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# STUDY OF THE ANXIETY LEVEL OF PARENTS OF CHILDREN WITH DEVELOPMENTAL DISORDERS AND COMMUNICATIVE ASPECTS OF PSYCHOEDUCATION

***Abstract.*** *Caring for children with developmental disorders is an important task in the field of psychology in the modern world. A number of studies have been carried out in this direction, various therapeutic interventions have been introduced to help improve the quality of life of children with developmental disorders. In Georgia, children under 7 years of age with developmental disorders have the opportunity to benefit from early intervention services. Such a service involves a process mediated by the parent/legal representative, and accordingly parents are the area of interest of specialists working in this field. Contemporary approaches to intervention for children with mental developmental disorders include parent-mediated interventions, which in turn include the need for parental psychoeducation. Research in modern Psychology shows that psychoeducation significantly reduces stress levels in parents.*

*Psychoeducation of parents is mainly aimed at reducing the stress index and anxiety level in parents. Stress is the human body's reaction to the extreme impact of any factors. Stress is an integral part of parenthood and it manifests itself already from pregnancy.*

*The purpose of the present research was to study the level of anxiety of parents of children with developmental disorders. Objectives of the study: to find out if there is a difference between the level of anxiety of parents of children with typical development and the one of parents of children with developmental disorders; to define what issues concern parents of children with developmental disorders most. The hypothesis of the study have been as follows: parents of children with developmental disorders have higher levels of parental anxiety than parents of children with typical development.*

*Based on the results of the studies, it can be said that parents who have children with developmental disorders face various difficulties more often than parents of children with typical development, and are at risk of decreased quality of life. Parents of children with developmental disorders express less satisfaction*

*with life, health, family, and friends, in contrast to parents of children with typical development, and more often witness negative events than parents of children with typical development.*

*It is relevant to study the level of anxiety of parents of children with developmental disorders, since the level of parental anxiety significantly affects the child's psyche and his state. It is also worth noting that modern child rehabilitation/habilitation programs rely entirely on working with parents, so studying the level of anxiety of parents will be beneficial for both better adjustment of the service for the parents and the parents' adaptation to reality.*

***Keywords:*** *development, disorders, children, intervention, mental, communication, stress, anxiety.*

***Jel Classification****: H51, A2*

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# განვითარების შეფერხების მქონე ბავშვების მშობლების შფოთვის დონის კვლევა და ფსიქოგანათლების კომუნიკაციური ასპექტები

***აბსტრაქტი.*** *თანამედროვე სამყაროში განვითარების შეფერხების მქონე ბავშვებზე ზრუნვა ფსიქოლოგიის სფეროს მნიშვნელოვანი გამოწვევაა, ამ მიმართულებით არაერთი კვლევა ჩატარდა, დაინერგა სხვადასხვა სახის ინტერვენციული და თერაპიული ჩარევები, რაც ხელს უწყობს განვითარების შეფერხების მქონე ბავშვების ცხოვრების ხარისხის გაუმჯობესებას. საქართველოში განვითარების შეფერხების მქონე 7 წლამდე ასაკის ბავშვებს აქვთ შესაძლებლობა, რომ ჩაერთონ ბავშვთა ადრეული ინტერვენციის სერვისში. აღნიშნული სერვისი ითვალისწინებს მშობლით/კანონიერი წარმომადგენლით გაშუალებულ პროცესს და შესაბამისად ამ სფეროში მომუშავე სპეციალისტებისთვის მშობლები ინტერესის სფეროს წარმოადგენს.*

*სამედიცინო ლიტერატურაში განვითარების დარღვევები ფიქსირდება, როგორც ნეიროგანვითარებითი დარღვევები. ისინი უმეტესწილად გამოიხატება კოგნიციის, კომუნიკა-*

*ციის, ქცევის და მოტორული უნარების შეფერხებით, რომელიც გამოწვეულია ცნს-ს ფუნქციონიერების დარღვევით. ნეიროგანვითარებით დარღვევებს მიეკუთვნება: ID-ინტელექტუალური შეფერხება, IDD- ინტელექტუალური განვითარებითი შეფერხება, GDD-გლობალური განვითარებითი შეფერხება, DLD-განვითარებითი მეტყველების დარღვევები, ASD-აუტისტური სპექტრის დარღვევა, ADHD- ყურადღების დეფიციტისა და ჰიპერაქტივობის სინდრომი, Tourett- ტურეტის სინდრომი მყიფე X სინდრომი, დაუნის სინდრომი, რეტის სინდრომი, ვილიამსის სინდრომი, პრადერ ვილის სინდრომი, ანგელმანის სინდრომი, სპეციფიური დასწავლის დარღვევები, ფეტალ ალკოჰოლის სინდრომი.*

*განვითარების შეფერხების მქონე ბავშვების მშობლების შფოთვის დონის შესწავლის მიზნით, ჩვენს მიერ ჩატარებული იქნა კვლევა. მონაწილეთა შერჩევა განხორციელდა მიზნობრივად, არაალბათურად. კვლევაში მონაწილეობა მიიღო 50-მა მშობელმა, მათგან 25 იყო განვითარების შეფერხების მქონე ბავშვის მშობელი, ხოლო 25 ტიპური განვითარების მქონე ბავშვის მშობელი. საკვლევ ჯგუფს წარმოადგენდნენ განვითარების შეფერხების მქონე ბავშვების მშობლები, ხოლო საკონტროლო ჯგუფს - ტიპიური განვითარების მქონე ბავშვების მშობლები. მონაწილეთა შერჩევა განხორციელდა სს. ევექსის კლინიკების, მათ შორის: ბათუმის პოლიკლინიკის, ჩაქვის სამედიცინო ცენტრისა და შუახევის სამედიცინო ცენტრის ბაზაზე. კვლევისთვის გამოვიყენეთ berry and jones-ის კითხვარი და მიღებული რაოდენობრივი მონაცემები სტატისტიკურად დამუშავდა spss პროგრამით.*

*კვლევის შედეგებმა გვიჩვენეს, რომ განვითარების შეფერხების მქონე ბავშვების მშობლებს აქვთ უფრო მაღალი შფოთვის დონე, ვიდრე ტიპური განვითარების მქონე ბავშვების მშობლებს. ასევე, კითხვარის სიღრმისეულ ანალიზზე დაყრდნობით გამოვლინდა განვითარების შეფერხების მქონე ბავშვების მშობლების შფოთვის მიზეზებიც. კერძოდ: მათთვის შვილის ქცევა არის ხშირად სამარცხვინო და სტრესული, თავს გადატვირთულად გრძნობენ მშობლობის პასუხისმგებლობით, ბავშვის ყოლა მათთვის ფინანსური ტვირთია, სტრესის მთავარი წყარო შვილია და ამგვარი შვილის ყოლა არ ამლევთ ოპტიმისტური მომავლის ხედვას.*

*განვითარების შეფერხების მქონე ბავშვების მშობლების შფოთვის დონის შესწავლა აქტუალურია, იმდენად რამდენადაც მშობლის შფოთვის დონე აისახება ბავშვის ფსიქიკაზე და მნიშვნელოვნად მოქმედებს მათ მდგომარეობაზე. ასევე აღსანიშნავია, რომ ბავშვთა რეაბილიტაცია/აბილიტაციის თანამედროვე პროგრამები სრულად ეყრდნობა მშობლებთან გაშუალებულ მუშაობას, შესაბამისად მშობლის შფოთვის დონის შესწავლა შედეგის მომტანი იქნება სერვისის მშობლებზე უკეთ მორგებასა და რეალობაში ადაპტაციისთვის.*

***საკვანძო სიტყვები:*** *განვითარება, დარღვევები, ბავშვები, ინტერვენცია, ფსიქიკური, კომუნიკაცია, სტრესი, შფოთვა.*

***Jel კლასიფიკაცია:*** *H51, A2*

## Introduction

Caring for children with developmental disorders is an important task in the field of psychology in the modern world. A number of studies have been carried out in this direction,

various therapeutic interventions have been introduced to help improve the quality of life of children with developmental disorders. In Georgia, children under 7 years of age with developmental disorders have the opportunity to benefit from early intervention services. Such a service involves a process mediated by the parent/legal representative, and accordingly parents are the area of interest of specialists working in this field.

In the medical literature, developmental disorders are recorded as neuropsychological development disorders. They most often manifest as disturbances in cognition, communication, behavior, and motor skills caused by central nervous system dysfunction. Neurodevelopmental disorders include: ID-intellectual developmental disability, IDD-intellectual developmental disorder, GDD-global developmental delay, DLD-speech disorder, ASD-autism spectrum disorder, ADHD-attention deficit hyperactivity disorder, Tourette's syndrome, fragile X syndrome. chromosomes, Down syndrome, Rett syndrome, Williams syndrome, Prader-Willi syndrome, Angelman syndrome, specific learning disorders, fetal alcohol syndrome (2).

According to ICD-10, code F8 is assigned to mental development disorders. Mental development disorders F 8 include: specific disorders associated with school habits, specific developmental disorders of motor functions, specific speech disorders and general developmental disorders.

Most developmental disorders appear immediately after the birth of a child, for example, Down syndrome, congenital hearing impairment, cerebral palsy. However, there are also disorders that can appear at the age of 3-4 years, for example, autism spectrum disorders, speech disorders, etc. In both cases, early diagnosis and selection of an appropriate rehabilitation/habilitation program are important. The earlier intervention is provided, the greater the likelihood that the child will reach his or her full potential (3).

Contemporary approaches to intervention for children with mental developmental disorders include parent-mediated interventions, which in turn include the need for parental psychoeducation. Research in modern Psychology shows that psychoeducation significantly reduces stress levels in parents.

Psychoeducation of parents is mainly aimed at reducing the stress index and anxiety level in parents. Stress is the human body’s reaction to the extreme impact of any factors. Stress is an integral part of parenthood and it manifests itself already from pregnancy.

The psychoeducational program for parents plays an important role in the clinical management of this condition. Parent psychoeducation is a specific therapeutic program aimed at didactic communication and provision of information to parents and other family members (9).

Psychoeducation of parents is a long-term process, and its need is especially obvious at the initial stage of intervention, when parents go through a difficult and lengthy stage of adaptation to the diagnosis/condition. Such an adaptation process involves a set of steps that a parent goes through from understanding the diagnosis/condition to adaptation. These phases are: Shock, Denial, Anger, Grief, Alienation, Reorganization, Adaptation.

Psychoeducation of parents plays an important role at the stage of adaptation to the diagnosis/condition. At the initial stage, the parent of a child with a mental development disorder experiences a state of shock, accompanied by uncertainty, when the parent is unable to understand the current situation and is unable to find an explanation for this situation. Shock is

typically a parent's first reaction, and most parents in shock feel confused and helpless. After the shock has passed, parents are more willing to receive information about the child's condition. In the process of working with parents, it is important that the specialist takes into account the state of primary shock, understands the parent's reaction and offers him a second consultation in order to provide information about the child's condition. Once the shock has been overcome, the parent is more likely to receive more detailed information about the child's condition and be involved in planning further intervention.

The state of shock is often accompanied by denial, and in this case the parent does not accept the child's condition as reality. During the process of psychoeducation, the specialist is obliged to provide the parent with information about the child's condition so that the problem is not ignored, which will subsequently hinder effective intervention. The specialist should also be aware of the fact that at the initial stage the parent may want to hear the opinion of other specialists about the child's condition.

In the process of psychoeducation, the specialist must be fair and honest with the parent and should not set unrealistic expectations and forecasts for her/him. When parents begin to perceive reality, the next phase may be anger due to the child's condition and this is part of the adaptation process; the specialist offers strategies for overcoming anger in the process of psychoeducation. Anger is sometimes accompanied by sadness, which sometimes overtakes the entire process of adaptation.

In Georgia, psychoeducational care for parents of children with developmental disorders is provided through the Early Intervention Service for Children, and this service is mainly aimed at strengthening parents and developing positive parenting skills.

A proven method of parent psychoeducation, so-called Coaching, is a relationship-based approach aimed at improving existing skills and developing new skills and competencies. A report from the USAID Parent Involvement Project noted that parental involvement is important for both improving children's academic performance and developing parenting skills. The social, emotional side and personal qualities of the parent change (5).

As a result of participation in the process of raising a child, the parent: becomes more understanding towards the child, pays more attention to the social, emotional and intellectual development of the child, becomes more caring and less strict, self-confidence increases, pays more attention to acquiring knowledge and development,

seeks resources to meet the needs of his family and child.

**Purpose and objectives**

The purpose of the present research was to study the level of anxiety of parents of children with developmental disorders. **Objectives of the study:** to find out if there is a difference between the level of anxiety of parents of children with typical development and the one of parents of children with developmental disorders; to define what issues concern parents of children with developmental disorders most. The hypothesis of the study have been as follows: parents of children with developmental disorders have higher levels of parental anxiety than parents of children with typical development.

**Results**

In order to study the level of anxiety of parents of children with developmental disorders, we have conducted a study. The selection of participants was carried out purposefully, not at random. 50 parents took part in the study, including 25 parents of children with developmental disorders and 25 parents of children with typical development. The main group included parents of children with developmental disorders, and the control group included parents of children with typical development. Among 25 children with developmental disorders, 5 children were diagnosed with cerebral palsy, 10 children - with childhood autism, and the remaining 10 children - with developmental disorder. The selection of participants took place on the basis of the clinics of JSC "Evex", Batumi polyclinic, Chakvi Medical Center and Shuakhevi Medical Center. For the study, we used the Berry and Jones questionnaire (12), and the obtained quantitative data have been statistically processed using the SPSS program.

The survey instrument contained a total of 18 questions. When filling out, the parent indicated the items in the following order:

1 = Strongly disagree; 2 = Disagree; 3 = Haven't thought; 4 = Agree; 5 = Completely agree.

| | |
|---|---|
| 1 | I'm happy as a parent |
| 2 | There are a few things I wouldn't do for my child if the need arose. |
| 3 | Caring for a child takes more time and energy than I have |
| 4 | Sometimes I worry if I'm doing enough for my child |
| 5 | I feel close to my child |
| 6 | I enjoy spending time with my child |
| 7 | My child is an important source of my love |
| 8 | Having a child gives me determination and an optimistic vision for the future. |
| 9 | The main source of stress in my life is my child. |
| 10 | Having a baby leaves me with little time or flexibility in my life. |
| 11 | Having a child is a financial burden. |
| 12 | I find it difficult to juggle my responsibilities because of my child. |
| 13 | My child's behavior often confuses me and causes me stress. |
| 14 | If I had my chance again, I wouldn't want to have children. |
| 15 | I feel overwhelmed with parenting responsibilities. |
| 16 | Having a child means fewer choices and less control over your life. |
| 17 | I'm happy as a parent. |
| 18 | I think my baby is nice. |

**Average number of points recorded for each question**

1) I'm happy as a parent

| Parent | Average | N | Standard deviation |
|---|---|---|---|
| A parent of a child with special needs | 3.5600 | 25 | 1.22746 |
| A parent of a child with autism | 1.7200 | 25 | .73711 |
| Total | 2.6400 | 50 | 1.36666 |

2) There are a few things I wouldn't do for my child if the need arose

| Parent | Average | N | Standard deviation |
|---|---|---|---|
| A parent of a child with special needs | 2.4000 | 25 | 1.15470 |
| A parent of a child with autism | 1.7200 | 25 | .73711 |
| Total | 2.0600 | 50 | 1.01840 |

3) Caring for a child takes more time and energy than I have

| Parent | Average | N | Standard deviation |
|---|---|---|---|
| A parent of a child with special needs | 4.0000 | 25 | .95743 |
| A parent of a child with autism | 2.0800 | 25 | .86217 |
| Total | 3.0400 | 50 | 1.32419 |

4) Sometimes I worry if I'm doing enough for my child

| Parent | Average | N | Standard deviation |
|---|---|---|---|
| A parent of a child with special needs | 4.2000 | 25 | .64550 |
| A parent of a child with autism | 2.3200 | 25 | 1.14455 |
| Total | 3.2600 | 50 | 1.32187 |

5) I feel close to my child

| Parent | Average | N | Standard deviation |
|---|---|---|---|
| A parent of a child with special needs | 3.8400 | 25 | .74610 |
| A parent of a child with autism | 2.0000 | 25 | .86603 |
| Total | 2.9200 | 50 | 1.22624 |

5) I enjoy spending time with my child

| Parent | Average | N | Standard deviation |
|---|---|---|---|
| A parent of a child with special needs | 1.640 | 25 | .4899 |
| A parent of a child with autism | 1.200 | 25 | .4082 |
| Total | 1.420 | 50 | .4986 |

6) child is an important source of my love

| Parent | Average | N | Standard deviation |
|---|---|---|---|
| A parent of a child with special needs | 3.7600 | 25 | 1.30000 |
| A parent of a child with autism | 1.2000 | 25 | .40825 |
| Total | 2.4800 | 50 | 1.60662 |

8) Having a child gives me determination and an optimistic vision for the future

| Parent | Average | N | Standard deviation |
|---|---|---|---|
| A parent of a child with special needs | 3.7600 | 25 | .96954 |
| A parent of a child with autism | 1.6400 | 25 | .81035 |
| Total | 2.7000 | 50 | 1.38873 |

9) The main source of stress in my life is my child

| Parent | Average | N | Standard deviation |
|---|---|---|---|
| A parent of a child with special needs | 3.9200 | 25 | .99666 |
| A parent of a child with autism | 3.2800 | 25 | 1.51438 |
| Total | 3.6000 | 50 | 1.30931 |

10) Having a baby leaves me with little time or flexibility in my life

| Parent | Average | N | Standard deviation |
|---|---|---|---|
| A parent of a child with special needs | 4.0800 | 25 | .90921 |
| A parent of a child with autism | 2.6000 | 25 | .91287 |
| Total | 3.3400 | 50 | 1.17125 |

11) Having a child is a financial burden

| Parent | Average | N | Standard deviation |
|---|---|---|---|
| A parent of a child with special needs | 4.2000 | 25 | .81650 |
| A parent of a child with autism | 3.0800 | 25 | .86217 |
| Total | 3.6400 | 50 | 1.00529 |

12) I find it difficult to juggle my responsibilities because of my child

| Parent | Average | N | Standard deviation |
|---|---|---|---|
| A parent of a child with special needs | 4.1200 | 25 | .60000 |
| A parent of a child with autism | 2.7600 | 25 | .83066 |
| Total | 3.4400 | 50 | .99304 |

13) My child's behavior often confuses me and causes me stress

| Parent | Average | N | Standard deviation |
|---|---|---|---|
| A parent of a child with special needs | 3.8800 | 25 | .78102 |
| A parent of a child with autism | 2.1200 | 25 | .92736 |
| Total | 3.0000 | 50 | 1.22890 |

14) If I had my chance again, I wouldn't want to have a child

| Parent | Average | N | Standard deviation |
|---|---|---|---|
| A parent of a child with special needs | 3.0000 | 25 | 1.22474 |
| A parent of a child with autism | 1.5200 | 25 | .58595 |
| Total | 2.2600 | 50 | 1.20898 |

15) I feel overwhelmed with parenting responsibilities

| Parent | Average | N | Standard deviation |
|---|---|---|---|
| A parent of a child with special needs | 3.7200 | 25 | 1.02144 |
| A parent of a child with autism | 2.0400 | 25 | .88882 |
| Total | 2.8800 | 50 | 1.27199 |

16) Having a child means fewer choices and less control over your life

| Parent | Average | N | Standard deviation |
|---|---|---|---|
| A parent of a child with special needs | 4.2400 | 25 | .52281 |
| A parent of a child with autism | 2.0000 | 25 | .81650 |
| Total | 3.1200 | 50 | 1.31925 |

17) I'm happy as a parent

| Parent | Average | N | Standard deviation |
|---|---|---|---|
| A parent of a child with special needs | 4.1600 | 25 | .89815 |
| A parent of a child with autism | 2.0800 | 25 | .75939 |
| Total | 3.1200 | 50 | 1.33463 |

18) I think my baby is nice

| Parent | Average | N | Standard deviation |
|---|---|---|---|
| A parent of a child with special needs | 3.4400 | 25 | .76811 |
| A parent of a child with autism | 1.8800 | 25 | .83267 |
| Total | 2.6600 | 50 | 1.11776 |

The results of the survey have shown that parents of children with developmental disorders experience higher levels of anxiety than parents of typically developing children. Analysis of the results of the above questionnaire allows us to compare the data.

According to the questionnaire instructions, the higher the accumulated score, the higher the level of parental anxiety. Based on statistical analysis of the data, the average score recorded by parents of children with developmental disorders is 65.92, and the average score recorded by parents of children with typical development is 37.24.

Based on the above statistical data, we can conclude that the research hypothesis - parents of children with developmental disorders have a higher level of anxiety than parents of children with typical development – has been justified.

One of the objectives of the study was to find out whether there is a difference between the level of anxiety of parents of children with typical development and the level of anxiety of parents of children with developmental disorders; the given task has been revealed statistically. Another objective of the study - to determine what problems worry parents of children with developmental disorders – was based on an in-depth analysis of the questionnaire: the child's behavior often causes parent's embarrassment and stress; parents feel overloaded with parental responsibilities; having a child is a financial burden for parents; the main source of stress for parents is the child; having a child does not give parents an optimistic vision of the future.

The statistical reliability of the data obtained in the study is affected by the fact that in the assessment questionnaire the parents indicated that they did not have an exact answer to the question. Also, the reliability of the study may be influenced by social desirability, which parents could identify - however, to avoid this factor, the questionnaire was filled out anonymously.

**Conclusions:**

Based on the results of the studies, it can be said that parents who have children with developmental disorders face various difficulties more often than parents of children with typical development, and are at risk of decreased quality of life. Parents of children with developmental disorders express less satisfaction with life, health, family, and friends, in contrast to parents of children with typical development, and more often witness negative events than parents of children with typical development. Having a child with developmental disabilities affects every aspect of life. Obviously, parenting is the most difficult and important task, it brings the greatest happiness and joy. However, parents of problematic children change their daily routine and are given additional responsibility for raising the child. When a child has problems and difficulties in development, his upbringing is associated with a different degree of complexity.

The research has shown that the parents of children with developmental disorders tend to focus on negative outcomes, such as chronic grief, depression, high risk of stress, high divorce rates, and lack of free time. Negative parenting outcomes depend on the child's diagnosis, overall functioning, and behavior.

Parenting stress and the risk of depression are particularly high among parents of children on the autism spectrum compared to other developmental disorders. Many psychological studies also focus on stigma, lack of environmental support, and social inclusion as negative experiences that increase parental stress levels.

It is relevant to study the level of anxiety of parents of children with developmental disorders, since the level of parental anxiety significantly affects the child’s psyche and his state. It is also worth noting that modern child rehabilitation/habilitation programs rely entirely on working with parents, so studying the level of anxiety of parents will be beneficial for both better adjustment of the service for the parents and the parents’ adaptation to reality.

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