

Discussion on the Psychological State of Parents of Autistic Children and Their Psychological Nursing

Pu Zhang

Henan Province Hospital of Traditional Chinese Medicine
(The Second Affiliated Hospital of Henan University of Traditional Chinese Medicine) Children's
Rehabilitation Division, Zhengzhou, Henan 450002, China

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Abstract: In order to understand the psychological state of parents of autistic children, it is necessary to explore the psychological care of their bad psychology. In this paper, 70 parents of autistic children were randomly divided into control group and intervention group. The control group did not take any intervention measures, and the intervention group took psychological care to compare depression and anxiety in the two groups. The results showed that the SDS and SAS scores of the intervention group were significantly improved compared with those before the intervention ($P < 0.05$), and significantly better than the control group ($P < 0.05$). Therefore, in the treatment of children with autism, parents should pay full attention to their psychological state and give appropriate psychological intervention.

1. Introduction

Autism is a generalized developmental disorder that occurs in early childhood and its symptoms involve mental development and social function development [1]. At present, there is no specific treatment, and the prognosis is extremely poor, which not only increases the economic burden of the family and society of the child, but also causes a series of negative emotions for the children's family [2]. In particular, the generation of depression and anxiety is extremely unfavorable to the physical and mental health of the parents of the children, and it will also have a negative impact on the treatment of the children [3].

At present, most autistic nursing staff regard the treatment and care of children with autism as the center of work in their daily routine work, and do not pay attention to the care of parents of children with autism [4]. The physical and mental health of family members is a prerequisite for providing support for children. In today's modern care model that emphasizes people-oriented, it not only requires the caregiver to care for the patient as a whole, but also requires the care and support of the patient's family [5]. Autism is a mental disability that is mainly caused by social development disorders. Its rehabilitation therapy and nursing experience are slow and expensive. Parents face the dual pressures of long-term mental and material life in the care and rehabilitation of children, which has a serious impact on their normal social interaction and physical and mental health [6]. In the process of nursing the children, the nursing staff must keep abreast of the mental health status of the parents of the children, and give targeted and individualized interventions, and timely adopt various interventions including psychological care to promote the psychological balance of the parents of the children [7]. This plays a positive role in the rehabilitation of children with autism. Therefore, it is especially important to study the psychological state of parents of autistic children and give psychological care [8].

In this paper, the depression self-rating scale (SDS) anxiety self-rating scale (SAS) was used to investigate the depression and anxiety of parents of autistic children, and the psychological nursing effect was observed to provide a scientific basis for effective psychological care for parents of autistic children.

2. General characteristics of autism

The symptoms of autism are diverse and involve social interaction, language communication, cognition, movement, thinking, and sensory abilities [9]. Defects in the following areas are unique to autistic children:

The first is the obstacles to social interaction. Communication barriers are the real core problem for children with autism. People often describe such children: squinting people, not pointing objects, not answering, not entering the role, not expressing consent or unwillingness, not seeking comfort, not knowing the danger, not expressing emotions and sorrows [10].

The second is language barriers. Language development is slow or undeveloped, manifested as a late speech, aphasia or monotonous vocabulary, only limited words. Children often have imitation, stereotypes, repeated words, or self-talk, strange content, no grammatical structure, no pronouns, unusual voices, intonations, etc. Children often cry, scream, and beat people to indicate discomfort or need. Don't use nodding, shaking your head, or waving your hand to express your thoughts. The child's mood, physical state will affect their response to the sound, and some language communication problems are related to abnormal auditory response.

The third is stereotyped and the scope of interest is narrow. In the way of playing toys, it is different from normal children, such as playing with wheels and caps, such as biting, shaking, tapping, and stacking, or do things in the same way. The items are always in a fixed position, taking the same route. There are strange and bizarre behaviors, repetitive behaviors, forced and ritual behaviors. If you change, you will lose your temper and become self-injured or attack others [11].

The fourth is the issue of attention. They often distracted or too focused on the performance of a thing that cannot be transferred or affected by emotions, excessively sensitive or slow to certain stimuli. Some children's attention can not be effectively selected, and it is difficult to continue and switch.

Fifth, thinking and imagination are abnormal. The thinking of autistic children is mostly image thinking. They recognize things by visual images, lack the ability to understand and understand language information. Some children have better ability in mechanical memory and spatial vision. For example, in terms of calculation and calculation date, they are unusually prominent in normal children in terms of music, painting, text symbols, and recitation. Children have difficulty understanding the Abstraction such as drug dose, calculation unit and other information. The child does not match the looks and names. Children's situational memory is poor, and the combination of context and semantics is weak [12].

Sixth is emotional instability. The child will lose his temper, cry, and scream for unknown reasons, as if he is stimulated. Children rarely have aggrieved crying, happy laughter, loud rejection, consistent with the environment, mostly expressed as retreat, passive, or hyperactive. Some children also have low physical fitness, abnormal posture, stiff posture, and abnormal movement of the limbs.

3. Objects and methods

3.1 Research object

A total of 70 parents who chose autistic children were randomly divided into control group and intervention group, 35 cases each. There were 30 males and 40 females; the age ranged from 25 to 38 years old, with an average of (32.6 ± 3.3) years; the average years of schooling (13 ± 5) years. All children were diagnosed with autism. Parents of the children gave informed consent to the study and were willing to actively cooperate with relevant research in the hospital and signed informed consent. However, it is necessary to exclude non-native, other physical and mental illnesses, and children who have not lived with their parents for a long time. There was no significant difference in the general data of the two groups ($P > 0.05$), which was comparable.

3.2 Research methods

Using the internationally accepted Self-rating Depression Scale (SDS) and Self-rating Anxiety Scale (SAS), each containing 20 items, can effectively assess the subjects' subjective feelings of depression and anxiety. Score ≤ 49 Normally, 50 to 59 points are mild depression and anxiety, 60 to 69 points are moderate depression and anxiety, and ≥ 70 points are severe depression and anxiety. Measurements and assessments were performed on the first day of the enrollment and 4 weeks after the intervention.

Both the intervention group and the control group were treated with routine nursing measures. On this basis, the intervention group was treated with psychological nursing measures. Firstly, when the child enters the hospital for treatment, the relevant personnel should warmly receive the children and their parents, and introduce the environment of the hospital and the ward to make the parents feel friendly and trustworthy to the hospital. Thereby winning the trust of parents and laying the foundation for a good relationship between nurses and patients. Secondly, we should organize a lecture once a week for 1 hour to help the parents of the child to fully understand the basic knowledge and treatment plan of autism, so that their confidence in the correction training can be effectively improved. Thirdly, according to the specific psychological problems existing in the parents of the children, they adopt targeted psychological interventions to help the parents of the children to make good adjustments to their mentality and help them to firmly overcome the confidence of autism.

4. Research results and discussion

4.1 Research results

The scores of the Self-rating Depression Scale (SDS) and the Self-rating Anxiety Scale (SAS) before and after intervention in the two groups were observed to understand whether psychological nursing intervention has important practical significance for parents of autistic children.

Using SPSS 20.0 analysis, the measurement data were expressed by ($\bar{x} \pm s$) and t test; the data of the count data (%) was used, and the χ^2 test was used. $P < 0.05$ was considered statistically significant.

Compared with the intervention, the SDS and SAS scores of the intervention group were significantly improved, and the difference was statistically significant ($P < 0.05$). Comparing the two groups of parents, there was no significant difference before the intervention ($P > 0.05$). After intervention, the SDS and SAS scores of the intervention group were significantly better than those of the control group, and the difference was statistically significant ($P < 0.05$), as shown in Tables 1 and 2.

Table 1 Comparison of SDS scores of parents in two groups ($\bar{x} \pm s$, points)

Group	Before intervention	4 weeks after the intervention	t	P
Intervention group	47.25	35.61	6.389	<0.05
Control group	46.89	46.47	0.129	>0.05
t	0.556	7.901		
P	>0.05	<0.05		

Table 2 Comparison of SAS scores between parents of two groups ($\bar{x} \pm s$, points)

Group	Before intervention	4 weeks after the intervention	t	P
Intervention group	49.59	36.88	7.839	<0.05
Control group	48.77	47.41	0.509	>0.05
t	0.261	6.411		
P	>0.05	<0.05		

4.2 Discussion

After learning that children have autism, many parents are psychologically difficult to accept that their child has autism, which is prone to many psychological problems, such as nervousness and anxiety, eagerness and expectation, depression, and lack of confidence. Studies have shown that parents of autistic children have higher levels of anxiety and depression than parents of normal children. The anxiety state of the parents of the child will directly affect the mood of the child, thus affecting the physical and mental health of the child. Negative psychological damage caused by parents of children with autism can negatively affect the child, reducing or even counteracting the positive effects of the intervention.

The results of this study showed that after 4 weeks of psychological nursing intervention, the SDS and SAS scores of the intervention group were significantly improved after psychological nursing, which was significantly lower than that of the control group ($P < 0.01$), and the intervention group had self-control before and after psychological care. Through psychological nursing intervention, parents' depression, anxiety and other negative emotions are eliminated, so that they can face the reality with a more peaceful and positive attitude, and help the children to cooperate with the treatment, thus effectively improving the treatment effect of the patients.

5. Conclusion

Autism is a type of mental disability characterized by social development disorders in early childhood. Because it takes a long time of rehabilitation and care, it has a slow onset and a long course of treatment, so it costs a lot. In addition, many parents of children who know that their child has autism are psychologically unacceptable, and there will be many psychological problems, the most obvious being nervousness and anxiety. In addition, parents also need long-term care and rehabilitation training for children, which cause them to face the dual pressure of both mental and material. Studies have shown that the family members of the child have such problems, and the recovery of the disease is extremely unfavorable.

Therefore, when nursing staff care for children, they should pay full attention to the psychological changes of the parents, give them targeted and individualized interventions, and take effective psychological care measures to help parents stay healthy. Good psychological state improves the coordination of treatment, so that children with autism can also get good rehabilitation effect.

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