

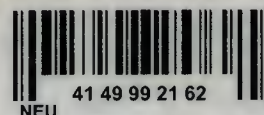
**THE STUDY ABOUT
THE EFFECT OF
EARLY
INFORMATION
ON
ANXIETY
OF
AUTISTIC CHILDREN
MOTHERS**

GRADUATION HOMEWORK)



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The Aim

The aim of this work to understand the effect of knowledge over the anxiety, in the families with autism. Because every unknown concepts produce anxiety. The concept of autism is very most full of mysterious. Is it a genetic illness, It seen because of my bad parenting, Is it the doctors Guilt, Is there any cure, Will he able to educate all these questions are asked when they first faced up with this illness. So that in this study it's try to control how knowledge is effective over autism is planned to understand.

Summary

In this study the anxiety levels of families with autism is controlled. The sample is from Ankara. The sample is very small so that its unrepresentative. But although it's small it's give s idea about that the Counseling is very important in between the families who have children need special education. Being early informed significantly reduced the anxiety level of families.

In this study 3 group of questionnaire is given. Demographic questions, Knowledge questions, Beck Anxiety scale.

The result shows that early informed is important.

AUTISM

What is autism?

In the mid-to-late 1950's number of studies begun to done and they are reporting on the results about the children with "childhood psychosis". At this reports the characteristics of autism has been drawn. The earliest report which focused on autism and the diagnostic criteria which clearly suits on was come from LEON EISENBERG(1959) a colleague of LEO KANNER he is the one of the first writers who describe the Autism first in details.

Autism is a developmental disability that typically appears during the first three years of life. The result of a neurological disorder that affects functioning of the brain, also this disability can block, delay, or distort signals from the eyes, the ears, and the other sensory organs. Autism and its associated behaviors occur in approximately, estimates of the number of the people range from 4 to 5 out of every 10,000 to 15 to 20 per 10,000.(HART. C,A. A PARENT GUIDE TO AUTISM, POCKET BOOKS 1993)

In early follow- up studies three particular factors were consistently related to later prognosis. The first, mentioned by Eisenberg was the importance of the early language development. For the individuals who had developed some useful speech by the age of around five years will performed

good outcome in time. The intellectual impairment was the other important factor. Those the children who is either untestable or who had non-verbal IQ scores below the range of 55-60, almost remained very high dependent. The third major factor was the education.(HOWLIN, PATRICIA. Autism preparing for adulthood, Routledge, 1997)

Autism banned the normal development of the brain in the areas of reasoning, social interaction and communication skills. Children and adults with autism typically have incompetencies in verbal and non-verbal communication, social interactions and leisure or play activities. This disorder makes them hard to communicate with others and they have problems in producing relations with the outside world. One of reason of this that these children born lack of a component which characterize the ability to understand the world around. The normal children with this component they may reach very high cognitive level. This cognitive ability is the most important specialty of human brain which characterize the showing the defaults of person's himself and the others. The aoutistic children can't understand the others defaults, for this reason, the defect trio in autism that is inability of dreaming, inability of communication, and inability of sociality can be explained by the lack of this cognitive component. Because of inability in the cognition levels in some cases, they may exhibit severe

aggressive behaviors and/or self-injurious behaviors.
(MEDICINE HEXAGON, 1994 ISSUE NUMBER 2)

Many autistic children spent great time in dealing with repetitive, stereotyped, apparently compulsive activities. These includes the frequent touching of particular objects, or placing them endless lines. They may exhibit repeated body movements (hand flapping, rocking), unusual responses to people or attachments to objects and resist any changes in routines. As the behavioral routines, they have verbal routines. This like having variety of daily ritualistic question and answer routines, in which the people around was obliged to take part. Many autistic children have become very distress by very little changes in their environment. They also have obsessional collecting behaviors like coin, matchboxes, music cassettes, or books; like the books only about ladybirds. As all the children have they have "security objects" this is very natural for every children for a period when they are very young(e.g. toddler). But it is unusual for the children carry their objects persist after the preschool years and even it is more in frequent for the attachment to / or prevent other activities.(HOWLIN, P., RUTTER, M. TREATMENT OF OBSESSIVE AND RITUALISTIC BEHAVIORS. JOHN WILEY & SONS 1987)

Autism is four times more prevalent in boys than girls. Girls when effected are more severe, likely more seriously disabled and to have lower IQ. Autism knows no racial, ethnic

or social boundaries. Family income, lifestyle and educational levels do not affect the chance of autism's occurrence.

Types

Autism is often referred to as a *spectrum disorder*, meaning that the symptoms and characteristics of autism can present themselves in a wide variety of combinations, from mild to severe. Although autism is defined by a certain set of behaviors, children and adults can exhibit *any combination* of the behaviors in *any degree of severity*. Two children, both with a diagnosis of autism, can act very differently from one another because of the uniqueness of the individuals.

An approach to subtypes of autism has been offered by a researcher at Stanford University Medical Center, Dr. Bryna Siegel suggests four behavioral subgroups. ("Empirically Derived subclassification of the Autistic Syndrome" Journal of Autism and Developmental Disorders, 1986). These are:

1. **Echolalic autism:** Children repeat or "echo" the language, stereotypic motor movements.
2. **Primitive autism:** children have profound mental retardation, little or no language and a lot of continuous stereotypes.
3. **Residual state autism:** Similar to Asperger's Syndrome; these individuals are odd, but not so withdrawn that they seem antisocial or unresponsive.

4. Negativistic autism: Children actively resist social contact, will push away or run away rather than passive or ignore others.

This classifications has not make a clear diagnostic differences and the zones. Because a child may move from one category to another and back again as he grows older. (HART. C,A. A PARENT GUIDE TO AUTISM, POCKET BOOKS 1993)

Professionals utilize a diagnostic handbook, the Diagnostic and Statistical Manual now in its fourth edition (DSM-IV). Several autism-related disorders are grouped under the broad heading "Pervasive Developmental Disorder" or PDD: Autism, PDD-NOS (pervasive developmental disorder, not otherwise specified), but Dr. Doris Allen, a developmental specialist at the Albert Einstein School of Medicine, calls PDD "a way of not diagnosing autism," a diagnostic doctors use when they want to avoid the word. PDD has become a professional euphemism, a soft term for something considered too harsh or too blunt. This is mostly done to protect a child from labelling as autistic. (HART. C,A. A PARENT GUIDE TO AUTISM, POCKET BOOKS 1993). Asperger's syndrome and Rett's syndrome, these two diagnoses are used differently by professionals to describe individuals who manifest some, but not all, of the autism characteristics. In contrast, a diagnosis of exhibits *fewer* symptoms than in autism, although the those

symptoms may be exactly the same as a child with an autism diagnosis.

The diagnosis of *autism* is made when a specified number of characteristics listed in the DSM-IV are present, in ranges inappropriate for the child's age. (KAPLAN, H., SADOCK., B. SYNOPSIS OF PSYCHIATRY, MASS PUBLISHING CO. 8thed)

The differences in children's behaviors are often very subtle. Many professionals still argue whether or not Asperger's is really a form of autism. What is most important to understand is that whatever the autism diagnosis, children are likely to benefit from similar approaches to education and treatment. (HART. C,A. A PARENT GUIDE TO AUTISM, POCKET BOOKS 1993)

Etiology of Autism

In family factors the Kanner's early studies Psychogenic theory has lose its significance, that that parents of the autistic children were tended to show little interest to their children. The recent studies which compares the parents of autistic children and parent of normal children have not shown any significant differences in child rearing. KAPLAN, H., SADOCK., B. SYNOPSIS OF PSYCHIATRY, MASS PUBLISHING CO. 8thed)

Medical researchers are exploring different explanations for the various forms of autism. Although one specific cause of autism is not known, current research links autism to biological or neurological differences in the brain. The findings that autistic children have significantly more minor congenital physical anomalies than do their siblings and normal controls suggests the complications of pregnancy. (KAPLAN, H., SADOCK., B. SYNOPSIS OF PSYCHIATRY, MASS PUBLISHING CO. 8thed)

MRI (Magnetic Resonance Imaging) and PET (Positron Emission Tomography) scans show abnormalities in the structure of the brain, with significant differences within the cerebellum, including the size and number of Purkinje cells. Also in the temporal lobes the hypometabolism is found out. There is an expansion in the temporal lobes and mostly in the right one. Thirty weeks before the gestation there are some anomalies as realized by Bauer and Kemper and find out that it has relation with the limbic system anomalies. Also the blood circulation has local anomalies during the childhood period and this effect the maturity of the frontal lobe functions. Macrocephalia, and megacephalia are most pervasive in autism and early period of the development of the brain programmed cell deaths are thinkable. (LEINHART J.E.

DEVELOPMENTAL ABNORMALITIES IN AUTISM, THE
LANCET. 8/ FEB/1997)

In some families there appears to be a pattern of autism or related disabilities, which suggests there may be a genetic basis to the disorder, most investigations suggests that many of the genes may responsible from autism and they continue that these genes are in everybody but they are not working in normal people. Although at this time no one gene has been directly linked to autism. The rate of being autistic of the siblings is fifty times greater than the normal population. The prevalence percent of the fragile - X syndrome in autistic children is %12 -21. (KAPLAN, H., SADOCK., B. SYNOPSIS OF PSYCHIATRY, MASS PUBLISHING CO. 8thed)

Some evidences mentioned that immunological incompatibility between mother and fetus may cause autism.

There is high possibility of prenatal factor occur in autistic children. During gestation, maternal bleeding after the first trimester and meconium in the amniotic fluid have been reported more often than normal population. Also some evidences find out that high usage of most effective medicine during the pregnancy in the mothers of autistic children. KAPLAN, H., SADOCK., B. SYNOPSIS OF PSYCHIATRY, MASS PUBLISHING CO. 8thed)

Individuals with autism may have other disorders which affect the functioning of the brain, such as epilepsy, mental retardation. About two-thirds of those diagnosed with autism will test in the range of mental retardation. Approximately 25-30% may develop a seizure pattern at some period during life.

On the other hand, autism is not a mental illness. Children with autism are not disobedient kids, who choose not to behave. Furthermore, no known psychological factors in the development of the child have been shown to cause autism. (BETTLEHEIM B. INFANTILE AUTISM AND THE BIRTH OF SELF "The parents of autistic children" 1967)

Diagnosing Autism

There is no medical tests for diagnosing autism. An accurate diagnosis has to be based on observations of the child's communication, behavior and developmental levels. However, because many of the behaviors associated with autism are shared by other disorders, a doctor may complete various medical tests to rule out other possible causes.

Diagnosis is difficult for a doctor with limited training or exposure to autism, since the characteristics of the disorder vary so much. Locating a medical specialist or psychologist should be very experienced with autism is most important. Perfectly a child should be evaluated by a multidisciplinary

team which may include a neurologist, psychologist, developmental pediatrician, speech/language therapist, learning consultant or other professionals who are familiar with autism. Several diagnostic tools have been developed over the past few years to help professionals make an accurate autism diagnosis. These diagnostic tools are: Diagnostic checklist for behavior disturbed children, childhood autism rating scale, autism screening instrument for educational planning and clinical global impressions.(SUCUOGLU, OKTEM, AKKOK, GOKLER. A STUDY ABOUT CHILDHOOD AUTISM SCALE. 3P MAGAZINE 1996)

The symptom

Children with autism often appear relatively normal in their development until the age of 24-30 months, when parents may notice delays in language, play or social interaction.

In autism there are three fundamental characteristics symptoms seen. These are:

A. Extreme isolation

B. Need for sameness

C. Mutism or non-communicative speech

a. These children have problems in making friends and understanding others. They ignore to be with their parent or

playmates. They have lack of interest to their environment. They spend all their time only with themselves instead of being with their parents. lack of spontaneous or imaginative play; does not imitate others actions; doesn't initiate pretend games. Because of this they have restricted sociable features. They have less responsible to social cues such as eye contact or smiles.

- b. They have great challenge to keeping their surroundings. This is done to feel in secure. They have great resistance to change. They become distress even from little change. This need for sameness is many times in a obsessive level. They may play with toy car wheel for hours and hours with out any change and any feature of boring.
- c. The normal children begins to babbling around six months and speak their words at a year. After the two years they begin to chain the tow or three words. On the other hand the autistic children shows no language development at this period. Most of them have never speak and some of them have some voices or words then may lose or suddenly begin to speak at six or elder. Language may developed slowly; the use of words without attaching the real meaning of them; communicates with gestures instead of words; with short attention spans.

They also have sensory impairment: unusual reactions to physical sensations such as being overly sensitive to touch or

under-responsive to pain; sight, hearing, touch, pain, smell, taste may be affected to a lesser or greater degree.

Their behaviors: may be overactive or very passive; throw frequent tantrums for no apparent reason; may persevere on a single item, idea or person; apparent lack of common sense; may show aggressive or violent behavior or injure self. (WENAR C. DEVELOPMENTAL PSYCHOPATHOLOGY 2nd ed, 1990)

There are great differences among people with autism. Some individuals mildly affected may show only slight delays in language and greater challenges with social interactions. They may have average or above average verbal, memory or spatial skills but find it difficult to be imaginative or join in a game of softball with their friends. Others more severely affected may need greater assistance in handling day to day activities like crossing the street or making a purchase. This called as intelligence islands.

The autism may affect their range of responses and make it more difficult to control how their body and mind react.

The Future Life of Autistic Children

While no one can predict the future, we do know that some adults with autism live and work independently in the community, but they are very, very few around. While others depend on the support of family and professionals. Adults with

autism can benefit from vocational training to provide them with the skills needed for obtaining jobs, in addition to social and recreational programs. Adults with autism may live in a variety of residential settings, ranging from independent home or apartments to group homes, supervised apartment settings, living with other family members to more structured residential care. They live normal life spans and the behaviors associated with may change or disappear over time.(HOWLIN, PATRICIA. Autism preparing for adulthood, Routledge, 1997)

Prognosis

Our understanding of autism has grown hugely since it was first described in 1943. Some of the earlier searches for "cures" now seem unrealistic in terms of today's understanding of brain-based disorders. To cure means "to restore to health, soundness, or normality." In the medical sense, there is no cure for the differences in the brain which result in autism.

However, better ways are found to understand the disorder and help people cope with the various *symptoms* of the disability. Some of these symptoms may diminish as the child ages grown up; wit the positive thinking others may disappear in the period of life. With right intervention, many of the autism behaviors can be positively changed, even to the point that the child or adult may appear to the untrained person to no longer have autism. The majority of children and adults will,

however, continue to show same symptoms of autism to some degree throughout their entire lives. (HART. C,A. A PARENT GUIDE TO AUTISM, POCKET BOOKS 1993)

The Therapy

Because of the entire range nature of autism and the many behavior combinations which can occur, *no one approach is effective in healing the symptoms of autism in all cases.* Various types of therapies are available, including behavior modification, speech/language therapy, sensory integration, vision therapy, music therapy, auditory training, medications and dietary interventions, among others.

Undergoing studies has shown that individuals with autism respond well to a highly structured, specialized education and behavior modification program, fitted to the individual needs of the person. A well planned intervention approach will include some level of communication therapy, social skill development, sensory impairment therapy and behavior modification at a minimum, delivered by autism trained professionals in a consistent, broad and attendant process. The more severe challenges of some children with autism may be best addressed by a structured education and behavior program which contains a 1:1 teacher to student ratio or small group environment.(DARICA, GUMUSCU, PISKIN. AUTISM AND AUTISTIC CHILDREN 1993.)

Students with autism should have training in vocational skills and community living skills at the earliest possible age. Learning to cross a street safely, to make a simple buying or to ask assistance when needed are critical skills, and may be difficult, even for those with average intelligence levels. Tasks that heighten the person's independence, give more opportunity for personal choice or allow more freedom in the community.

To be effective, any approach should be flexible in nature, rely on positive reinforcement, be re-evaluated on a regular basis and provide a smooth passing on home to school to community environments. A good program will also incorporate training and support systems for the caregivers as well. Rarely can a family, classroom teacher or other caregiver provide effective habilitation for a person with autism unless offered consultation or in-service training by a specialist knowledgeable about the disability. (HART, C.A. A PARENT GUIDE TO AUTISM, POCKET BOOKS 1993)

A generation ago, 90% of the people with autism were eventually placed in institutions. Today, as a result of appropriate and individualized services and programs, even the more severely disabled can be taught skills to allow them to develop to their fullest potential.

IMPACT ON THE PARENTS

One of the most important problems of the autism is the difficulties that the parents experience and training. The

parents can undergo visible stress and difficulties that can create disorders. If you allow your child's autism and her special needs and destroy your family, everybody will lose. So that the family should balanced everything in their life. Because being a parent of an autistic child does require more attention to your own attitudes, hopes, fears, and expectations. When the families learnt that they have an autistic child to raised up even they have raised a normal child they lose their self-confidence and self-esteem. This is because firstly the mysterious of the autism. Secondly, the economical load of professional education and the things that accompanying with this. And the lack information parents do not know what it is and what can they expect from. This sudden doubt mostly produce panic disorder, generalized anxiety disorder, obsessive-compulsive disorder, phobias, and post-traumatic stress disorder.

Symptoms of anxiety disorders often occur for no apparent reason and they persist. The continuing anxiety or panic serves no useful purpose because the feelings are often unrelated to actual or impending experiences. Rather than effect on the body, together the emotions can have devastating effects, damaging relationships with friends, family, and, person can have in job productivity, and making everyday experiences.

Generalized Anxiety Disorder

Generalized anxiety disorder (GAD) is much more than the normal day to day most people experience. It is chronic and exaggerated worry and tension, even though nothing seems to provoke it. Having this disorder means always anticipating disaster.

Depression

During any one year period, 17.6 million American adults or 10 percent of the population suffer from depressive illness.

Nor it is a sign of personal weakness or a condition that can be willed or wished away. It is a "whole-body" illness, involving the body, mood, and thoughts, and affects the way a person eats and sleeps, feels about himself or herself, and thinks about things.

The families whoever got the news about that they have an autistic child; they shock, feel helplessness, guilt, anger, grief and resentment.(POWERS, M. CHILDREN WITH AUTISM WOODBINE HOUSE 1989)

THE PARENTS AND AUTISM

Early times there have been limited resources available to the parents of children with autism in Turkiye. Recently, considerable progress has been made in developing services to meet the parents of autistic children.

The most important thing parents of persons with autism can do is to educate themselves about the disorder and become

an advocate for their child and their family. It is important to identify a professional who can help you through the system initially. It is also critical to meet other parents of people with autism. Parents are generally the most helpful to other parents. Other parents can tell you how you can handle certain problems that may arise for your child and your family. Furthermore service organizations will often listen more readily to parents than to professionals. Finally, it is most important that you love your child. Treat him as normally as possible. Parent training programs are widely accepted as one effective component among the services for families of developmental disabilities. (AKKOK F. INTERNATIONAL JOURNAL FOR THE ADVANCEMENT OF COUNSELING 1994)

Autism is important; it is important to help you understand what is wrong with your child; and, it is important to help you get the services he/she needs. After that, every child is different. The more normally a person with autism is treated, the better he/she is going to do. While it is important to recognize that while treating a child normally is the ideal, it may take the child with autism longer to learn the things necessary to function independently in society as an adult. However with love, early intervention and education, people with autism can and do lead happy, productive lives and can be integrated into society. The problem is that society is not always tolerant of persons who are different. It is up to us as

parents and professionals to educate society and help them understand and appreciate these very special people challenged by autism.

Just as the parents and siblings must make adjustments when a child is diagnosed with Autism/PDD, also affected are grandparents, aunts, uncles and cousins. I've seen very little written about this adjustment but I know in our case, it profoundly changed our relationship with our extended family members. My husband and I consider that we have a very good and close relationship with both of our families although it has gone through many changes (as has all of aspects of our life.)

I'd like to offer some tips for extended family and friends who want to help parents of a child recently diagnosed with Autism/PDD. (Most of the tips apply beyond the period following the diagnosis.) As I've previously stated, every family (including extended family members) is unique and makes this adjustment in their own way.

When parents get a diagnosis of Autism, they grieve, often very intensely and feel very isolated. Probably, no one else in the family has a PDD child and they often feel quite alone. (Unless, your family has other members, already diagnosed with Autism/PDD) the diagnosis may also be a mystery to extended family and friends.

THE METHODOLOGY

Experimental Group

The experimental group is compound of 30 families whose children are accepted as autistic. The sample was collected from vary special education schools in Ankara.

Control group

There is no control group in this observation.

The instruments

1. *Socio-demographic information form*: This form compound of 18 questions and its aimed to take the information about their age, Education levels, occupation, number of children they have, their emotions after their child labeled as autistic, do they take any support when they are dealing with autism, how long do they suspect from their child, do they have any other problem child, any other effects that may produce anxiety, and lastly how old their child, its gender an how long she/he have been educated.
2. *A form to evaluate the knowledge about the autism*: This form compound of 17 Questions. It is a true / false questionnaire to evaluate their knowledge.

The scales:

1. *Beck anxiety scale*: This scale compound of 21 questions to understand the level of the anxiety. The high points shows

high rate of anxiety.

Survey results

- Results are coded in SPSS for windows and some statistics were done. Descriptive statistics, t-test, Pearson correlation and percent(%) is work on.

Table 1

Occupation	n	%
Housewife	25	83.2
Employee	4	13.3

- Most of mother in the sample are housewife %83.3

Table 2

Education	n	%
Elementary	12	40
Secondary	4	13.3
High school	3	10
University/ Higher	10	33.3

- Even the most of them are from elementary school %40 the education is normally distributed.

Table 3

Number of birth	n	%
1	6	20
2	17	56.7
3	5	16.7
4	1	3.3
5	1	3.3

- The families are mostly have 1 or 2 children this may be the high risk factor possibility of later coming births.
- They have any kind of problems in their other children. (27) %90

Table 4

Social support	n	%
no/ family support	21	70
yes/Spouse support	21	70

- The women of this sample were do not find any support from their families, on the other hand their spouse supports and share the difficulties of being parent of developmental disorder child.

Table 5

Difficulties	n	%
no any difficulty	14	46.7
fight by myself	2	6.7
economical	6	20
the least interest	8	26.7

- most of the people mentioned that they do not face up with any difficulties.
- They were generally have difficulties because of economical problems or they have announced that have seen least attention or interest in the hospitals.
- The things that were thought to be triggering like lose of someone were resulted as %76.7(23) there is no lost in their

life.

- The question that is about have you and your friends had any serious life worth illness? Resulted as they have any this kind of risk factor. %90(27)
- In the last one year these families do not have/live any serious economical lose. %83.3(25)
- In the last one year they do not live any serious sorrow feelings. %76.7(23)
- The gender of the children is %30 (9)girl and %70(21)are boys.
- The age of the autistic children distributed around $7.63 \pm 5.56(3-27)$
- The ages of mothers when they were giving birth to an autistic children distributed around $26.80 \pm 4.76(18-34)$
- The autistic children are mostly recognized $3.80 \pm 4.96 (1-24)$
- The families were suspicious months before the recognition $10.53 \pm 10.55(0-36)$
- The ages of mothers are distributed around $33.83 \pm 7.78(23-28)$
- The period of being educated the children distributed as $25.55 \pm (4-108)$ months

Table 6 level of knowledge

Questions	true		false	
	n	%	n	%
The use grammar wrong	19	63	10	33
They easily have relation with others	21	70	9	30
They continuously do the same things	28	93	2	6.7
Autism begin in early 3 years	24	80	6	20
Its not m.d. but inability of	24	80	6	20

sociality				
its beginning of schizophrenia	25	83	3	10
its mostly seen in girls	22	73.3	7	23.3
Low s.e.s. is high factor	10	33.3	19	63.3
Child become autistic because of the mother behaviors.	18	60	12	40
This children understand the emotions verbally	17	56.7	13	43.3
They can understand from facial expressions or mimics	17	56.7	13	43.3
they can express their emotions	16	53.3	14	46.7
The can't use the language properly	20	66.7	10	33.3
They have developed ability to understand the info and kept in mind	22	73.3	8	66.7
They can easily treat and live without assistant	10	33.3	20	33.3

- The knowledge about the about autism easily helps the people to know their enemy and they can work more systematically and hopefully.

The relationship between anxiety and other factors.

- There is no any significant relation between occupation and anxiety. 19.96 ± 18.91 $p=0.283$ $t=1.122$
There is no any significant relation between problems in the other children and anxiety. (problem/3) 32.66 ± 16.56 , (not problem/27) 18.25 ± 17.51 $p=0.186$ $t=1.357$
- There is no any significant relation between family support and anxiety. (take support/9) 17.22 ± 14.00 (no support/21) 20.76 ± 19.28 $p=0.186$ $t=1.357$
- The women who has taken support from their spouse have more lower anxiety level. There is significant relation between spouse support and anxiety. 15.00 ± 14.66 $p=0.023$ $t=2.397$
- Its investigated that is there any life event to trigger the anxiety. There is no any significant relation between losing an important person and anxiety. (lost/7) 19.14 ± 11.34 (not lost/23) 19.86 ± 19.43 $p=0.903$ $t=0.123$
- There is no any significant relation between the gender of the child and anxiety (girls/9) 23.77 ± 19.50 (boys/21) 17.95 ± 17.06 $p=0.418$ $t=0.821$
- There is no any significant relation between economical lose in last one year with anxiety. (lost/5) 18.00 ± 9.19 (not lost/25) 220.04 ± 19.07 $p=0.722$ $t=0.364$
- The mothers who has knowledge about autism significantly has low level of anxiety instead of the other than the other families. (known /6) 7.83 ± 6.70 (not known/24) 22.66 ± 18.41 $p=0.004$ $t=-3.189$
- The mother who knows that autism makes the children have difficulties in being in a company, has low anxiety level than the ones do not know. (known/21) 14.76 ± 15.18 (not known /9) 31.22 ± 18.58 $p=0.017$ $t= - 2.545$
- The mother who knows that autism is developed in first three years after birth has significantly lower than the ones do not know. ((known /24) 16.50 ± 16.93 (not known/6) 32.50 ± 15.85 $p=0.046$ $t=- 2.093$

- The mother who knows that boys are more prevalent than girls has significantly low anxiety level than who do not know. (known/22)14.90+/-16.52(not known/7)35.14+/-13.94 $p=0.007$ $t=-2.916$
- The mothers who knows that low s.e.s. is a high risk factor in development of autism has significantly low anxiety level than who do not known.(known/18)9.33+/-10.91(not known/12)35.25+/-14.21 $p=0.000$ $t=5.646$
- The mothers who knows that the autistic children unable to understand the emotions that orally express, has significantly low anxiety level than who do not known .(known/17)11.82+/-13.78(not known/13)30.00+/-17.34 $p=0.03$ $t=-3.201$
- The mothers who knows that the autism has effect on understanding and using the information/knowledge has significantly low anxiety level than who do not known (known/20)14.80+/-17.28(not known/10)29.50+/-14.78 $p=0.029$ $t=-2.297$
- The mothers who knows that the autism has effect on understanding what the others thinks has significantly low anxiety level than the ones do not known. (known/22)15.77+/-16.24 (not known/8)30.50+/-18.01 $p=0.042$ $t=2.136$

Discussion

In this work the relation between knowledge and anxiety is tried to compare. Though, is there any effect on person's anxiety if the person knows what they will face up with. The families whenever first get the news their first reaction is shock because of the unknown mysterious concept "AUTISM" Later the feel helplessness because most of the people around them probably do not know anything about this.

In this study its find out that the early knowledge is significantly lower the anxiety level of the autistic child parents.

The parent are anxious about the situation in the future they need reliable information's. The family is the smallest social group of our world so all the family members effect each other. If the children who need special education known

in details and accept the child will be more healthy and more easily continue his/her development.

The siblings of child with disability could feel that they are assigned more responsibility and receive less attention than siblings of normal children. They share all the differences and difficulties of the disability with their parents. (SENEL, AKKOK. "Stress Levels & Attitudes of Siblings of Children with Disabilities" INTERNATIONAL JOURNAL FOR THE ADVANCEMENT OF COUNSELING, 1996)

Lastly the result shows that the if families are informed about the autism they lower their anxiety levels, even this illness is life long process, but the families day by day whenever they learn much about autism they feel more comfort, self- confidence. Because whenever they learn much they teach much to their children and make both themselves and their children for the future. The counseling is the most important thing in special children's families.

Bu araştırma mezuniyet ödevi olarak hazırlanmış olup herhangi bir şekilde isim yazmanız gerekmemektedir. Bu araştırma bilimsel amaçlarla düzenlenmiştir, içten ve doğru yanıtların toplum için yararlı bilgi olarak kullanılması sağlanacaktır.

TEŞEKKÜR EDERİM

Zübeyde Gülüm ERGUN
Yakın Doğu Üniversitesi
Psikoloji Bölümü
IV. Sınıf KKTC

Sorular

- 1-Yaşınız
- 2-Mesleğiniz
- 3-Eğitim Seviyeniz
- 4-Çocuk Sayınız ?
- 5- Otistik Çocuğunuz Doğduğunda Yaşınız ?
- 6- Otistik Çocuğunuza Kaç Yıl Önce Tanı Kondu ?
- 7- Tanı Öncesi Ne Kadar Süre Çocuğunuzda Bir Problem Olduğundan Şüpheleniyordunuz ?
- 8- Başka Çocuklarınızda Herhangi Bir Sağlık Problemi Var mı?
- 9- Eşiniz Tedavi Konusunda Size Destek Oldu mu ?
- 10- Aileden Başka Birisinin Tedavi Konusunda Desteği Oldu mu ?

- 11- Tedavi Süresince Ne gibi Zorluklarla Karşılaştınız ?
- 12- Çocuğunuza Tanı Konduktan Sonra Yaşamınızda Ne Gibi Değişiklikler Oldu ?
- 13- İlk Çocuğunuza Otistik Tanısı Konduktan Sonra Başka Bir Sahibi Olmakta Tereddüt Ettiniz mi?
- 14- Yakın Dönemde Bir Yakınınızı Kaybettiniz mi?(Son Bir yıl içinde)
- 15- Kendiniz veya Yakınlarınızda Ciddi, Yaşam Riski Olan Herhangi Bir Hastalık Geçiren Oldu mu?
- 16- Son Dönemde Ciddi Bir Maddi Kayıp Yaşadınız mı?
- 17- Çocuğunuzun Hastalığı Dışında Size Gerginlik Yaratan Üzüntü verici Bir Olay Yaşadınız mı?

Çocuğunuzun

- Yaşı.....:_____
- Cinsiyeti.....:_____
- Kaç Yıldır Tedavi Gördüğünü
Yazınız....:_____

Lütfen aşağıdaki sorulara **Evet** yada **Hayır** , **Doğru** veya **Yanlış** diye cevap veriniz.

Sorular

1- Çocuğunuza Tanı Konulmadan Önce Otizm Hastalığını Duymuşmuydunuz ?

Evet

Hayır

2- Otistik Çocuklar Ben yerine Sen , O veya adlarını kullanırlar.

Doğru

Yanlış

3- İnsanlarla ilişki kurmada kolaylık yaşarlar.

Doğru

Yanlış

4- Sürekli aynı hareketleri yapma istekleri vardır.

Doğru

Yanlış

5- Otizm Doğumdan sonraki ilk 3 yılda görülür.

Doğru

Yanlış

6- Otizm Zeka geriliğiyle ilgili değil Sosyal gelişimle ilgili bir yetersizliktir.

Doğru

Yanlış

7- Otizm Şizofreninin başlangıcıdır.

Doğru

Yanlış

8- Otizm Kız çocuklarında daha fazla görülmektedir.

Doğru

Yanlış

9- Düşük maddi durum otizm riskini artırır.

Doğru

Yanlış

10- Otizmin sebebi Anne-Çocuk ilişkisinde, Soğuk-Reddedici olarak algılanan davranışlar sonucu çocuğun psikolojik olarak geri çekilmesidir.

Doğru

Yanlış

11- Otistik çocuklar karşısındakilerin duygularını sözel ifade ettiğinde kolaylıkla anlarlar.

Doğru

Yanlış

12- Otistik çocuklar karşısındakilerin duygularını mimiklerinden ve yüz ifadelerinden kolaylıkla anlarlar.

Doğru

Yanlış

13- Otistik çocuklar sözel olarak kendilerini ifade edebilirler.(Kızgınlık , Mutluluk sesleri gibi).

Doğru

Yanlış

14- Otistik çocukların sosyal , duygusal olarak yoksun olmaları onların diğer yeteneklerine göre dili doğru kullanamalarından kaynaklanabilmektedir.

Doğru

Yanlış

15- Otistik çocukların bilgiyi anlama ve düşünme yetileri gelişmiştir.

Doğru

Yanlış

16- Otistik çocuklar sosyal ortamlarda başkalarının ne düşündüğünü kolaylıkla anlarlar.

Doğru

Yanlış

17- Otistik çocukların büyük bir çoğunluğu tedavi olabilir ve erişkinlikte bir iş sahibi olabilirler.

Doğru

Yanlış

Beck Anksiyete Ölçeği



Lustral sertralin **pfizer**

Adınız - soyadınız : _____

Test tarihi : _____

Aşağıda insanların kaygılı ya da endişeli oldukları zamanlarda yaşadıkları bazı belirtiler verilmiştir. Lütfen her maddeyi dikkatle okuyunuz. Daha sonra her maddedeki belirtinin **bugün dahil son bir haftadır** sizi ne kadar rahatsız ettiğini yandaki uygun yere (X) işareti koyarak belirleyiniz.

	Hiç	Hafif düzeyde Beni pek etkilemedi	Orta düzeyde Hoş değildi ama katlandım	Ciddi düzeyde Dayanmakta çok zorlandım
1. BEDENİNİZİN HERHANGİ BİR YERİNDE UYUŞMA VEYA KARINCALANMA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. SICAK/ATEŞ BASMALARI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. BACAKLARDA HALSİZLİK, TİTREME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. GEVŞEYEMEME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. ÇOK KÖTÜ ŞEYLER OLACAK KORKUSU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. BAŞ DÖNMESİ VEYA SERSEMLİK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. KALP ÇARPINTISI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. DENGENİZİ KAYBEDECEĞİNİZ DUYGUSU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. DEHŞETE KAPILMA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. SİNİRLİLİK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. BOĞULUYORMUŞ GİBİ OLMA HİSSİ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. ELLERDE TİTREME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. TİTREKLİK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. KONTROLÜ KAYBETME DUYGUSU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. NEFES ALMADA GÜÇLÜK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. ÖLÜM KORKUSU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. KORKUYA KAPILMA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. MİDEDE HAZIMSIZLIK VEYA RAHATSIZLIK HİSSİ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. BAYGINLIK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. YÜZÜN KIZARMASI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. TERLEME (SICAKLIĞA BAĞLI DEĞİL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOPLAM İŞARET SAYISI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How can you help?

Here are some "Do's and Don'ts"

(Don'ts are first, followed by the Do's.)

- DON'T tell them you understand what they are going through because you don't.
- DON'T tell them either "that everything will be all right." (Yes, they probably will adjust in time but they know their lives will never again be the same.)
- DON'T tell them "God must have chosen you to have this special child" if you don't know their religious beliefs. It is disrespectful and rude. Even if you share the same religious beliefs, please remember it takes time for the parent to accommodate the news of their child's disability into their beliefs and different parents view God's role in their child's disability differently.

DON'T

question the diagnosis. (Your notion of Autism/PDD may be based on old, outdated ideas. On the receiving end, this feels as if you are dismissing their grief.

One thing that helps tremendously is talking to parents of older children with Autism. Talking to supportive professionals & viewing videos by a psychologist.

Autism Check List

Individuals with autism usually exhibit at least Half of the traits listed below. These symptoms can range from mild to severe and vary in Intensity from symptom to symptom. In addition, the behavior usually occurs across many different situations and is consistently inappropriate for their age. Doctors often use these traits to diagnose children with Autism.

Difficulty in mixing with other children

Insistence on sameness; resists changes in routine

Inappropriate laughing and giggling

No real fear of dangers

Little or no eye contact

Unresponsive to normal teaching methods

Sustained odd play

Apparent insensitivity to pain

Echolalia (repeating words or phrases in place of normal language)

Prefers to be alone; aloof manner

May not want cuddling or act cuddly

Spins objects

Noticeable physical over-activity or extreme under-activity

Tantrums-displays extreme distress for no apparent reason

Not responsive to verbal cues; acts as if deaf

Inappropriate attachment to objects

Uneven gross/fine motor skills (May not want to kick ball but can stack blocks)

REFERENCES

1. Akkok, Fusun. "An Overview of Parent Training & Counseling with parents of Children with Mental Disabilities and Autism" *INTERNATIONAL JOURNAL FOR THE ADVANCEMENT OF COUNSELING*, 1994)
2. Akkok, Fusun. *Özel Egitim Dergisi*, 1992 1(2), 8-12
3. AKKOK SENEL. "Stress Levels & Attitudes of Siblings of Children with Disabilities" *INTERNATIONAL JOURNAL FOR THE ADVANCEMENT OF COUNSELING*, 1996)
4. American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Third Edition, Revised. Washington, DC, American Psychiatric Association, 1987.
5. Cohen, S "Targeting Autism" University of California Press 1998
6. Darica, N et.al "Autism and Autistic children"
7. Freeman, B.J., Rahbar, B., Rivto, E.R., Bice, T.L., Yokota, A., Ritvo, R., The Stability of Cognitive and Behavioral Parameters in Autism: A Twelve Year Prospective Study, *Journal of the American Academy of Child & Adolescent Psychiatry*, 30, 3479-482, 1991.
8. Hart, C. "A parents guide to Autism" 1993 pocket books USA
9. Howlin & Rutter "Treatment of obsessive & ritualistic Behaviors" John Wiley & Sons 1987
10. Howlin, P. "Autism preparing for adulthood" Routledge 1997
11. Kanner, L. (1943) Autistic disturbances of affective contact. *Nervous Child*, 2:217-280

12. Kaplan, H. Sadock, B. "Synopsis of psychiatry" 8th ed
Mass publishin co.
13. Power Michael, Children with Autism, Woodbine House,
1989
14. Ritvo, E.R, and Freeman, B.J. (1977) National Society
for Autistic Children definition of the syndrome of
autism. *Journal of Pediatric Psychology*, 4:146-148.
15. Ritvo, E.R., Freeman, B.J., Pingree, C., Mason-Brothers,
A., Jorde, L, Jenson, W.R., McMahon, W.M., Petersen,
P.B., Mo, A., Ritvo, A. The UCLA-University of Utah
Epidemiologic Survey of Autism: Prevalence, *Am. J.*
Psychiatry, 146:194-199, 1989.
16. Wenar, C. "Developmental Psychopathology" 2nd ed 1990

A POEM

I built a bridge
out of nowhere, across nothingness
and wondered if there would be something on the other side.
I built a bridge
out of fog, across darkness
and hoped that there would be light on the other side
I built a bridge
out of despair, across oblivion
and knew that there would be hope on the other side
I built a bridge out of helplessness, across chaos
and trusted that there would be strength on the other side
I built a bridge
out of hell, across terror
and it was a good bridge, strong bridge,
a beautiful bridge
It was a bridge I built myself,
with only my hands for tools, my obstinacy for supports
my faith for spans, and my blood for rivets.
I built a bridge, and crossed it,
but there was no one there to meet me on the other side.

(CESARONI & GARBER 1991 311-312)