NEAR EAST UNIVERSITY
GRADUATE SCHOOL OF SOCIAL SCIENCES
GENERAL PSYCHOLOGY MASTER PROGRAM

THE LEVEL OF DEPRESSION AND ANXIETY AMONG PARENTS OF CHILDREN WITH AUTISM SPECTRUM DISORDER IN IRAQ

HASAN FAISAL OBAID NUKHAILAWI
20134908

SUPERVISOR
Assoc. Prof. Dr. EBRU TANSEL ÇAKICI

NICOSIA 2015

NEAR EAST UNIVERSITY

GRADUATE SCHOOL OF SOCIAL SCIENCES

GENERAL PSYCHOLOGY MASTER PROGRAM

MASTER THESIS

The Level of Depression and Anxiety among Parents of Children with Autism Spectrum Disorder

Prepared by: Hasan Faisal

Examining Committee in Charge

Prof. Dr. Mehmet ÇAKICI — **Chairman of the committe**, **Psychology Department**, **Near East University**

Assoc. Prof. Dr. Ebru Tansel ÇAKICI — **Chairman of the Psychology Deparment, Near East University (Supervisor)**

Assist. Prof. Dr. Zihniye OKRAY — **Deparment of Psychology**, **European University of Lefke**

Approval of the Graduate School of Social Sciences

Prof. Dr. Celik Aruoba

ÖZET

Irak'ta Otistik Spektrum Bozukluğu Olan Çocukların Ebeveynleri arasında Depresyon ve Anksiyete Düzeyi

Hazırlayan: **HASAN FAISAL**

Ocak, 2015

Otizmi olan bir çocuğa sahip olmak ebeveynler için zor bir deneyim anlamına gelir. Yaşam stillerinde meydana gelen dramatik, beklenmedik değişiklikler çeşitli psikolojik sorunlara, depresyon ve anksiyeteye yol açabilmektedir. Bu çalışmanın amacı, Otistik Spektrum Bozukluğa (OSB) olan çocuğa sahip olmanın ebeveynlerin depresyon ve anksiyete düzeyine etkisini araştırmaktır. Ebeveyn eğitim düzeyi ve ekonomik durumunun depresyon ve anksiyete düzeyine etkisi, anne ve babalar arasındaki fark da incelenmektedir. Çalışmanın örneklemi 26 baba ve 24 anne, toplam 53 ebeveynden oluşturmaktadır. Bu amaçla Irak'ın üç farklı şehrinde (Bağdat, Babil ve Divaniye) üç rehabilitasyon merkezinde OSB olan çocukların ebeveynlerine araştırmacı tarafından hazırlanan sosyodemografik bilgi formu, Beck Depresyon Envanteri (BDA) ve Beck Anksiyete Envanteri (BAE) uygulanmıştır. 34 ebeveynde (87,2%), depresyon tespit edilmiştir, BDÖ puanlarına göre ebeveynlerin yarısı şiddetli depresyona sahiptir. Ebeveynlerin % 82'si anksiyete yaşamaktadır ve yaklaşık üçte biri (36,4%) şiddetli anksiyeteye mustariptir. Anneler babalara göre daha yüksek anksiyete seviyesine sahip bulunmuştur (p = 0, 027). Ebeveynlerin depresyon düzeyi arasında anlamlı fark tespit edilmemiştir (p = 0. 079). Çalışma sonucu otizmli çocuğu olan ailelerin karşılaştıkları zorluklar ile başa çıkmalarına yardımcı olmak ve yaşayabilecekleri psikolojik sorunları önlemek için ailelere destek veren programların gerekli olduğunu göstermektedir.

Anahtar Kelimeler: Otizm Spektrum Bozukluğu, Depresyon, Anksiyete

ABSTRACT

The Level of Depression and Anxiety Among Parents of Children with Autism Spectrum Disorder in Iraq

Prepared by: **HASAN FAISAL**

December, 2015

Having an autistic child means an overwhelming experience for parents. Because of the dramatic, unexpected changes in their lifestyle, they may experience different psychological distress such as depression and anxiety. The purpose of this study was to examine the effect of having a child with autism spectrum disorder on the level of depression and anxiety among parents. The impact of level of education and economic status, the difference between mothers and fathers on the level of depression and anxiety were examined as well. The participants of the study were formed from a non-random sample of 53 parents, 26 fathers and 24 mothers. For this purpose the parents of autistic children in three rehabilitation centers in three regions of Iraq; Baghdad, Babel and Diwanya, were given Beck Depression Inventory (BDA) and Beck Anxiety Inventory (BAI). The results have shown that 34 (87,2 %) of the parents had depression according to BDI scores, half of the parents had moderate to severe depression. About 82% of the parents experienced anxiety, and about one third of the parents (36,4%) suffered from severe anxiety. The mothers were found to have a significantly higher anxiety level than the fathers (p=0, 027). No significant differenece was found about depression level between parents (p=0. 079). The result of the study indicates that programs giving support to families that have a child with autism is necessary to help them cope up with the difficulties they face and prevent psychological problems that they may experience.

Key words: Autism Spectrum Disorder, Depression, Anxiety

ACKNOWLEDGEMENT

Firstly, i have to thank my God for answer my prayers to finish this study .
The greatest thank to my supervisor Assoc. Prof. Dr. Ebru Tansel Çakıcı, for her great support, concerns during my whole work to complete this study, which I should never forget in my lifelong.

I would like to express my gratitude to the members of my examination committee, Prof. Dr. Mehmet ÇAKICI and Assist. Prof. Dr. Zihni OKRAY. I would like to thank all the professors and the staff in the department of general psychology \Near East University for preppearing for preparing the possible circumstances to study .
I would like also to thank Faris Kamal Al-Deen the director of the three centers for autistic children which were a sample of this study, he helped me like my father doing.
For my father and mother the respect and gratitude for their prayers to me in all my life , my brothers, sisters the best hope in the life .

And my wife to her patience to endure the trouble of alienation and travel to help me in my studies over the past two years, thank to her parent.
Finally, thanks for everyone gave me his hand or supplicate for me, friends and my professors in Iraq .

TABLE OF CONTENTS

LİST OF TABLES

ABBREVIATIONS

BDI: Beck Depression Inventory

BAI: Beck Anxiety Inventory

ASDs: Autism Spectrum Disorders

NINDS: National Institute of Neurological Disorders and Stroke

1- INTRODUCTION

Autism is one of the most severe mental-developmental disabilities and causes difficulties in terms of its impact on the patient and his family, especially his parents. The affected person shows a qualitative deficit in social interaction which includes the deficit in the appropriate use of non-verbal behaviors to draw emotions and failure in the growth or development of relationships with others, and deficits in both verbal communication and nonverbal which are appropriate with developmental stages.

The effects on the parents can affect various aspects of social life, economic and psychological stability. However, communication is an appropriate expression of individual ideas and feelings to another individual or to society, who is surrounded by, as well as listening and understanding thoughts and feelings of others.

Communication skills are the most important of effective and influential parenthood, through methods of communication, parents can help their children to interact and adapt to many deficits of linguistic and career development, but the failure of parents to communicate with their children is a serious problem of many families have children with ASD (Salim, 2014,P.289).

Therefore the parents of autistic children give great effort, much time and huge amounts of money, this affects the psychological, social and economic status of the parents. There are many studies have shown that parents of autistic children or other disorders suffered high levels of psychological problems, comparative for parents of normal children. Such as stress, anxiety and depression.

Many parents may be forced to leave a full-time work to take care of their child leading to the poor economic condition, or may withdraw from a lot of family and social activities. Such as visiting the other families, either because of preoccupation with the child for a long time of the day in hand, or due to some of communities' traditions which see that the affected person with a particular disorder which brings shame to the family, on the other hand.

As in Iraq, where a lot of families see the person with autism disorder is mentally retarded as indicated administrative assistant to the Iraqi Institute for Autism _Mana Ali. She indicated that the majority of children who are joined at the institute were already exposed to domestic violence due to lack of understanding the ways of coping with them (Sakr, 2014).

The director of the three centers of the autism and special needs children, which were the research subject, has mentioned that most of the parents of children with ASD did not want to share their children's pictures or tell their relatives, while he was showing to his son's friend some pictures and he was surprised that one of the children in rehabilitation center was his cousin but he had never heard about his cousin's diagnosis (AlDeen, 2014)

As well as, having a child with special needs in the family means having other additional requirements that must be provided by the family, such as necessary materials to improve the child environment to be easy for him and the family. The need to care for the child may push some families to provide a private nursemaid, because the parents have other children need a care and straight-up, as well as repeated visits to doctors and specialists, and the presence of a child in a specialized center all this will cost unexpected money from the family and at the same time permanent (Balsha, 2006).

Many studies have done in Iraq about autism, but still not enough to understand this pervasive disorder among children, which requires a concern and attention, and we cannot compare a number of these studies conducted in the Arab world with the Western world, as well as most of the researches are focused on the impact of the ASD on the child and neglected the impact of the child on the parent of the psychological, social and economic aspects.

So important to do such as study, because the positive effect of results that involves:

1- Achieve a concrete result that illustrates the size of the psychological problems faced by the family that has a child with special needs.

2- Encourage educators to find appropriate ways to guide the family and the school.

3- The social value of the sample, parents of autistic children which cannot be ignored this large proportion since there is 1% of the general population and this means that we have double this proportion of parents.

As well as the importance of this study, comes, because it supports the field of special education, which received considerable attention from scientists since the beginning of the twentieth century until the present time, whereas attention began with these groups of people with special needs and was considered that lack of attention to this group in any country, it means the lack of culture or evidence of the country retardation.

This concern may be virtually nonexistent in Iraq, even if it is available it is not supported by the government, as the limited researcher's knowledge, but is private attempts by some of the people or private institutions. The purpose of the current study is to fill these gaps in the research literature determine the level of some psychological problems (anxiety and depression) of parents who have a child with autism in Iraq in three centers of special needs which officially certified from the Ministry of Education in Iraq in Baghdad, Babil and Diwaniya all of (The Wesam Al Rahma Institute in Baghdad which belong to The Iraqi Association for Autism , The Wesam Al Rahma Institute in Babylon branch and The Wesam Al Rahma Institute of the Diwaniyah branch) and to find out whether the level of education and economic state of parents have relation with the level of anxiety and depression, if there are many differences between mothers and fathers of children with ASD in level of depression and anxiety.

1.1 Autism

1.1.1. Definitions

According to the DSM-5, the autism is one of the neurodevelopmental disorders characterized by deficits in social communication and social interaction across multiple contexts, restricted and repetitive patterns of behavior, interests, or activities in addition to stereotyped pattern of behavior, interests and activities, the symptoms must be present in the early developmental period, are typically recognized during the second year of life (12-24 months of age) but may be seen earlier than 12 months if developmental delays are severe, or noted later than 24 months if symptoms are more subtle .

In ICD-10 that was issued by the World Health Organization WHO (1992), the autism is a disorder affects the children before they reach the age of three, and impair of the performance each of the social interaction, communication and behavior, that appearing during a limited and duplication of activities, interests, in stereotypical manners and child preoccupation in same concerns, besides special attention to the elements of non-functional to the something like smell or texture as well as they resist any change in routine or in the surrounding environment (Sharman, 2013, P. 14).

As Kanner describe the autism as a set of clinical symptom disorders that appear on the child's behavior through the lack of attention, perception, impaired ability to connect with reality the weakness of language and motor behavior which leads to weakness or lack of social relationships (Halawani, 1996).

While Howlin (1995) realizes autism one overall developmental disorders evolutionary characterized by deficient or stop the growth of sensory perception, language, thus the disability to communicate learning, cognitive and social development, and concomitant tendency withdrawal symptoms introverts, turning inward with the passionate and emotional rigidity and becomes their nervous system as completely stopped work as if they had stopped the five senses for delivering or receiving any external stimuli or express emotions and

feelings became a child inmate himself in his/her own world for live except integration in the stereotyped movements random acts non targeted for a long time or in the massive eruptions of anger in reaction to any change or external pressure to take it out of his own world (Salim, 2014, P.281).

Autism spectrum disorder is a "complex developmental disability that typically appears during the first three years of life and affects a person's ability to communicate and interact with others (Society, 2014).

Abdul Aziz AL Shakhs and Abdul Ghaffar Al Damaty (1992) they defined the autism as it is a condition affects some children at birth or during early childhood between (30: 42) months and affect their behavior making them unable to form normal social relationships, and unable to develop communication skills and the child becomes isolated from the social environment, and away in his closed world that characterized by repeating the movements and activities (Bayoumi, 2008).

Mohammed Adnan (2007) has defined the autism as a neurological disorder that affects the way in which through which the information is collected and processed by the brain leads to a deficit in the development of social skills and communication verbal and non-verbal and imaginative play and creative , causing problems with individuals such as inability to play and use the vacuum and lack of time as well as inability to develop and build appropriate imaginative (Alioat,p.7).

The most acceptable definition to the professionals is the definition of the National Association for Autistic Children states that autism is a basic pathological manifestation that appear before the child up to the age of 30 months, it includes the following disorders.

1. Disturbances in speed or sequence of growth.

2. Disturbances in sensory responses to stimuli.

3. Disturbances in attachment or belonging to people and events.

4. Disturbance in speech, language and knowledge (Shabib, 2008).

"(ASD) is characterized by varying degrees of difficulty in social interaction and verbal and nonverbal communication, and the presence of repetitive behavior and/or restricted interests" (Behavior Analyst Certification Board, 2014,P.4).

1.1.2. History of Autism Spectrum Disorder

'Autistic Disturbances of Affective Contact' is the paper well known by the researchers in autism field, because it is the first attempt to identify autism as a distinct condition. It was published in 1943 by an American psychiatrist named Leo Kanner (Boucher, 2009), he named the syndrome as ''early infantile autism" (Nasir, 2012). In 1944 Dr. Hans Asperger from Vienna has published his famous paper, also describes the case of Asperger Syndrome is similar to autism, later renamed Asperger Syndrome.

These two papers are the first scientific attempts to explain this complex disorder (Shabib, 2008). 1950-1970 psychoanalytic approach, blaming mothers, then in 1952 DSM I listed the autism with schizophrenia (Grandin, 2012).

In 1960 Bernard Rimland, Ph.D. psychologist and father of son with ASD wrote his book 'Infantile Autism: The Syndrome and Its Implication for a Neural Theory of Behavior' and it was a dramatical change in psychiatry's prescription to the autism because he proved that autism is a biological disorder, but it was not an emotional illness (Kira, 2004). Autism as a term is formed from Greek word, Autos meaning (self) and Ismos meaning (case) (Nasir, 2012). Eugen Bleuler in 1911was the first who used the term (autism or autistic) as a psychiatrist to describe the schizophrenic individual when withdraws totally from the external world and introversion on himself (Kira, 2004). Inspite of the attempts of Kaner to classify autism as a separate category in the forties, only in the DSM-III-R 1980 autism was classified as a developmental disorder, but it was not an emotional or behavioral disorder (Sharman, 2013, P. 13-14) (Wolff, 2004).

1.1.3. Autism Spectrum Disorders (ASDs)

Autism belongs to a group of disorders or conditions that affect a child under 3 years of age, lead to functional limitations, includes broad areas of communication, social and psychological development, these neuropsychiatric known as general developmental disorders or Pervasive developmental disorders (DSM-5 2013, P.50-54). Autism Spectrum Disorders (ASDs) are a set of neurodevelopmental disorders that are typically diagnosed within the first few years of child life.

"More recently, doctors have adopted the term "autism spectrum disorder" to make it clear that the illness has many related variants that range widely in severity but share some characteristic symptoms" (Oberman, 2006, P. 63). After years of research, it turns out that there are several types of autism, led to the naming of autism as (Autistic Spectrum Disorder) a reference to the large-scale and severity grades and the appearance of people affected have been identified five types of autism spectrum disorder, namely:

1-Autistic Disorder: Or sometimes called autism or classical ASD, is the most common condition in a group of developmental disorders (ASDs) characterized difficulties with social interaction, deficits verbal and nonverbal communication, and exhibit repetitive behaviors or narrow, obsessive interests, appears range in impact from mild to inability. Autism varies widely in its severity and symptoms and may go unrecognized, especially in mildly affected children or when more debilitating handicaps mask it (DSM-5 2013,P.50-55), (National Institute of Neurological Disorders and Stroke (NINDS), 2014).

2-Asperger's Disorder: A disorder similar to autism simple and often appears accompanied by a noticeable delay in the knowledge and language appear after the fourth year of age. According to the National Institutes of Health, children with AS retain their early language skills (NINDS, 2014).

3-Pervasive Developmental Disorder-Not Otherwise Specified (PDD-NOS) PDD-NOS is a diagnostic category used when a child shows some of the symptoms of autism, but not enough to meet the criteria for autism or Asperger's Syndrome. A diagnosis of PDD-NOS is given when the child shows fewer than six of the 12 symptoms outlined in the DSM-IV-TR . This diagnosis is also given to children who begin showing symptoms after age 3 (APA, 2000) (Center, 2011) (Shabib, 2008).

4- Rett's Disorder: A disorder occurs in stages natural evolution from five months to four years, accompanied by a mental disability. Rett disorder is not constantly put under the umbrella of ASD. Although it Is recognized as ASD in the DSM-IV-TR (APA, 2000), have not always been considered part of the autism spectrum by the CDC (Center, 2011)."Disruption of social interaction may be observed during the regressive phase of Rett syndrome (typically between 1-4 years of age) (DSM-5 2013,P.57)

5- Childhood Disintegrative Disorder : It is a natural progression of at least two and up to ten years, followed by a marked loss of skills. A rare case, can be diagnosed when symptoms appeared after the development and growth are normal in the first two years of age. Symptoms start before the age of ten years old, where the decline observed a lot of functions (such as the ability to move, to control urination and defecation, linguistic and social skills) (Shabib, 2008).

There are other diseases associated with autism in some cases associated with a known medical or genetic condition or environmental factor such as:

1 - Fragile X syndrome: is caused by a defect in chromosome composition x and has certain qualities in the child, such as the emergence of the ear, the large size of the head girth - severe flexibility in the joints and also mental retardation (Neuwirth, 1997) (Ali, 2008).

2 - Phenylketonuria PKU disease: Is a genetic disease that is caused by an amino acid called Phenylalanine no longer be his Metabolism in the body and that because of a shortage or lack of a certain enzyme activity in the liver leads to the

accumulation of acid in the blood and brain. Diagnosis is done by a blood test. This examination has become a routine test every child born abroad since the early diagnosis of child mental retardation and it protects the guidance of parents to stay away from foods that contain acid of phenylalanine Tuberous sclerosis (Baieli, 2003) (Khaled Saada, 2013).

3- Tuberous sclerosis: a genetic disease also described the existence of problems in the skin and dark color spots or patches of lighter skin color and mental retardation (Neuwirth, 1997).

In DSM-5 also Divided the diseases associated with autism as follows:

1- The genetic disorder (Rett syndrome. Fragile X syndrome. Down syndrome),

2- Medical disorder (epilepsy).

3- History of environmental exposure (valproate, fetal alcohol syndrome, very low birth weight).

4-Neurodevelopmental, mental or behavior conditions (attention-deficit/hyperactivity disorder; developmental coordination disorder; disruptive, impulse-control, or conduct disorders; anxiety, depressive, or bipolar disorders; tics or Tourette's disorder; self-injury; feeding, elimination, or sleep disorders) (DSM-5 2013, P.53).

There are some disorders and disabilities that may be similar with autistic disorder, including:

1-Genetic Deaf (congenital): where these children are born with deafness, and certainly they have problems in learning to being unable to hear the spoken words and thus appear to have social withdrawal signs and some are similar to the symptoms of autism symptoms, but they may differ in terms of the possibility of learning by looking at the lips and sign language unlike children with autism (Halawani, 1996).

2-Genetic Aphasia: They are children who are born with language difficulties on two types, Receptive Aphasia, is the difficulty in receiving words and thus a lack

of understanding and perception of words. Procedural Aphasia, they have the potential to receive and understand the words, but they do not have the potential in the production of speech to express themselves. They look alike with autistic terms of the negligence of foreign voices, as well as social withdrawal, but they differ in terms of their ability to visual communication as well as the possibility of non-verbal communication (Alan Mandell, 2002) (Halawani, 1996).

3-Vision problems: get to the kids some of the problems in vision due to external factors or the presence of an injury to the nerve connector from the eye to the brain or injury in the vision part of the brain may look alike these children with autism from where they have the same movements and the ability to jump and move as well as they have a strong interest routine and feel sad any change happening in the place in which they live like a house, for example, but they differ about autism in terms of their ability to understand the things that they hear (Halawani, 1996).

4-Selective Mutism: It means a speak in a place or a certain position only, for example, home and silence in other places, and this causes problems in speech and behavior in children. Selective Mutism is a severe anxiety disorder where a child is not able to speak in certain situations (for example, at school or public places) and able to speak where he feels relaxed (like at home) (Kovac, 2012), but they differ from autistic children in terms of fluency in the positions of speech and they do not have the same deficit to talk as in children with autism (Halawani, 1996).

5-Schizophrenia: Singer 1963 has presented psychological model explained that autism is an early schizophrenia, as it turns out in the DSM-I in 1952, and as stated in the DSM-II in 1968 mention with schizophrenia (Grandin, 2012). But Rutter 1972 objected to this model, said some of the reasons that support the objection, including the emergence of symptoms of autism at an early age of the child's age at the beginning of the second year to the third year, while the symptoms of schizophrenia appear at the age of 10 years and get after normal growth period (Halawani, 1996).

1.1.4. Prevalence of Autism

Autism is one of the most profound disturbances in childhood, and prevalence increased. Prevalence rates of autism of 15% per 10,000 births, and 20 children per 10,000 children (Salim, 2014, P. 283). In comparison conducted in the United States about the prevalence of autism compared with the prevalence of other disabilities combined age group of 6-22 years during the time period of 1992 and 2003, the study found that prevalence of autism during the time period referred to above 805%, while the overall prevalence of disability for the same time period 31% (Rashid, 2012, P. 22). It effects (1-2500) with a male to female ratio of approximately four to one (Ali, 2008) According to a recent estimate, there are approximately 500,000 autism spectrum cases in the United States, including perhaps as many as 1 in 150 children (Clinic, 2012).

In 2007 The Centers for Disease Control and Prevention (CDC), CDC's ADDM Network suggested that about 1 in 150 children had an ASD among the children who were 8 years old in 2002.Then, in 2009, the ADDM Network estimated other proportion indicated that 1 in 110 children had an ASD among the children who were 8 years old in 2006. In 2008 the ADDM network reported that 1 in 88 children had an ASD among the children who were 8 years old. This means that the estimated prevalence of ASDs increased 23% during 2006 to 2008 and 78% during 2002 to 2008 (1–4) (Network, 2012, P.1), also this report indicated that the almost five times as many boys were being identified with ASDs as girls (54 compared to 1 in 252) .

For 2010, the overall prevalence of ASD among the ADDM 11 sites was 14.7 per 1,000 (1 in 68) children aged 8 years. In another study conducted by (Yuta Aoki, Noriaki Yahata, et al 2014) in Japan they estimated that ASD affects 1% of the general population (Aoki, 2014).

ASD prevalence estimates also varied by gender and racial/cultural group. There are no formal statistics in most of the Arab countries about preparation of children with autism According to Dr. Mousa Nabhan told (Okaz newspaper in 2012) and he said that preparation of autistic child more than the proportion of AIDS and cancer (Al- Bulahidi, 2012). According to report conducted by Jada

Center for Autistic Children in 2011 in KSA 1 autistic in every 90 or 100 births, this is equivalent to 1% of the population (Aal, 2011). Either in Iraq, where lack of doctors ability to diagnose autism, for this reason there are no official statistics in Iraq so far about the number of children with autism (Dr. Khaldon Hamed Al Hafiz 2014) (Sakr, 2014). However even if there are some studies have shown some numbers about the autistic children in Iraq but it still uncertain because its lack of inclusiveness , because there are a lot of private centers for special needs and autistic children in iraq shall not be subjected to the control or not supervised by any official bodies, and thus it cannot be confirmed whether the methods used to treat the children are suitable as Manal Ali has said (Sakr, 2014). International Studies conducted about the autism in Iraq as well. One of these in (2011) was prepared by the Autism Research Centre at Cambridge University, the study showed that after the war on Iraq in 2003, autism cases recorded higher levels than in previous years. According to the study, and 75 are affected by autism out of every 1,000 children from 5 to 10 years old and in 2012, an article published on the website of the University of Guilford counted 5,000 Iraqi children who are affected by autism (Sakr, 2014). More recently in 2013 DSM5 estimates in USA and nonUSA countries that 1% of the population have autism spectrum disorder , They attribute the reasons for the increase to several possibilities, including an expansion of the diagnostic criteria of DSM-IV to include subthreshold cases, increased awareness, differences in study methodology, or a true increase in the frequency of autism spectrum disorder (DSM-5 2013, P. 55).

1.1.5. Diagnostic Criteria

From reading of the literature and previous research which touched on the autistic child's diagnosis, is clear that there is a complete and fundamental agreement among researchers and scientists around the diagnosis, the basic shape of the characteristics of an autistic child that can summarize the total or near-total failure in three general characteristics (Center, 2011).

1-Social relations \ social interaction.

2-Social communication and language as especially because it is an essential utility of the individual to communicate with the people who surround him, because lack or language delay.

3-Recurring behavior, where the child repeats he does insist on repeating with a steady daily routine and faces change so outraged.

This is what was said Kinnear 1943 Rutter Rutter since 1978 has focused on three aspects identified in the special symptoms of children with autism and is as follows:

1-Block in social relations

2-Growth linguist late or oblique

3-Liturgical and obsessive behavior, or to insist on uniformity. (Rashid, 2012,P.20)

These symptoms have also been adopted by the DSM III-R and DSM IV-R as well as the World Health Organization in 1992 in the ICD10 had failed in three aspects,

1-Communication

2-Social interaction

3-Typical behavior (Salim, 2014, P. 281).

As for the Community Report From the Autism and Developmental Disabilities Monitoring (ADDM) Network -2012 as follows:

1 - As he doesn't hear his name when calling or mention his name by one year age (no responding to his name)

2- No interest in the objects that require attention by 14 months of age, such as passing car front of him.

3- Not play "pretend" games by 18 months of age.

4- Wish to stay alone.

5 - Weakness or lack of eye contact.

6- The difficulty of understanding the feelings of others or understanding the speech that revolves about him by others, for example, parents' speech.

7- Delayed speech in children with autism or not for some, than siblings or peers

8-Repeat words or phrases over and over.

9-Give unrelated answers to questions.

10-Get upset by minor changes in routine

11- Have obsessive interests.

12-Flap his or her hands, rock his or her body, or spin in circles.

13-Unusual reactions to the way things sound, smell, taste, look, or feel (Network, 2012,P.2).

In the first time when you see the child with ASDs you can not notice anything strange, but when you talk with him you will be sure that there are something wrong where the child seems as if he does not see you and do not feel your presence around him, there are no communication skills also he doing something unusual such as:

1-Not make eye contact with you and avoid your gaze and fidget.

2- Rock his body to and fro or bang his head against the wall.

3- Not able to do anything remotely like a normal conversation.

4- He can experience emotion, such as fear, rage and pleasure, but he may lack genuine empathy for other people.

5- He cannot respond to the some social cues that the most typically children can do it (Oberman, 2006, P. 64).

But in the final version of which was published in 2013 DSM- 5 came in the same context, but he may have been a combination of the areas of communication and social interaction in one area under the name of social communication deficits in addition to the requirement of a delay in the

development of the language is no longer necessary for a diagnosis (Society, 2014). So that it will be enough for mentioning to the criteria which contained in the DSM-5 as newer and more commonly used by psychologist diagnoses as follow:

A. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history.

1. Deficits in social-emotional reciprocity, ranging, for example, from abnormal social approaches and failure of normal back-and-forth conversation; to reduce the sharing of interests, emotions, or effect; failure to initiate or respond to social interactions.

2. Deficits in nonverbal communicative behaviors used for social interaction, ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures: to a total lack of facial expressions and nonverbal communication.

3. Deficits in developing, maintaining, and understanding relationships, ranging, for example, from difficulties adjusting behavior to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers.

B. Restricted, repetitive patterns of behavior, interests, or activities, as manifested by at least two of the following, currently or by history.

1. Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypes, lining up toys or flipping objects, echolalia, idiosyncratic phrases).

2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take the same route or eat the same food every day).

3. Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or preservative interests).

4. Hyper- or hyperactivity to sensory input or unusual interest in sensory aspects of the environment (e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement).

C. Symptoms must be present in the early developmental period (but may not become fully manifest until social demands exceed limited capacities, or may be masked by learned strategies in later life).

D. Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.

"Manifestations of the disorder also vary greatly depending on the severity of the autistic condition, developmental level, and chronological age; hence, the term spectrum" (DSM-5 2013,P.50-51).

1.1.6. Theories Explaining Autistic Spectrum Disorder

There were many theories unexplained reasons autism with multiple competencies and interests of the commentators researchers Autism and the diversity of their background theory, but it still would not prove the responsibility from one another and did not researchers can rely on a single theory without the other to explain the real cause of autism. This plenty of theories and differences in interpretations made it difficult or impossible to provide a specific cause of autism (Sharman, 2013, P. 27).

A study conducted by the Department of Special Education in New York State in the United States refers to the classification of the causes of autism rates are as follows:

- 35.71% neurological causes
- 23.72% psychological reasons
- 19.76% genetic causes
- 7.39% environmental causes
- 6.74% causes allergies
- 6.68% biological reasons (Rashid, 2012,P.18)

Due to the large number of theories that explain the causes of autism, so I will address some of them as following:

1.1.6.1. Psychological Theory

Confirms that the cause of autism is due to the weakness of the relationship between the child and the mother (Sharman, 2013, P. 27) (Ghanem, 2013), and that's what was prevalent in the period between 1950 until 1970 where the psychoanalytic approach blaming mothers (Grandin, 2012). But this theory has been dismissed for lack of evidence to support the validity of this theory (Sharman, 2013 P. 27), this what was confirmed by Vilayanur S. Ramachandran and Lindsay M. Oberman (2006) which they divided the theories which interpreted autism into two and confirmed that researchers have rejected the third group of theories, such as (refrigerator mother) hypothesis blame the mother on bad parenting or poor emotion (Oberman, 2006, P. 64) (Ghanem, 2013) (Bayoumi, 2008) (Keke, 2011).

1.1.6.2. Theory of Mind

It is the most important of the psychological theories by (Uta Frith of University College London and Simon Baron-Cohen of the University of Cambridge in 1985) (Oberman, 2006, P. 64), suggested that the main cause of disability in children with autisp perceiving from their lack of perceive external stimuli and thus respond to them correctly and this is what leads to the inability to perceive the minds of others (Ghanem, 2013).

This theory has succeeded remarkably in the formulation of specific predictions about the weakness that appears in the autistic child in the aspects of communication and social deficits and imagination (Frith, 1994).

Theory of mind means that we will be able to reflect on the contents of our minds and the contents and intentions of the minds of others, and that's where the basic features or symptoms of a child with autism is the lack or difficulty understanding the minds of others (Cohen, 2001) (Keke, 2011) "Individuals with ASD have difficulty in inferring others' emotions and beliefs under conditions without direct emotional cues as well as those with direct emotional cues" (Aoki, 2014).

This so-called mind-blindness that proposed that the autistic child is unable or has delayed the development of theory of mind (Cohen, 2009). The idea that an autistic child has suffered from mind-blindness or deficit in the theory of mind, have been useful for the study of the child development, do not it's correct, but because it was a causal account specific and falsifiable together (Frith, 1994).

This theory has been successful in explaining the difficulties of communication and social disability in children with autism, but cannot explain non-social aspects and issues such as the need for the (narrow interests, the need for similarities and attention to detail) (Cohen, 2009).

1.1.6.3. Neurological Theory

This is the theory of the most theories, which received great attention by the research scientists as due cause autism to an imbalance in the brain of an autistic child and they have reasons that they depend on the interpretation that. Some of them who said there are defects in the structure of certain areas of the central nervous system, specifically in the areas responsible for planning or control and regulate emotions and movement and found the size of the brain of the child with autism larger than that of ordinary children (Sharman, 2013, P. 28).

Researchers believe that all individuals with autism suffer from brain damage and evidence for that autism accompanying for many of the health and neurological diseases and various disabilities, as well as differences in the size of the brains of some individuals with autism (Ghazal, 2007).

A large proportion of the increase in brain size in children with autism got in each of the occipital lobe and the temporal lobe. The examination showed a decrease in pumping blood to the parts of the brain that contains the temporal lobe that affects social relations and the normal response rates and language (Salim, 2014, P. 284).

In a study by Morton in (1997) with autistic child aged two years using Magnetic Resonance Imaging has shown that there is severe injury in the right temporal lobe. And in another study of two brothers twins carried out by Gats in (1998), using the same method revealed that the twins with autism have significantly

reason in the size of each of the caudate nucleus and amygdaloid and the small size of the hippocampal and the cerebellar vermis lobules compared to a sample of normal children (Sharman, 2013, P. 30) (Keke, 2011).

Also other reason to adoption of this theory is prevalence of autism equal in all cultures, races and social classes, as well as to accompany autism with many disabilities and neurological health disorders such as mental retardation, epilepsy ,where the electroencephalograph (EEG) showed the presence of some of the changes in the electrical brain waves between about 20-65% of cases of autism, as well as an increase in epilepsy in about 30% of autistic children (Ghanem, 2013) (Bayoumi, 2008).

The current study supporting this theory through the preliminary results, which has shown that 37.5% of the children were diagnosed to suffer from epilepsy and 25% suffer from atrophy of the brain cells.

1.1.6.4. Chemical Theory

Most studies agree that an increase in the level of serotonin in the blood of autistic children by 30-50% of them and this is what is associated with low IQ, as well as an increase in the proportion of dopamine in the brains of autistic children resulting in a rise in the proportion of Homovanillic in the cerebrospinal fluid, but high serotonin is not limited to autistic children as it have with mentally retarded children and on the contrary, high blood decreases found in the cerebrospinal fluid (CSF) to one-third of children with autism (Ghanem, 2013), (Sharman, 2013, P. 29) (Salim, 2014, P. 284) (Keke, 2011).

1.1.6.5. Genetic Theory

This theory believes that genetic factor and the gene defect are caused the autism disorder in children, especially during pregnancy period , the evidence of this is the increased infection rate of autism among identical twins (from one egg) more than fraternal twins (from two eggs).

As studies indicate that the infection rate autism among fraternal twins may be up to 100% in the case of one of them, as indicated research about the presence of chromosome responsible for the infection, which the same exists in cases of mental retardation and that this chromosome causes problems in language and motor development and some may specify Zonalli & Degett (1998) that the X chromosome is responsible for cases of autism and it intervened by 5-16% of cases of autism among children (Bayoumi, 2008). And some of them linking autism cases in children linked changes in the chromosomes of deformities (5, 7 , 15 and 21) (Rashid, 2012, P. 27) (Ghanem, 2013) (Salim, 2014, P. 284) , (Sharman, 2013, P. 28-29) (Bayoumi, 2008).

There are a lot of theories and hypotheses that explain the causes of autism, including environmental like exposed the mother to some of the problems during pregnancy or getting some infectious diseases or exposure the child to the chemicals or some vaccines (Keke, 2011), and some of them attribute to taking some medical drugs or alcohol, drugs or smoking, but despite the large number of these explanations remain the main reason for autism unknown and not agreed to all scientists or researchers.

According to the researcher's belief that the totality of the reasons which reported are real and lead a whole to for autism ruling out disorder vaccination theory based on which the Japanese experiment was carried out in the nineties, where the Japanese to stop giving this vaccine is completely in all of Japan, but the diagnosis of autism has not decreased as supposed, but surprise is that this disorder diagnosed in Japanese children witnessed a significant increase similar to the rest of the scientist (Al-Dosari, 2006).

1.1.7.Treatment of Autism

In past when one of the family members was diagnosis with autism , the parents, particularly the (mothers) where she was accused as the reason of child's autism symptoms ,were fail in the way of dealing with their child furthermore fail to support each other .and even the friends ,relatives and some of the family members were moving away or cutting the relations with these families (with autistic child) due to the lack of knowledge about the autism disorder and inability to offer something to support these families (Center, 2011).

After a numerous attempts by scientists and researchers in the field of autism to determine the causes of autism has proved that it is possible autism treatment for some individuals or alleviate severity among others and this is what gives reason for hope and not despair among parents of autistic children, where there are a lot of things that could be done by family or professionals in the field of autistic children care to treat or mitigate the severity of the disorder so that the children with autism have a future (Kira, 2004) (James B. Adams et. al. 2014)

Some of previous psychological studies have reported that early intervention is useful in a positive way with children with autism such as study of (Scotland 2000) entitled the effectiveness of early intervention to improve the communication skills of pre-language acquisition in children with autism, and its impact in reducing some types of inappropriate social behavior program, for example arousal self-arousal, The sample consisted of 87 children with autism under the age of 10 years, included the target areas everyday situations and physical communication and cooperation, play and listening and linguistic assimilation. The results showed the importance of early intervention in the development of communication by language skills, in addition to improving a child's ability to communicate during daily activities (Ali, 2013). As the autism may vary in severity from child to child, as some of them are suffering from symptoms of severe autism and some of them are suffering from symptoms or less light as well as the symptoms of autism may vary with a person with the

same position to another (Center, 2011), so it cannot be used one way with all the individuals with ASD if may be we have to use some parts of several treatments methods with one child (Sharman, 2013) (Behavior Analyst Certification Board, 2014).

There are many styles and methods that are used to treat autistic children some of these therapeutic methods that is based on the theoretical foundations of psychological analysis and some of which is based on the principles of behavioral theories and there are interventions treatment based on the use of drugs and medicines as there are some of the interventions consider a vitamin or diet food.

1.1.7.1. Behavioral Intervention Methods

American writer (Oliver Holmes) says when given the mind access to new opportunities thought would be impossible for the mind to shrink then never to what it was before and this what credible about the behavioral treatment(AbdulSattar, Ibrahim, 1993, P. 17). That most treatment programs that provide for people with autism depend on proceedings of behavior modification, it has been proven very effective in dealing with patients during trying to rehabilitation and treatment them (Sharman, 2013, P. 51).

This trend is based on the principle of rewarding, the principle of (Good Effect Law) that conducted by (Thorndike) as the child is rewarding in every time doing the behavior required of him, and this represents a key factor in reinforcement the correct response and trying to stability and continuity this response (Bayoumi, 2008). Comes the importance of these principles because of:

1- It's built on simple basis that can learn by non-professionals, caregivers and can be applying properly after training and preparation does not take a long time.

2- Can measure its impact in a scientific and clear without trouble or affected by personal factors that are often included in the measurement results.

3- These methods or programs dealing with the phenomenon itself and does not care about the reasons and this is what makes it suitable for all levels of disability or disorder.

4 - Previous research has shown that these programs and methods succeeded in behavior modification (Behavior Analyst Certification Board, 2014), (Shabib, 2008).

In comparative study was conducted by Ditza A. et al in (2006) they compared two different intervention programs (Eclectic-Development ED) and Applied Behavior Analysis ABA) among autistic children ,the sample were 19 children were received ED intervention using combination of methods, and 20 children received ABA intervention which used the behavioral principles . Both groups were diagnosed with autism using the Autism Diagnosis Observation Schedule (ADOS) and they appear same severity level of autism symptoms, the results showed that there is greater size of the affect for the (ABA) group and changes in diagnostic classification were noted in both groups but were more pronounced for the (ABA) group (Ditza A. Zachor, 2006). Kinds of therapeutic behavioral interventions:

1. Lovas program Young Autistic Program (YAP).

2. Treatment and Education of Autistic and Communication related handicapped Children) (TEACCH) for (Eric Schopler) (Ghazal, 2007).

3. Social Skills Training (SST).

4. The Picture Exchange Communication System (PECS).

5. Daily Life Therapy DLT (Higashi School Method).

6. Auditory Integration Training (ALT).

7. Sensory integration (Sensory Integration Therapy Treatment SIT).

8. Facilitated Communication FC.

9. Holding Therapy (HT).

10. Exercises Physical Therapy (Physical Exercise PE).

11. Gentle Teaching (GT).

12. Music Therapy (MT treatment).

13. Son-Rise Program.

14.Walden Toddler program. (Corsello, 2005), (Bayoumi, 2008), (Sharman, 2013, P. 49-50) (Ditza A. Zachor, 2006), (Shabib, 2008).

1.1.7.2. Psychological Intervention Methods.

This approach coincides with the discovery of autism by (Kaner 1943), where the causes of autism, explained that there are deficiencies in emotional and communicative relationship between parent and child, especially the mother, and was named the refrigerator mother (Shabib, 2008). As well as based on this belief or theory surfaced ways and psychological techniques in the treatment of autism has this psychological methods relied on the idea that the psychological development of the child disturbed and stops the progress in case if the child do not living in a state of good, normal communication and emotion with mother (Sharman, 2013, P. 51).

This method focuses on the availability of a warm, care and control, as well as provide psychological treatment programs through psychoanalysis for parents as they are the reason behind the problem of their children so that they can help their children indirectly Thus, the method may stay away from the same problem of the child (Volkmar, 1999). The pioneers of this style (Melanie Klein, Bettelheim and Merchant) they were very enthusiastic to psychological technique in the treatment of autism and mentioned to the significant improvement to the cases treated using psychological methods (Shabib, 2008), but after that the researcher Rimland (1964) is the father of an autistic child in his book (Infantile Autism) , a dramatical change happened the latest change in

the perception of autism where proven that autism is biological disorder not an emotional illness, caused a significant impact in the options that have been developed for ways to treat autism (Kira, 2004).

Since the researchers have begun to prove that psychotherapy in the use of psychoanalysis has limited value and can be useful for people with high functional and because the researchers did not arrive to prove that these psychological methods were effective in treating or reducing the symptoms (Shabib, 2008), and there became convinced that autism can be cured behavioral and medical methods.

1.1.7.3. Medical Intervention Methods.

After that proved the research and studies that biological factors play an important role in the incidence of autism, the attempts have increased to discover the appropriate medications for the treatment of autism, but yet does not have a medical treatment clearly lead to an improvement in basic symptoms of autism, but the medical treatment provides a supplementary programs comprehensive assistance therapy to improve the capacity and performance of the patient (Sharman, 2013, P. 49). Provides to help reduce the excitement levels, anxiety and reduces the destructive behavior or aggressive, but it does not affect the key aspects of Autism deficiencies on the contrary may lead to worse problems so it is required very carefully in using or avoid for the better (Shabib, 2008).

There are many medicines offering to alleviate the accompanying symptoms such as anxiety and depression but it's need accurately and keen with knowing skillful doctor to be benefit with autistic individuals to enjoy better life, but those around the patient must have familiar with the benefits of the drug and the actual problems of the patient because of the effects left by the drug on the individual who use these drugs and these impact varies depending on the nature of the body of each patient (Ali, 2008) , there are four groups of drugs using to treat the autistic individuals :

A-The optional inhibitors to recapture Serotonin (SSRIs)

B - Non-Conventional Antipsychotics

C - Tricyclic Drugs

D - Antiepileptics

1.1.7.4. Vitamins Treatment

Some studies have indicated that treatment with certain vitamins, resulting in an improvement in certain behaviors in people with autism. A study was conducted in France by Lillard et al and others in (1982) on the effect of vitamin B-6 on 44 autistic children resulted in behavioral improvement among them 15 children (Shabib, 2008).

In other study was conducted by James B Adams, et al in 2011 at Arizona State USA, about Effect of a vitamin/mineral supplement on children and adults with autism and the study involved 141 children and adults with autism, none of the participants had taken a vitamin/mineral supplement in the two months prior . The study suggested that a vitamin/mineral supplement is a reasonable adjunct therapy to consider for most children and adults with autism (James B Adams, 2011).

1.2. Impact of Chronic Disease of Children on the Parents

The parents of children with autism due to the deficits of social and communicative, internalizing, and externalizing problems which their children exhibit, they will experience stressful and challenging [APA] (Lee, 2009).

The period following diagnosis of any chronic childhood disability is on particularly acute distress and family disturbance. In one study that was examining the most common distress appearing on the parents' behavior after diagnosis their child with chronic disability, including autistic they experienced depression, anger, shock, fear, guilt, denial, confusion and other psychological problems and it was clear among them via uncontrollable crying, sweating, headache, trampling, stomachache and loss of appetite (Boucher, 2009).

Having child with ASD or other disabled often impact the family behave specially the parents because of the child need different way to dealing with him and more time with spending more money to prepare a suitable environment for the child of special needs rather than typically developmental child .

Ghoroury and Romanczyk (1999) examined the play interactions of family members (Siblings, mothers, and fathers) towards children with autism among nine families have autistic child, they found that the parents exhibited more play behaviors towards children with autism than siblings.

Gundogar et al. (2010) suggested 'having limited free time' and 'financial problems' lead the parents to experience high level of depression and anxiety .

Dr. Avinash De Sousa (2010) compared the psychopathology in mothers of autistic children with mothers of mentally retarded children, he conducted that the mothers of autistic children had higher depression and anxiety than mothers of mentally retarded children (Sousa, 2010). Debra L. Rezendes and Angela Scarpa (2011) examined mechanisms that may underlie the relationship between child behavior problems and parental anxiety/depression, the results were supported their hypotheses which indicated that parenting stress caused the

relationship between child behavior problems, and decreased parenting self-efficacy, the decreased parenting self-efficacy in turn partially caused the relationship between parenting stress and increased depression/anxiety (Scarpa, 2011).

In some ways the parents and the family coping with the ASD child both of positive and negative during times of crisis in Iraq to explain in this research. In a study published recently in Iraq, about the methods of dealing by parents of children with autism study results showed systematic strategy to solve the problems they are the most commonly used by parents of autistic children, followed by Search strategy for social support while the strategy of (exclusion) least frequently used by them did not show a difference in the use of these strategies among parents. Also found that there is a relationship between high scientific level and the use of positive strategies (Lazam, 2013).

Altiere et al. suggested in their study about the Family Functioning and Coping Behaviors in Parents of Children with Autism ,that the enmeshed style may be more adaptive for a family that encounters extreme challenges (Altiere, 2008). Gloria K. Lee (2009) in his study he investigated the coping differences in relation to the psychosocial adjustment (depression, anxiety, and marital adjustment) between mothers and fathers of children with and without High Functioning Autism Spectrum Disorders (HFASDs)he found that the parents of children with HFASDs exhibited less adaptive coping skills as compared to parents of children without any disability and they experience high level of clinical depression also the mother was higher than fathers in both of depression and anxiety (Lee, 2009).

Laura and Schieve and other at (2006) studied the relationship between parenting a child with autism and stress and they compared with parents of children with special health care needs, including (emotional, developmental, or behavioral problems) and children with special health needs without developmental problems other than autism that need treatment, they indicated that the parent of

children with ASD was scoring high aggravation range than parents of children in other groups.

Twoy et al (2006) aimed to identify the coping strategies used by families with children with ASD using the Resiliency Model of Family Stress, Adjustment, and Adaptation. This study suggested that the parents of children with ASD are resilient in adapting to the challenges of caring and raising their child with autism and using social support systems within the family's social network was a large part of the external family-coping strategies (Richard Twoy, 2007).

Bumin, Günal and Tükel (2008) in their study investigated the relationship among anxiety and depression with quality of life in mothers with disabled children. The study was performed three rehabilitation centers in Ankara the findings of this study indicated that mothers with disabled children have anxiety and depression (Gonca Bumin, 2008).

Also the children with autism experience some level of anxiety and depression as in (Sarah Jabeen Nasir and Sohema Tahir's study 2012 the study was carried out to assess whether children with autism displayed identifiable expressions of anger, anxiety and depression in school and home settings and the results showed that anxiety and depression are expressed by children with autism from time to time (Nasir, 2012).

Parents of children with ASD experience higher levels depression compared to parents of children with other disabilities (Laura A. Schieve, 2007), they used the Aggravation in Parenting Scale to examine parents of children with autism compared with parents three groups as follow :

(1) Children with special health care needs including emotional, developmental, or behavioral problems other than autism that necessitated treatment (children with other developmental problems (2) Children with special health care needs without developmental problems (3) Children without special health care needs. they estimated that parents of children with autism were more likely to score in the high aggravation range (55%), and the parents of

children with autism and recent special service needs were substantially more likely to have high aggravation than parents of children with recent special service needs in each of the 3 comparison groups. "Raising a child with an autism spectrum disorder (ASD) can be an overwhelming experience for parents and families (Hecke, 2012).

Jeffrey S. Karst • Amy Vaughan Van Hecke (2012), they suggested that The deficits of children with ASD are associated with numerous difficulties in their parents and families in areas such parenting self-efficacy, parenting stress, parents health both of ' mental and physical, marital, sibling, and family relationships, and overall family well-being (Hecke, 2012). Other study was conducted at a tertiary care hospital in Pakistan. The parents were assessed for anxiety and depression using DSM IV criteria.

High proportion of parents of children with ID has psychiatric diagnosis of anxiety, depression or both (Azeem, 2013).

Also parents of autistic child experience moderate level of resilience (Ismael, 2012). This finding suggests that the enmeshed style may be more adaptive for a family that encounters extreme challenges.

Other study was examined the impact of autism severity and parental coping strategies on stress in parents of children with ASD referred that increasing our knowledge of the coping strategies that are more or less effective and under what conditions some coping strategies may be either beneficial or harmful for this population of parents has direct implications for treatment and parent education efforts (Dunleavy, 2010).

The way that the parents deal with the child with autism or any disability ,plays an important part in the future of that family and their child with disorder ,that's why parents should be taught the possible ways to reach emotional resolution and bushing them to accept their child as who he is not what he or she should be (Nasir, 2012). May arise differences between couples as a result of having a child with special needs, regardless of the type of disability and could lead to additional cases of divorce.

In some studies about the divorce rate in families, which has children with special needs in the United States has proven 50 - 70% and varies these percentages between different countries (Fahad, 2008) he also mentioned that the most common psychological problems that appear specific with mothers due to having a child with ASD are : (stress, , anxiety, denial , confusion , dispersion and frustration).

Lowrence R. Jones and David L.Holmes (2009), they said the married life affected in some cases and become threatening to finish due to have autistic child , and the major reason in most of the divorce cases is the inability to cope with depression and anxiety and stress that comes with having autistic childe (L.Holmes, 2009).

According to (The Autism Society of America) the most common reasons of strees among parents of children with ASD are :

1. lack of the parent's ability to reach their child's needs.
2. Society's perception of the child and feeling of isolation.
3. Concerns relating to the future of autistic child care.
4. Financial and economic costs.
5. Feeling of depression and isolation.
6. Lack of time.
7. Reactions of siblings and other family members (L.Holmes, 2009).

S. Freemans , Kasaric C . (2013) they examined parents extent to which match and in line with play of their autistic children, and the result shown that the parents of children with ASD more playing progress and directing and generating play acts more than parents of typical children, also they responded to their child's play acts with a high level play act more than parents of typical children which they doing responses mor similar to their child's acts (Kasaric, 2013).

Foody C.,et al (2014) they compared parenting responsibility , distress , depression , anxiety and other things between 19 fathers and mothers of children with asd ,they found that the mothers higher than fathers in responsibility ,

distress and depression and anxiety (Foody, 2013) (Ester, 2013). Most of the studies which conducted the autism impact on parents has reported that the parents of children with autism and related autism spectrum disorders (ASDs) they experience high levels of psychological distress including anxiety and depression and stress containing low family cohesion and somatic complaints comparative to the parents of children with typically developments (Laura A. Schieve, 2007).

1.2.1.Depression

"Depression is a serious medical illness that negatively affects how you feel, the way you think and how you act"(APA, 2005). Most psychological theories of depression is classified as a personal emotive disorder of origin, while talking about the cognitive theory of depression as one of the personality disorders resulting from erroneous methods in mental processing of information, but almost explanatory theories of depression on the importance of the interaction between emotion and depression (Hussein, 2008).

Psychological and neurological diseases, which now affects 450 million people around the world, the large proportion of these numbers is the disorder of depression reach to 140 million people (Dessoki, 2011). It's effect 350 people around the world, and according to the world mental health depression is effect 1 in 20 individual (Marina Marcus, 2012). During 12 month period us has recorded that there are 6.6% of the population experienced major depression and 16.6 % of the population will experience depression in their lifetime (Mitchell J, 2013). In the UK, Between 5% and 10% of patients attending their general doctor with major depression, and two to three times as many people have non major depression symptoms (BearingPoint, 2009).

Disruptive mood dysregulation disorder is common among children presenting to pediatric mental health clinics, during 6-month to 1-year period-prevalence of disruptive mood dysregulation disorder among children and adolescents probably falls in the 2%-5% range.

However, rates are expected to be higher in males and school-age children than in females and adolescents (DSM-5 2013, P. 157).

"The term depression refers to lack of tonicity, loss of energy, feelings of weakness, of powerlessness, unhappiness, self-punishment, and the whole range of negative feelings,, (Barroso, 2003, P. 89).

Depression is a common mental disorder that presents with depressed mood , changes weight and appetite to food, natural sleep pattern disturbance, change the level of activity and efficiency, frigidity, loss of happiness and fun activity and activities of daily routine, fatigue, and illusion physical ills, feelings of guilt and loss of self-mind, turmoil cognitive: the patient becomes unable to good thinking and proper focus, has been followed by the emergence of suicidal thoughts. depressed mood, loss of interest or pleasure, decreased energy, feelings of guilt or low self-worth, disturbed sleep or appetite, and poor concentration (Marina Marcus, 2012) (Hussein, 2008).

Beck (1974) believes that depression is only the emotional mood related to the negative cognition (Hussein, 2008). In a survey study carried out by (Wulsin, in 1996) estimated that 11242 patients visiting clinics primary care, either reached the level of illness or under the neurotic level of depression , equal to or greater than physical of known diseases, including heart disease and diseases, rheumatism, diabetes and diseases of the digestive tract (Ibrahim, 1998, P. 31).

To know the risks of the depression we can imagine the number of individuals that suicide every year in the world due to the effect with major depression, which reaches 800,000 person, and these statistics uncertain if there are a large number of individuals experience depression in some level but they refuse review of the medical clinics as reported some studies that 80 % from depressed people do not go to the medical clinics (Al-Sherbini, 2012, P. 10). According to the DSM-5 the depressive disorders include 8 :

1. Disruptive mood dysregulation disorder
2. Major depressive disorder (including major depressive episode)
3. Persistent depressive disorder (dysthymia)
4. Premenstrual dysphoric disorder
5. Substance/medication-induced depressive disorder
6. Depressive disorder due to another medical condition
7. Other specified depressive disorder

8. Unspecified depressive disorder.

The common feature of all these disorders is the presence of sad, empty, or irritable mood, accompanied by somatic and cognitive changes that significantly affect the individual's capacity to function and the differs among them are issues of duration, timing, or presumed etiology (DSM-V, 2013, P. 155). Two types of depression, including reaction depression which defined by (O'Leary & Wilson 1975) as a normal reaction raised by painful experience such failure in a relationship or disappointment or loss of something important such as working or exposure close person to chronic illness or death, and what distinguishes this kind of depression that happen for short periods not more than two weeks as estimated in DSM-5 and as well as linked to the reasons that raises .

The second type is major depression characterized with

1- More severe.

2- Lasts for long periods.

3 -Impedes the individual substantially from the performance of normal activities and duties.

4- Reasons that raises may not be clear or distinct form that we see among the vast majority of people (Ibrahim, 1998, P. 17).

(Beck) believes the depression is disorder associated largely to aspect of cognitive individual , which explains the presence of the negative pattern of thinking, where it is known that includes difficulty in thinking and weaknesses in the energy and movement, vitality and a decrease in functional activity, and may be, his other symptoms as delusions illness or self-accusation or illusion persecution (Alaasmi, 2012).

Beck's model is important of psychological models in the interpretation of depression this model assumes that depressive disorders arise on the basis of cognitive disturbances, where the cognitive disturbances structures are characterized by distortion to varying degrees and distortions cognitive (or errors cognitive) is a form of assimilation the appropriate information and is characterized by being random conclusions and abstractions selective and generalizations, excessive exaggerations and thinking moral absolute and

personalization, which leads to becoming the content of these cognitive among the depressed person fraught with negative outlook of the world and the future, that what Beck called it a (cognitive Triad) (Rudwan, 1999).

The factors behind the exposure the individual to depression many, some of these chemical factors other genetic, environmental factors, personality factors and medical conditions. In the current study we are trying to identify the level of depression due to environmental factors, among parents of children diagnosed with autism.

1.2.2.Anxiety

The anxiety one of the important issues that still taking a lead place in psychological research to date, because the anxiety is the main reason to a lot of mental disorders, particularly neurotic , it also (the silent killer), is the cause of many cases of death caused by brain explosion or a clot in the brain or otherwise (Mikhael, 2003). There is no doubt that one of the first researchers who contributed to the interpretation and analysis of anxiety is a leader of psychoanalysis (Freud) , which interpreted the anxiety in two theory in (1917 and 1926) to two types :

1. Anxiety as an everyday phenomenon: it is what is happening to all individuals as a result of the fear of real stimulus, and is termed as fear more than it is a anxiety.

2. Neurotic anxiety: A reflection of the neurological condition of the individual which is more like phobia or panic attack (Strongman, 1995).

Then a series of interpretations of some of them interpreted that:

1. Exogenous anxiety (anxiety normal), which is an effective response to the common people in the natural conditions with the tension or threat when human exposed to something threatens security and safety, for example, failure the car's brake , the individual in this case feels unrest and trembling.

2. Endogenous anxiety : it's disease as indicated by a lot , and it explains that the patients born with a genetic predisposition to anxiety , starts usually with bouts of anxiety attack individual unexpectedly without advance knowledge or apparent reason and this is what sets it apart from the normal kind of anxiety (Sheehan, 1988, P. 20).

(Sullivan) believes that the individual at all stages of its growth has internal capabilities make him aware of certain aspects of its relationship with others in the scope of its environment and make it able to interact with it, indicating that any disruption in the mutual relationship between the individual and the society

in which he lives leads to the emergence of anxiety (Abdel-Maksoud, 2001).Separation anxiety disorder, among adults in the United States is 0.9%-1.9%., 4% in children and 1.6% in adolescence . Separation anxiety disorder decreases in prevalence from childhood through adolescence and adulthood and is the most prevalent anxiety disorder in children younger than 12 years. In clinical samples of children, the disorder is equally common in males and females. In the community, the disorder is more frequent in females (DSM-5 2013, P. 192).

The anxiety affects about (5%) of the population at a given time and affects 1% to the degree of disability and the majority of infected of women around (80%) in almost years ability to have children (Sheehan, 1988, P. 23).

Perhaps the most common and widespread theoretical nowadays and the most acceptable to the psychologists, psychiatry contemporaries are the Spielberger theory who worked on the benefit of other theories that preceded his theory to achieve something of compatibility and harmonization between them (Salman 2006). According to the theory of contemporary anxiety by Spielberger there are two aspects or concepts for anxiety:

1- State of Anxiety: Refers to the anxiety as the emotional case occurring to all individuals suddenly and temporary vary and fluctuate from time to time depending on the size of distress or exciting position, and rising level of state of anxiety in circumstances which are seen by individual as it threatened his security and safety, regardless of the real danger or objective, and decreases the severity of state of anxiety in normal situations or the conditions in which individual does not see risk-based danger threatening him.
2- The Trait Anxiety : Refers to as a relatively constant anxiety of the human personality trait, but individuals vary in the degree to which they have, reflecting the differences between them in terms of their willingness to respond to stressful situations are different degrees of anxiety (Salman, 2006), (Mikhael, 2003) (Mohammed, 2010).

Anxiety is the lack of psychological satisfaction is characterized by fear and insecurity and the expectation of a disaster and can rise to the point of panic and accompanying this feeling in some cases some of the psychosomatic symptoms (Mohammed, 2010).

To distinguish between fear and anxiety that we can take the form of (Lang) which he has divided anxiety and fear into a system of three-responses: (verbal-subjective), (overt motor acts), and (somato-visceral activity) and according to the Michelle G. et al (2009) explanation the anxiety and fear during these three responses, that symptoms of anxiety include worry (verbal-subjective), avoidance (overt motor acts), and muscle tension (somato-visceral activity), and fear symptoms include thoughts of imminent threat (verbal- subjective), escape (overt motor), and a strong autonomic surge resulting in physical symptoms such as sweating, trembling, heart palpitations, and nausea (somatic-visceral) (Michelle G. Craske, 2009).

Most of the anxiety research and studies have focused on general anxiety as well as the emergence of a relative interest in studying the factors that lead to get anxiety in the individual, such as the stress at work or at school or tension in relationships or financial crisis or a serious medical illness, whereas the current study are an attempt to study the effect of having a child with autism on the level of anxiety among parents.

2- METHOD OF THE STUDY

2.1 Aim of the Study

The aims of the present study are:

A- Examine the level of depression and anxiety among parents of children with ASD in Iraq.

B- Investigate the differences between mothers and fathers of children with ASD in levels of depression and anxiety.

C- As well as to investigate the relationship between the level of education and economic situation of parents of children with ASDs and their level of anxiety and depression.

2.2 Participants

The current study includes 53 parents of children diagnosed with ASD, 24 mothers and 26 fathers and 3 missing as shown in (table 1). Participants of the study were from three centers for daycare of children with autism at three regions of Iraq: Baghdad, Babil and Diwaniya. The centers were Wesam Al Rahma Institute in Baghdad, Wesam Al Rahma Institute in Babylon branch and and Wesam Al Rahma Institute of the Diwaniyah branch. Which belong to the Iraq Association for Autism .

2.3 Instruments

2.3.1 Socio-demographic questionnaire, it was prepared by the author.

Different sociodemographic questioners were prepared for the parents and children.

A-For Parents: Includes questions such as gender, age, city, education level, accommodation, marital status, state of the economy, and the work.

B- For Child with ASDs: Includes questions such as gender, age, if he/she has another disorder, history of another disorder, age diagnosis, and who gave the diagnosis first.

2.3.2 Beck Depression Inventory (BDI)

The Beck Depression Inventory (BDI), created by Dr. Aaron T. Beck et, al, 1979, is a 21-question multiple-choice self-report inventory that is utilized for assessing the severity of an individual's depression. Each question is graded on a 4 point scale ranging from 0 (none) to 3 (severe range). In this study, has used the published version in the year (1987) which was issued in instructions guide issued in (1993), and contains 21 items ranging answer for each item between (0-3), which has translated to Arabic language by Ahmed Abdel-Khalek, and was rationed and published in (1996) with permission from Aaron Beck.The advantage of this Arabic version comes due subject it to accurate procedure, such as translation and reverse translational and experimental application on a sample fluent in Arabic and English and applied the two version on them with correlation coefficient between the two version (0.96) (Rudwan, 1999) (Alaasmi, 2012). The advantages of this version, are use of classical Arabic language easy and provides results about the list of studies standards Arab like Egyptian, Saudi Arabia and Algeria population (Muammria, 2010). And has rationed on Syrian population by both Radwan (2001) and Riad Nayil Alaasmi 2012. In general, the results in all of researches indicated the validity of the Beck depression for use in diagnostic and research work in Arab society (0,65-0,92) (Rudwan, 1999). Only there is a conflict between the original English scale, and the Arabic version. Because there is a sub-questions in some items ranged from 0 to 4 such as (Sadness, Pessimism, Past Failure, Loss of Pleasure, Guilty Feelings, Punishment Feelings, Self-Dislike and Loss of Energy) and other items (Suicidal Thoughts or Wishes) ranged from 0 to 5. While the original shell is graded on a 4 point scale ranging from 0 to 3.The reason to add some supquestions to the Arabic version unknown (Rudwan, 1999) but may be to be easy for Arabic population to understanding .

2.3.3 Beck Anxiety Inventory (BAI)

The Beck Anxiety Inventory (BAI) is a 21-item scale developed to measure the severity of anxiety symptoms. Respondents are asked to rank each item on a 4-point scale ranging from 0 (not at all) to 3 (severely, can barely stand it). Ratings are for the past week. Items are added to obtain total scores ranging from 0 to 63. The BAI has been widely applied to assess severity of anxiety by self-report. Beck and others argued that the BAI can be employed to measure anxiety treatment outcome (Ovsanna T. Leyfer, 2006).The Arabic version was reported to be valid and reliable by (Al Nehar Tayseer, 2000), for use in Arabic population 0,83 with re-test and Cronbach's alpha of 0,90, which have used in this study .

2.4. Data Analysis

Data of the research was investigated by using Chi-square and Independent Sample t-test analysis method. The findings provided were evaluated as meaningful at $p \leq 0.05$ level.

All obtained data in this research process evaluated by using a 19th version of the Statistically Package for Social Sciences (SPSS).

3. RESULTS OF THE STUDY

The mean of age of the parents was 38.15±6.21 (23-56), and the mean age of children was 7.65±2.15 (1-13).

Table 1. Distribution of the participants according to the city

City	n (%)
Baghdad	32 (60.4)
Babel	7 (13.2)
Diwaniya	14 (26.4)
Total	53 (100.0)

32 (60.4) participants were from Baghdad, 7 (13.2) from Babel and 14 (26.4) were from Diwaniya .

Table 2. Distribution of the parents gender

Gender	n (%)
Male	24 (48.0)
Femal	26 (52.0)
Missing	3
Total	53 (100)

24 (48.0) of participants were male and 26 (52.0) of participants were female .

Table 3. Distribution of Parents According to Marital Status

Marital Status	N %
Marrid	48 (96.0)
Divorce	2 (4.0)
Missing	3
Total	53 (100.0)

48 (90.6) of the parents of children were married and 2 (3.8) were divorced .

Table 4. Distribution of Parents According to Their Education Level

Education Level	n(%)
Not Reading and Not Writing	2(3.8)
Reading and writing	3(5.7)
Elementary	0
Secondary	11(20.8)
High school	2(3.8)
University	24(45.3)
Master	3(5.7)
Doctoral	4(7.5)
Missing	4
Total	53(100.0)

About 3.8% of parents were not reading and not writing, 5.7% were reading and writing, 20.8% were graduate from secondary school, 3.8% were graduating from high school, 45.7% were university graduates, 5.7% were master graduates, 7.5% were PhD graduates.

Table 5. Correlation of the occupation of mean scores of BDI, BAI and mean age of children and mean age of parents .

	Anxiety	Parent-age	Child-age
Depression	r= 0,738 p=0.000**	r=- 0.102 P=0,548	r=0, 099 p=0,555
Anxiety		r=- 0,321 p=0.078	r=- 0.198 p=0.295

P≤ 0.05 ** P< 0.001

Pearson correlation method was used to investigate the relation between mean scores of BAI and mean age of the parents and children. Mean BDI scores had positive significant correlation with BAI scores (r=0, 738 p≤ 0,001). There was no significant relation between age of the parents or the age of the children with BAI and BDI scores.

Table 6. Level of Depression of Parents

Level of depression	n	(%)
No depression (0-9)	5	12,8
Milled (10-15)	6	15,4
Moderate (16-23)	13	33,3
Severe (24-36)	11	28,2
Very severe (37-more)	4	10,3
Missing	14	
Total	54	100.0

34 (87,2 %) of the parents had depression, according to BDI scores. Half of the parents had moderate to severe depression.

Table 7. Level of Anxiety of The Parents

Level of Anxiety	n	(%)
No	6	18,2
Mild	6	18,2
Moderate	9	27,3
Sever	12	36,4
Missing	20	
Total	53	100.0

About 82% of the parents experienced anxiety. One third of the parents (36,4%) suffered from severe anxiety.

Table 8. Comparison of Mean Scores of BDI and BAI of Parents According to Gender.

	Fathers	Mothers	T df p
BDI	17,90±11,88 (n=20)	24,94±12,08 (n=18)	1,811 36 0,079
BAI	17,74±11,47 (n=19)	31,46± 18,20 (n=13)	2,622 30 0,027 *

*P≤0. 05 ** P< 0.001

When mean scores of BDI are compared between the parents with t-test analysis, no significant difference was found (p=0. 079).

When mean scores of BAI are compared between the parents with t-test analysis, the anxiety levels of mothers was found to be significantly higher than fathers (p=0, 027).

Table 9. Comparison of BDI means scores of parents according to their level of education.

Level of education		mean± SD (n)
Gr I	Not reading and not writing	16,75 ± 4,27 (n= 4)
	Reading and writing	
	Elementary	
Gr II	Secondary	26,56 ± 7,49 (n= 9)
	High school	
Gr III	University	20,04 ± 14.08 (n= 25)
	Master	
	Doctoral	
Total		21.23±12.33 (n= 38)

df =2 f = 1,234 p =0.304

When BDI mean scores of the parents were compared according to the education level using one-way ANOVA, no significant difference was found.

Table 10. Comparison of BAI mean scores of parents according to their level of education .

Level of education		mean± SD (n)
Gr I	Not reading and not writing	26,14 ± 9,63 (n= 7)
	Reading and writing	
	Elementary	
	Secondary	
	High school	
Gr II	University	22,52 ± 17,28 (n=25)
	Master	
	Doctoral	
Total		23.31± 15.85 (n= 32)

df = 30 t = 0,528 p = 0.601

When BAI mean scores of the parents were compared according to the education level using t-test, no significant difference was found.

Table 11. Comparison of mean scores of BDI and BAI of parents according to their economic status

	Good economic	Moderate and poor economy	t df p
BDI	15.50± 11.86 (n = 14)	23.81±11.76 (n= 22)	-2.063 34 0.047 *
BAI	14.79±10.56 (n= 14)	27.93±15.24 (n=15)	-2.686 27 0.012 *

*P ≤ 0.05 **p< 0.001

When BDI mean score of parents are compared whether they have good or moderate-poor economic status by t-test analysis, the parents with good economic status were found to have a significantly lower depression level (p=0. 047).

When BAI mean score of parents are compared whether they have good or moderate-poor economic status by t-test analysis, the parents with good economic status were found to have a significantly lower anxiety level (p=0. 012).

Table 12. Distribution of parents whether they live with their autistic child

	n (%)
Living with child	50 (100.0)
Mising	3
Total	50(100.0)

All the parents were living with their autistic child.

Table 13. Distribution of children according to the gender

Child Gender	n(%)
Male	45(90.0)
Female	5(10.0)
Missing	3
Total	50(100.0)

About 90.0% of children were male and 10.0% were female .

Table 14. Distribution of Children According to The Age Diagnosis

Diagnosis Age (Years)	n(%)
2	10(18.9)
3	18(34.0)
4	10(18.9)
5	3(5.7)
6	2(3.8)
8	3(5.7)
Missing	7
Total	53(100.0)

About 18.9% of children were diagnosis with ASD at 2 years age, 34.0% of them were diagnosis at 3 years age, 18.9% were diagnosis at 4 years age, 5.7% were diagnosis at 5 years age, 3.8% were diagnosis at 6 years age, and 5.7% were diagnosis at 8 years age.

T able 15. Distribution of children according to who gave diagnosis first

	n (%)
Psychiatrist	39 (73.6)
Childs Doctor	4 (7.5)
Special Psychological Institute	6 (11.3)
Missing	4
Total	53 (100.0)

About 73.6% of children were diagnosed with ASD by a psychiatrist, 7.0% of them were diagnosed by pediatrician, and 11.3% were diagnosed at a Special Psychological Institute.

Table 16. Distribution of children according to the diseases accompanying autism

Other Diseases	n(%)
Epilepsy	3(5.7)
Hyper Movement	1(1.9)
Atrophy of Brain Cells	2(3.8)
Chronic constipation	2(3.8)
No Other Diseases	42(79.2)
Missing	3
Total	53(100.0)

About 5.7% of children with ASD were diagnosis with epilepsy, 1.9% were diagnosis with hyper movement, 3.8% were diagnosis with atrophy of brain cells, and 3.8% were diagnosis with chronic constipation.

4- DISCUSSION

This research differs from previous researches by, focusing on discovering differences between mothers and fathers of children with ASD in levels of depression and anxiety, and focusing on the level of depression and anxiety according to the parents of level of education and economic status.

In this study the majority of autistic children were males (90.0%), This result reflects the high prevalence of autism in males compared with females, which is consistent with many other studies which indicate that boys (82%) are more than girls in their study (Azeem and Al- Hemiary 2013). Also, this result is consistent with the Community Report From the Autism and Developmental Disabilities Monitoring (ADDM) Network- (2012) in the United States, which showed that the samples that almost five times as many boys were being identified with ASDs as girls (1 in 54 compared to 1 in 252), and with DSM-5 2013 that Autism spectrum disorder is diagnosed four times more often in males than in females.

According to the child's age, 77.5 % ranged between 2-5 years, and most of the children were diagnosed at an age between 2-3 years, this study consistent with the new diagnostic criteria in DSM-5 that symptoms are often most marked in early childhood and early school years, with developmental gains typically in later childhood (that extends until the age of 8 years) in at least some areas.

The parent's samples were mothers close to being equal fathers (24-26). More than half of them were college, master and doctoral graduates (58.5%), while 20.8% were of secondary school level. This finding might reflect a better awareness about autism among highly educated parents. In this study no difference about anxiety and depression level was found between parents with different levels of education. Less depression and anxiety as shown in the study of Bumin, Günal and Tükel (2008) which they investigated the relationship among anxiety and depression with quality of life in 107 mothers with disabled children in three rehabilitation centers in Ankara, using Beck Depression

Inventory (BDI), State Trait Anxiety Inventory (STAI) and Nottingham Health Profiles Part -1 (NHP) for this purpose. The findings of that study indicated that mothers with disabled children have anxiety and depression. Increased depression and anxiety level affected mother's quality of life negatively and they found that mothers with lower educational levels had the highest trait anxiety and pain scale of NHP (Bumin 2008).

Azeem and Al- Hemiary (2013) in their study to assess the coping strategies of parents of children with autism and the relationship of different strategies with their educational level among 100 sample of parents (father or mother) of 100 autistic children in several private rehabilitation centers of autism in Baghdad city, they found that the educational level of parents was significantly associated with the use of positive coping strategies.

The current study found that the majority of the parents' sample (94.3%) were living together in the same household with their children, and 4% were divorced. This finding might reflect the nature of family cohesion in Iraqi culture.

The results of this study also indicated that there is a significant low level of depression and anxiety among parents related to their good economic status. Parallel to Gundogar's (2010) study suggested that financial problems are the most important factors that affect the psychological of the parents of disabled people. Their study aimed to determine the situations in which the parents experience higher levels of stress; to investigate the relation between the levels of stress, depression and anxiety. The sample was 156 parents of disabled people were asked to score 10 possible stressful situations (financial problems, relations with other people, having limited free time, not to be able to participate in social activities, etc.) on a scale of 0–10 points, Beck Depression Inventory (BDI) and Spielberger State Trait Anxiety Inventory (STAI) were applied to the participants. Among the stressful experiences, the parents gave the highest points to 'attitudes of society towards disabled people', 'having limited free time' and

'financial problems' (Top three situations). In BDI there was a relation between financial problems, a decrease in relations with other people, having limited free time and insufficiency of physical structures. The relations between financial problems and being an individual who has close relations with disabled person other than his/her parents on STAI-state as effective variables. 'Negative attitudes of society towards disabled people' were defined employing the STAI-trait as the only effective variable.

The level of depression and anxiety among parents of children with ASD were found to be high. 87,2 % of the parents had depression, according to BDI scores. Half of the parents had moderate to severe depression. About 82% of the parents experienced anxiety. One third of the parents (36,4%) suffered from severe anxiety. This is expected result, based on previous inquiries in the literature review where is most of the researches about the effect of chronic Disease of Children on The Parents has estimated that there are severe levels of psychopathology as anxiety, depression and both anxiety and depression together and stress among parents of children with special needs. Muhammad Waqar Azeem, (2013) investigated the degree of psychopathology (anxiety, depression and both anxiety and depression together) among parents of children with intellectual disability (ID), the participants were 198 parents (99 fathers/99 mothers) of 100 children with the diagnosis of intellectual disability. The parents were assessed for anxiety and depression using DSM IV criteria. The results estimated that a significantly higher proportion of mothers (89%) had anxiety, depression, or both anxiety and depression together as compared to fathers (77%). A significant association was also found between mother's anxiety, depression or both and degrees of the ID of their children.

Another study was conducted by Mori et al, (2009) and they have found that there significantly elevate parental stress levels in Japanese parents of children with Asperger's syndrome or autism. In addition, the total parental stress levels were significantly higher in parents of children with Asperger's syndrome than in parents of children with autism. They have used Parenting Stress Index/Short Form scale for comparison between the Japanese parents caring for children with

Asperger's syndrome and Japanese parents caring for children with autism in stress levels, in a sample of 193 families. Both groups had significant increase in parental stress levels. In addition, strong evidence was obtained in the presence of higher levels of parental stress in the Asperger's group compared with the parents of the autistic group after controlling for the impact of confounders (Mori K, 2009).

In the current study the anxiety level of mothers was found to be significantly higher than fathers (p=0,027). The reason of this result may be due to the nature of Iraqi society that prefers of mother to stay at home rather than works out of the house, and what makes her much closer to her child with autism than his father and mothers usually carry greater workload to raise children than fathers.

This result is consistent with the study by Merkaj et al. (2013) in their study to compare the symptoms of stress, depression and anxiety in parents of autistic children. For this purpose they have used DASS 42 (Depression, Anxiety, Stress, Scale 42, Lovibond 1995), self-administered questionnaire. The sample was 70 parents of autistic children and 70 parents of typically developing children. The results have shown that parents of autistic children report more symptom of stress, depression and anxiety than parents of clinically healthy children Mothers of children with autism show a significant increase in symptoms of stress, depression, and anxiety compared with fathers of children with autism (Merkaj, 2013).

The studies show that the parents of children with autism or other disabilities experience high levels of psychopathologies, stress, anxiety, depression in the general population because of the caring children with ASD or other disabilities is not easy task, it's a challenge of these parents (Merkaj, 2013). Because all parents always planning to have perfect, healthy babies and they never expect or think about disabled children (Mohsin, 2013).

There are several limitations to this study. As with most studies on families with a child with autism, the current study is plagued by a relatively small sample size, 53 parents 24 mothers and 26 fathers. The strength of the study is that it

shows the psychological effects both on mothers and fathers and the effects of socio demographic factors.

5- CONCLUSION

According to the results of the current study, we recommend the professionals from various disciplines such as doctors, social workers, psychologists, nurses, therapists working in institutions for children with autism should be trained on the effects of depression, anxiety and other psychosocial problems experienced by parents of ASD children. Parents should be involved in individual counseling programs, at the institutions that provide services for children with autism.

In Iraq, there is a lack of institutes supporting the family that have child with autism.

There should be institutes supporting parents of the autistic children to decrease the overwhelming challenges they face, and thus lead to a reduction of the severity of anxiety and depression suffered by the parents and the mother in particular.

There should be education programs to the community about autism and the family having a child with autism should not be blamed, to reduce the sense of parents being perceived inferior by the community. Many studies have shown that the social support have an active role in alleviating severity of anxiety and depression among parents of children with ASD.

REFERENCES

Aal, R. A., 2011. "دراسة احصائية: مرض التوحد في المملكة 1% من عدد السكان" "A statistical study: Autism, Saudi Arabia 1% of The Population". (صحيفة المدينة), **AL Madina Newspaper.** 5 December.

Al-Fahad, Yasser. 2008. " تاثير اضطراب التوحد على مسيرة الحياة الزوجية "."The Impact of Autism Disorder on the March of Married Life", (المشروع الوطني للتوعية والتدريب حول إعاقة التوحد)**National Project Program for Awareness and Training on Autism 26 – 30 April, 2008.** Saudi Autistic Society, Jeddah.

Al Sersi. Asmaa, Amany Abdel-Maksoud. 2001."المساندة الاجتماعية كما يدركها المراهقين وعلاقتها ببعض المتغيرات النفسية" "Social support as perceived by adolescents and its relationship with some psychological variables". (Unpublished Proceeding), Cairo.

Alaasmi, Riad Nile. 2012." تناقضات إدراك الذات وعلاقتها بكل من القلق الاجتماعي والاكتئاب لدى طلاب جامعة دمشق". "Contradictions of self-awareness and its relationship with Social anxiety and depression in Damascus University students"."مجلة جامعة دمشق".**Journal of Damascus University.**Vol 28, No 3,P.17-69.

Alan Mandell, M., 2002. "Diagnosing Primary Progressive Aphasia (PPA)". **National Aphasia Association Newsletter.** New York: Vol 14, No 2, P.1-2.

Al-Bulahidi, Khalid. 2012. "نسبة المصابين بالتوحد تتجاوز السرطان والايدز"."The Proportion of Affected by Autism more than Those Affected Cancer and AIDS"."صحيفة عكاظ". **Okaz Newspaper**, 4 April, p. 1.

Al-Dosari, Mohammed Saeed. 2006. " الدراسات العلمية تنفي أي دور للمعادن في إصابة الأطفال بالتوحد". "Scientific Studies Denies any Role of Metals in The effects of children with autism". صحيفة الرياض .**Al Riyadh Newspaper**, 18 May, p. 1.

Ali, D., 2013. "فاعلية برنامج تدريبي لتنمية السلوكات غير اللفظية لدى عينة من الأطفال التوحديين"."The Effectiveness of The Training Program for The Development of Nonverbal Behaviors on

Sample of Children with Autism". مجلة جامعة دمشق. **Damascus University Journal** . Vol. 29 , No.1, P.193-234.

Ali, Haitham Ahmed.2008. " اضطراب التوحد لدى الاطفال"."Autism Spectrum Disorder Among Children". PhD thesis. 2008 آذار 10 – 9 المؤتمر العلمي الثاني لكلية التربية للفترة من . **Second Scientific Conference of the Faculty of Education9-10 March 2008.** Babel: Babelon University: 58-74.

Al-Ali, Reslan. 2008. "متلازمة الصبغي x الهش". "Fragile X chromosome syndrome". Master thesis. University of Damascus Faculty of Pharmacy.

Al Nehar Tayseer, Al Zubaidi Abdelqawi, 2000. " الخصائص السيكومترية للصورة العربية لمقياس بيك للقلق في بيئة دولة الامارات العربية المتحدة" "The psychometric properties of the Arabic version of beck anxiety inventory in United Arab Emirates". مجلة مركز البحوث التربوية .**The Education Research Center Journal .** Vol. 9, No. 18, P. 87-106.

AlSherbini, Lutfi Abdulaziz. 2012. "الدليل الى فهم وعلاج الاكتاب" ."**The Guide to Understanding and Treatment of Depression**". سلسلة الكتاب الالكتروني لشبكة العلوم النفسية العربية. Electronic book of the Arab Network of Psychological Science. No 23.

American Autism Society. [13.12.2014]. http://www.autism-society.org/about-autism.

Amy M. Lyons, Scott C. Leon Carolyn E, Roecker Phelps , Alison M. Dunleavy. 2010. "The Impact of Child Symptom Severity on Stress Among Parents of Children with ASD: The Moderating Role of Coping Styles". **Journal of Child and Family Studies - J Child Famstud**. Vol. 19, No. 4, P. 516-524.

Baieli. Sabrina, Lorenzo Pavone, Concetta Meli, Agata Fiumara,Mary Coleman. 2003."Autism and Phenylketonuria". **Journal of Autism and Developmental Disorders**.Vol. 33, No. 2. P.201-204.

Balsha, Ayman Mohamed Mahmoud . 2006. " تفعيل دور الاباء (الوالدين) في البرامج السلوكية والتربوية للاطفال التوحديين (من النظرية للتطبيق)."Activating the Role of Parents in Behavioral and Educational Programs for Children with Autism (From Theory to Application)". المؤتمر العربي التاسع للاتحاد رعاية وتأهيل ذوي الاحتياجات الخاصة في العالم العربي (الحاضر – المستقبل).

9. Care and rehabilitation of people with special needs in the Arab world (Present - Future) 5-7 December 2006. Cairo: Cairo University: p. 1-22.

APA, 2005. "Let's Talk Facts About Depression". **American Psychiatric Association.**

Baron-Cohen. 2009. "Autism: The Empathizing – Systemizing (E-S) Theory". **New York Academy of Sciences.** No.1156, P. 68–80.

Baron-Cohen, S., 2001."Theory of Mind in Normal Development and Autism". **International Journal of Retardation.** No.34,P.174-183.

Barroso, M. G., 2003. "Depression: Clinical Definition and Case Histories". **The International Journal of Transpersonal Studies**. Vol. 22,P. 89-99.

Bayoumi, Lamia Abdul Hamid. 2008. " فاعلية برنامج تدريبى لتنمية بعض مهارات العناية بالذات لدى الأطفال التوحديين" "The Effectiveness of The Training Program for The Development of Some Self-Care Skills in Children with Autism". PhD thesis. Al-Arish. The Suez Canal University, Department of Educational Psychology.

Bearing Point, A. H., 2009. "Depression". Department of Social And Family Affairs. **BearingPoint, Atos Healthcare EBM.** Vol .72, No 9 Version: 4.0 .

Behavior Analyst Certification Board, I., 2014. "**Applied Behavior Analysis Treatment of Autism Spectrum Disorder: Practice Guidelines for Healthcare Funders and Managers**". Second edition : Behavior Analyst Certification Board, Inc. ("BACB").

Bin-Hussein, Abdulaziz M. 2008. (العلاقة بين الاكتاب على مقياس بيك والحالات الانفعالية بمقياس الانفعالات الفارق لدى عينة سعودية ("The Relationship between Depression as Measured by BDP and Emotional States as measured by DES In A Saudi Sample". (2008 المؤتمر الإقليمي لعلم النفس عام) **Regional Conference of Psychology 2008**. Department of Psychology - Faculty of Education - The King Saud University : P,1-57.

Boucher, J. 2009. "**The Autistic Spectrum , Characteristics, Causes and Practical Issues**". SAGE publications. http://www.uk.sagepub.com/books/9781446245491 [7.11.2014].

Corsello, C. &., 2005. "Early Intervention in Autism". **Infants & Young Children journal.** Vol. 18, No. 2, p. 74–85.

Dessoki, Hani Hamed. 2011. (الاكتاب)Depression. (جريدة الاهرام).**Al-Ahram Newspaper.** 20 October .

Ditza A. Zachor, Esther Ben-Itzchak b, Ana-Lia Rabinovich, Eli Lahat. 2007." Change in autism core symptoms with intervention". **Journals of Elsevier Ltd .** Vol. 1, no. 4, P. 304-317.

DSM-V, 2013. American Psychiatric Association. 2013. "**Diagnostic and Statistical Manual of Mental Disorders".** Fifth Edition, American Psychiatric Association, Washington.

Eileen G. Pollack, Susan M. Wilczynski. 2011. "A Parent's Guide to Evidence-Based Practice Autism and Providing Information and Resources for Families of Children with Autism Spectrum Disorders". **The National Autism Center& May Institute.**USA .

El-Ghoroury NH1, Romanczyk RG. 1999. "Play interactions of family members towards children with autism". **Journal of Autism and Developmental Disorders.**Vol.29, No. 3, P.249-258.

Estes. Annette, Vismara. Laurie .2013."The Impact of Parent-Delivered Intervention on Parents of Very Young Children with Autism". **J Autism Dev Disord.** Vol.44, P.353 – 365.

Ewa Pisula. 2011. "Parenting Stress in Mothers and Fathers of Children with Autism Spectrum Disorders". **Mental and Behavioural Disorders and Diseases of the Nervous System .** ed. Mohammadi . Mohammad-Reza . "A Comprehensive Book on Autism Spectrum Disorders": P 87-88-106.

Faris, Kamal Al Deen. 2014. "Autism".[Interview]. Member of Iraqi Association of Autism. Director of Three Center for Autistic Children. 10 September, 2014.Iraq: Babel.

Fahcsia . 2012. [20.12.2014]. Definition of Autism Spectrum Disorder. **Behavioral Neurotherapy Clinic.** http://www.autism.net.au/

Foody, Ciara. 2013. "An Examination of Selected Psychophysiological Parameters of Stress in Parents of Children with Autism Spectrum Disorders "Parenting Stress, Salivary Biomarkers, and Ambulatory Blood Pressure: A Comparison Between Mothers and Fathers of Children with Autism Spectrum Disorders". PhD thesis. National University of Ireland – Galway.

Fred Volkmar, 1999. "Practice Parameters for the Assessment and Treatment of Children, Adolescents, and Adults With Autism and Other Pervasive Developmental Disorders". **Journal of American Academy of Child and Adolescent Psychiatry**. Washington: Vol 38:No12.P32-54.

Freeman S, Kasari C. 2013. "Parent-Child Interactions in Autism: Characteristics of Play". **SAGE Journals.** Vol.17, No.2 , P. 147-161.

Frith. Uta, Francesca. Happe. 1994."Autism : Beyond Theory of Mind". **Chgnition** .Vol. 50,P.115- 132.

Ghanem, Shawqi Ahmed. 2013. " تقنين مقياس لتشخيص اضطراب التوحد لدى الأطفال دون عمر السادسة في اللاذقية وطرطوس – سورية 2013". "Standardization of Autism Diagnostic Measure for Children under Age Six in Lattakia and Tartous – Syria, 2013". Master thesis. Federal Republic of Germany – Cologne, German, Arab University of Science and Technology: College of Graduate Studies - Department of Education and Psychology.

Ghazal, Majdi Fathi. 2007. " فاعلية برنامج تدريبي في تنمية المهارات الاجتماعية لدى عينة من الاطفال التوحديين في مدينة عمان". "The effectiveness of the training program in social skills development in a sample of autistic children in the city of Amman". Master thesis. University of Jordan, College of Graduate Studies: January 2007.

Gonca Bumin, Ayla Güna, şermin Tükel. 2008. "Anxiety, depression and quality of life in mothers of disabled children". **Süleyman Demirel Üniversitesi Tıp Fakültesi Dergisi** .Vol.15, No1; P6-11.

Grandin, Temple. 2012.[3.1.2015] "The Autistic Brain". Chicago, Chicago Humanities Festival. Video: https://www.youtube.com/watch?v=MWePrOuSeSY

Gundogar. Duru, Uskun. Ersin. 2010. "The levels of stress, depression and anxiety of parents of disabled children in Turkey". **Disability and Rehabilitation.** Vol. 32, No. 23, P1917-1927.

Halawani, Hosni Ahsan Omar. 1996. " المؤشرات التشخيصية الفارقة للأطفال ذوي الاوتيزم (التوحد) من خلال ادائهم على بعض المقاييس النفسية". "Diagnostic Indicators Distinguishing Children with Autism Through Their Performance on Some Psychological Measures". Master thesis. College of Education in Makkah, Graduate Studies: University of Umm Al-Qura, Saudi Arabia.

Hecke. Amy Vaughan Van, Jeffrey S. Karst. 2012. "Parent and Family Impact of Autism Spectrum Disorders: A Review and Proposed Model for Intervention Evaluation". **Clinical Child and Family Psychology Review.** Vol.15, No.3, P.247-277.

Ibrahim, Abdulsattar. 1998. "الاكتئاب: اضطراب العصر الحديث، فهمه واساليب علاجه.". "Depression : Disorder of Modern Times , Understand it and Treatment Methods". المجلس الوطني للثقافة والفنون والآداب- الكويت. **The National Cultural Council for Culture, Arts and Letters –Kuwait**: No. 239.

Ibrahim, AbdulSattar, Abdul Aziz bin Abdullah al-Dakhil, Ridwan Ibrahim. 1993. العلاج) السلوكي للطفل :اساليبه ونماذج من حالاته ("**Behavioral Therapy forThe Child, Methods and Models of Cases**". (المجلس الوطني للثقافة والفنون والاداب-الكويت)Kuwait: Cultural Monthly National Council for Culture, Arts and Letters – No. 180, P.17, 31,33.

Ismael, Bayda'a A., Shirooq M. Jaqoub, 2012. "Determination of Parents' Resilience with Autistic Child in Baghdad City". **Journal of the Faculty of Medicine, Baghdad**. Vol.54, No 4; 325-330.

James B. Adams, Stephen M. Edelson, T. 2004. "Advice for Parents of Young Autistic Children". Working Paper,USA. P.1-13.

James B. Adams et al;. 2011. "Effect of a vitamin/mineral supplement on children and adults with autism". **Bio Med Central Ltd.** Vol .111,No. 11,P. 1- 30.

Keke, Mohsin Mahmood Ahmed. 2011." المظاهر السلوكية لاطفال التوحد في معهدي الغسق وسارة من وجهة نظر ابائهم وامهاتهم " ."Behavioral Appearances of children with Autism according to their parents point of view at AL – Ghasaq and Sara Institutes". مجلة أبحاث كلية التربية الأساسية.**College of Basic Education Research Journal.** Vol. 11, No.1, P.76- 99.

Khaled Saad et al. 2013. "Autistic Symptoms in Late Diagnosed Phenylketonuric Children in Upper Egypt". **Journal of American Science.** Vol. 8, No.12, P.1326 - 1332.

Kira, Chantal Sicile. 2004.[3.12. 2014]."Autism Spectrum Disorder the Complete Guide to Understanding Autism, Asperger's Syndrome, Pervasive Aevelopmental Disorder and Other ASDs". **Berkley Publishing Group, A Division of Penguin Group (USA) Inc.** http://www.amazon.com/dp/B001J9Q47E/ref=rdr_ext_sb_ti_hist_1

Kovac, Lisa, Aimee Kotrba. 2012. "Helping Children and Youth with Selective Mutism: Information for Parents and Caregivers". **The Children's Hospital of Eastern (CHEO).** http://www.cheo.on.ca/uploads/Selective%20Mutism/Selective%20Mutism%20ENG.pdf

Lawrence R. Jones and David L. Holmes. 2009. "Autism and Divorce Guidelines for Family Court Practice". **New Jersey Lawyer Magazine.**February 2009. No. 256, P.7.

Laura A. Schieve, Stephen J. Blumberg, Catherine Rice, Susanna N. Visser, Coleen Boyle. 2007. "The Relationship Between Autism and Parenting Stress". **American Academy of Pediatrics.** Vol.119, No.114.P.114-121.

Lazam. Mohammed A.,Nesif J. Al- Hemiary.2013." Assessment of Coping Strategies for Parents of Autistic Child and Their Relation to Education Level". **Iraqi National Journal of Nursing Specilities**. Vol: 26 No: 2: 26-34.

Lee, Gloria K. (2009). "Fathers and mothers of children with high functioning autism: How well do they cope and adjust?". **Journal of Developmental and Physical Disabilities**.Vol.21, No.2, P. 93-114.

Marina Marcus, M. Taghi Yasamy, Mark van Ommeren, and Dan Chisholm, Shekhar Saxena. 2012. "Depression: A Global Crisis". **20th Anniversary of World Mental Health Day, October 10\ 2012.**World Health Organization\World Federation for Mental Health.

Matthew J. Altiere. 2006."Family Functioning and Coping Behaviors in Parents of Children". Master thesis. Eastern Michigan University, Department of Psychology.

Michelle G. Craske et al. 2009. "What Is an Anxiety Disorder?". **The Official Journal of Anxiety and Depression Association of America and the American Psychiatric Association.**Vol.26, P.1066 - 1085.

Mikhael, A., 2003. "دراسة لمقياس القلق بوصفه حالة وسمة على عينات من طلاب الجامعات السورية"."A study to anxiety scale as a state and trait on samples of Syrian university students". Graduate Capstone Project. مجلة جامعة دمشق. **Damascus University Journal**. Vol .19, No. 2, P.11-7 1.

Mitchell J, Trangle M, Degnan B, Gabert T, Haight B, Kessler D, Mack N, Mallen E, Novak H, Rossmiller D, Setterlund L, Somers K, Valentino N, Vincent S.2013. "**Adult Depression in Primary Care**". 60th ed. Institute for Clinical Systems Improvement.

Mohammed, Hiba Moayid. 2010. " قلق المستقبل عند الشباب وعلاقته ببعض المتغيرات". "Future Anxiety Among Young and Its Relationship with Some Variables". مجلة البحوث التربوية والنفسية .**Iraqi Journal of Educational and Psychological Researches**.No.26 & 27, P.321-379 .

Mori K, Ujiie T, Smith A, Howlin P. 2009. "Parental stress associated with caring for children with Asperger's syndrome or autism". **Pediatrics International Journal.** Vol. 51, No. 3, P. 364- 70.

Muammria, Bashir. 2010. " تقنين قائمة ارون بيك الثانية للاكتاب على عينات من الجنسين في البيئة الجزائرية". "Rationing Aaron Beck List second-depressants on a Sample of Both Sexes in

the Algerian Environment".مجلة شبكة العلوم النفسية العربية . **Arabic Network Psychological Sciences Journal.** No. 25 &26, P. 92-105.

Muhammad Waqar Azeem, Imtiaz Ahmad Dogar, F., 2013. Anxiety and Depression among Parents of Children with Intellectual Disability in Pakistan. **J Can Acad Child Adolesc Psychiatry.**Vol.22, No.4, P.290 - 295.

Muhammad Adnan, Eliot. 2007. "الاطفال التوحديين". "**Autistic Children**". عمان:دار (اليازوري.Amman: Dar Al Yazouri .

MMWR.2012." Prevalence of Autism Spectrum Disorders (ASDs) Among Multiple Areas of the United States in 2008". **Morbidity and Mortality Weekly Report**. March 30, 2012 / Vol. 61 / No. 3, P.1.

Nasir, Sarah Jabeen, Tahir ,Sohema . 2012."Anger, Anxiety and Depression in Children with Autism in Home and School Settings: A Qualitative Analysis". **Journal of Behavioural Sciences**.Vol. 22, No. 2. P.83 - 98.

National Institute of Neurological Disorders and Stroke.2014.[20.1.2015]. "Asperger Syndrome Information". http://www.ninds.nih.gov/disorders/asperger/asperger.htm

Neuwirth, Sharyn. 1997."**The Reference in Autistic Disorder (Diagnosis and Treatment)**". Translator. Mohammed Saied Abu Haleiwa. Egypt :The National Institute of Mental Health Press.

Oberman, Lindsay M.,Vilayanur S. Ramachandran. 2006. "**Broken Mirrors: A Theory of Autism**". Scientific American, INC.P.62 - 69.

Ovsanna T. Leyfer, Joshua L. Ruberg, Janet Woodruff-Borden. 2006. "Examination of the utility of the Beck Anxiety Inventory and its factors as a screener for anxiety disorders". **Journal of Anxiety Disorders.** No.20, P.444 - 458.

Rashid, Khalid. 2012. "تجربتي مع التوحد"."**My Experience with Autism**". دار البركة. Dar Al Baraka. Amman Jordan.P.17, 18.

Richard Twoy, Phyllis M Connolly , Jean M Novak. 2007.“ Coping Strategies Used by Parents of Children with Autism”. **Journal of the American Academy of Nurse Practitioners.** Vol.19, No.5, P.251, 260.

*Robert D. Rieske & Johnny L. Matson, Thompson E. Davis. 2013. “The Moderating Effect of Autism Symptomatology on Anxiety Symptoms”. **Journal of Developmental and Physical Disabilities.** Vol 25,No.3, P.517–518.*

udwan, Samer.1999.“ الصورة السورية لمقياس بيك للاكتاب (دراسة ميدانية على عينة من طلاب جامعة دمشق”. “ Syrian Image for Beck Depression Inventory (BDI): An Empirical Study on a mple of students from the University of Damascus”. مجلة جامعة الملك سعود. **King Saud niversity Journal**.No.1, P. 453 - 486.

akr, Amal. 2014.[4.11.2014]. “Iraqi Government Fails to Address Rise in Autism”. L – **Monitor, The Pulse Of The Middle East Newspapers.** 4 March, p. 1.

Salim, Osama Faroq Mustafa. 2014.“اضطرابات التواصل بين النظرية والتطبيق” **“Communication Disorders between Theory and Application”** . دار المسيرة. 1st ed. Amman: Dar AL Massira.

Salman, Shoroq Kadhum .2006.“سمة القلق لدى طالبات كلية التربية للبنات”. “Trait anxiety among students of the College of Education for Girls”. مجلة البحوث التربوية والنفسية. **Journal of Educational and Psychological researches.**No.9&10,P.37-49.

Scarpa. Angela, Debra L. Rezendes. 2011.“Associations between Parental Anxiety/Depression and Child Behavior Problems Related to Autism Spectrum Disorders: The Roles of Parenting Stress and Parenting Self-Efficacy”.**Hindawi Publishing Corporation, Autism Research and Treatment.** Vol. 2011 , P.1- 10.

Shabib, Adel Gaspe. 2008. “ ما الخصائص النفسية والاجتماعية والعقليـــة للأطفال المصابين بالتوحد من وجهة نظر الآباء”. “What The Psychological, Social and Mental Characteristics of Autistic Children From The Viewpoint of Parents”. Master thesis. British Open Virtual Academy for Education, Psychology Department.

Sharman.Wael , Waleed Khalifa,Yazeed Algasawna. 2013."التوحد بين النظرية والتطبيق". "**Autism Between Theory and Application**". 1st ed. عمان : دار الفكر. Amman: DarAl Fikr.

Sheehan, David.1988. "**Anxiety Disease**". Translation. Izzat Shaalan. Kuwait: Cultural Monthly National Council for Culture, Arts and Letters. No 124.

Sidiik, Lina Omar bin. 2007." فعالية برنامج مقترح لتنمية مهارات التواصل غير اللفظي لدى أطفال التوحد وأثر ذلك على سلوكهم الاجتماعي". " The Effict of A Proposed Program in Developing Nonverbal Communication Skills for Autistic Children and Inpact on Their Social Behavior". مجلة الطفولة العربية – الجمعية الكويتية لتقدم الطفولة العربية . **Arab Children Magazine - Kuwait Society for the Advancement of Arab Children.** Vol.9, No.33, P.8- 39.

Strongman ,T.K.1995. "Theories of Anxiety". **New Zealand Journal of Psychology**.Vol.24 No.2,P.4 -10.

Sousa, Avinash De. 2010."Mothers Of Chldren With Developmental Disabilities: An Analysis Of Psychopathology". **Journal of pakistan psychiatric society**. Vol.7, No.2 P. 84-92.

Tabassum ,Rabia & Mohsin, Naeem. 2013."Depresion and Anxiety Among Parents of Children with Disabilities: A Case Study from Developing World ". **International Journal of Environment, Ecology.** Vol.3,No.5, P.33- 40.

Venetike Merkaj, Migena Kika, Artan Simaku, 2013."Symptoms of Stress, Depression and Anxiety between Parents of Autistic Children and Parents of Tipically Developing Children". **Academic Journal of Interdisciplinary Studies.** Vol.2,No.2, P.345 - 352.

Wendy Edwards, Suzanne Lewis, Laurie Mawlam.2007 ."**Autism Physician handbook**" Canadian Edition . Help Autism Now Society (HANS).

Wolff, S., 2004. "The history of autism". **Eur Child Adolesc Psychiatry Journal.** Vol.13, No.4,P.201-208.

Yuta Aoki, et al. 2014."Oxytocin improves behavioural and neural deficits in inferring others' social emotions in autism". Tokyo: **Brain A Journal of Neurology.** Vol. 137, No 11,P.3073 - 3086.

APPENDIX

Socio-Demographic Information Form

Parents

1-Gender: a- Male b- Female

2-Age _____.

3-Marital Status: Do you live together with your child diagnosed as autistic.a- Yes b- No

4-Education: : a- Not reading and not writing b- Reading and writing c- Elementery School d- Secondary e- High school f- University g- Master d- Doctoral i- Other_____.

5-Accommodation: a- Urban b- Suburban c- Rural

6- State of economic: Monthly Average Family Income:

a- Good Income b- Middle Income c- limited Income

7-The work: a- Government work b- Privet work c- Not working

d- housewife e- Student f- The work of a day laborer.

g -Retired

Child with autism

1-Gender: a- Male b- Female

2-age: _____.

3-Is he/she has another disorder? a- No b- Yes

If yes, please mention it within the point history.(_____)

4-At what age, diagnosis was given?_____ .

5-who gave the diagnosis first? a- Psychiatrist b -Psychologist

c- Other (_____).

Socio-Demographic Information Form Arabic version

نموذج المعلومات الاجتماعية والديموغرافية

الآباء

1-الجنس: أ- ذكر ب- أنثى

2 -العمر_____ .

3-الحالة الزوجية : أ- متزوج ب- اعزب ج- مطلق

4- هل تعيش جنبا إلى جنب مع طفلك المشخص مع مرض التوحد؟ أ- نعم ب - لا

5- التحصيل الدراسي : أ- لا يقرا ولايكتب ب- يقرأ ويكتب ج-خريج ابتدائية د- متوسطة

هـ - اعدادية و- جامعة ي - ماجستير ن- دكتوراه ل- اخرى _____

6- السكن: أ- مدينة ب- ناحية ج- قرية

7-الحالة الاقتصادية :الدخل الشهري. أ-جيد ب- متوسط ج- ضعيف

8-العمل: أ- قطاع حكومي ب- قطاع خاص ج- لايعمل د- ربة بيت هـ - طالب و-متقاعد

معلومات الطفل

1-الجنس: أ- ذكر ب- أنثى

2 -العمر. _____

3-هل يعاني الطفل من مرض اخر ؟ أ – نعم ب- لا

إذا كانت الإجابة بنعم، يرجى ذكر ذلك مع تاريخ الاصابة._____

4-كم كان عمر الطفل حينما شخص على انه مصاب باضطراب التوحد ؟._____

5-من الذي أعطى التشخيص أولا؟أ- الطبيب النفسي ب اخصائي علم نفس

ج-أخرى. _____

Beck's Depression Inventory

1.Sadness

0 I do not feel sad.

1 I feel sad

2 I am sad all the time and I can't snap out of it.

3 I am so sad and unhappy that I can't stand it.

2. Pessimism

0 I am not particularly discouraged about the future.

1 I feel discouraged about the future.

2 I feel I have nothing to look forward to.

3 I feel the future is hopeless and that things cannot improve

3. Past Failure

0 I do not feel like a failure.

1 I feel I have failed more than the average person.

2 As I look back on my life, all I can see is a lot of failures.

3 I feel I am a complete failure as a person

4. Loss of Pleasure

0 I get as much satisfaction out of things as I used to.

1 I don't enjoy things the way I used to.

2 I don't get real satisfaction out of anything anymore.

3 I am dissatisfied or bored with everything.

5. Guilty Feeling

0 I don't feel particularly guilty

1 I feel guilty a good part of the time.

2 I feel quite guilty most of the time.

3 I feel guilty all of the time

6. Punishment

0I don't feel I am being punished.

1 I feel I may be punished.

2 I expect to be punished.

3 I feel I am being punished

7. Sself-Dislike

0 I don't feel disappointed in myself.

1 I am disappointed in myself.

2 I am disgusted with myself.

3 I hate myself.

8. Self- Criticalness

0 I don't feel I am any worse than anybody else.

1 I am critical of myself for my weaknesses or mistakes.

2 I blame myself all the time for my faults.

3 I blame myself for everything bad that happens.

9. Suicidal Thoughts or Wishes

0 I don't have any thoughts of killing myself.

1 I have thoughts of killing myself, but I would not carry them out.

2 I would like to kill myself.

3 I would kill myself if I had the chance

10. Crying

0 I don't cry any more than usual.

1 I cry more now than I used to.

2 I cry all the time now.

3 I used to be able to cry, but now I can't cry even though I want to.

11. Agitation

0 I am no more irritated by things than I ever was.

1 I am slightly more irritated now than usual.

2 I am quite annoyed or irritated a good deal of the time.

3 I feel irritated all the time.

12. Loss of Interest

0 I have not lost interest in other people.

1 I am less interested in other people than I used to be.

2 I have lost most of my interest in other people.

3 I have lost all of my interest in other people.

13. Indecisiveness

0 I make decisions about as well as I ever could.

1 I put off making decisions more than I used to.

2 I have great difficulty in making decisions more than I used to.

3 I can't make decisions at all anymore.

14. Worthlessness

0I don't feel that I look any worse than I used to.

1 I am worried that I am looking old or unattractive.

2 I feel there are permanent changes in my appearance that make me look unattractive.

3 I believe that I look ugly.

15. Loss of Energy

0I can work about as well as before.

1 It takes an extra effort to get started on doing something.

2 I have to push myself very hard to do anything.

3 I can't do any work at all.

16. Changes in Sleeping Pattern

0 I can sleep as well as usual.

1 I don't sleep as well as I used to.

2 I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.

3 I wake up several hours earlier than I used to and cannot get back to sleep.

17. Irritability

0 I don't get more tired than usual.

1 I get tired more easily than I used to.

2 I get tired from doing almost anything.

3 I am too tired to do anything.

18. Changes in Appetite

0 My appetite is no worse than usual.

1 My appetite is not as good as it used to be.

2 My appetite is much worse now.

3 I have no appetite at all anymore.

19. Concentration Difficulty

0 I haven't lost much weight, if any, lately.

1 I have lost more than five pounds.

2 I have lost more than ten pounds.

3 I have lost more than fifteen pounds.

20. Tiredness or Fatigue

0 I am no more worried about my health than usual.

1 I am worried about physical problems like aches, pains, upset stomach, or constipation.

2 I am very worried about physical problems and it's hard to think of much else.

3 I am so worried about my physical problems that I cannot think of anything else.

21. Loss of Interest in Sex

0 I have not noticed any recent change in my interest in sex.

1 I am less interested in sex than I used to be.

2 I have almost no interest in sex.

3 I have lost interest in sex completely.

Beck's Depression Inventory Arabic versio

مقياس بيك للاكتاب

1- الحزن:

0–لا أشعر بالحزن.

1-أشعر بالحزن والكآبة.

2 -a- الحزن والانقباض يسيطران علي طوال الوقت ، وأعجز عن الفكاك منهما.

2 -b- أشعر بالحزن أو التعاسة لدرجة مؤلمة.

3- أشعر بالحزن والتعاسة لدرجة لا تحتمل.

2 -التشاؤم من المستقبل:

0–لا أشعر بالقلق أو التشاؤم من المستقبل.

1-أشعر بالتشاؤم من المستقبل.

2-a- لا يوجد ما أتطلع إليه في المستقبل.

2 -b- لا أستطيع أبداً أن أتخلص من متاعبي.

3-أشعر باليأس من المستقبل ، وأن الأمور لن تتحسن.

3-الإحساس بالفشل:

0-لا أشعر بأني فاشل.

1-أشعر أن نصيبي من الفشل أكثر من العاديين.

2 -a- أشعر أني لم أحقق شيئا له معنى أو أهمية.

2 -b- عندما أنظر إلى حياتي في السابق أجدها مليئة بالفشل.

3-أشعر أني شخص فاشل تماماً (أبا أو زوجا)

4-السخط وعدم الرضا:

0– لست ساخطًا.

1- أشعر بالملل أغلب الوقت.

2-a -لا أستمتع بالأشياء كما كنت من قبل.

2 -b- لم أعد أجد شيئا يحقق لي المتعة (أو الرضا(

3-إنني غير راض وأشعر بالملل من أي شئ.

5-الإحساس بالندم أو الذنب:

0– لا يصيبني إحساس خاص بالندم أو الذنب على شيء.

1-أشعر بأنني سيء أو تافه أغلب الوقت.

2-a- يصيبني إحساس شديد بالندم والذنب.

2-b- أشعر بأنني سيء وتافه أغلب الأوقات تقريباً.

3 - أشعر بأنني سيء وتافه للغاية.

6-توقع العقاب:

0-لا أشعر بأن هناك عقاباً يحل بي.

1 - أشعر بأن شيئاً سيئاً سيحدث أو سيحل بي.

2- أشعر بأن عقاباً يقع علي بالفعل.

3-a - أستحق أن أعاقب.

3-b- أشعر برغبة في العقاب.

7-كراهية النفس:

0 -لا أشعر بخيبة الأمل في نفسي.

1 -a - يخيب أملي في نفسي.

1 -b - لا أحب نفسي.

2 - أشمئز من نفسي.

3- أكره نفسي.

8-إدانة الذات:

0 - لا أشعر بأني أسوأ من أي شخص آخر.

1- أنتقد نفسي بسبب نقاط ضعفي أو أخطائي.

2- ألوم نفسي لما أرتكب من أخطاء.

3- ألوم نفسي على كل ما يحدث.

9-وجود أفكار انتحارية:

0- لا تنتابني أي أكار للتخلص من نفسي.

1- تراودني أفكار للتخلص من حياتي ولكن لا أنفذها.

2-a - أفضل لي أن أموت.

2 -b - أفضل لعائلتي أن أموت.

3-a- لدي خطط أكيدة للانتحار.

3 -b – سأقتل نفسي في أي فرصة متاحة.

10-البكاء:

0- لا أبكي أكثر من المعتاد.

1- أبكي أكثر من المعتاد.

2- أبكي هذه الأيام طوال الوقت ولا أستطيع أن أتوقف عن ذلك.

3- كنت قادراً على البكاء ولكنني أعجز الآن عن البكاء حتى لو أردت ذلك.

11-الاستثارة وعدم الاستقرار النفسي:

0 - لست منزعجاً هذه الأيام عن أي وقت مضى.

1 - أنزعج هذه الأيام بسهولة.

2- أشعر بالانزعاج والاستثارة دوماً.

3- لا تثيرني ولا تغضبني الآن حتى الأشياء التي كانت تسبب ذلك سابقاً.

12-الانسحاب الاجتماعي:

0- لم أفقد اهتمامي بالناس.

1- أنا الآن أقل اهتماماً بالآخرين عن السابق.

2- فقدت معظم اهتمامي وإحساسي بوجود الآخرين.

3- فقدت تماما اهتمامي بالآخرين.

13-التردد وعدم الحسم:

0- قدرتي على اتخاذ القرارات بنفس الكفاءة التي كانت عليها من قبل.

1 - أؤجل اتخاذ القرارات أكثر من قبل.

2 - أعاني من صعوبة واضحة في اتخاذ القرارات.

3- أعجز تماما عن اتخاذ أي قرار بالمرة.

14-تغير صورة الجسم والشكل:

0 - لاأشعر بأن شكلي أسوأ من قبل.

1- أشعر بالقلق من أني أبدو أكبر سناً وأقل جاذبية.

2- أشعر بوجود تغيرات دائمة في شكلي تجعلني أبدو منفراً (منفرة) وأقل جاذبية.

3 - أشعر بأن شكلي قبيح (قبيحة) ومنفر (منفرة)

15-هبوط مستوى الكفاءة والعمل:

0 - أعمل بنفس الكفاءة كما كنت من قبل.

1 -a - أحتاج إلى مجهود خاص لكي أبدأ شيئاً.

1 -b - لا أعمل بنفس الكفاءة التي كنت أعمل بها من قبل.

2- أدفع نفسي بمشقة لكي أعمل أي شيء.

3 - أعجز عن أداء أي عمل على الإطلاق.

16-اضطرابات النوم:

0- أنام جيداً كما تعودت.

1 - أستيقظ مرهقاً في الصباح أكثر من قبل.

2 - أستيقظ من 2-3 ساعات أبكر من ذي قبل، وأعجز عن استئناف نومي.

3- أستيقظ مبكراً جداً ولا أنام بعدها حتى إن أردت.

17-التعب والقابلية للإرهاق:

0- لا أتعب بسرعة أكثر من المعتاد.

1- أشعر بالتعب والإرهاق أسرع من ذي قبل.

2- أشعر بالتعب حتى لو لم أعمل شيئا.

3- أشعر بالتعب الشديد لدرجة العجز عن عمل أي شيء.

18-فقدان الشهية:

0 - شهيتي للطعام ليست أسوأ من قبل.

1- شهيتي ليست جيدة كالسابق.

2- شهيتي أسوأ بكثير من السابق.

3- لا أشعر برغبة في الأكل بالمرة.

19-تناقص الوزن:

0 - وزني تقريباً ثابت.

1 - فقدت أكثر من 3 كغ من وزني.

2- فقدت أكثر من 6 كغ من وزني.

3 - فقدت أكثر من 10 كغ من وزني.

20-تأثر الطاقة الجنسية:

0 - لم ألاحظ أي تغيرات حديثة في رغبتي الجنسية.

1- أصبحت أقل اهتماماً بالجنس من قبل.

2- قلت رغبتي الجنسية بشكل ملحوظ.

3- فقدت تماما رغبتي الجنسية.

21-الانشغال على الصحة:

0- لست مشغولاً على صحتي أكثر من السابق.

1- أصبحت مشغولاً على صحتي بسبب الأوجاع والأمراض، أو اضطرابات المعدة والإمساك.

2 - أنشغل بالتغيرات الصحية التي تحدث لي لدرجة أني لا أستطيع أن أفكر في أي سيء آخر.

3 - أصبحت مشغولاً تماما بأموري الصحية.

Beck Anxiety Inventory

Below is a list of common symptoms of anxiety. Please carefully read each item in the list. Indicate how much you have been bothered by that symptom during the past month, including today, by circling the number in the corresponding space in the column next to each symptom.

	Not At All	Mildly but it didn't bother me much.	Moderately - it Wasn't pleasant at times	Severely – it Bothered me a lot
Numbness or tingling	0	1	2	3
Feeling hot				
Wobbliness in legs				
Unable to relax				
Fear of worst Happening				
Dizzy or lightheaded				
Heart pounding/racing				
Unsteady				
Terrified or afraid				
Nervous				
Feeling of choking				
Hands trembling				
Shaky / unsteady				
Fear of losing control				
Difficulty in breathing				
Fear of dying				

Scared				
Indigestion				
Faint / lightheaded				
Face flushed				
Hot/cold sweats				
Column Sum				

Beck Anxiety Inventory Arabic version

مقياس بيك للقلق

الاعراض	0- لا	- بسيط	2- متوسط	3- شديد
اشعر بوخز (تنميل) خفيف في جسدي 0				
اشعر بحراره				
اشعر ان رجلاي ترتعشان				
اشعر بعدم القدره على الاسترخاء				
اخاف من حدوث ماهو اسواء				
انا مشوش الذهن واعاني من الدوار				
احس ان ضربات قلبي قويه وعنيفه				
اشعر بعدم الاستقرار				
احس بالرعب او الخوف				
انا عصبي				
اشعر بالاختناق				
احس برعشه في اليدين				
اشعر باني مهزوز				
اخاف من فقدان قدرتي على ضبط نفسي				
اعاني من صعوبه في التنفس				
اخاف من الموت				

اشعر بالفزع				
اعاني من سوء هضم ؛ او عدم ارتياح في البطن				
اشعر بالاغماء				
يحمر وجهي خجلا				
اشعر بعرق دون ان يكون الجو حار				
مجموع الدرجات				

The Researcher Information(CV)

Name: Hasan Faisal Obaid Nukhailawi

Born in Iraq, Babylon city, in 1984.

Graduated from University of Babylon in 2007, Educational Psychology Department with average good, 71.571 %.

Work: Teacher in Al -Farazdak secondary school for boys in 2008-2010.

Teacher in AL- Bahaa secondary school for Boys 2010- 2011

Joined in master's study in Turkey and Northern Cyprus at Near East University, General Psychology Department, 2012.

Joined recently to the Iraqi Association of Autism in 2014.

E.mail: abokawther2009@gmail.com

Phon number in iraq : 009647811244462, 009647801289216