



Child behaviour problems mediate the association between coping and perceived stress in caregivers of children with autism



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ABSTRACT

Coping and child behaviour problems (CBP) predict psychological distress in caregivers of children with autism. Whether CBP mediate the relationship between coping and caregivers' psychological functioning has yet to be determined. This was the aim of the current study. A sample of 56 caregivers of children with autism completed an electronic survey assessing perceived stress, disengaged and problem focused coping, and CBP. Disengaged and problem focused coping predicted both CBP and perceived stress, albeit in different directions. CBP was also predictive of perceived stress. Data revealed an indirect effect of both disengaged and problem focused coping on perceived stress through CBP. In conclusion, caregivers who use more disengaged coping might be less effective at managing the problematic behaviours of the child with autism, thus resulting in poorer psychological functioning. Conversely, caregivers who use more problem focused strategies might, due to fewer CBP, be relatively protected against the psychological sequelae associated with the caregiving experience. Whether interventions that enhance problem focused coping have adaptive effects for caregivers' psychological functioning, and whether these effects are mediated by fewer CBP might be the focus of subsequent research.

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1. Introduction

Stigma (Werner & Shulman, 2013), social isolation (Yantzi, Rosenberg, & McKeever, 2006), negotiating a fragmented service system (Griffith & Hastings, 2013) and witnessing the struggle of a loved one (Allen, Hawkins, & Cooper, 2006) are only a few examples of the stressors faced by caregivers of children with developmental disabilities (DD) such as autism. It is perhaps unsurprising, therefore, that psychological symptoms such as perceived stress (Cantwell, Muldoon, & Gallagher, 2014; Lovell, Elliot, Che Sung Liu, & Wetherell, 2014), anxiety (Lovell, Moss, & Wetherell, 2012; Ruiz-Robledillo & Moya-Albiol, 2013), depression (Gallagher & Hannigan, 2014; Rowe, McCrae, Campbell, Benito, & Cheng, 2008), hopelessness (Florian & Findler, 2001) and parenting stress (Gallagher, Phillips, & Carroll, 2010; McStay, Dissanayake, Scheeren, Koot, & Begeer, 2013) have been shown to be elevated in the context of caring for a child with DD.

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However, caregivers' psychological functioning has been shown to vary as a function of social support (Ludlow, Skelly, & Rohleder, 2012; Smith, Greenberg, & Seltzer, 2011), spirituality (Allen & Marshall, 2010; Gallagher, Phillips, Lee, & Carroll, 2015), feelings of control and mastery (Cantwell et al., 2014; Smith & Grzywacz, 2014), and parental cognitions such as locus of control (Hassall, Rose, & McDonald, 2005; Lloyd & Hastings, 2009). Coping has also been shown to differentially affect the psychological well being of familial caregivers. For example, caregivers who used more pro-active, problem focused coping (also referred to as 'proactive') strategies such as suppression of competing activities (Essex, Seltzer, & Krauss, 1999) and benefit finding (Seltzer, Greenberg, & Krauss, 1995) reported lower levels of depressive symptomology. Several recent studies have reported on the predictive value of benefit finding (Brand, Barry, & Gallagher, 2014; Lovell et al., *in press*) and other problem focused coping techniques such as planning (Lin, 2015), and the psychological functioning of familial caregivers. Disengaged (also known as 'passive') coping, which involves diverting attention away from stressful experiences, has also been found to predict psychological outcomes in the context of the caregiving experience. Indeed, caregivers who used more disengaged strategies such as problem avoidance (Feldman et al., 2007), denial (Hastings et al., 2005), behavioural disengagement (Smith, Seltzer, Tager-Flusberg, Greenberg, & Carter, 2008) and social withdrawal (Pottie & Ingram, 2008) reported higher levels of anxiety and depression. More recently, in a study involving caregivers of children with autism, greater use of disengaged coping was associated with higher levels of parental stress (Dabrowska & Pisula, 2010). The predictive value of disengaged coping for caregivers' psychological functioning was also evidenced in a recent study (Goetzinger et al., 2012) and large scale meta analysis (Li, Cooper, Bradley, Shulman, & Livingston, 2012).

Interestingly, the coping strategy of the care provider has been shown to have predictive value for care recipient quality of life outcomes. For example, mental health problems in children with cystic fibrosis increased to the extent their caregivers used more disengaged coping strategies (Wong & Heriot, 2008). Most recently, Sheehan, Hiscock, Massie, Jaffe, and Hay (2014), reported that caregivers' use of disengaged coping was positively related to treatment and non treatment related behaviour problems in children with DD. These findings suggest that caregivers who cope by diverting attention away from the stress of the caregiving experience (i.e. disengaging) might be less effective at managing the behaviour problems of the child with autism. That caregivers' coping decisions might influence care recipient quality of life outcomes was evidenced in a recent study by Gudmundson and Leerkes (2012), in which greater use of disengaged coping was associated with poorer reactivity by mothers to toddlers' negative emotions. On the other hand, caregivers' use of pro-active, problem focused coping strategies has been shown to be associated with improvements in quality of life for the care recipient. For example, caregivers who participated in a 12 week intervention designed to enhance problem focused coping skills reported reduced interpersonal sensitivity and higher caregiving related competence (Tajrishi, Azadfallah, Garakani, & Bakhshi, 2015). The predictive value of problem focused coping for other care recipient quality of life outcomes such as mental distress stress has also been previously observed (Ko et al., 2005).

CBP, and in particular, externalising behaviours such as conduct problems (Gallagher & Whiteley, 2013) and hyperactivity (McStay et al., 2013) have been shown to account for much of the variation in caregivers' psychological functioning. Indeed, in a recent study by Lovell et al. (2015), greater reports of child conduct problems were associated with higher perceived levels of stress in caregivers of children with autism. Several other studies also reported on the predictive value of CBP for the psychological functioning of the care provider (Baker, Blacher, & Olsson, 2005; Lecavalier, Leone, & Wiltz, 2006). Moreover, in a recent qualitative study, caregivers of children with autism commented that child behaviour difficulties represent one, if not the most, influential source of feeling stressed (Oruche et al., 2012). The individual relationships between CBP, coping and caregivers' psychological functioning have been widely reported; however, only one study to date has tested a mediational model of these relationships (Mausbach et al., 2006). Findings from this study indicated that coping, and in particular, disengaged coping mediated the relationship between CBP and depressive symptomology in elderly spousal caregivers of partners with dementia. However, older and younger caregivers have been shown to differ in their coping behaviours, with younger caregivers often adopting more proactive, problem focused strategies such as support seeking (Hayden and Heller, 1997). As such, this study fills an important gap in existing literature by examining a mediational model of the relationships between CBP, coping and psychological distress in a group of younger, parental caregivers of children with autism.

It was hypothesised that perceived stress would be greater in caregivers who (a) used more disengaged coping, (b) used less problem focused coping, and (c) reported more CBP. It was further hypothesised that: (d) CBP would mediate the relationship between disengaged and problem focused coping, and caregivers' perceived levels of stress.

2. Methods

2.1. Participants and procedures

A sample of 85 caregivers of children with autism was recruited via adverts posted on caregiver support pages on social media sites. All participants were recruited according to the following criteria: (a) parent of at least one child (aged between 3 and 21 years) with a clinical diagnosis of autism who (b) lives at home full time, (c) resident in the UK, (d) not providing care to another individual (e.g. parent, spouse, or friend) with chronic illness, (e) not managing any other chronically stressful life events such as bereavement or divorce, and (f) not managing any serious medical conditions. The study and all its procedures were approved by the institutional ethics review board. Consenting participants were asked to complete an electronic survey assessing: (a) demographic (e.g. age, gender) and lifestyle (e.g. smoking, exercise, medication) characteristics, (b) perceived stress, (c) coping and (d) CBP. Participants received no recompense for taking part. In total, 85 participants consented to take

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