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Concern For Parents with Children with Autism

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Abstract
Research has found thet the psychological health of parents having children with Autism is in hazardous condition.Their stress , anxiety,and depression level is much higher than other parents.

Introduction
According to Jorrold & Happe (2003), autism spectrum disorder (ASD) is a developmental disability that is characterised by impairments in language, cognitive, and social behaviour. ASD is a multifaceted developmental disorder characterised by ongoing difficulties with speech, nonverbal communication, social interaction, and restricted/repetitive behaviours. Everybody has various impacts from ASD, and varying degrees of symptoms are experienced. Early infancy can see some children exhibit symptoms of autism spectrum condition, such as decreased eye contact, a lack of reaction to their name, or apathy towards carers. For some children, the first few months or years of their lives may be spent developing normally, but after that, they may abruptly lose linguistic abilities they have already learnt or become reclusive or hostile. Most signs appear by the time a child is two years old. The Diagnostic and Statistical Manual of Mental Disorder (DSM-5), a manual developed by the American Psychiatric Association and used to diagnose mental disorders, states that the following characteristics are present in persons with ASD:

- Difficulty interacting and communicating with others.
- Repetitive behaviours and limited interests.
- Symptoms that impair the person's capacity to carry out daily tasks like going to work or school.

Autism is a chronic disorder that alters how people communicate and connect with others. Autism impacts individuals in various ways. However, most autistic persons see, hear, and feel the world differently than those without autism. Autistic people may receive a diagnosis of autism spectrum disorder or Asperger syndrome. Autism is defined by difficulties in three areas: reciprocal social interaction, communication, and repetitive and stereotyped patterns of interest and behaviour (Grey and Tonge, 2001). These are collectively known as the "Triad of Impairments" (Autism Association NSW). Repetitive and ritualistic behaviours, hand flapping, spinning or running in circles, excessive phobias, self-injury, temper tantrums, and sleep and food disorders are all possible characteristics (Gillberg and Wing, 1999; Australian Brain Foundation).
Autism is the most common of these illnesses, affecting 10-20 out of every 1000 people (Autism Society of America; Australian Brain Foundation). It is believed that one in every 100 people in the UK is autistic. Boys and men are more likely to be diagnosed with autism than girls and women.
Whereas depression is a frequent and dangerous medical condition that has an adverse effect on feelings, thoughts, and behaviour. Thankfully, there is treatment for it. Sadness and/or a loss of interest in once-

enjoyed activities are symptoms of depression. It can impair a person's capacity to perform both at home and at work, and it can cause a range of mental and physical issues. The following are some examples of mild to severe symptoms of depression:

- Experiencing sadness or a low state of mind. Depression doesn't have a single cause. It has numerous triggers and can happen for a number of reasons. A distressing or stressful life event, such as a divorce, sickness, job loss, layoff, or financial concerns, may be the reason for some people. Depression is frequently brought on by a combination of factors.
- A decline in interest or enjoyment in formerly cherished activities. Individuals with anhedonia are less able to sense pleasure and have lost interest in things they used to appreciate.
- A shift in appetite that results in weight gain or reduction unrelated to dieting. Depression is characterised by a depressing feeling that lasts for two weeks or more and starts to interfere with day-to-day functioning.
- Difficulty falling asleep or excessive sleep. It may be difficult for depressed people to go asleep and stay asleep through the night. They may also sleep too much or be very sleepy during the day.
- Diminished energy or heightened exhaustion. Even after getting a good night's sleep, depression and chronic fatigue syndrome are two illnesses that can cause significant exhaustion. It is feasible to have both circumstances at once. Additionally, it is simple to confuse exhaustion with depression and vice versa.
- A rise in pointless physical exercise. For a number of reasons, exercise is an effective depressive treatment.
- Experiencing guilt or worthlessness. A feeling of helplessness and insignificance is frequently associated with worthlessness. These emotions are frequently a sign of depression, but they can also be brought on by trauma, low self-esteem, abuse, neglect, or challenging circumstances that threaten an individual's sense of self.
- Deviance in focus, thought, or decision-making. Making decisions is harder for those who are depressed (Klerman 1980; Nezu and Perri 1989). One sign of depression that is prevalent enough in people to be included in the criteria for the illness is indecisiveness (APA 2000). People who are depressed may also make less-than-ideal decisions. Research has indicated that individuals with depression make distinct decisions compared to those without depression (Chambers et al., 1996; Kulin et al., 1998; Suri et al., 2004).
- Death and suicide-related thoughts. The second most common cause of death for young people is suicide. Suicide is frequently caused by mental disease, most typically depression.

The lifetime risk of suicide in depression varies significantly by gender as well. Just 1% of women with a lifetime history of depression will commit suicide, compared to roughly 7% of males with a similar history. Examining the lives of those who have committed suicide and determining what percentage of them experienced depression is another method to think about the relationship between depression and suicide risk. According to estimates, over 60% of suicide victims suffer from a mental condition (such as significant depression, bipolar disorder, or dysthymia). In addition to depression, substance abuse disorders are common among younger people who commit suicide. In order to diagnose depression, symptoms must persist for a minimum of two weeks. Depression is a type of mood disorder that results in a persistent sense of unease and disinterest. When someone has clinical depression, it can have an impact on their thoughts, feelings, and behaviour as well as be linked to a number of different emotional and physical issues. People who are depressed may find it difficult to carry out their regular daily tasks and

may even believe that life is not worth living (Pango, 2004).

Anxiety is the body's natural reaction to stress. It's a sensation of dread and uncertainty about the future. The majority of people may experience anxiety and panic on their first day of school, during a job interview, or when making a speech. Depending on the individual experiencing it, anxiety can feel differently. Feelings can vary from heart palpitations to butterflies in the stomach. You may experience feelings of being uncontrollable or a disconnection between your body and thoughts. Symptoms of general anxiety include:

- Increased heart rate
- Rapid breathing
- Restlessness
- Trouble concentrating
- Difficulty falling asleep

Additionally, anxiety makes it difficult to talk or sleep. Many disorders may be brought on by excessive anxiety (Orhani, 2003).

The body naturally reacts to changes by producing stress. It is capable of reacting emotionally, cognitively, or physically to these changes. An inevitable aspect of life is stress. Stress can originate from our ideas, bodies, and surroundings. Long-term stress can weaken the body's defences, which can result in a range of physical symptoms, such as the following:

- Dizziness or a general feeling or “being out of it”.
- General aches and pains.
- Grinding teeth, clenched jaw.
- Headaches
- Indigestion or symptoms of acid reflux
- Increased in or loss of appetite.
- Muscle tension in neck, face, or shoulders.
- Problems with sleeping.
- Racing heart.
- Cold and sweaty palms.
- Tiredness, exhaustion.
- Trembling/shaking.
- Weight gain or loss.

Stress is a unique psychological state and emotion that is linked to a number of symptoms, including anxiety, a change in behaviour, difficulty focussing and paying attention, teeth and hand clenching, hard breathing, a stomach gap, dry mouth, elevated heart rate, and sleep disorders. (Grey, 1987).

It has been discovered by researchers that parents of children with ASD are under more stress than typical parents. Stress levels for these parents are elevated by stigmata such as unfavourable social reactions and opinions of others. Parents experience shock when their child is initially diagnosed with ASD. They must quickly adapt to a new position as the parents of an extraordinary child and change how they view themselves in order to handle these new obligations. The difficult behaviours that parents typically exhibit—such as restless nights, disorderly eating patterns, self-harming actions, tantrums, etc.—can also contribute to their stress. Parents experience increased stress due to financial responsibilities such as treatment expenditures and medical support. It is understandable that being a carer and the duty of parenting can lead to stress. Every family is different in how they express their parental stress. According

to the Lazarus and Folkman theory, interactions between an individual and their environment, or within a family, can lead to generalised stress (Folkman & Lazarus, 1985). Parenting children with ASD is more stressful than parenting children with usual development or developmental disorders, according to a large body of research. Parents of children with ASD also report higher levels of psychological discomfort, or the sense of unfavourable emotions.

Family adaptive functioning is defined by the developmental systems (DS) model as a family's capacity to perform particular tasks that can enhance the outcomes of their children. Family-orchestrated child experiences (e.g., holiday celebrations, mealtimes, leisure activities), parent-child interaction (e.g., verbal comments on child play, responsiveness to child initiations, positive physical play), and child health and safety functions (e.g., medical care, regular sleep patterns, monitoring child whereabouts) are the three components of family adaptive functioning. In line with the DS model, parental traits like parenting-related stress, efficacy, and psychological function can be understood as either contributing to or removing from the adaptive function of the family. In fact, parents are typically the one who makes the biggest impact on the adaptive functioning of the family.

Thus, parenting a young child with ASD requires a higher level of family adaptive functioning compared to parenting typically developing children. Parents of children with ASD participate in recognizing developmental challenges, scheduling developmental assessments and diagnostic evaluations with experts, and collaborating with a multidisciplinary group to execute early intervention strategies. Parents who are extremely stressed, overwhelmed, or lacking resources may be less inclined to start intervention for their children or may struggle to actively participate in the learning process essential for early ASD intervention. On the other hand, parents who receive adequate support and are prepared to acquire new knowledge and adjust will probably have the most positive results. The potential benefits of early autism intervention for supporting parents are just starting to be realized, but increasing evidence indicates that intervention can also have positive effects on parent and family functioning, which in turn can enhance child outcomes. Positive parent traits or experiences have the potential to enhance intervention outcomes, counteracting the negative effects of parental stress on the process. Limited research has focused on factors related to parents that can help interventions succeed, even though there is some indication that positive parent expectations lead to better outcomes for children. Family adaptive functioning is a larger concept that goes further than just looking at how a single parent functions, it is an expansion of the idea of adaptive functioning for an individual, focusing on their ability to perform necessary skills for daily living, like dressing, eating, following rules, staying safe, and forming relationships.

The potential for improving parent and family functioning through early autism intervention is just starting to be recognized, with increasing evidence indicating that positive effects on parents can also lead to better outcomes for children. Though the benefits of early autism intervention for parents are still largely unknown, mounting research (discussed in the next sections) indicates that intervention's good effects on parent and family functioning may even further enhance child outcomes. Though the main focus of early ASD intervention is on children with ASD, it is becoming more widely acknowledged that parents are also affected by ASD intervention. Parents have a crucial role in meeting the needs of young children with ASD, including implementing and supporting early intervention, from the moment emergent developmental issues are noticed until the process of receiving a diagnosis and starting services. Parents who contact with professionals in the healthcare and educational sectors firsthand witness the effects of the intervention.

Parents who contact with professionals in the healthcare and educational sectors firsthand witness the

effects of the intervention. Indirect effects of ASD treatments are also felt by parents when their children exhibit problematic behaviours or make slower-than-expected developmental progress. This is especially true for children receiving services. But parents also have a significant role in family adaptive functioning, which refers to the strategies families use to promote the best possible outcomes for their children with ASD. A parent's stress levels, and psychological health have an impact on their capacity to do adaptive tasks. Consequently, there is a transactional process by which parents influence and are influenced by ASD interventions for their offspring. As a result, it is anticipated that over time, parents of ASD children would experience a decrease in stress and anxiety. The goal of this study is to compare the stress and anxiety levels of parents of children with ASD before and after therapeutic intervention.

Review of Literature

Past studies show that parents of children with ASD experience higher levels of stress, depression, and anxiety compared to other parents.

Hart (2003) found that children with ASD exhibit significant learning and behavioral problems, leading to greater stress, anxiety, and depression among their parents. Her study involved 71 parents of children with ASD and 40 in a control group, with ASD parents reporting significantly higher levels of emotional distress.

Bitsika (2004) investigated stress, anxiety, and depression among 107 parents of children with autism spectrum disorder. More than 90% of parents had difficulty regulating their child's behaviour, with over half having severe anxiety and two-thirds suffering from clinical depression. Family support, carer expertise in dealing with ASD behaviours, and parental health were all significant influences on anxiety and depression levels. The study emphasised the need for better support services and further research into parent support methods.

Rao et al. (2009) investigated the effects of high-functioning autism (HFA) on parental stress, sibling adjustment, and family function. The study, which included parents of 15 children with HFA and 15 control children, discovered that parents of HFA children are much more stressed, which is directly related to the children's features. The study also found that improved intellectual functioning in HFA children does not alleviate the burden of parenting. Thus, treatment programs should target parental stress in order to improve results for both the kid and their family.

Rezendes et al. (2011) investigated the relationship between parental anxiety/depression and child behaviour difficulties in children with autism spectrum disorders (ASDs), with an emphasis on parenting stress and self-efficacy as mediators. Using a sample of 134 mothers, the study discovered that parenting stress mediates the association between child behaviour problems and low parenting self-efficacy, which in turn partially mediates the relationship between parenting stress and increased anxiety/depression. The findings show how stress and self-efficacy affect parental mental health in households with children with ASD.

Alafeeq et al. (2012) investigated depression and anxiety among parents and carers of autism spectrum disorder children. The study had 100 parents/caregivers, 50 cases, and 50 controls. He found that autism is connected with increased load and stress for the affected child's parents/caregivers. The demands of the impairment increase the overall incidence of depression and anxiety among parents/caregivers.

Falk (2012) investigated the characteristics that predict stress, anxiety, and depression among the parents of children with autism. This study was conducted with mothers (N=250) and fathers (N=229) of children with autism ages 4 to 17 years 11 months, who completed an online questionnaire measuring social and

economic support, autistic symptom severity, and child externalising behaviours. According to him, this study found a significant aspect lacking from previous research: the role of parental cognitions. He discovered that a child with autism, while a clear distinguishing marker, is not the leading predictor of stress, anxiety, and depression in this family group.

Silva et al. (2012) measured stress in parents of children with ASD using the Autism Parenting Stress Index (APSI) with a sample of 274 children under six. The APSI, which has a Cronbach's alpha of .827, identifies areas where parents need support. Parenting stress in the autism group was four times higher than in the typical group and double that of the developmental delay group. Three key factors impacting stress were identified: core deficits, co-morbid behavioral symptoms, and co-morbid physical symptoms.

Aliaj (2013) investigated the degree of stress, anxiety, and depression in moms of autistic, Down syndrome, and usual development children in Albania. In this study, he included moms with children with autism (n=30), mothers with children with Down syndrome, and mothers with children with average development (n=30). The study's findings reveal that moms of children with Down syndrome have higher levels of stress, anxiety, and depression than mothers of children with autism spectrum disorder or mothers of children with average development.

Athari et al. (2013) looked at the link between mothers' depression, stress, autism severity in children, and family income. Using the DASS-42 for mothers (n=250) and the Autism Behaviour Checklist (ABC) based on teacher reports, the study discovered that family income had a substantial impact on mothers' depression, stress levels, and children's autism severity. The findings revealed that the severity of autism in children, as well as levels of maternal sadness and stress, varied with family income.

Soltanifar et al. (2015) investigated parental stress in mothers and fathers of children with ASD in Iran. The study included 42 couples with children ages 2 to 12 who were diagnosed with ASD. Using the Childhood Autism Rating Scale (CARS) and the Parenting Stress Index (PSI), the study discovered a positive relationship between stress levels and the severity of the disease, with fathers of more severely afflicted children suffering more stress. Mothers reported significantly higher stress levels than fathers across all PSI subscales. These findings emphasise the emotional demands of parents in developing effective treatment techniques for ASD children.

Valicenti-McDermott et al. (2015) investigated "Parental Stress in Families of Children with Autism and Other Developmental Disabilities". In a cross-sectional study with structured interviews, they investigated the amount of parental stress in families of children with autism and other developmental disorders, as well as the association with child comorbid symptoms in an ethnically diverse group. The sample consisted of 50 families with autistic children and 50 families with other developmental problems, who were age and gender matched. The interview includes the Parenting Stress Index-Short Form, Gastrointestinal Questionnaire, Child Sleep Habits Questionnaire, and Aberrant Behaviour Checklist. Parental stress was significantly higher in this ethnically diverse sample for moms with autism, non-Hispanics, and those born in the United States. In both study groups, parental stress was associated with child irritability.

Davis (2015) investigated the link between parental stress and behavioural issues in families with children with autism spectrum disorders (ASD). The study, which included 39 parents who participated in a Mindfulness-Based Stress Reduction (MBSR) intervention, discovered that common child behaviour concerns such as concentration problems, language difficulties, and externalising behaviours were associated with higher parental stress. Specifically, "not answering when spoken to" and "temper tantrums" were substantially associated with parental stress and predicted changes in stress levels throughout intervention. According to the study, therapies that target these problematic behaviours can help to reduce

parental stress.

Towairqi et al. (2015) investigated depression in moms of children with autism spectrum disorder (ASD) versus mothers of generally developing children. Using a case-control approach with 60 ASD patients and matched controls, the study discovered considerably higher levels of depression in moms of ASD children. Depression was not significantly influenced by socioeconomic characteristics such as gender, number of siblings, family income, or mother's education. However, parental sadness was significantly influenced by the autistic child's average age as well as social and economic assistance.

Bonis et al. (2016) investigated the stress levels of parents of children with autism. His goal is to investigate the elements that influence parents' stress levels. He discovered that parents of children with ASD experience higher levels of stress than other groups of parents.

Bitsika et al. examined 107 parents of children with autism spectrum disorder (ASD) in relation to stress, anxiety, and depression. According to the study, two thirds of parents had clinical depression and nearly half had significant anxiety when it came to controlling their children's behaviour. Parental health, the knowledge of carers, and the support of family members were important variables affecting anxiety and depression levels.

Malakar et al. (2018) examined the levels of stress, anxiety, and depression experienced by parents of children diagnosed with ADHD and autism. One hundred parents from Kolkata—fifty men and fifty women—with children under the age of ten were involved in the study. The two groups of parents' stress, anxiety, and depression levels differed significantly, according to the results.

Bilai et al. (2018) investigated stress, anxiety, and depression in moms of children with autism spectrum disorder. The DASS-42/scale was employed to gather data. They discovered that, with regard to marital status, education level, occupation, and number of siblings, there was no statistically significant difference in the stress levels of the experimental group and the control group.

Estes et al. (2019) examined the effect of early autism intervention on parents and family functioning. They discovered a reciprocal link between the success of kid interventions and parent well-being. Parental involvement is beneficial for effective interventions, such as high-intensity EIBIs that apply naturalistic developmental and behavioural principles. Well-supported parents are more likely to use interventions successfully, which improves the results for their kids.

Mahoney (2019) discovered that parenting stress and despair were significantly reduced in mothers of early autistic children who concentrated on developing their own connection skills. According to the study, when moms received responsive training, after four months, their percentage of clinically stressed mothers decreased from 70% to 30% and their percentage of clinically depressed mothers decreased from 70% to 15%. In comparison, the control group did not experience any improvements. Furthermore, children whose parents received responsive education shown significant improvements in language, fine motor, and social skills development.

Begum et al. examined how autism spectrum disorder affects families. This study set intended to investigate the effects of autism on families. For this study, a narrative review was carried out. According to his research, autism significantly alters each family member's lifestyle and has a long-lasting effect on the sibling, the family, and the family's financial situation. The author concluded that a child's autism affects every member of the family.

Zhou et al. (2019) looked at emotional issues among moms of kids with autism spectrum disorder (ASD), concentrating on the relationship between the kids' primary symptoms and the moms' socioeconomic status (SES). 180 moms in Chang Sha, China were surveyed, and the results showed that 80.2% and 72.5%

of the mothers, respectively, reported having anxiety and depression symptoms. While SES had no effect on anxiety symptoms, it did have some effect on depressive symptoms, with higher depression levels being associated with lower levels of education. One important component was the child's level of autistic symptoms; milder symptoms offered some protection against depression and anxiety in the mother. Reducing mother emotional discomfort may be aided by improving children's primary symptoms.
Hence, the above literatures reveal that elevated levels of stress, anxiety, and depression among parents whose children have autism spectrum disorder (ASD). These levels in parents will be compared in this study before and after their child has received six months of therapy. Whereas the current study aims to identify parents who are at risk of chronic stress and enhance intervention options by investigating the impact of care barriers and support services on parental stress.

Methodology

Aim:

To assess the effect of intervention strategies, care barriers and support services on the chronic stress levels of parents with autistic children.

Objectives of the study:

- To measure the depression, stress and anxiety of the parents of children with Autism who have not started any therapeutic intervention.
- To measure the depression, stress and anxiety level of parents after attending therapeutic intervention for at least 6 months.
- Compare the depression, stress and anxiety among those parents before and after therapeutic intervention.

Hypothesis of the study:

H1 The level of depression, stress and anxiety will decrease comparatively in parents with children with autism after therapeutic intervention.

Sample:

In this study a total of 20 parents with children with autistic spectrum disorder were taken as samples. The age range of the autistic children has been taken within 2-5 years.

Procedure:

Institution in which the study was conducted with parents of children with autistic spectrum disorder is Odisha Speech and Hearing Centre, Bhubaneswar, Odisha. The first meeting was held with the director of the clinic. Parent questionnaires and the purpose of the study were explained in detail. Once the study was explained in detail and signed permission for the work, we started the study. A selection of 20 parents had been made for the current study of whose children have just been diagnosed with autism. The selection of the parents was done randomly from the Therapy Center. Then we administered DASS 42 to those 20 parents. After the administration of DASS 42, their children started therapeutic intervention. DASS 42 was again administered to those 20 parents after receiving at least 6 months of therapeutic intervention of their child.

Tools Used:

The instruments used in this study is Depression, Anxiety, Stress Scale (Loviband, 1995). This is an instrument designed to measure three negative conditions, such as depression, anxiety and stress. Completion of this instrument is realized through self-report. Each of the persons involved in the study read all written statements and chooses a number from 0 to 3, each of the numbers takes a certain value. Number 0 - the statement read does not suit me at all to me, number 1 is right for me sometimes, number 2 is right for me in a considerable number of cases or in the best of times, and the number 3 has best fit me most of the time. The questionnaire contains a total of 42 questions and intends to measure the emotional state of an individual. The results are determined by taking these measures: stress/anxiety/depression normal, easy, moderate, severe, and extremely – severe.

DASS score interpretation was done according to the following table:

Meaning	Depression	Anxiety	Stress
Normal	0-9	0-7	0-14
Mild	10-13	8-9	15-18
Moderate	14-20	10-14	19-25
Severe	21-27	15-19	26-33
Extremely severe	28+	20+	34+

Results & Discussion

Before and after receiving therapeutic intervention, each of the 20 parents whose children had autism and were involved in the study had self-scored twice for depression, stress, and anxiety. Before receiving therapeutic care, the parents of children with autism spectrum disorders scored higher on despair, anxiety, and stress Table 1 displays the level of stress, anxiety, and sadness experienced by parents of autistic children who have not yet begun the therapeutic intervention. It indicates that in those 20 parents, all three of these characteristics are very present. That is, parents of autistic children who have not begun therapeutic intervention show increased signs of stress, anxiety, and despair. It has been discovered that stress and depression go beyond anxiety. The graphical representation of depression, anxiety, stress among parents with children with autism is shown in figure 1. It shows that depression and anxiety is more among those parents than stress.

Table-1 DASS score of depression anxiety and stress of parents of autistic children pre-Therapeutic Intervention

Serial No	Depression	Anxiety	Stress
1	19	15	24
2	25	14	26
3	18	9	15
4	13	7	15
5	9	10	14
6	24	16	21
7	18	15	17
8	22	17	20

9	14	9	16
10	27	18	30
11	23	14	20
12	12	9	18
13	23	16	25
14	26	17	28
15	15	16	20
16	21	15	22
17	25	16	24
18	20	12	21
19	11	7	15
20	13	9	18

Figure 1. Diagrammatic distribution of Depression, Anxiety, Stress among parents before Therapeutic Intervention

The depression, stress, and anxiety scores of parents whose autistic children had received at least six months of therapeutic intervention are displayed in Table 2. The outcomes differed for each priest. Throughout the testing phase, the parents were cooperative. Table 2 displays the level of stress, anxiety, and depression experienced by parents of autistic children who have been receiving therapeutic intervention for at least six months. After six months of therapeutic intervention, the data reveals a small reduction in all three of these characteristics in the group of twenty parents. It indicates that compared to their previous stress level (before to starting therapeutic intervention), parents who have started therapeutic intervention show slightly less depression, tension, and anxiety for their autistic kid. The results revealed that levels of depression and stress are found to be more than anxiety.

Figure 2 depicts the graphical representation of stress, anxiety, and depression among parents of autistic children following a six-month therapy intervention. It indicates that among parents who have begun therapeutic intervention, depression, tension, and anxiety have somewhat decreased.

Table 2 DASS score of depression anxiety and stress of parents of autistic children post therapeutic intervention

Serial No	Depression	Anxiety	Stress
1	12	10	15
2	20	18	22
3	15	9	15
4	11	7	12
5	9	7	14
6	20	13	19
7	15	12	15
8	19	13	18
9	12	8	15
10	22	14	26

11	20	11	18
12	10	7	15
13	18	13	20
14	20	14	24
15	13	14	16
16	18	13	18
17	23	14	20
18	13	8	16
19	8	5	9
20	10	7	16

Figure 2 Diagrammatic distribution of Depression, Anxiety, Stress among parents after Therapeutic Intervention

Table 3 displays the distribution of the three parameters—anxiety, stress, and depression—among parents of autistic children. Out of 20 parents, it is shown that only 5% have no depression, 20% have mild depression, 30% have moderate depression, and 45% have severe depression. 20% of parents have mild anxiety, 20% exhibit moderate anxiety, and 50% exhibit severe anxiety. According to this table, 5% of parents report no stress, 35% report mild stress, 45% report moderate stress, and 15% report severe stress.

Table 3 Interpretation of percentage of parents having Depression, Anxiety and Stress before Therapeutic Intervention

	Normal	**Mild**	**Moderate**	**Severe**	**Extremely Severe**
Depression	1 (5%)	4(20%)	6(30%)	**9** (45%)	0
Anxiety	2(10%)	4(20%)	4(20%)	10(50%)	0
Stress	1(5 %)	7(35%)	9(45%)	3(15 %)	0

After six months of therapy intervention, Table 4 shows the distribution of the three parameters—anxiety, stress, and depression—among the parents. Out of 20 parents, it demonstrates that only 5% have no depression, 40% have mild depression, 45% have moderate depression, and 10% have severe depression. 15% of parents report having mild anxiety, 55% report having moderate anxiety, and 5% report having severe anxiety. This table also reveals that 55% of parents experience mild stress, 25% experience moderate stress, and 5% experience severe stress.

Table 4 Interpretation of percentage of parents having Depression, Anxiety and Stress after Therapeutic Intervention

	Normal	**Mild**	**Moderate**	**Severe**	**Extremely Severe**
Depression	1 (5%)	8(40%)	9(45%)	2(10%)	0
Anxiety	5(25%)	3(15%)	11(55%)	1(5%)	0
Stress	3(15 %)	11(55%)	5(25%)	1(5 %)	0

Figure 3 compares the depression levels of 20 parents before and after a therapy intervention. It demonstrates that during six months of therapeutic intervention, the number of parents experiencing severe depression decreased from nine to two. There are now nine parents with moderate depression, up from six previously. This could be because fewer parents with deep depression are now receiving therapy. As a result of the decline in parents with severe depression, the number of parents with mild depression has also increased from 4 to 8. Both prior to and following therapeutic intervention, the number of typical parents stays constant. This shows that the depression among 20 parents has decreased following a 6-month therapy session.

The anxiety levels of 20 parents before and after a therapy intervention demonstrates that during six months of therapeutic intervention, the number of parents experiencing extreme anxiety decreased from ten to one. There are now 11 parents with moderate anxiety, up from 4 parents with severe anxiety. This could be because fewer parents with severe anxiety were present following therapeutic intervention. Three parents now have mild anxiety, compared to four before the six-month therapy session. After six months of therapeutic intervention, there are now five normal parents instead of the previous two. This shows that anxiety has decreased in 20 parents following a 6-month therapy session.

The stress levels of 20 parents before and after a therapy intervention shows how, following a six-month therapeutic session, parents experiencing extreme stress decreased from three to one parent. There are now five parents instead of nine who had moderate depression. After six months of therapeutic intervention, the number of parents with mild depression increased from seven to eleven; this increase may be the result of a decrease in parents with severe and moderate stress. After six months of therapeutic intervention, there are now three normal parents instead of the previous number of one. This indicates that stress levels among 20 parents had decreased following a 6-month therapy session.

The Mean and Standard Deviation of Stress, Anxiety, and Depression among 20 parents both before and after Therapeutic Intervention shows that following six months of therapeutic intervention, the mean value of depression decreased from 19.666 to 16.111. Prior to intervention, the standard deviation was 5.291; following intervention, it was 4.391. The anxiety mean value has also decreased; it was 13.611 before the therapy intervention and is now 11.888. Prior to the intervention, the standard deviation was 3.380; following it, it is now 4.638. After six months of therapeutic intervention, the mean value for stress has dropped from 20.888 to 17.666. Prior to intervention, the standard deviation was 4.625; following it, it was 3.622. It makes it evident that the therapeutic intervention significantly contributes to the parents' decreased levels of stress, anxiety, and sadness. Parents' levels of stress, worry, and depression must have decreased as a result of the child's improved behaviour, communication skills, and annoyances after the therapy intervention.

Table 5 Mean and Standard Deviation of Depression, Anxiety and Stress before and after Therapeutic Intervention

	Mean 1 (Before Therapeutic Intervention)	**Mean 2** (After Therapeutic Intervention)	**Standard Deviation 1** (Before Therapeutic Intervention)	**Standard Deviation 2** (After Therapeutic Intervention)
Depression	19.67	16.11	5.291	4.391
Anxiety	13.611	11.888	3.380	4.638
Stress	20.888	17.666	4.625	3.662

Table 6 The 't' test value of Depression

Mean1 - Mean2	t	df	p value
3.55	+7.87	17	.0001

Table 7 Th 't' test value of Anxiety

Mean1 -Mean2	t	df	p value
1.72	+1.87	17	.0394

Table 8 The 't' test value of Stress

Mean1 -Mean2	t	df	p
3.22	+6.5	17	.0001

Data from the two participant groups were used to perform the student's "t" test. The depression "t" is shown in Table 6. The t-value (t= 7.87, df=17) was found to be significant with a mean difference of 3.55. Prior to the therapeutic session, the parent group's mean score was 19.67; following the intervention, it was 16.11. As a result, there has been a noticeable and substantial decline in the parents' depression, indicating that the therapy intervention has been effective in assisting the parents in lowering their depression levels. The findings validated the research premise, according to which parents of autistic children must get therapeutic intervention.

In Table 7, the anxiety "t" is displayed. The t-value (t= 1.87, df=17) was found to be significant with a mean difference of 1.72. Prior to receiving therapeutic intervention, the parent group's mean score was 13.611, but following the intervention, it dropped to 11.888. As a result, the parents' anxiety has clearly and significantly decreased, indicating that the therapy intervention has been effective in assisting the parents in lowering their anxiety levels. The findings validated the research premise, according to which parents of autistic children must get therapeutic intervention.

Table 8 displays the "t" for Stress. A significant t-value (t=6.5, df=17) was found, indicating a mean difference of 3.22. Prior to the therapeutic intervention, the parent group's mean score was 20.888; following the intervention, it was 17.666. As a result, the parents' stress levels have clearly and significantly decreased, indicating that the therapy intervention has been effective in assisting the parents in lowering their stress levels. The findings validated the research premise, according to which parents of autistic children must get therapeutic intervention.

Conclusion

The current study concludes that stress, worry, and sadness is prevalent in parents of autistic children. According to this study, parents of kids who haven't started therapeutic intervention report having more of these problems than parents whose kids have been going to therapy for at least six months. In particular, stress and despair are more noticeable than worry. All three variables showed a discernible decline after six months of therapy: stress dropped from 20.89 to 17.67, anxiety dropped from 13.61 to 11.89, and depression fell from a mean of 19.67 to 16.11. This shows that parental stress, anxiety, and sadness can be considerably reduced with therapeutic approaches. Parental optimism and support are probable contributing factors to this decrease, as evidenced by improved child behaviour and communication.

Future Recommendations

To understanding the impact of stress, depression and anxiety felt by such parents, the current study can be further proceeded to guide treatment and management intervention of children with autism. A strong desire of social support and family support is needed. There is need for community wise education programs to educate people and make awareness about Autism.

References

1. Annette Estes, Deanna M. Swain, Katherine E. MacDuffie (2019); The effects of early autism intervention on parents and family adaptive functioning. *Pediatric Med, Jun; 2: 21.*
2. Anxiety, causes, symptoms, Treatment and more – Headline. https://www. Health line.com
3. American Psychiatric Association. Diagnostic and statistical manual of mental disorders. In: APA, eds. DSM-IV-TR 4th ed. (TextRevision). Washington (DC): American Psychiatric Association; 2000.
4. Al-Zahrani A. Prevalence and clinical characteristics of autism spectrum disorders in school-age children in Taif-KSA. Int J Med Sci Public Health. 2013;2(3):578-82.
5. Autism – NHS. https! // www.nhk. UK > conditions > autisms
6. Blerina Aliaj, (2013); The level of stress, anxiety, and depression in mothers of autistic, down syndrome and typical development children in Albania. *Journal of Education & Social Policy.*
7. Baxter AJ, Brugha TS, Erskine HE, Scheurer RW, Vos T, Scott TG, (2014). The epidemiology and global burden of autism spectrum disorders. Psychol Med.;11:1-13.
8. Chew M, Connoly AN, Streif EM,(2006). Brain derived neurotropic factor and autoantibodies to neural antigens in sera of children with autistic spectrum disorders. Landau-Kleffner syndrome and epilepsy. Biol Psychiatry.;59(14):354-63.
9. Debra L. Rezendes and Angela Scarpa, (2011); Associations between Parental Anxiety/Depression and Child Behavior Problems Related to Autism Spectrum Disorders: The Roles of Parenting Stress and Parenting Self-Efficacy. Autism Res Treat. Published online 2011 Dec 13. doi: 10.1155/2011/395190
10. Dr Partha Malakar , Sujata Ghosh (2018), Comparative Analysis of Stress, Anxiety and Depression between the Parents of Children with Autism and ADHD; International Journal of Health Sciences & Research (www.ijhsr.org) 243 Vol.8; Issue: 6; June
11. Gerald Mahoney (2019); Study finds lower stress, depression levels in mothers of children with autism. News release 31-JUL
12. Herrmann C. International experiences with the hospital anxiety and depression scale--a review of validation data and clinical results. J Psychosom Res. 1997;42:17-41.
13. Howlin P, Goode S, Hutton J, Rutter M. Adult outcome for children with autism. J Child Psychol Psychiatry. 2004;45:212-29.
14. Johnson CP, Myers SM; American Academy of Pediatrics Council on children with Disabilities. Identification and evaluation of children with autism spectrum disorders. Pediatrics. 2007;120:1183-215.
15. Jorrold and Happe,(2003), Definition of Autism. *Cognitive Psychology, Learning and Memory;* MPDD/IGNOU/P.O. 7K/December, 2017.
16. Kuczynski L, Kochanska G. Development of children non-compliant strategies from toddlerhood to age 5. Dev Psychol. 1990;26:398-408.
17. Maria Valicenti-McDermott, Katharine Lawson, Kathryn Hottinger (2015), Parental Stress in Families of Children With Autism and Other Developmental Disabilities. Article first published online: April

10, 2015; Issue published: November 1, 2015, Volume: 30 issue: 13, page(s): 1728-1735
18. Mohhammed A. Almansour, et al. (2012) ,Depression and anxiety among parents and caregivers of autistic spectral disorder children. *www.neurosciencesjournal.org*. Vol. 18(1)
19. Nicholas Falk, BA (Hons), MA. The Factors predicting Stress, Anxiety and Depression in the Parents of Children with Autism. *University of Tasmania*, 2012.
20. Patricia A. Rao, Deborah C. Beidel. The Impact of Children with High-Functioning Autism on Parental Stress, Sibling Adjustment, and Family Functioning. Volume: 33 issue: 4, page(s): 437-451, Article first published online: May 12, 2009; Issue published: July 1, 2009
21. Rabea Begum, Firoz Ahmed Mamin, (2019); Impact of Autism Spectrum Disorder on Family. Research Article - (2019) Volume 9, Issue 4
22. Ruquayyah, M Bilali et. al. (2018), Depression, Anxiety and Stress among mothers of Autistic spectrum disorder. Int J Med Res Prof.2018 Jan; 4(1); 453-58.
23. Vicki Bitsika and Christopher F. Sharpley. (2016), Stress, Anxiety and Depression Among Parents of Children With Autism Spectrum Disorder. Published online by Cambridge University Press: 12 February 2016
24. WebMD, Understanding Autism, the Basics. Autism: Definition, Symptoms, Causes, & Types-WebMD. https://www.webmd.com.
25. *Wed Al Towairqi, Wijdan Alosaimi, Suzan Al Zaidi, Farihan Farouk Helmy, Etmad Al Sherif (2015); Depression among mothers of autistic spectral disorder children; International Journal of Contemporary Pediatrics: Volume 2, 2015*
26. Zhou, Wensu; Liu, Dan; Xiong, Xiyue*; Xu, Huilan. (2019), Emotional problems in mothers of autistic children and their correlation with socioeconomic status and the children's core symptoms. Medicine: August 2019 - Volume 98 - Issue 32 - p e16794