The Effect of Training of Stress Management on life Quality and Mental Control of Mothers with Autism off Spring

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Abstract

Autism disorder is one of the inclusive growth disorders determined by the stable deterioration of social interactions, relationship delay or distortion and limited-stereotype relational pattern. Due to the high rate of problems among autism children, families and mainly mothers suffer from high psychological stresses. Psychological health of parents can affect from disability of child and usually the pressure on mother is higher than fathers. Some fathers consider the psychological pressures on mothers more dangerous than the child’s disability itself and introduce it as a threat for whole family. Present research is conducted to investigate the stress management education influence on quality of life and control of thoughts among mothers whose children suffer from autism. The study conducted in Bandar Abbas and the semi-experimental test method is used as pre-test post-test between control and intervention groups. The statistical society consisted of 30 mothers whose children suffer from autism and available sampling method is used to select the participants. Participants were randomly assigned to two control and experimental groups. Subjects were tested in two pre-test and post-test by to psychological tools named as quality of life scale and Wels and Davis thought control scale. The intervention of stress management is conducted in 10 sessions for 2 hours on experimental group. The control group did not receive any intervention and data were analyzed by SPSS22 in 0.01 significance level. The results of multi variant covariance test indicated that the stress management influence on quality of life is significant (SF=160.36, P=0.01) but the stress management on thoughts control is not significant (SF=19.45, P=0.01). In aspect of physical health (SF=1.45, P=0.01), psychological health SF=7.21, P=0.01), life environment SF=7.18, p=0.01), the stress management was significant. The stress management influence on social relations was not significant (SF=0.77, P=0.38).

Keywords: stress management education, othism, quality of life, thoughts control strategies.

Introduction

The impact of family in all-round growth of children began from the birth moment and reveals with a particular strength and comprehensiveness and remains throughout the life. Correct and balanced interactions of parents-children is an affecting factor in children's mental health. The research has shown that among different factors affecting growth and healthy personality of children, the reciprocal interaction of parents-children is the most fundamental and important factor (1). Autism is a behavioral symptom with signs such as social defeats, language impairment, and certain repetitive and stereotypic behaviors. Autism has a great deal of influence on families
and changes each family member’s lifestyle considerably. Furthermore, the caregivers of these kids assume various responsibilities and deal with mental stresses through their lives constantly (2). The parents of autistic children suffer from various psychological and physical problems because of their child's disease. The level of damages in the parents' life quality is moderated by means of complicated matrices of environmental, genetic factors, socioeconomic status, social support, parents' attributions, and coping strategies (3). Research has shown that families of autistic children are likely having more stress than those with retarded and Down syndrome children (4). Distressing intrusive thoughts, which can cause impulses, notions, and intentionally or unintentionally thoughts, are regular and epidemic experiences. People make use of different strategies to control or resist such thoughts, and some of these strategies are associated with affective tensions (5). Partaking of parents in therapeutic programs is one of the most important factors in educating autistic children. Parents' education methods improve parent-child interaction patterns therefore the children are happier and parents are less under stress (6). Meanwhile, stress and stress management matters are of a great importance as they have considerable impact on family functioning and the relationships among family members and they enmesh the children with special needs in impaired cycles (7). Thus, the necessity of attending to psychological needs and trainings of their parents, especially their mothers (because of more interaction with the child), becomes prominent. In the past century, we have witnessed remarkable changes in people view toward life so that not only keeping life in the typical form is desired but upgrading different aspects of life quality is considered as the fundamental effort of societies. The quality is a new popular topic. Contexts in which life quality matters are abundant. Now, the concept is being used in many serious discussions related to health and social care activities. The quality of life is often being mentioned as the aim of professional activities, an aim which is currently equivalent with health and welfare (8). The autistic children's parents are faced with multiple challenges. Compared with parents of children with other special needs, it has been seen that these parents experience higher levels of stress. The most stressful event which parents of autistics experience, indeed, is the low acceptance of society toward autistic behavior and failure in reaching to social support (9). Thought control strategies are sets of coping methods which are triggered in respond to undesired emotions with the aim of overcoming stresses resulted from the emotions. The most known thought control strategy in psychopathology is suppression. In most cognitive-behavior models about worry, the emphasis is on the content of the cognition and less attention has been paid to what roles can controlling processes of information processing systems (thought control strategies) and one's beliefs about such systems (metacognitive beliefs) play in establishment of morbid worry. This is especially in metacognitive theory of anxious disorders comprehensively (10). Cognitive-behavioral stress management method was developed by a behavioral therapist group of Miami University in 1980 in order to help patients with AIDS to cope with their illness-related issues (11). The cognitive-behavioral stress management method has combined different types of relaxation, imaging, other effective copings, and anger expression and management trainings (12). The existence of these children limits the family's social interactions and activities and affect their interpersonal relationships, negatively affect mother's job as the children consume much of her time and energy and impede her progress in work. In these families, the life is around autistic children. Most others respond with denial, confusion, anger, and depression when face with autism diagnosis of their children. They will exhibit a wide range of emotions including anger, sadness, cry, and grieve and they will concern how others, society, and relatives react to the problem. Sometimes, they think that there is possibly a solution that will put an end on their problems (13). Though no research has been done on effect of stress management training and its concurrent effect on life quality and thought control of mothers with autistic children, in internal and abroad researches there has been some cases separately reporting effectiveness of stress management on mothers with autistic children. In their study, Riahi, Khajedin, Izadi Mazidi, Eshrati, and Naghdinasab (13) reported that negative mood management training may
serve as an important part of interventions for improving mental health of mothers with autistic children. In a study concerning coping strategies and mental health among mothers of autistic children, Afshari (14) also found that the coping strategies are less useful and ineffective or emotion-focused among mothers of autistic children and it affect their mental health negatively. Salimi, Asad Malayeri, Foroughan, and Movaleli (15) concluded that programs for supporting family especially mothers and stress management strategies training (with regard that mothers have most relationship with these children) are effective in improving their life quality and thought control and these programs help families to accept this problem, adapt with the child's situation and as a result it has a positive effect on family system. The aim of the current research with regard to research literature was to examine stress management training on life quality and thought control strategies of mothers with autistic children in Bandar Abbas city.

Materials and Methods

In terms of its purpose, the current research is an applicable research, as the purpose of applicable research is to develop knowledge to apply in a particular context. In other words, applicable researches move toward applying knowledge (16). In terms of conduct, the method of the research was quasi-experimental and pre-posttest with control group. Quasi-experimental design is a design which allow for conducting true experiment based on severe control and revision of all unwanted variables (17). The current research was pre-test with a treatment and a control group so that a pre-test was administered before psychotherapy and a post-test was administered after psychotherapy was conducted. Finally, the results of both tests were analyzed using statistical methods. The independent and dependent variables in the current research are stress management training, and thought control and life quality of mothers with autistic children. In the current research, after referring to Mehrjoo school (autistics school) in Bandar Abbas and obtaining permission of school administers for conducting a general meeting with mothers of autistic children of the school, 30 mothers were selected randomly to take participate in the research and were randomized into either treatment or control group. Then, the treatment group underwent 10 sessions each lasting 2 hours during 2 weeks in which they received Anthony based stress management training while the control group received no treatment. Therapeutic sessions included anxiety reduction methods such as relaxation which could both prevent from getting physical and mental illnesses and reduce somatic pains. Relaxation training was performed progressively and including abdominal breathing, muscle relaxation training with 16 muscles in the first stage, 8 muscles in the next stage, 4 muscles in the third stage, passive relaxation, self-training for heat, self-training for heartbeat, breathing, abdomen and forehead along with imaging, mantra meditation which they took the first 20 minutes of each session altogether. Cognitive reconstruction included teaching cognitive errors, automatic thoughts and negative thoughts and how to challenge them, teaching cognitive-behavioral coping such as problem-solving skills, assertive behaviors, self-confidence increasing tactics, anger management training as well as attention control and distraction from pain strategies which all contribute to alleviating the level of stress and devoted 40 minutes of each session. The remaining 1 hour of each session devoted to reviewing assignments and talking about patients' problems in performing assignments. Both groups, then, took posttest and their results were analyzed. The instruments were World Health Organization Quality of Life questionnaire and Wehlz and Davis Thought Control questionnaire which were used in pre- and post-test stages.

World Health Organization Quality of Life Questionnaire (WHOQOL BREF): The summarized version of World Health Organization Quality of Life questionnaire was used to assess the quality of life. The questionnaire was developed in more than 15 countries concurrently and it is translated into different languages. In Iran, it is translated and standardized by Nejat et al. (18). The questionnaire contains 26 items and examines 4 areas (physical health, mental health, social relationships, and environment health) via 24 items. The rest 2 items belong to no area and assess health status and quality of life generally.
The items are scored on a 5-point Likert type from 1 to 5. Physical health are scored with items 3, 4, 10, 15, 16, 17, and 18, mental health from 5, 6, 7, 11, 19, and 26, social relationships from 20, 21, and 22, life environment from 8, 9, 12, 13, 14, 23, 24, and 25, and total score of the scale is calculated by summing up all four areas. Items 3, 4, and 26 are scored reversely. When raw scores of every area is specified, the range of each area is between 4 and 20, and the obtained score is equivalent to 100-item version of the questionnaire. The reliability of the scale is calculated using Cronbach’s α and intraclusteral correlation resulted from retest and calculated higher than 0.70 in all areas but in social relationships it obtained 0.55 which can be a result of low number of its items. On one hand, in 83% of cases, the correlation of each item with its area was higher than other areas. The validity of the questionnaire with discriminability in healthy and unhealthy groups were analyzed using linear regression and it had significant difference in different areas. In a research on 139 AIDS patients and 139 healthy people, Nojumi and Anbari (2007) reported the reliability of 0.92 using Cronbach’s α method.

Thought Control Questionnaire (TCQ): Wehlz and Davis (10) created the thought control questionnaire. This questionnaire includes 29 items and it aims to assess the ability to control intrusive thoughts in different forms (distraction, worry, social control, punishment, and reassessment). Wehlz and Davis (1994) reported the internal consistency of subscales of the questionnaire from 0.69 to 0.79. Furthermore, they reported good content validity for the questionnaire. Khanipoor et al. (19) calculated the convergent and differential validity of the subscales of the thought control questionnaire by correlating them with GHQ-28 and BAAI.BDI-II and showed good validity. Finally, the validity of the questionnaire was approved. Also, they calculated the reliability of the questionnaire with retest method with 2 weeks interval as 0.65. They reported the Cronbach’s α coefficient of 0.73.

Results

Table 1. Mean and standard deviation of dependent variables in total sample

<table>
<thead>
<tr>
<th>Variable</th>
<th>Group</th>
<th>n.</th>
<th>Lowest</th>
<th>Highest</th>
<th>Mean</th>
<th>s.d.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thought control</td>
<td>Pretest</td>
<td>12</td>
<td>46</td>
<td>58</td>
<td>51.79</td>
<td>3.18</td>
</tr>
<tr>
<td></td>
<td>Posttest</td>
<td>12</td>
<td>53</td>
<td>82</td>
<td>68.95</td>
<td>8.82</td>
</tr>
<tr>
<td>Life quality</td>
<td>Pretest</td>
<td>12</td>
<td>51</td>
<td>84</td>
<td>65.54</td>
<td>11.17</td>
</tr>
<tr>
<td></td>
<td>Posttest</td>
<td>12</td>
<td>49</td>
<td>89</td>
<td>67.12</td>
<td>12.12</td>
</tr>
</tbody>
</table>

Table 1 showed that the mean of thought control in pretests was 51.79 and in posttest of whole sample it was 68.95; the mean of life quality in pretest as 65.54 and in posttest of whole sample it was 67.12.

Table 2. ANCOVA results

<table>
<thead>
<tr>
<th>Group</th>
<th>n.</th>
<th>s.d.</th>
<th>n.</th>
<th>Df</th>
<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>59.08</td>
<td>8.65</td>
<td>12</td>
<td>1</td>
<td>160.36</td>
<td>0.01</td>
</tr>
<tr>
<td>Treatment</td>
<td>75.16</td>
<td>9.55</td>
<td>12</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 2 showed that as the calculated P value was smaller than 0.0.5, the stress management on life quality was effective.

Table 3. ANCOVA results

<table>
<thead>
<tr>
<th>Group</th>
<th>n.</th>
<th>s.d.</th>
<th>n.</th>
<th>Df</th>
<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>67.25</td>
<td>9.26</td>
<td>12</td>
<td>1</td>
<td>0.24</td>
<td>0.62</td>
</tr>
<tr>
<td>Treatment</td>
<td>70.66</td>
<td>8.41</td>
<td>12</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 3 showed that as the calculated $P$ value was smaller than 0.05, the stress management on thought control was effective.

Table 4. ANCOVA results

<table>
<thead>
<tr>
<th>Group</th>
<th>Mean</th>
<th>s.d.</th>
<th>n.</th>
<th>df</th>
<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical health</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Control</td>
<td>18.66</td>
<td>3.02</td>
<td>12</td>
<td>1</td>
<td>19.45</td>
<td>0.01</td>
</tr>
<tr>
<td>Treatment</td>
<td>24.58</td>
<td>3.52</td>
<td>12</td>
<td>1</td>
<td>7.21</td>
<td>0.01</td>
</tr>
<tr>
<td>Mental health</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Control</td>
<td>14.33</td>
<td>2.93</td>
<td>12</td>
<td>1</td>
<td>7.21</td>
<td>0.01</td>
</tr>
<tr>
<td>Treatment</td>
<td>17.66</td>
<td>3.14</td>
<td>12</td>
<td>1</td>
<td>0.77</td>
<td>0.38</td>
</tr>
<tr>
<td>Social relationships</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Control</td>
<td>7.5</td>
<td>2.27</td>
<td>12</td>
<td>1</td>
<td>0.77</td>
<td>0.38</td>
</tr>
<tr>
<td>Treatment</td>
<td>8.33</td>
<td>1.87</td>
<td>12</td>
<td>1</td>
<td>7.18</td>
<td>0.01</td>
</tr>
<tr>
<td>Life environment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Control</td>
<td>16.91</td>
<td>2.9</td>
<td>12</td>
<td>1</td>
<td>7.18</td>
<td>0.01</td>
</tr>
<tr>
<td>Treatment</td>
<td>20.5</td>
<td>3.6</td>
<td>12</td>
<td>1</td>
<td>0.77</td>
<td>0.38</td>
</tr>
</tbody>
</table>

Table 4 showed that as the calculated $P$ value of physical health was smaller than 0.05, the stress management on physical health was effective; as the calculated $P$ value of mental health was smaller than 0.05, the stress management on mental health was effective; as the calculated $P$ value of social relationships was higher than 0.05, the stress management on social relationships was ineffective; and as the calculated $P$ value of life environment was smaller than 0.05, the stress management on life environment was effective.

**Discussion**

The results showed that stress management training has effect on life quality of mothers with autistic children. These results are consistent with those of Lopez C. (20), Anthony, Irinson, and Skidman (21) and Jil and Ameli (22).

Anthony, Irinson, and Skidman (21) found that a wide range of psychological therapies including cognitive-behavioral therapies, stress management, biofeedback, supportive psychotherapy, anger control, cognitive reconstruction, relaxation, lifestyle change, and meditation are effective in improvement of life quality and mental health and teaching stress management skills and increasing patients' awareness from stress and their ability to cope with it can help the clients to reduce their stress and increase their life quality. In explain effectiveness of stress management training on life quality of mothers with autistic children can say that there is the believe in cognitive-behavioral stress management style that if therapist cannot change patients' life conditions but s/he can reinforce patients' self-efficacy by changing attitudes toward life and its resulted stress and by establishing the attitude of ability to control pain and teaching skills on stress management and s/he tries to reduce patients' inability feelings and help to improve negative moods and with regard to defining life quality as an aware cognitive judgment of one's satisfaction with life, physiologic symptoms, therapeutic augury, therapeutic regime and related issues can have profound effect on perceived life satisfaction. Improvement of life quality as a wide concept have been recently served as one of most important therapeutic aims and in recent decades many researchers emphasized on the necessity of considering a wider role for psychological interventions to improve life quality. Also, the results of the second hypothesis showed that stress management training has effect on thought management of mothers with autistic children. Based on research design (pre- and post-test with control group, covariance analysis was used to test the hypothesis. The results of the covariance analysis showed that the conducted intervention in treatment group had not significant relationship with thought control of the mothers. This study is consistent with Azizi, Mohamd Khani, and Abbasi (23), Holoa, trier, and Wehlz (24), and is inconsistent with studies of Varda and Briant (25) and Gothery and Briant (2). Research has shown that distressing thoughts are one of main attributes of stress. These thoughts are shown in many people. Activation of intrusive thoughts leads to negative evaluation of intrusive thought as a sign
of threat. The evaluation in turn exacerbate negative emotions which often are in form of stress and anxiety, and as a results individual uses thought control strategies to reduce stress and anxiety and control cognitive system. In explanation of ineffectiveness of stress management on thought control of the mothers with autism children in the current research, it seems that thought control is a multidimensional and complicate issue and a subjective index and each person's perceptions of intrusive thoughts differ based on different cultures and emotional situations and since it is a while that these mothers are involved in their children illness, only 10 therapeutic sessions is not enough for effectiveness in thought control dimension and it needs more sessions or maybe that cognitive-behavioral therapy is ineffective in treatment of stress management. Intrusive anxious thoughts are the main attributes of anxiety disorders. New theories which are developed in intrusive thoughts emphasize on how individuals deals with their intrusive thoughts and their experience in controlling them and argue that any effort to control stressful thoughts leads to their returning and suppressed thoughts relapse with more frequency. Thus, healthy people may make use of methods to control intrusive thoughts that reduce their frequency. These method may not be effective in mothers with autistic children who are faced with various problems and are preoccupied with their children conditions. In addition, stress management training has positive effect on physical health of mothers with autistic children. The results of covariance test showed that the conducted intervention in treatment group increased physical health among mothers with autistic children. This is consistent with results of Pourkazem, Nuri, Baagherian, and Adibi (26), Jabal, Ameli, Heydari, and Mostafavi (22). The research of Jabal, Ameli, Heydari, and Mostafavi (22) showed that the cognitive-behavioral intervention of stress management increased general health of treatment group in compared with control group and using stress management technique lead person to cope with stressful events in a better manner and reach to more control of physical and mental status and as a results their physical health improves. In explaining effectiveness of stress management training on physical health of mothers with autism children can say that in physical illnesses, stresses and how processing them may interfere in advancement of illness and reduction of health through effecting on psycho-neurological processes. Now, cognitive-behavioral stress management affect these processes through increasing sense of control, self-sufficient, self-esteem, adaptive coping, and social support. It seems that these changes reduce negative mood statuses and social isolation and increase physical health of mothers with autistic children which this leads to reduced stress hormones and improved immune system functioning. For example, teaching different techniques of reducing anxiety including relaxation, diaphragm breathing, meditation and imaging decreases anxiety and stress and as a result increases the physical health of mothers with autistic children and as mother is a member of family who has most relationship with the child, maintaining and improving mothers' physical health is very important and helps family to accept autistic child. Furthermore, mothers' physical health contributes in mothers' strength to adapt with the child's conditions and has positive effects on family system. Also, stress management training has effects on psychological health of mothers with autistic children. The results of covariance analysis showed that the stress management treatment group could improve the psychological health of treatment group in posttest relative to control group. The results of the current study are consistent with those of Shokuhi, Yekta and Zamani (27), Zangene, Malekpour and Abedi (28), Shahrakipour, Karimzadeh and Keramati (29), Riahi, Khajedin, Izadi, Eshrati and Naghdinasab (13) and Barlo (30). According to White (2000) when people are under stress, they should have necessary coping skills so that they can reduce the effect of stress so they reach to increased mental health. When stress is managed and effective coping skills are provided, one can deal with needs and challenges of life and resist against distress. In explaining this hypothesis can say that happening of stressful and frustrating situations in life is inevitable. In these situations, individuals' mental health gets damaged and responses such as crying, sadness, anger, grieve, frustration exhibit as an emotional response and it can lead to damages to one's self or others' health. Thus, the best practice to reduce these damages is to learn
effective strategies to cope with such situations. In stress management training people learn to logically react to life conditions and affect them instead of getting influenced by them. One of important aspects of stress management is how to cope with negative situations such as situations in which one is humiliated or faced with dissatisfaction. In stress management program people increase their self-awareness and cognition of physical signs of anger which this leads to more awareness of inner feelings. This awareness makes people aware of anger feeling and need to control it just like an alarm so that they adopt effective methods to resolve their conflicts so they cope with their stresses and problems specially those related to their children more successfully. Also, the results showed that stress management training has effect on social relationships of mothers with autistic children. The results of covariance analysis showed that stress management treatment group on social relationships was not significant relative to control group. There is not much research on this findings and the only consistent research with this finding can be found in Naderi, Borjali and Mansourifar (31). In their study, Lin, Oursmand, Caster and Kahn (32) found that social support from family, important others, peers and professionals has determining role in mental well-being and reducing mothers with autistic adolescents and adaptation of their family in both Thailand and American cultures. In explaining this finding can say that assertive behaviors and communication skills are from behaviors which are used to increase social relationships. Parents can provide the best and most effective socializing practices with establishing healthy affective relationships and affect expression and accepting the child with determining standards and criteria through a stable role model. Psychiatrists consider a person psychologically healthy who has balance between his/her behaviors and control in face with social problems. From this perspective, man and his behaviors are viewed as a system which has reciprocal interaction based on life quality. With this systematic view, can see that how different biological factors affect psychosocial factors and vice versa. At the time of confrontation with stressful events, these families seek out supports and social resources to adapt with these conditions and challenges. Since a goal of creating groups is supportive therapy, so it seems that these mothers could not receive enough social support from other group members and they probably need therapies with more than 10 sessions.

Finally, the results of covariance analysis showed that stress management training has effect on live environment of mothers with autistic children. According to the results, this hypothesis is approved. This finding is consistent with those of Hadianfar (33), Rezai, Neshatdusst, Molavi, Omara (34), Naderi, Borjali and Mansurifar (31). Rezai, Neshatdust, Molavi, and Omara (1388) showed that stress management training has effect on all subscales of life quality among mothers with autistic children and results of satisfaction with life environment had significant increase in posttest. In explaining this hypothesis the researcher said that when people's life quality increases after intervention, their life environment is under influence too and will increase. When people have physical health, mental health and social relationships, they perform better in their life environment which is consisted of family, peers and work environment and they will have the necessary abilities to get done things and this in turn will lead to their success in life and as a result they will have high life quality and life satisfaction.

**Conclusion**

In this research, we attempted to examine the effects of stress management training on life quality of mothers with autistic children. The impact of family in all-round growth of children began from the birth moment and reveals with a particular strength and comprehensiveness and remains throughout the life. Correct and balanced interactions of parents-children is an affecting factor in children's mental health. Psychiatrists consider a person psychologically healthy who has balance between his/her behaviors and control in face with social problems. From this perspective, man and his behaviors are viewed as a system which has reciprocal interaction based on life quality. With this systematic view, can see that how different biological factors affect psychosocial factors and vice versa. A group of
these families, are families with one or more children with special needs. Parents of these children experience different amounts of anxiety and mental stress which are related to expectations from their parenting role. This stress leads to problems for parents (35). The results showed that stress management has an effect on general quality of mothers with autistic children and it is significant in physical health, mental health, and life environment and also it increases social performance in patients but it was not significant. It was not significant in general aspect of thought control of mothers. The employed cognitive approach of the intervention increased self-awareness of mothers and helped them to acknowledge their weakness and strength points and changed their attitudes and beliefs and stress management skills increased mothers' ability to effectively cope with negative mood and helped them to employ effective methods to resolve their conflicts. On the other hand, being in group and receiving support and sympathy from other members facilitate coping and adaptation process. Putting sessions in group was a privilege of the research that is more sufficient relative to individual intervention. The researcher faced with some limitations in conducting the research which may influence the quality of results. Following some limitations are mentioned: since the time of conducting the research did not allow follow-up, in the current research no analysis has been done on maintenance of its effectiveness. In addition, the low number of sample is another limitation. Also, the research is only performed on mothers with autistic children which limits the generalization of the results.

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