قد لا تسير على النحو الذي نتمناه في بعض الأحيان ولكن للاسف الكثير من الأفراد يقضون وقتهم بالشعور بالأسف على الأحداث التي مرت عليهم بالفعل، أو القلق مما يمكن أن يحدث مستقبلا، بذلك يفقدون متعة الاستمتاع بالحاضر .

تقبل بانك لا تستطيع تغيير الماضي، ولكنك لديك الكثير من القدرة على التحكم فيما يحدث في الحاضر، وهو ما سوف يؤثر على المستقبل ايجابا يمكن ان يساعدك على تقليل او التخلص من التوتر النفسي.

تقبل التغيير. يمكن ان يمنع عنك الوقوع في فخ الأفكار السلبية التي تحاول إقناعك أن الحياة تحاول النيل منك، بينما أنها في الحقيقة ليست كذلك .تقبل أن التغيير هو جزء طبيعي وعادي من الحياة وانك يمكن ان تتغير طبقا لحياتك وحياة اسرتك.

تفهم حقيقة أن بعض الأفكار تكون صحيحة، بينما أن البعض الآخر لا يكون كذلك .لا تؤمن بأن كل الأفكار لديك هي حقيقة واقعة والتي يمكنك أن تتجاهلها وتنكرها إذا أردت .

وبالتالي تدريجيا يصبح من الأسهل تغير الأفكار السلبية إلى أفكار إيجابية

تجنب استخدام اللغة السلبية .توقف عن استخدام الكلمات المحبطة بداخل عقلك، مثل :لن أفعل /لا أستطيع . السماح للأفكار السلبية في النمو بداخل عقلك يجعلها أكثر قدرة في التأثير على طريقة تفاعلك مع المواقف المختلفة، ما قد ينتج عنه نتائج سلبية وضارة .ابذل مجهودًا واعيًا من أجل أن تستبدل هذه الكلمات بكلمات اكثر ايجابية مثلا أستطيع، وأنا أقدر.

تقبل حقيقة أن الجميع معرضين أحيانًا للفشل، لكن انظر لذلك على أنه فرصة رائعة للتعلم من تجاربك بحيث تقدر على القيام بما هو أفضل في المرة القادمة.ركز على مراقبة ما يدور في عقلك ومتى تظهر لديك الأفكار السلبية .ما هي الفكرة التي قادت لهذه المشاعر؟ "على سبيل المثال إذا كنت تشعر بالاكتئاب، فاسأل نفسك" :هل هذا بسبب أنني كنت أفكر أنني لست جيدًا كفاية؟"

إذا كنت تفكر، "أنا لست جيدًا"، فتذكر الأفكار البديلة التي حددتها من قبل وأعدها على نفسك مرارًا وتكرارًا، "أنا جيد، وجدير بالتخلص من هذه الافكار".

.إذا واصلت التمرن، في النهاية هذه الأفكار الجديدة الأكثر توازنًا سوف تصبح طبيعة ثانية..وبالتالي سوف تصبح أكثر مهارة بمرور الوقت

الخلاصة

المقدمة:العناية بالأطفال المصابين باضطراب النمو العصبي تعد عاملا مهم من عوامل الإجهاد التي تؤثر سلبا على حياة الوالدين وعائلاتهم، حيث يعد هذا النوع من مصادر الاجهاد من المصادر التي لا يمكن تجنبها او حلها، لذلك استدعت الحاجة إلى استخدام استراتيجيات جديدة للسيطرة على المشاعر المرتبطة بالتوتر وتقليل مخاطر الاجهاد.

هدف الدراسة:تهدف هذه الدراسة إلى قياس فعالية استراتيجيات التكيف التي تركز على العاطفة في إدارة التوتر لدى آباء الأطفال المصابين باضطراب النمو العصبي.

منهجية البحث: تم اجراء دراسة شبه تجريبية لمجموعة واحدة من الإباء والامهات لقياس فعالية استراتيجيات التكيف التي تركز على العاطفة في إدارة الضغط النفسي لديهم، حيث تم جمع المشاركين من الإباء والامهات بطريقة عشوائية بسيطة، حيث شارك في الاستبيان قبل تطبيق استراتيجيات التكيف 119 من الآباء والامهات، في حين ستة منهم لم يشاركوا في مليء الاستبيان بعد تطبيق إستراتيجيات التكيف لذلك كان عدد المشاركين في الاختبار البعدي هو 113 من المشاركين. للفترة من شباط 2021الى ايار 2023.

النتائج:اظهرت نتائج الدراسة أن مستوى الاجهاد النفسي عند المشاركين من الإباء والامهات يتراوح بين المتوسط والشديد قبل تطبيق إستراتيجيات التكيف، حيث كان (72.3٪) منهم يعانون من مستوى متوسط و (27.7٪) يعانون من مستوى شديد من الإجهاد النفسي.

بعد تطبيق استراتيجيات التكييف، تغيرت النتائج الخاصة بمستوى الاجهاد عند الوالدين بشكل ايجابي كبير وأن مستويات الإجهاد تراوحت بين المستوى المتوسط (72.6٪) والمستوى البسيط من الإجهاد (27.4٪) وباستخدام تحليل مستوى التأثير (كوهن د)، أوضحت النتائج ان نسبة تأثير إستراتيجيات التكيف في تقليل مستوى الاجهاد النفسي لدى الوالدين كانت بنسبة عالية حوالي (0.50٪).

الاستنتاجات:التكيف المرتكز على العاطفة فعال في إدارة الاستجابات العاطفية للأفراد الذين يعانون من ضغوط غير مسيطر عليها، مع الأخذ في الاعتبار حقيقة أن هذه الاستراتيجيات اقتصادية وآمنة وفعالة وبسيطة وقابلة للتطبيق. تطبيق اكثر من نوع من إستراتيجيات التكيف التي تم قياسها اثبت فعالية اكبر مقارنة باستخدام نوع واحد.

التوصيات:زيادة الوعي حول استخدام تقنيات التكيف التي تركز على العاطفة لإدارة الإجهاد في جميع الظروف التي تعرض الناس لحالات الإجهاد المزمن التي تكون اسبابها لا يمكن السيطرة عليها.

وزارة التعليم العالي والبحث العلمي

جامعة بابل

كلية التمريض

ألتكيف المرتكز على العواطف: استراتيجيات لمعالجة التوتر النفسي لدى والدي الأطفال المصابين باضطرابات النمو العصبي

أطروحة مقدمة

من قبل

هاني معين رزاق زوين

الى

كلية التمريض / جامعة بابل

كجزء من متطلبات نيل درجة الدكتوراة فلسفة في التمريض

باشراف

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ايار- 2023 ميلادي

شوال-1444 هجري