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THE PREDICTORS OF PARENTAL STRESS AND FAMILY RESILIENCE IN MOTHERS OF CHILDREN WITH AUTISM SPECTRUM DISORDER

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The Predictors of Parental Stress and Family Resilience in Mothers of Children with Autism Spectrum Disorder

Çocuğu Otizm Spektrum Bozukluğu Tanısı Almış Annelerin Ebeveyn Stresi ve Aile Yılmazlığını Yordayan Faktörler

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ABSTRACT

One of the main goals of this study is to evaluate if the aberrant behaviors of children with autism in Turkey predict their mothers' parenting stress and family resilience. The other aim is to investigate the mediating role of help-seeking intentions between problem behaviors of children and family resilience. Also, help-seeking intentions are analyzed to evaluate if it has a mediating effect between problem behaviors and parenting stress. Demographic Information Form, Parental Stress Index, Family Resilience Scale, Aberrant Behaviors Checklist and General Help-Seeking Questionnaire were used as the instruments of the research. Participants were 142 mothers with one child who has been previously diagnosed as having an Autism Spectrum Disorder from Kocaeli and Istanbul. Results indicated that aberrant behaviors of children predict parental stress. However, family resilience wasn't predicted from the aberrant behaviors of children. Then, mediating effect of help-seeking behaviors was examined between aberrant behaviors of children and parenting stress of mothers; and also between aberrant behaviors and family resilience. Nevertheless, it was found that help-seeking intentions doesn't mediate the relationship between aberrant behavior and parenting stress. Besides, the mediating effect of help-seeking intentions of aberrant behaviors on family resilience wasn't supported by the current analyses. The results were discussed in the light of existing literature and clinical implications.

Keywords: Autism Spectrum Disorder, Aberrant Behaviors, Parental Stress, Family Resilience, Help-Seeking

ÖZET

Bu çalışmanın temel amaçlarından biri, Türkiye'de otizmli çocukların problem davranışlarının, annelerinin ebeveynlik stresi ve aile yılmazlık düzeylerini yordayıp yordamadığını değerlendirmektir. Diğer amaç ise, çocukların problem davranışları ile aile yılmazlığı arasında psikolojik yardım arama niyetinin aracı rolünü araştırmaktır. Ayrıca, annelerin yardım aramaya ilişkin niyetlerinin ebeveynlik stresleri ile çocukların problem davranışları arasında aracı faktör olup olamayacağına ilişkin analizler yapılmıştır. Araştırmada veri toplama araçları olarak Demografik Bilgi Formu, Ebeveyn Stres İndeksi, Aile Yılmazlık Ölçeği, Sorun Davranış Kontrol Listesi ve Genel Yardım Arama Ölçeği kullanılmıştır. Katılımcılar Kocaeli ve İstanbul illerinde yaşayan ve yalnız bir çocuğu Otizm Spektrum Bozukluğu tanısı almış olan 142 anneden oluşmaktadır. Araştırmanın sonuçları sorun davranışların ebeveyn stresini yordadığını göstermiştir. Ancak, aile yılmazlık değerlerinin çocuğun sorun davranışları tarafından yordanmadığı belirlenmiştir. Daha sonra, yardım arama davranışının çocuğun problem davranışları ile annenin ebeveyn stresi arasında ve problem davranışlar ile aile yılmazlığı arasında aracı rolü olup olmadığı araştırılmıştır. Fakat yardım arama davranışının sorun davranış ve ebeveyn stresi arasında aracı rolü olmadığı bulunmuştur. Bununla birlikte, yardım arama davranışının da sorun davranış ve aile yılmazlığı için aracı faktör olmadığı ortaya konmuştur. Literatürdeki diğer kaynaklar ve araştırmada ortaya çıkan bulgularının yorumlanması araştırmanın "tartışma" bölümünde yapılmaktadır.

Anahtar Kelimeler: Otizm Spektrum Bozukluğu, Sorun Davranışlar, Ebeveyn Stresi, Aile Yılmazlığı, Yardım Arama

INTRODUCTION

1. REVIEW OF THE LITERATURE

1.1. CHARACTERISTICS OF AUTISM SPECTRUM DISORDER

1.1.1. What is Autism?

Autism spectrum disorder (ASD) involves variable impairments which hamper diagnosed individuals to become a part of social life. It is a spectrum disorder; therefore, combinations and degrees of symptoms and influences of them alter from person to person (American Psychiatric Association, 2013). Some of the features of ASD are an absence of skills to communicate with other people such as difficulties in starting or continuing conversations; decreased facial impressions, eye contact, affects and emotional reactions; lack of interests in the existence of others (American Psychiatric Association, 2013). On the other hand, they deal with some specific behaviors which obstruct their participation in social contexts. Aggressive or impulsive acts; over-responsiveness to smells, sounds, tactile sensing; repeated use of words and recurring behavioral patterns are some examples of these symptoms (Levy, 2007).

Behavioral and interactional problems start to impact relationships between primary caregivers and a child in the early years of life. Then, troubles in connections with nuclear and extended family members, neighbors, peers, and other social groups make their lives difficult. Daily issues such as self-care, fulfilling school works, transportation to school or shopping, traveling, accepting guests to home, working, earning money and provide security might become a lifelong crisis for people with ASD and their families.

In addition to complicated difficulties of autism on individuals, families and social environments, the number of people with ASD has gradually increased. According to the report of Autism and Developmental Disabilities Monitoring Network Surveillance Year 2010 Principal Investigators (2014), researches with

children aged 8 showed that estimated prevalence of autism spectrum disorder in the United States is 1 in 68 people (146 per 10.000) and there is a clear rising from the numbers of 2000 to today. What is more, a global review which includes data from America, Europe, Western Pacific, South East Asia, and the Eastern Mediterranean indicates the median of estimated prevalence as 62 per 10.000 (Elsabbagh et.al., 2012). It is also more common among boys than girls (Plumb, 2011). There are no comprehensive prevalence researches about ASD in Turkey, however ascending requirements about health, education, financial support, transportation, occupation and civil rights for these people and their families reveal the importance of this issue for the last years.

1.1.2. Causes of Autism

The causes of autism have been the subject of research for many years, however, there has been no clear and definite scientific finding of the etiology of ASD (Hebert & Koulouglioti, 2010; Töret, Özdemir, Selimoğlu & Özkubat, 2014). Some studies indicate that genetic factors are the reason for ASD (Hogart, Wu, LaSalle & Schanen, 2010; Şener & Özkul, 2013; Töret, Özdemir, Selimoğlu & Özkubat, 2014; Yosunkaya, 2013) and others investigate both environmental and genetic causes (Rodier, Ingram, Tisdale & Croog, 1997; Yorbık, Dilaver, Cansever, Akay, Sayal & Söhmen, 2003). Research on genetics shows that interaction between many genes and dysfunctioning on these relationships may be the reason for autism (Korkmaz, 2010). So; it is not possible to find a simple cause and effect relationship on a specific type of genes for ASD. These multiple connections of genetic structure were shown as the reason of "spectrum" of autism which exist as different phenotypes on each person (Korkmaz, 2010; Yosunkaya, 2013). Studies on the genetic transfer of twins which show higher risk on monozygotic (identical) twins than dizygotic (fraternal) twins support the effects of genes on ASD (Şener & Özkul, 2013).

In addition to the impairments of genes, heavy metal poisoning on bodies of individuals is shown as the other reason of symptoms related with autism by some researchers (Levy & Hyman, 2003; Töret et.al, 2014). Yorbık and colleagues (2003) found that rather than metal toxification of infants, heavy metal imbalance on pregnancy might be effective on autism. Autistic regression after the first year of birth might be confusing for the genetic explanations (Korkmaz, 2010); so there are many arguments about relationship between symptoms of autism and childhood vaccines, disturbances in the intestinal flora and diet of children (Evrensel & Ceylan, 2015; Jama, Ali, Lindstrand, Butler, & Kulane, 2018). However, the connection between environmental factors and autism is controversial on scientific research (Hviid, Stellfeld, Wohlfahrt, & Melbye, 2003; Miller, 2003).

It is clear that the uncertainty of the reasons makes it difficult for families to adapt to the process and put autism in a meaningful place in their minds. Töret and colleagues (2014) investigated that blaming themselves about their behaviors and sin, attributing to the complications on birth giving or believing that it is their fate to accept patiently are some of the ways that families use to interpret the source of the disorder. As genetic and environmental factors, the perception of families about the causes of autism is also an important issue because it directly affects the type of treatments that people seek, education programs that are organized by professionals and behaviors of family members and society to individuals with autism. That's why, causes of ASD are worth considering for both individuals, families, and researchers for many years.

1.1.3. Aberrant Behaviors of Children with Autism

Behavioral problems such as irritability, aggressive and maladaptive behaviors, repetitive acts and speech are very common on children with autism (Hill et.al., 2014). As the severity of the disorder, behavioral dysfunctions are also placed in a spectrum which is from being motionlessness, being overly uninterested with external stimulus and speechlessness to being hyperactive, talking or shouting too much and being oversensitive with sensory areas. These aberrant behaviors end

up with difficulties on the social lives of individuals and families who live with ASD (Tomanik, Harris & Hawkins, 2004). Behavioral problems of children who have developmental delays are related to high levels of parental stress (Baker, Blacher, Crnic & Edelbrock, 2002). Especially, having a child with ASD is more stressful than other developmental disorders (Haisley, 2014).

1.2. AUTISM AND FAMILIES

1.2.1. Impacts of Autism on Families

Autism Spectrum Disorder shows itself with different severities of symptoms, deficiencies and behavior patterns for each person. Some features like linguistic problems, challenges to have social interactions with others, echolalia and stereotypical behaviors may or may not appear for everybody with autism or effects of them could be different. So, it influences individuals, their families and their social environment in various ways. In addition to major characteristics of ASD, other cognitive, physiological and behavioral problems could exist on an individual at the same time and parents may need to help of institutions and professionals from various areas (Plumb, 2011).

Having a new baby has a significant influence on a family system by changing the relationship of couples, giving parental roles in addition to other roles of spouses, adding support systems from extended family and friends in different ways (Altuğ Özsoy, Özkahraman & Çallı, 2006). Organization of the home and other places, times of waking up and sleeping, things to eat are transformed according to a child's rhythm. If a child has ASD, these changes are distinctive from other families. Speaking disabilities, difficulties to detect abstract perceptions, inability to control their behaviors in social settings, an absence of eye contact directly affect parent-child relationship and caretaking process (Patra, Arun & Chavan, 2015). Reactions of families to the diagnosis can be differentiated according to many factors such as opportunities, knowledge level, support systems and family structure. However, primary experiences of parents when they learn about their children's ASD include shock, denial, stress and depression based on

many studies (Çiftçi Tekinarslan, 2010; Hartmann, 2012). Furthermore, some of the families' reactions to this process are similar with "loss of their expected child" and "accepting the birth of an imperfect child" (Hartmann, 2012). Studies are generally done with mothers because their accessibility is easier than fathers. Nevertheless, understanding fathers' emotions and hardship is a substantial part of the whole picture; therefore, some researches focus on fathers as a sample. To exemplify, in the study of Frye (2016) with the fathers, it has found that fathers need to have proper education about ASD for them, they want someone who listen to them and lead them to sources which could be helpful, and they need to realize their own experiences. These are similar to the results of researches with mothers. Therefore, it is essential to identify fathers as the other primary caregiver of the children with ASD and the support systems should be suitable for all family members.

There are contradictive findings regarding how having a child with ASD affects the relationships between family members. There are some studies which indicate that having a child with autism strengthens couples' relationships (Hock, Timm & Ramisch, 2012; Wing, 2005) and some others show that relationships of spouses with diagnosed child has a weaker relationship than others (Wolf, Noh, Fisman & Speechley, 1989; Brobst, Clopton & Hendrick, 2009). What is more, parents may think that they could not behave fairly to their children with and without autism, however siblings of individuals with ASD might feel that they have satisfactory parent care and their brothers' or sisters' disorder makes family relationships closer (Hartmann, 2012).

1.2.2. Effects of Aberrant Behaviors of Children with ASD on Families

Aberrant behaviors are some of the main characteristics of autism which are difficult to live with for families. Children may overreact or may be unresponsive on daily situations and events and in either case, parents may feel confused and desperate about how to manage the behaviors of their children. A study by Tomanik, Harris and Hawkins (2004) examined that there is a positive correlation

between aberrant behaviors of children diagnosed with pervasive developmental disorder and stress level of their mothers, especially when children have more self-care and communication problems. In addition to parental stress, anxiety levels of parents with children diagnosed with intellectual disorders were found to be higher when their children have more behavioral problems (White & Hastings, 2004). Firth and Dryer (2013) found that higher levels of anxiety and depression of mothers and fathers are related to higher levels of problem behaviors of their children. What is more, there is a positive correlation between increased numbers of aberrant behaviors of children and increased level of parental stress in time (Baker et.al., 2002). To provide protective and preventive support systems for parents of children with ASD, it is necessary to identify the behavioral characteristics of children since they are important predictors of parents' psychological and physiological health.

1.2.3. Parenting Stress in Families of Children with ASD

Parenting stress is an emotional state that parents experience when they challenge difficult situations related to the developmental process of their children (Deater-Deckard, 1998). Understanding new circumstances, trying to adapt or cope with the issue, finding suitable support systems may be some steps of this process for parents and stress is the starting point of this road (Abidin, 1992). Like the other types of stress, parental stress is also influenced by both internal and external factors (Belsky, 1984; Franke, Jagla, Salewski & Jager, 2007; as cited in Özmen & Özmen, 2012).

To identify determinants of parenting stress, Abidin (1995) developed a theory which includes characteristics of children, parents and daily stressful events. Attitudes, behaviors and developmental specialties of children, attachment style, parenting knowledge and feelings of parents, their work-related issues, cultural characteristics, social networks and marital characteristics are some the examples of these factors (Abidin, 1995). In the theory of Belsky (1984), similar factors are effective on parents' stress level, however, his perspective focuses on the ecological

model of Bronfenbrenner (1977) which includes a family history of parents and social environment of the family.

According to Belsky (1984), parental psychological states and characteristics, personality of child and their relationship were effective on parental stress and also, parenting stress influence child's, parents' and their relationship in a circular way. These elements are the basic pieces of parent-child system so there is a reciprocal relationship between each other and it is difficult to simplify these coordinations as a cause and effect relationship. To exemplify, some studies about relationship between parents and children with ASD indicated that decreasing parents' stress were end up with development of children's behavior (Bitsika & Sharpley 2000, Lovaas and Smith 2003). Carlson-Green, Morris and Krawiecki (1995) examined that parenting stress is the predictor of the problem behaviors of children. Stress levels of parents also decrease the efficacy of their children's education on social skills, mental development and adaptive abilities (Osborne, McHugh, Saunders & Reed, 2008).

In addition to the relationship between the experiences of children and of their parents, Belsky (1984) indicated that other systems of parents such as marital relationship, work and social network were context-related factors have an impact on parenting stress circle as well. Also, parents' attributions about behaviors of their children and parent-child relationship problems are effective on both stress levels of parents and behaviors of children (Hortaçsu, 1997; Özmen & Özmen, 2012).

Parents and children influence each other, and their reciprocal uncomfortable experiences generate family stress (Çelimli, 2009). Therefore, family stress theories can be helpful to understand the parenting stress of mothers and fathers who live with ASD. Hill's (1970) research and theory of family stress could be defined as a keystone of studies about relational stress models (Boss, 2002). According to Hill (1970), characteristics of family stress is shaped by the event itself, the meaning and attribution that family members have about the situation and beneficial sources they can reach. In addition to these variables, Boss

(2002) expanded the family stress theory by adding the ecosystemic model (Bronfenbrenner, 1995) which explains that all life events could be evaluated by looking each member related with the situation directly or indirectly, immediate individuals of the society and also effect characteristics of the past generations. It is obvious that both family stress and parenting stress theories are useful to understand the experiences of families living with ASD.

By using an ecological systems model, characteristics of children and stress of parents influence each other concurrently (Lauth & Heubeck, 2010). Behavioral problems of children make daily parenting activities more difficult and they could be the main factors of parenting stress (Walsh, Mulder & Tudor, 2013). Cognitive, developmental and behavioral problems also expand stressful situations (Davis & Carter, 2008). According to Walker (2000), having younger children increases the stress level of parents. On the other hand, highly stressed mothers and fathers may have difficulties to maintain a healthy relationship with their children (Webster-Stratton, 1990) and have problems with their marital relationships (Duca, 2015).

Symptoms and effects of autism evolve in time, but it is a permanent situation which individuals and their families should learn to live in whole life and this endlessness is the reason that their stress levels could be high (Çelimli, 2009). Moreover, autism may bring more stressful situations than other chronic disorders. Dabrowska and Pisula (2010) found that mothers and fathers of children with ASD have higher stress levels than parents of children with Down syndrome and with normally developed children.

Even if having a child with autism is very stressful and difficult to live with, it is important to find strategies to protect stability for both the health of parents and the improvement of children (Peer & Hillman, 2014). Social support, family resilience and coping strategies might be beneficial tools for parents to deal with stress (Belsky, 1984; Duca, 2015; Plumb, 2011). Also, as a coping strategy; Dardas & Ahmad (2013) indicated that "accepting responsibility" as a coping strategy has

the mediating effect between quality of life and parenting stress among parents of children with ASD.

There are many types of research about stress and difficult emotional experiences of parents who have children diagnosed with developmental disorders and ASD in Turkish literature. Küçüker (2001) indicated that educational programs for parents of children with developmental disorders decrease their depression levels, but don't provide any change for their stress levels. In the study of Uğuz, Toros, İnanç & Çolakkadıoğlu (2004), a dependency of children for daily life tasks and feeling overwhelmed by responsibilities for parents are found to be influential on mothers' and fathers' stress. In addition, negative behaviors of society and loss of people from the social environment after having a child with ASD increase stress levels of parents as well (Cavkaytar & Özen, 2010).

1.2.4. Resilience in Parents of Children with ASD

Resilience is a strength and ability of families to deal with life challenges (McCubbin & McCubbin, 1988; Walsh, 1998). It is the key factor of adapting to the high pressure of the stressful situation for the families of children with mental disorders (Peer & Hillman, 2014). Walsh (2007) indicates that resilience is a long-term improvement of individuals and families and it takes time to learn and try how to manage the current state. The important aspects of the resilience are "unsettling circumstances" and "overcoming or adapting to the challenging process" (Luthar & Cicchetti, 2000; Rutter, 2006). Therefore, "resilience" is not about the stability of people when they are in a crisis. In contrast, it defines a transformation of people to recover the equilibrium according to the new reality of their lives (Aydoğan, 2014). Resilience consists of consecutive, changeable experiences and active growth of people in a positive way (Luthar, Cicchetti & Becker, 2000).

Unlike the previous researches about individual characteristics related with resilience (Rutter, 1987, Werner, 1989), it is recently more common to investigate resilience in a relational and family context (Conolly, 2005; Patterson, 2002a, 2002b; Walsh, 1998). Relational resilience is not the same with the togetherness of

resilient individuals, it requires strengths in a couple system for managing difficult life demands (Venter & Snyders, 2009).

Walsh (1998) explains family resilience as a functional unity by referring to relational resilience. Resilience was initially seen as a personality characteristic of individuals, however it has been accepted that it is a process which includes both inborn features, living conditions, family system and environmental factors (Walsh, 2002; Masten, Best & Garmezy, 1990) Resilient families are differentiated by three main characteristic of them which are "belief systems", "organization patterns" and "communication processes" (Walsh, 1988). Walsh (2002) indicates that normalizing the situation, belief and hope to overcome the crisis, encouraging themselves and others, having purpose in life, interaction with support systems, ability to reach financial resources, being free and open to express and share emotions in family setting are some of the basic features of resilient families.

According to Patterson (2002a), resilient families are able to cope with crisis situations and regain their balance successfully. In addition to the family-focused perspective, system-oriented researches also indicate that resilience is affected by all layers of the social environment (Aydoğan, 2014). According to social-ecological explanation; resilience is associated with people's personality traits, parenting styles of their families, physical and social interactions with other people, their nationalities and the worldwide atmosphere (Ungar, 2011). For example, Chandler, Lalonde, and Sokol (2003) investigated suicide rates of the west coast of Canada and the reasons why even though youth suicide was very common in that area, there weren't any suicide case from Aboriginal groups. They found that teenagers join many culture-oriented communities and they have active roles on them; therefore, these identities are protective for them as one of the society-based resilience factors (Chandler, Lalonde & Sokol, 2003).

In Turkey, the numbers of studies about family resilience for living with disabilities and autism are increasing day by day. According to Aydoğan (2014), Risk factors of family resilience are correlated with both family characteristics and

social contexts such as financial difficulties, traumatic loss, substance addiction on family members, divorce, economic crisis and all kinds of negative community-related events. Being a parent of a child who is diagnosed with ASD is a life-long stressful situation and it might be difficult to stay resilient with this experience. However; Özbay and Aydoğan (2013) found that relationships with family members and social support from relatives, friends and social institutions are essential factors to improve the resilience of parents whose children have physical and mental disabilities. Kaner and Bayraklı (2010) developed a Family Resilience Scale (FRS) in Turkish and they conducted factor analysis and reliability-validity analysis by the participants who have disabled and normally developed children. It is an important tool for research on resilience in Turkey. Kaner, Bayraklı and Güzeller (2011) found that parents of children with no disability perceive themselves more resilient than parents of children with intellectual disabilities. İşcan and Malkoç (2017) indicated that family resilience is a predictor of hope levels for parents of children with special needs.

Even if there are numerous researches about life challenges, stressful situations and emotional difficulties for a long time, current studies focus on strengths of families of children with ASD to develop beneficial support systems (Leone, Dorstyn & Ward, 2016). That is the reason why resilience is examined more from past to present. Even if there are some studies which show correlation with high levels of family resilience and lower stress level on family members who live with autism (Duca, 2015; Plumb, 2011). Leone, Dorstyn and Ward (2016) examined that distress of parents provide family resilience. What is more, Sanders and Morgan (1997) found that even parents of children with ASD have higher levels of stress than families with children who are diagnosed with Down syndrome or who don't have any diagnosis, they are resilient as well. Caregivers of children with ASD also showed family connectedness and personal improvement and they indicated that they become more resilient by living with diagnosis (Bayat, 2007). As its' relationship with stress, family resilience is also associated with behavioral problems and symptoms of children with autism. Long-term studies show that

families become more resilient and have a higher level of well-being even though their children have behavioral problems (Gray, 2006; Roberts, Hunter & Cheng, 2017).

As mentioned before, resilience is a long-term process that is formed by many factors such as intensity, duration and meaning of the stressful situation, the severity of autism, the age of the child and developmental needs in different life cycles. That's why it is essential to look at combinations of several factors to understand the resilience of families. In addition to the features associated with autism, distinguishing characteristics of families are also associated with the degree of being resilient. To exemplify, family cohesion, communication styles, belief systems, social support systems of family members from inside and outside of the family and their help-seeking behaviors are some of the characteristics of families to identify their resilience (Plumb, 2011). Seeking help and support are some of the most important elements which is beneficial for a higher and continuous level of resilience (Gray, 2006). In addition, even if there are behavioral problems on a child with ASD, help-seeking has an important role to support the resilience of parents (Roberts, Hunter & Cheng, 2017; Zand, Braddock, Baig, Deasy, & Maxim, 2013).

1.3. INTERACTION OF AUTISM WITH SOCIAL ENVIRONMENT

1.3.1. Importance of Social Support for Families

Having a family member with ASD is very demanding for caregivers to maintain out-of-home activities due to the difficulties of providing their needs, controlling their behavioral problems and their failure of interacting with other people in social surroundings. Most of the mothers could not work and find an opportunity to go shopping, to fulfill their responsibilities and to join any social events. These life conditions may damage the social relationships of parents and lead them to feel emotional loneliness.

Having active social support systems is highly beneficial for those people who have challenges about raising their children to make their lives easier and to help to protecting their psychological well-being. Resources of the support might be both family members, relatives and friends and also professionals such as psychologists, psychiatrists, doctors and educators of children (Karpat & Girli, 2012). The support that is given by the organizational communities or social, physical or psychological workers is called “formal social support” and the other type of support that comes from people who are mostly a part of people’s lives is “informal social support” (Schopler & Mesibov, 1984). Informal support is more accessible for parents than formal support (Bromley, Hare, Davison, & Emerson, 2004). Besides, some researches explore that formal social support provides very limited benefits (Hall & Graff, 2011). On the other hand, Pottie, Cohen and Ingram (2008) indicated that both formal and informal support has a positive effect on daily moods for parents of a child with autism.

According to Langford, Bowsher, Maloney, and Lillis (1997), social support is valuable to improve health conditions of people such as providing positive affect, a perception of self-worth and stability and increasing habits related to protecting health. Pottie and Ingram (2008) explored that social support is advantageous for mood stability and decreased distress for parents of children diagnosed with ASD. Having active networks of formal and informal support are associated with reduced anxiety and depression levels for mothers living with autism (Gray & Holden, 1992). That’s why, having information about social support systems of families is an important tool to understand their experiences with autism for professionals who are working on academic or practical settings (Peer & Hillman, 2014).

Social support is one of the most influential criteria to release parental stress for people who are living with autism. Many studies show that stress levels of mothers decrease when they have support from their relatives and social environment (Krauss, 1993; Östberg & Hagekull, 2000; Tahmassian, Anari & Fathabardi, 2011). Research about parents of children with cerebral palsy indicates

that insufficient support has a correlation with both parental and marital stress for mothers and fathers (Sipal, Schuengel, Voorman, Van Eck & Becher, 2010). Based on Gill and Harris (1991), a combination of social support systems and characteristics of personality is associated with decreased stress for parents whose children are diagnosed with ASD. Even if having a child with ASD is a difficult and stressful situation for parents, it is directive for them to use and realize their beneficial social support systems (Plumb, 2011). This could be also explained by the social ecology of autism which includes both individuals and different layers of society.

Social support also has a strong relationship with the resilience of families. Many studies show that both formal and informal social supports are related to resilience for parents of children with intellectual deficiencies (Peer & Hillman, 2014). Formal support is influential on the factors related to resilience for parents who have children with developmental disorders and who are working as well (Freedman, Litchfield & Warfield, 1995). Social services which provide psychological help could also valuable support to be beneficial on family resilience (McCubbin, Balling, Possin, Frierdich, & Bryne, 2002). Furthermore, Heiman (2002) explored that having formal and informal social resources to get help is important to become more resilient for families with children who have physical or intellectual disabilities.

As mentioned before, resilience is more about being collective to live with difficulties rather than individual strength. Even if people are dealing with problematic life events alone, their resilience is related to past experiences from their childhood or with the relationships with original family members and caregivers. So, social support is an inseparable part of resilience. In addition to nuclear family members, having relatives and culture-based group members is also effective in becoming resilient for families (McCubbin, McCubbin, Thompson, & Thompson, 1995).

1.3.2. Help-Seeking Behaviors of Families

Getting social support from immediate social networks, communities or professional workers are closely associated with help-seeking behaviors of individuals and families. Seeking help in the right time and from the right source is advantageous to reduce suicidal risk factors, decrease stress, develop abilities to deal with negative emotions and protecting psychological health (Wilson, Deane, Ciarrochi & Rickwood, 2005). To understand help-seeking behaviors, it is necessary to evaluate characteristics of people who need help, possible resources to get support, types and effects of the problem and many other factors such as socio-economic factors, education status and cultural characteristics (Atkinson & Gim, 1989; Fischer & Turner, 1970, Raviv, Maddy-Weitzman & Raviv, 1992). To exemplify, Arslantaş, Dereboy, Aştı and Pektekin, (2011) explored that economical wealth provides a more positive perspective to get professional help. Moreover, women are more tended to identify when they need help and to search for appropriate support compared to men (Özbay, 1996).

In addition to the other variables, relationship dynamics of couples and families are influential on their attitudes and acts to ask for help (Aydoğan, 2014). If a family have functional informal support which came from family members and close relationships, they are less likely to seek professional help (Mojaverian, Hashimoto & Kim, 2013, Özbay, 1996). Raviv, Sharvit, Raviv and Rosenblat-Stein (2009) indicated that mothers and fathers prefer getting help from relatives, friends and other parents for issues related to their children. Couples try to live in separate houses, to search websites and books and to discuss with their friends about challenging relationship issues to solve their problems before getting help from mental health personnel (Barbarin, Hughes & Chesler, 1985; Eskin, 2012; Eubanks Fleming & Córdova, 2012).

Having a child who is diagnosed with ASD is a situation that leads parents to seek formal and informal help due to the difficulties of parenting, understanding the nature of the diagnosis and getting appropriate knowledge. Some parents do not

accept or understand the differences of their children from normally-developed peers for a long time and they might lose a long time to seek help (Çelimli, 2009). Heiman (2002) indicated that parents of children with various developmental delays get help from a wide range of sources like their immediate and extended family members, mental health professionals and organizations and special education centers. These help-seeking attempts are some of the essential factors of resilience for parents (Heiman, 2002). Intellectual and behavioral problems of children with autism are some of the factors that direct parents to look for people who are able to provide help (Boyd, 2002).

1.4. CURRENT STUDY

Purpose of this study is to investigate how the problem behaviors of children predict the parenting stress and family resilience in mothers of children with autism in Turkey. Besides, it aims to find out the mediating role of help-seeking intentions between aberrant behaviors of children and experiences of mothers. In accordance with these objectives, hypotheses were identified as follows:

H1: Parental stress of mother is predicted by a child's aberrant behaviors.

H2: Family resilience is predicted by the aberrant behaviors of a child.

H3: Mother's help-seeking intentions will mediate the relationship between child's aberrant behaviors and mother's stress.

H4: Mother's help-seeking intentions will mediate the relationship between child's aberrant behaviors and family resilience.

CHAPTER 2. METHODOLOGY

2.1. PARTICIPANTS

The study employed a non-random convenient sampling technique to recruit participants. Participants were mothers of children who diagnosed with ASD. Inclusion criterion of participants is not having another child with any diagnosis aside from the children with ASD. The research involved 151 mothers of children diagnosed with ASD. However, 6 of the participants were excluded because of the uncompleted scales and 3 of them were eliminated because of having another child with a diagnosis. The total number of 142 mothers who were recruited from the Special Education and Rehabilitation Centers in Kocaeli and Istanbul were included in this study.

Most of the mothers are married (n=128) and the majority of them are married for more than 10 years (n=92). In terms of educational status, participants were distributed balanced in number according to graduation from elementary school (27,5%), secondary school (19,7%), high school (23,9%) and University (28,9%). According to the birth order of children, approximately half of the mothers' first child was diagnosed with ASD (n=68) compared to mothers whose second, third or fourth children were diagnosed. Demographic characteristics of mothers who participated in the research are shown in Table 1.

Table 1

Mothers of Children with ADS: Demographic Findings

Variables of Mothers		
	Frequency	*Percentage (%)*
Marital Status		
Married	128	90.1
Single	14	9.9
Total	142	100.0

Age		
26-30 years	18	12.7
31-35 years	35	24.6
36-40 years	38	26.8
41-45 years	25	17.6
46-50 years	26	18.3
Total	142	100
Educational Status		
Elementary School	39	27.5
Secondary School	28	19.7
High School	34	23.9
Bachelor’s Degree	41	28.9
Total	142	100
Duration of Marriage		
1-10 years	36	25.4
11-20 years	68	47.9
21-30 years	24	16.9
Single	14	9.9
Total	142	100
Number of Marriages		
First Marriage	120	84.5
Second Marriage	8	5.6
Single	14	9.9
Total	142	100
Employment Status		
Employed	35	24.6
Unemployed	107	75.4
Total	142	100
Occupation		

Housewife	73	51.4
Teacher	16	11.3
Civil Servant	14	9.9
Retired	11	7.7
Other	28	19.7
Total	142	100
Monthly Income		
Less than expenses	33	23.2
Balanced with expenses	91	64.1
More than expenses	18	12.7
Total	142	100

The responses of the mothers to the questions about the social support mechanisms that they apply for the care and development of their children and for themselves are shown in Table 2.

Table 2

Mothers of Children with ASD: Answers Related with Social Support

Variables of Social Support	*Frequency*	*Percentage (%)*
The Places That They Receive Support For Their Children		
Nowhere	2	1
Hospital	43	15
Counseling and Research Center	68	24
Special Education and Rehabilitation Center	130	46
Psychotherapy or Psychological Counseling Center	18	6
Other	25	9
The Professionals That They Receive Support For Their Children		

Doctor/ Psychiatrist	62	24
Special Education Teacher/ Specialist	126	48
Speech and Language Specialist	43	16
Physiotherapist	3	1
Psychotherapist/ Psychologist	15	6
Occupational therapist	5	2
Other	9	3
People Who Help Them for Care of Their Children		
Nobody	24	12
Spouse	91	44
Close Friends	15	7
Family Members	71	34
Others	7	3
Significant People That They Receive Support for Their Own Struggles		
Nobody	50	12
Spouse	161	38
Close Friends	57	13
Family Members	135	32
Colleagues	16	4
Others	8	2

Note 1. Questions were asked as multiple response questions, that's why the total number of "Frequencies" may exceed the total N number.

In addition to the characteristics of mothers, information about the characteristics of their children with ASD and mothers' sources of help to grow and educate their children were gathered as a part of the Demographic Information Form. Reports of children characteristics related to autism show that 28 % of them have severe communication problems and 28 % of them have severe eating problems (Table 3). More than half of them don't have any sleeping problems (57 %), however nearly half of them (51%) have severe behavioral

problems. 4 children have hyperactivity and 7 children have epilepsy as comorbidities. Nearly one-third of the children (36 %) doesn't have self-care skills such as going to the toilet by herself or himself or having a shower. Also, most of the mothers (87 %) declared that their children may express some kinds of basic needs such as thirst, hunger or sleep.

Table 3

Characteristics of Children with ASD

Variables of Children		
	Frequency	*Percentage (%)*
Birth Order of Children		
1	68	47.9
2	51	35.9
3	18	12.7
4	5	3.5
Total	142	100
Age		
1-5 years	31	21.8
6-10 years	65	45.8
11-15 years	20	14.1
16-20 years	21	14.8
21-25 years	5	3.5
Total	142	100
Age When Children Diagnosed		
1-5	132	93
6-10	10	7
Total	142	100
Level of Language Development		
Able to talk	43	30.3

Relatively able to talk	60	42.3
Unable to talk	39	27.5
Total	142	100
Eating Problems		
Yes	39	27.5
Slightly	46	32.4
No	57	40.1
Total	142	100
Sleeping Problems		
Yes	31	21.8
Slightly	30	21.1
No	81	57.1
Total	142	100
Behavioral Problems		
Yes	73	514
Slightly	52	36.6
No	17	12
Total	142	100
Toilet Training Problems		
Yes	36	25.4
Slightly	37	26.1
No	69	48.6
Total	142	100
Any Other Medical Problems		
Hyperactivity	4	2.8
Epilepsy	7	4.9
Other	15	10.6
No	116	81.7
Total	142	100

Having Self-Care Skills		
Yes	33	23.2
Slightly	58	40.8
No	51	35.9
Total	142	100
Expressing Basic Needs		
Yes	83	58.5
Slightly	41	28.9
No	18	12.7
Total	142	100
Physically Able to Meet Personal Needs		
Yes	83	58.5
Slightly	41	28.9
No	18	12.7
Total	142	100

2.2. MEASUREMENT

2.2.1. Demographic Information Form

This form has been prepared for parents of children with ASD. In addition to the questions about age, gender, education level and income, there are some questions about their family and social environments such as duration of the marriage, numbers of children and social support systems. What is more, there are some basic questions about their children which are related to ASD such as an ability to talk, behavioral and eating problems.

2.2.2. Aberrant Behavior Checklist Turkish Version (ABC)

The original version of the checklist was developed by Aman, Singh, Stewart and Field (1985a, 1985b) and it was adapted into Turkish by Sucuoglu (2003). 12 items of the original version (with 58 items) was eliminated in the

Turkish version of the checklist. It is used to identify problem behaviors of children with developmental disorders and social problems (Karabekiroglu & Aman, 2009) It is a four-point Likert Scale with subscales of Irritability, (α =.94); Lethargy/Social Withdrawal, (α =.92); Stereotypic Behavior, (α =.87); Hyperactivity, (α =.65); and Inappropriate Speech, (α =.87). The 46-items total checklist has high internal consistency (α =.96).

2.2.3. Parenting Stress Index-Short Form (PSI-SF) Turkish Version

The first version of this self-report scale was developed in 1983 by Abidin (1995). Parenting Stress Index was translated into Turkish by Çekiç, Akbaş and Hamamcı in 2015 and the short form were adapted by Çekiç and Hamamcı (2018). This index consists of three sub-dimensions as "Parental Distress (PD)", "Parent-Child Dysfunctional Interaction (P-CDI)" and "Difficult Child (DC)". It has 36 items rated on a 5-point Likert scale. Test-retest reliability of the Turkish Version total scale was .91 and for PD, P-CDI and DC, these were .58, .69 and .60 respectively. Internal consistency values for PD, P-CDI and DC were reported as .84, .76. and .83. The Turkish sample demonstrated high internal consistency for the whole scale as well (.91).

2.2.4. Family Resilience Scale (FRS)

This is a 37 items scale which was developed by Kaner and Bayraklı (2010) in Turkey. It was designed as 5-point Likert scale and it has four subscales as Challenge, Self-Efficacy, Commitment to Life and Self-Control. Having a higher score from the scale means being more resilient. Internal consistency value of total scale is .94. For subscales, internal consistency values were found as .91, .87., 82., .54 for Challenge, Self-Efficacy, Commitment to Life and Self-Control.

2.2.5. General Help-Seeking Questionnaire (GHSQ)

General Help-Seeking Questionnaire was developed by Wilson, Deane, Ciarrochi and Rickwood (2005) and it was designed to be alterable according to the

purpose of usage. Variations of the scale for different target groups were created by the researchers and 10-item version of Rickwood, Deane, Wilson and Ciarrochi (2005) was used in the current research. This 7-point Likert scale was developed to understand sources of help-seeking intentions for people who are in a difficult life situation.

2.3. PROCEDURE

The participants were recruited from the Special Education and Rehabilitation Centers in Kocaeli and Istanbul. Mothers interested in participating will be given the paper-and-pencil questionnaire set. The set includes Informed Consent Form, Demographic Information Form, Aberrant Behavior Checklist, Parenting Stress Index-Short Form, Family Resilience Scale and the General Help-Seeking Questionnaire. Those who accepted to participate from informed mothers completed the informed consent form and the other measurement instruments in 20 to 30 minutes. They filled out the questionnaires during the special education lesson of their children. Then, they handed them directly to the researcher or the authorized persons in the institution where they served. Informed consent forms were collected separately from other forms.

2.4. DATA ANALYSIS

In the current study, many analyses were conducted. In addition to descriptives and frequencies of socio-demographic variables; correlation, regression, and mediation analysis were conducted. To measure predictions in the first and second hypotheses, Pearson correlations and regression analyses were applied. For the third and fourth hypotheses, mediation analyses were used to test the mediating effects of mothers' help-seeking intentions between the variables in the first two hypotheses.

CHAPTER 3. RESULTS

In this section of the study, descriptive statistics of the scales, comparisons according to descriptive statistics, and hypothesis testing results were given.

3.1. DESCRIPTIVE STATISTICS FOR THE MEASURES OF THE STUDY

3.1.1. Descriptive Statistics For Parenting Stress Index-Short Form (PSI-SF)

The total scores of the Parenting Stress Index ranged from 36 to 180 and score ranges for the sub-scales are given in Table 4. Moderate level of parental stress is reported for mothers ($\underline{X}$=104, SD=19). Sub-dimensions of the PSF-SF which are Parental Distress ($\underline{X}$=34.5, SD=8.6), Parent-Child Dysfunctional Interaction ($\underline{X}$=33.7, SD=7.5) and Difficult Child ($\underline{X}$=35.8, SD=6.4) are also analyzed as moderate level.

Table 4.

Means, Standard Deviations (SD) and Score Ranges for the Parenting Stress Index- Short Form (PSI-SF)

Measures	n	Min.	Max.	$\underline{X}$	SD
Parenting Stress Index	142	61	154	104	19
Parental Distress	142	15	56	34.5	8.6
Parent-Child Dysfunctional Interaction	142	14	57	33.7	7.5
Difficult Child	142	14	52	35.8	6.4

Note 1. Parenting Stress Index is the total score of the Parenting Stress Index Short Form, “Parental Distress”, “Parent-Child Dysfunctional Interaction” and “Difficult Child” are the subscales of the PSI-SF

3.1.2. Descriptive Statistics for the Family Resilience Scale

37-items. Family Resilience Scale scores have ranged between 37 and 185. Descriptive statistics were reported on Table 5 for the Family Resilience Scale ($\underline{X}$=132.5, SD=26.5) and in subscales which are Challenge ($\underline{X}$=58.6, SD=13.5), Self-Efficacy ($\underline{X}$=35.1, SD=6.5), Commitment To Life ($\underline{X}$=28.8, SD=7.1) and Control ($\underline{X}$=10.0, SD=2.5).

Table 5.

Means, Standard Deviations (SD), and Score Ranges for the Family Resilience Scale

Measures	n	Min.	Max.	$\underline{X}$	SD
Family Resilience Scale	142	70	185	132,5	26,5
Challenge	142	29	85	58,6	13,5
Self-Efficacy	142	15	45	35,1	6,5
Commitment To Life	142	12	40	28,8	7,1
Control	142	3	15	10,0	2,5

Note 1. Family Resilience Scale is the total score of the scale, “Challenge”, “Self-Efficacy”, “Commitment to Life” and “Control” are the subscales of Family Resilience Scale

3.2. DIFFERENCES AMONG THE LEVELS OF DEMOGRAPHIC VARIABLES ON THE MEASURES OF THE STUDY

3.2.1. Comparison of the Parenting Stress Index-Short Form (PSI-SF) Scores According to Demographic Characteristics of Mothers And Their Children

According to one-way ANOVA results, there were no statistically significant differences in PSI-SF scores for mothers’ age ($F(4,137)=1.64$, $p>.05$), children’s age ($F(4,137)=1.194$, $p>.05$), education status ($F(3,138)=1.82$, $p>.05$) and socio-economic status ($F(2,139)=.678$, $p>.05$) of mothers.

According to the developmental characteristics of children, there was a statistically significant difference in parental stress levels for language development (F(2,139)=6.167, p=.003, p<.01) (See Table 6). To compare groups, Fisher's the least square difference (LSD) test was used for post hoc analyses. According to LSD test, the difference between "able to talk" group ($\underline{X}$=111.3, SD=18.7) and "relatively able to talk" group ($\underline{X}$=103.2, SD=16.2) was statistically significant. Also; the mean score of the "able to talk" group ($\underline{X}$=111.3, SD=18.7) was significantly different than "unable to talk" group ($\underline{X}$=97.3, SD=20.7). These results indicated that mothers of children who can talk have a higher level of stress than mothers whose children talk relatively and than mothers with children who don't have the ability to talk.

Table 6.

Comparison of PSI-SF According to Language Development

	Language Development	n	$\underline{X}$	SD	df	F	p
Parenting Stress Index						6.167	.003**
	Yes	43	111.3	18.7	2		
	Relatively	60	103.2	16.2	139		
	No	39	97.3	20.7	141		
Parental Distress						3.955	.021*
	Yes	43	37.3	9	2		
	Relatively	60	34.1	7.5	139		

	No	39	32.2	9.1	141		
Parent-Child Dysfunctional Interaction						4.772	.010**
	Yes	43	36	7.5	2		
	Relatively	60	33.9	6.6	139		
	No	39	31	8.1	141		
Difficult Child						4.504	.013*
	Yes	43	38.1	6.3	2		
	Relatively	60	35.3	6.1	139		
	No	39	34.1	6.5	141		

Note 1. *p<.05 , ** p<.01

Note 2. Yes: Able to talk, Relatively: Relatively able to talk, No: Unable to talk.

Note 3. Parenting Stress Index is the total score of the Parenting Stress Index Short Form, “Parental Distress”, “Parent-Child Dysfunctional Interaction” and “Difficult Child” are the subscales of the PSI-SF

There were no statistically difference in parental stress for eating ($F(2,139)=.611$ $p=.544$, $p>.05$), sleeping ($F(2,139)=1.424$ $p>.05$) or toilet training problems ($F(2,139)=1.434$, $p>.05$).

3.2.2. Comparison of Family Resilience Scores According to the Demographic Characteristics of Mothers and Their Children

The difference between Family Resilience Total Scores was not significant in terms of the demographic characteristics of mothers and children as well as the

Parenting Stress Index. On the other hand, there was a statistically significant difference in Family Resilience for toilet training problems (F (2,139) =3.827, p=.024, p<.05), (See Table 7).

According to LSD Test for post hoc analyses, mean difference between children who "slightly have" toilet training problems ($\bar{X}$=122.4, SD=26.5) and who "have" toilet training problems ($\bar{X}$=135.6, SD=28.1) was statistically significant. Besides, the mean score of the "slightly" group ($\bar{X}$=122.4, SD=26.5) was significantly different from the group whose children don't have any toilet training problems ($\bar{X}$=136.3, SD=24.5). In other words, mothers whose children have slight toilet training problems showed higher family resilience than mothers of children with toilet training problem, also they were found out more resilient than mothers whose children don't have problem-related to toilet training.

Table 7.

Comparison of Family Resilience According to Toilet Training Problems

Scales/ Subscales	Toilet Training Problem	n	$\bar{X}$	SD	df	*F*	*p*
Family Resilience						3.827	.024*
	Yes	36	135.6	28.1	2		
	Slightly	37	122.4	26.5	139		
	No	69	136.3	24.5	141		
Challenge						3.808	.025*
	Yes	36	59.8	14.6	2		
	Slightly	37	53.5	13.5	139		

	No	69	60.8	12.4	141		
Self-Efficacy						4.611	.012*
	Yes	36	36.	7.2	2		
	Slightly	37	32.4	6.5	139		
	No	69	36.1	5.8	141		
Commitment To Life						2.012	.138
	Yes	36	29.6	7.1	2		
	Slightly	37	26.8	7.3	139		
	No	69	29.4	6.9	141		
Control						.404	.669
	Yes	36	10.3	2.3	2		
	Slightly	37	9.7	2.1	139		
	No	69	10.1	2.8	141		

Note 1. *p<.05

Note 2. “Family Resilience Total Score” shows the total Family Resilience Scale variables; “Challenge”, “Self-Efficacy”, “Commitment to Life” and “Control” are the subscales of the “Family Resilience Scale”

The difference between Family Resilience scores was not significant in terms of language development (F(2,139)=1.364, p>.05) , eating (F(2,139)=.618, , p>.05) or sleeping problems (F(2,139)=.519, p>.05).

3.3. ANALYSES FOR TESTING THE HYPOTHESES

3.3.1. Main Hypothesis 1: Predictive Role of Child's Aberrant Behaviors on Parenting Stress of Mother

To test the effects of "aberrant behaviors of children" as an independent variable on parental stress, regression analysis was conducted. First of all, the assumptions of regression analysis were examined. Positive correlation has been found between aberrant behaviors of children and parental stress of mothers (*r*= .576, p<.01) (See Table 8) and the correlation is linear.

Table 8.

Correlations between Aberrant Behavior Checklist and Parenting Stress Index-Short Form

		ABC	PSI-SF
ABC	r	1	.576**
	p		.000

Note 1. **p<.01

Note 2. ABC: Aberrant Behavior Checklist, PSI-SF: Parenting Stress Index-Short Form

Durbin-Watson statistics was used to test autocorrelation. As a result of the analysis, the value of Durbin-Watson was found to be 1.898. It is closed to "2" and in the range between 1.5-2.5 which is suitable to interpret that the autocorrelation does not exist (Ahsan, Abdullah, Fie & Alam, 2009). Also, the error terms are normally distributed according to almost linear residuals on the P-Plot Diagram. Therefore, these variables were appropriate to test if there is a predictive relationship between aberrant behaviors and parental stress.

According to the regression analysis, it was examined that the level of aberrant behaviors had a significant effect on parents' stress level (*β*= .317, *t*=8.335, p<.01). In this model, aberrant behaviors of children explained 32,7% of the variance in the parental stress levels (R^2 = .327, F(1,140)=69.477, p<.01). It was determined that for every one-unit increase in the aberrant behavior level, parental stress level increased by .317.

Table 9.

Regression Analysis Predicting Parenting Stress with Aberrant Behaviors of Children

Variable	R^2	Adjusted R^2	F	Sig. F	β_0	β_1	t	p
	.332	.327	69.477	.000*	88.127	.317	8.335	.000*

Parenting stress could be predicted from aberrant behaviors of a child by the following formula;

Parenting stress= 88.127+.327 x aberrant behavior level

3.3.2. Main Hypothesis 2: Predictive Role of Child's Aberrant Behaviors on Family Resilience Scores of Mothers

In this hypothesis testing process, Durbin-Watson value was investigated as 1.695 and so there is no autocorrelation. What is more, error terms were distributed normally and approximately linear. However, there was no statistically significant relationship between family resilience and aberrant behaviors of children (r=-.096, p>.05)

Table 10.

Correlations between the Aberrant Behavior Checklist and Family Resilience Scale

	Aberrant Behaviors of Children	Family Resilience

Aberrant Behaviors of Children	r	1	-.096
	p		.255

As a result, the second hypothesis was not supported and so aberrant behaviors of children didn't predict family resilience.

3.3.3. Mediating Role of Mother's Help-Seeking Intentions Between Child's Aberrant Behaviors and Mother's Stress

To examine the mediating role of help-seeking intentions, hierarchical regression was used and the conditions that were recommended by Baron and Kenny (1986) were applied. According to the mediation model, there should be the predictive role of the initial variable (aberrant behaviors) should explain the outcome variable (parenting stress), (Baron & Kenny, 1986). This has already found in the analysis of the first hypothesis. Then, it is necessary to examine if the relationship between predictor and mediator variables is significant and after that, the initial variable should be controlled to analyze the mediating effect of the mediator (help-seeking behaviors) on the outcome variable (parenting stress) (Baron & Kenny, 1986).

According to this model, to analyze mediation effect of help-seeking intentions, a regression analysis was performed in which the aberrant behavior level was independent and the mother's help-seeking intentions was dependent variable in Step 1 (See Table 11). It has been found that the mothers' help-seeking variable was not associated with the aberrant behaviors of the children. (R^2 =.013, F (1,140)=1.876, p>.05).

In the second step of the mediation model, it has found that aberrant behaviors explained .327 of the family resilience (R^2=.332, F(1,140)=69.477, p <.01).

In Step 3, regression analysis was used in which aberrant behavior scores and help-seeking scores were independent variables and parenting stress was the

dependent variable. Help-seeking explained .392 of parenting stress (R^2 = .401, F (2,139) = 46.44, p<.01) according to the results of the third step.

Table 11.

Results of Hierarchical Regression Analysis for Mediation of the Help-Seeking Intentions

	β of Variables	
	Help-Seeking	Parenting Stress
Step 1		
1.Aberrant Behavior	-.029	
F	.876	
R^2	.013	
Adjusted R^2	.006	
Step 2		
1.Aberrant Behavior		.317**
F		69.477
R^2		.332
Adjusted R^2		.327
Step 3		
1.Aberrant Behavior		.300**
2.Help-Seeking		-.581**
F		46.440
R^2		.401
Adjusted R^2		.392

Note 1. n = *142, *** *p*< .01

Based on this model, when the mediation variable was added, the relationship between aberrant behaviors and parental stress was significant but decreased. After this analysis, it has found that there is a "partial mediation effect"

of help-seeking behaviors on the relationship between parenting stress and aberrant behaviors. The model in Figure 1 was revealed according to these results.

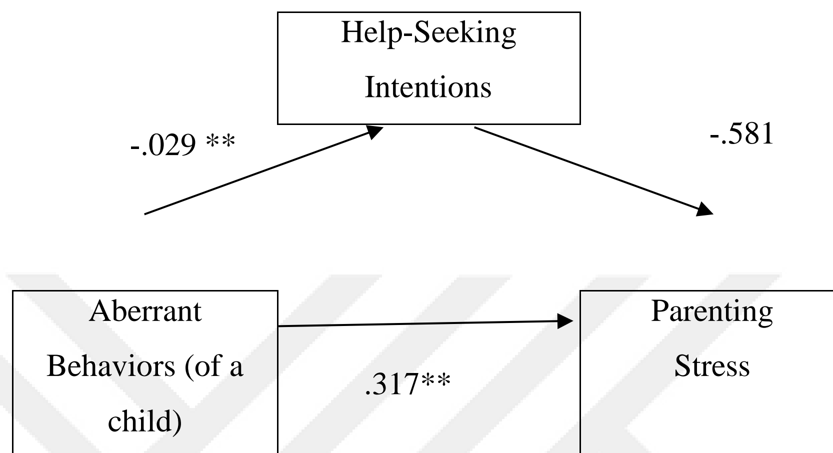

Figure 1. A mediation model of variables

3.3.4. Mediating Role of Mother's Help-Seeking Intentions Between Child's Aberrant Behaviors and Mother's Resilience

According to Baron and Kenny (1986); one of the criteria to investigate mediation is having a relationship between the two variables other than the mediator. However, in the analysis of the second hypothesis, any prediction or correlation has not been found. Therefore, this hypothesis was not supported.

On the other hand, it was analyzed that help-seeking questionnaire scores explained .025 of the family resilience ($R^2 = .025$, $F(2,139) = 2.79$, $p < .01$).

CHAPTER 4. DISCUSSION

The current study aimed to understand the effects of behaviors related to autism on families and their interaction with the social environment. The differences among the demographic variables on parenting stress and family resilience were identified in this part of the study. Then, prediction analysis and mediation analysis were interpreted. What is more, the strengths, limitations and clinical importance of this research were presented.

4.1.FINDINGS RELATED TO DIFFERENCES AMONG THE LEVELS OF DEMOGRAPHIC VARIABLES

In the research, information about participants' own demographic characteristics, their sources to get support for themselves and their children and the characteristics of their children were asked. Differences in parenting stress index scores and family resilience scores based on some of these demographic variables were tested. It was aimed to understand if they were significant on stress or resilience levels of mothers.

At first, differences of stress level of mothers were tested. It was found that children's age, mothers' age, mothers' education and socio-economic status didn't bring out significant differences on parenting stress scores. Çelimli (2009) found that mothers' education level and socio-economic status had a negative correlation with parenting stress. Walker (2000) also examined the negative correlation between child's age and parenting stress. The results of the present study were not supported by previous studies. Also, eating, sleeping or toilet training problems of children didn't significantly differentiate on mothers' stress level. On the other hand, language development differentiated on parenting stress significantly. The reason why mothers of children with higher language ability were more stressful might be because of expecting more skills from their children than other mothers. When a child could talk appropriately, mothers might attribute that their children improve more on the other types of skills. Therefore, a higher level of expectations might make them more stressful than others.

Secondly, family resilience scores were compared according to different demographic variables. It was presented that language development, eating and sleeping problems didn't differentiate on family resilience level significantly. What is more, children and mothers' ages, education and socioeconomic status didn't show a significant difference in family resilience results. According to Walsh (2002) having opportunities to reach financial resources is one of the important element of resilient families. The reason why economic differences do not affect the results of resilience in this research might be that even if they have higher economic status, the educational opportunities that families can reach are very limited in Turkey. Only special education and rehabilitation centers have programs which are appropriate for people with ASD, however, the number of qualified teachers and experts are not satisfactory. Also, it is indicated that the level of resilience might increase after providing social support, finding meaningful goals based on living with autism and accepting the situation over time, therefore it is possible to say that ages of mother and child and the duration of time which the child has diagnosed are some of the criteria that affect resilience level (, Walsh, 1998). In this study, the ages of mothers and children is not an element which shows the time of being diagnosed because early diagnosis of ASD is becoming more popular for only last decade.

In the current study, it was found that family resilience scores were differentiated with toilet training problems. These problems consist of not able to go to the toilet alone, need for using the diaper in childhood, not going to the toilet outside of a home, having constipation or diarrhea. These problems are very challenging for caregivers when they continue for many years after infancy. Also, they are restrictive for mothers' lives out of home and they increase the dependence of children to their parents. The significance of toilet-related problems on resilience might be related to these difficulties. As mentioned before, ongoing life struggles contributes to resilience (Peer & Hillman, 2014). As a result, it was examined that family resilience differentiated with toilet training problems of children.

4.2. FINDINGS RELATED TO PREDICTION ANALYSES

According to the literature about mothers' and fathers' stress and the behavioral problems related with their children's disorder, it was hypothesized that parenting stress of mothers whose children were diagnosed with ASD had been predicted by problem behaviors of children. In the cross-sectional and longitudinal study of Harrop, McBee and Boyd (2016) the increased number of restricted and repetitive behaviors of children predicts less amount of decline on the stress level of caregivers in time duration (Harrop, McBee & Boyd, 2016). In addition, Brei, Schwarz and Klein-Tasman (2015) found a positive relationship between behaviors of children related to ASD and stress level of parents. When behavioral difficulties increase, a higher level of parenting stress was examined (Brei, Schwarz & Klein-Tasman, 2015). Results of the current research is consistent with many studies. Aberrant behaviors were found as a predictor of parenting stress. Aberrant Behaviors Checklist is a comprehensive scale to evaluate a child's behavior according to various criteria of autism. Mothers were asked some questions such as if their children are hyperactive or motionless, destructive for himself/herself or others, open to communicate with others or introverted. Symptoms of autism, even if it is closer to one side or other of the spectrum, is difficult to manage for families. So, it is clear why behavioral problems predict stress related to parenting abilities.

The second hypothesis assumed that aberrant behaviors predict resilience of mothers. However, this hypothesis wasn't supported by the regression analyses. Resilience was indicated as the process according to the intensity and duration of life difficulties (Luthar & Cicchettii, 2000; Rutter, 2006). The findings in the literature were contradictive, some of them examined that it decreases with struggles of life, but others presented that difficulties make resilience level higher (Duca, 2015; Leone, Dorstyn & Ward, 2016; Plumb, 2011; Sanders & Morgan, 1997). The results of the current research might be because of this complex structure of resilience as a concept. It is changeable from family to family and also from time to time for the same family. As a consequence, aberrant behaviors don't have a predictive role on family resilience.

4.3. FINDINGS RELATED TO MEDIATION ANALYSES

Mediating effect of help-seeking behaviors between aberrant behavior checklist results and parenting stress levels was investigated. As a result of mediation analysis, it was found that help- seeking intentions partially mediate the effect of aberrant behaviors on parenting stress.

The last hypothesis of the research was that mothers' help seeking intentions mediate the relationship between the scores of children's aberrant behaviors and family resilience levels. It has analyzed that there is no mediating effect of help seeking behaviors between resilience levels of mothers and problem behaviors of children. According to the mediation model of Baron and Kenny (1986), there should be a correlation between initial and outcome variables. However, the analysis of the second hypothesis showed that there isn't any relationship between aberrant behaviors and mothers' resilience levels. As explained for the second hypothesis, this might be the result of the nature of "resilience" which alter in different processes of life.

On the other hand, past researches presented the importance of help-seeking behaviors and resources on family resilience (Heiman, 2002). Similar to previous research findings, it was found that help seeking scores predict family resilience. Seeking help provides an advantage on being resilient for people who have continuous difficulties, that's why it may be a significant finding for future studies.

4.4. STRENGTHS OF THE STUDY

In Turkey, studies related to autism were usually done with more generalized participant groups such as "developmental disabilities", "intellectual disabilities" or "disabled children" (Coşkun & Akkaş, 2009 Özbay & Aydoğan, 2013; Palancı, 2016). This study specifically presented data about mothers whose children diagnosed with "Autism Spectrum Disorder". That's why it is believed that current research revealed distinctive information about the experiences of mothers related to autism.

This study investigated the behavioral problems of children with autism, the psychological processes experienced by mothers and the importance of external support for mothers who are the part of these processes due to underlining the significance of the systemic perspective on working with autism. Even if data has been gathered by only mothers, it is thought that this research showed valuable sample for family-oriented researches and applications.

In Turkey, most of the autism-related programs are children-focused and services were usually given by special education centers. However, this study addressed the necessity of multidisciplinary treatment and support programs that include psychotherapeutic interventions for both children and their families.

4.5. LIMITATIONS OF THE STUDY AND FUTURE RESEARCH

One of the limitations of the research was analyzing "parental stress" and "family resilience" levels by only mothers' results. Because of the difficulties of accessibility to fathers and siblings, data were collected from only mothers. However, the nature of the concepts and interpretations of them require holistic data of the couples and to understand family resilience levels accordingly, having information from other family members of children with ASD could be more realistic.

In future studies, it is thought that the findings should be extended with the data of fathers and other family members for family resilience findings. Cavkaytar and Özen (2010) indicated that ASD is a systemic issue that has interaction with individuals, family members, social environment and governments. To understand autism and to provide psychotherapy, special education, occupation and general education services, it is essential to evaluate with its' multiple aspects. These family-based researches have an important role in working with ASD in a holistic way.

What is more, the recruitment of the sample was the other limitation of the study because they were found in special education centers. These mothers had

already been supported by the special education teachers and psychologists of the schools. Moreover, these mothers had a support system which includes the other mothers with disabilities. They shared their experiences with each other and organized activities when they were in the center and waiting for the end of their children's courses. Seeing others with similar situation and difficulties made them stronger and hopeful. For the future studies, collecting data from families who could not reach educational and social resources may be more explanatory for the population of families who are living with autism.

In addition to these, data were collected from Istanbul and Kocaeli, which are two metropolia in the Marmara Region. There were a lot of children who are diagnosed with autism and also various associations, social support groups, special education centers, research centers and professionals exist in these cities. They became more prepared to the developmental processes of children with ASD and these features might reflect mothers' stress and resilience. So, the results may not representative of each city of Turkey.

It is suggested that the study findings should be generalized by adding data of families in other cities and regions. Collecting data from different cities in Turkey may enhance research findings by adding the information of families who could access less social services and professional help sources.

4.6. CLINICAL IMPLICATIONS

Research data is important in terms of the impact of behavioral problems of children on the mothers' stress and the supportive effect of social support on maternal stress. Mothers are tended to underrate their emotional needs because of giving priority to the needs of children and social norms about being mother which encourage caregivers to be patient and strong continuously (Blackledge & Hayes, 2006). It is important to remind mothers that being stressful and overwhelmed and seeking help for themselves is acceptable.

This data is also significant to expand a perspective on the development of social support services for families which have a member with autism. According to Wilson and colleagues (2005), reaching proper helping sources have an important role to deal with stress and difficult emotional states.

Furthermore, it shows the importance of investigating and working on help-seeking behavior of mothers in clinical settings and designing systemic, family-oriented studies, therapy and treatment methods with families. According to Belsky (1984), symptoms of a child, parents' emotional state, interactions in family and with social environment have circular relationships for families living with autism. So, it is important to provide efficient treatment models which aims multiple systems related with autism has a significant role for community mental help services and mental health professionals.

CHAPTER 5. CONCLUSION

The present study was done to understand if there is a predictive role of aberrant behaviors of children with ASD on parenting stress and family resilience of mothers. In addition, the mediating effects of help-seeking intentions on predictive roles were examined. 151 mothers of children who diagnosed with ASD were given the questionnaire set with these objects. 142 data set were included to the research after elimination of the inappropriate scales. Mothers were recruited from special education and rehabilitation centers in Kocaeli and Istanbul.

At the beginning of analyses, demographic information about mothers, and their children were identified. Then, findings related to differences of parenting stress and family resilience scores among the levels of demographic variables were presented. Parenting stress was found to differentiate among language development levels of children. On the other hand, family resilience scores were showed significant differences based on toilet training problems of children. There were no differences in both family resilience and parenting stress levels among eating and sleeping problems of children, ages of mothers or children, socio-economic status or education status of mothers.

In the hypothesis testing process of the present study, it was investigated that aberrant behaviors of children predict parenting stress level of mothers. A lot of past researches which examined correlations with problem behaviors and stress level of parents supported similar findings (Davis & Carter, 2008; Tomanik, Harris & Hawkins, 2004) After the analysis of the first hypothesis, predictive role of aberrant behaviors of children on family resilience was tested, nevertheless problem behaviors weren't significant on predicting resilience level. After mediation analyses, it was found that help-seeking intentions mediated the relationship between aberrant behaviors of children and parenting stress level. However, the mediator role of help-seeking intentions on the association between aberrant behaviors and family resilience was not supported.

The current study is important by gathering variables from different aspects of autism. It examined the effects of children's behaviors on the experiences of

mothers and their relationship with other people as well. In addition, there are some limitations of the study include generalizability of the results, having data from only mothers but not fathers. In clinical applications, it is important to add family-based programs in addition to the education of children. Also, psychological support systems for the experiences of individuals, caregivers and family members should be prepared by multidisciplinary works of professionals and government services.

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APPENDICES

APPENDIX A. INFORMED CONSENT FORM

Bilgilendirilmiş Onam Formu

Sayın katılımcı;

Bu araştırma İstanbul Bilgi Üniversitesi Klinik Psikoloji Yüksek Lisans Programı bünyesinde Yrd. Doç. Dr. Ryan Wise danışmanlığında, Ezgi Didem Merdan tarafından yürütülmektedir. Çalışmanın amacı katılımcıların ebeveyn olarak yaşadıkları deneyimleri etkileyen faktörler hakkında bilgi toplamaktır. Bu amaçla sizlere çocuğunuzla ve kendinizle ilgili çeşitli sorular sorulmaktadır. Çalışmanın amacına ulaşması için sizden beklenen, rahat hissettiğiniz sürece, bütün sorulara eksiksiz ve içtenlikle cevap vermenizdir.

Dolduracağınız anketlerde size kimlik bilgileriniz sorulmayacak ve bu katılım formu anketlerden ayrı olarak saklanacaktır. Sorulara verilen yanıtlar toplu halde ve sayısal olarak analiz edilecek; sadece bilimsel araştırma ve yayın amacıyla kullanılacaktır. Tüm soruları yanıtlamak yaklaşık 25-30 dakikanızı alacaktır. Soruların doğru veya yanlış cevabı yoktur.

Bu araştırmaya katılım tamamen gönüllülük esasına dayalıdır. Araştırmanın herhangi bir aşamasında herhangi bir neden göstermeksizin araştırmaya katılmaktan vazgeçebilirsiniz. Bu durumda verileriniz kaydedilmeyecek ve/veya kapsam dışında bırakılacaktır. Araştırmanın amacı, süreci veya sonuçları ile ilgili sorularınız için ezgi.ddm@gmail.com e-mail adresinden araştırmacıya ulaşabilirsiniz.

Değerli katkılarınız için teşekkürler.

İsim-Soyad:

Tarih:

İmza:

APPENDIX B. DEMOGRAPHIC INFORMATION FORM

Aile Bilgi Formu

1. Yaşınız:_____
2. Cinsiyetiniz: ( ) Kadın ( ) Erkek
3. Medeni durumunuz: ( ) Evli ( ) Bekar ( ) Boşanmış ( ) Dul

4. Evli iseniz;
   a. Kaç yıldır evlisiniz? _________
   b. Kaçıncı evliliğiniz? ( ) İlk evliliğim ( ) İkinci evliliğim ( ) Diğer _____
5. Eğitim durumunuz: ( ) Okur-yazar değil ( ) İlkokul ( ) Ortaokul ( ) Lise ( ) Üniversite ( ) Yüksek Lisans ( ) Doktora ( ) Diğer ________

6. Şu an çalışıyor musunuz? ( ) Evet ( ) Hayır
7. Mesleğiniz nedir? ____________
8. Aylık gelir durumunuzu belirtiniz: ( ) Gelir giderden az ( ) Gelir gidere denk ( ) Gelir giderden fazla ( ) Diğer _______________________
9. Kaç çocuğunuz var? _________
10. Çocuklarınız ile ilgili aşağıdaki bilgileri doldurunuz. Cevabınızın "evet" olduğu durumlarda hastalığın ne olduğunu yazınız.

	Yaş	Herhangi bir hastalığı var mı?
1. Çocuk:	_________	( ) Evet:_________ ( ) Hayır
2. Çocuk:	_________	( ) Evet:_________ ( ) Hayır
3. Çocuk:	_________	( ) Evet:_________ ( ) Hayır
4. Çocuk:	_________	( ) Evet:_________ ( ) Hayır

5. Çocuk: _________ ( ) Evet:_________ ( ) Hayır

11. Özel eğitim ihtiyacı olan çocuğunuzun tanısı nedir? ______________________

12. Tanı alan çocuğunuzun yaşını yazınız: ___________

Aşağıdaki soruları tanı alan çocuğunuz için doldurunuz.

13. Çocuğunuzun kaç yaşındayken tanı aldığını yazınız: ___________
14. Çocuğunuzun dil gelişim düzeyi nedir? ( ) Konuşuyor ( ) Kısmen konuşuyor ( ) Konuşmuyor
15. Çocuğunuzun yemek / iştah ile ilgili problemleri var mı? ( ) Evet ( ) Kısmen ( )Hayır
16. Çocuğunuzun uyku problemleri var mı? ( ) Evet ( ) Kısmen ( )Hayır
17. Çocuğunuzun davranış problemleri var mı? ( ) Evet ( ) Kısmen ( )Hayır
18. Çocuğunuzun tuvalet alışkanlığı ile ilgili problemleri var mı? ( ) Evet ( ) Kısmen ( )Hayır
19. Çocuğunuzun başka sağlık sorunları var mı? ( ) Evet [nedir?.............................] ( ) Hayır
20. Çocuğunuz kendi kişisel bakımını (tuvalete gitme, banyo yapma, dişlerini fırçalama gibi) kendi başına yapabiliyor mu? ( ) Evet ( ) Kısmen ( )Hayır
21. Çocuğunuz temel ihtiyaçlarını (acıkma, susama, tuvalete gitme) ifade edebiliyor mu? ( ) Evet ( ) Kısmen ( )Hayır
22. Çocuğunuz fiziksel anlamda (kendi başına giyinme, yemek yeme, eşyalarını taşıma gibi) kendi ihtiyaçlarını karşılayabilecek düzeyde mi? ( ) Evet ( ) Kısmen ( )Hayır
23. Çocuğunuz evinizin dışındaki sosyal ortamlara (okul, alışveriş merkezi, oyun alanları gibi) uyumlu davranabiliyor mu? ( ) Evet ( ) Kısmen ( )Hayır
24. Çocuğunuz için destek hizmeti aldığınız yerleri işaretleyiniz. Birden fazla seçeneği işaretleyebilirsiniz.

( ) Hiçbir yerden destek almıyorum.( ) Hastane ( ) Rehberlik ve Araştırma Merkezi ( ) Özel Eğitim ve Rehabilitasyon Merkezi ( ) Psikoterapi Merkezi/ Psikolojik Danışmanlık Merkezi ( ) Diğer ________________

25. Çocuğunuz için destek hizmeti aldığınız kişileri işaretleyiniz. Birden fazla seçeneği işaretleyebilirsiniz.

( ) Hiç kimseden destek almıyorum.( ) Doktor/ Psikiyatrist ( ) Dil ve Konuşma Uzmanı ( ) Özel Eğitim Öğretmeni/ Uzmanı ( ) Fizyoterapist ( ) Psikoterapist/Psikolog ( ) İş-Uğraşı Terapisti ( ) Diğer ______________

26. Çocuğunuzun bakımı için kimlerden yardım alırsınız?

( ) Hiçbir yerden destek almıyorum. ( ) Eşimden ( ) Yakın Arkadaşlarımdan ( ) Ailemden ( )Diğer ______________________

27. Kendiniz için, bir probleminiz ya da sıkıntınız olduğu zaman en çok kimden yardım alırsınız? Birden fazla seçeneği işaretleyebilirsiniz.

( ) Hiçbir yerden destek almıyorum. ( ) Eşimden ( ) Yakın Arkadaşlarımdan ( ) Ailemden ( ) İş Arkadaşlarımdan

28. Kendiniz için, bir probleminiz veya sıkıntınız olduğunda nerelerden yardım alırsınız? Birden fazla seçeneği işaretleyebilirsiniz.

( ) Hastaneden ( ) Psikoterapi Merkezi/ Psikolojik Danışmanlık Merkezi’nden ( ) Aile Sağlığı Merkezi’nden ( ) Diğer ______________

APPENDIX C. ABERRANT BEHAVIOR CHECKLIST

Sorun Davranışlar Kontrol Listesi

Aşağıda, çocuğunuzda gözlenebilecek çeşitli davranışlar listelenmektedir. Çocuğunuz, sözü geçen davranışı göstermiyorsa "böyle bir sorun yok (0)" seçeneğini işaretleyiniz. Okuduğunuz cümlede bahsedilen davranış çocuğunuzda gözlemlediğiniz bir davranış ise rahatsızlık derecesine göre1-2-3 seçeneklerinden karşılık gelen kutucuğu işaretleyiniz.

Özellikle çocuğunuzun son bir ayını düşünerek yanıtlayınız. Her bir ifade için ilk aklınıza gelen seçeneği işaretleyiniz ve lütfen tüm ölçek maddelerini cevaplayınız.

	0 Böyle Bir Sorun Yok	1 Var Ama Rahatsız Edici Düzeyde Değil	2 Rahatsız Edici	3 Çok Rahatsız Edici
1.Evde, okulda, işte ya da başka yerlerde aşırı derecede hareketlidir.	0	1	2	3
2. Amaçlı olarak kendine zarar verir.	0	1	2	3
3. Halsiz, tembel, hareketsizdir.	0	1	2	3
4. Diğer çocuklara ve büyüklere karşı saldırgandır (sözel ya da fiziksel olarak).	0	1	2	3

5. Başkalarından uzak durmaya/yalnız kalmaya çalışır.	0	1	2	3
6. Amaca yönelik olmayan, tekrarlayıcı vücut hareketleri vardır.	0	1	2	3
7. Gürültülü sesler çıkarır (uygunsuz bir şekilde yüksek sesli ve inişli-çıkışlı).	0	1	2	3
8. Uygunsuz bir şekilde çığlık atar.	0	1	2	3
9. Çok fazla konuşur.	0	1	2	3
10. Öfke patlamaları olur.	0	1	2	3
11. Basmakalıp davranışları; anormal, tekrarlayıcı hareketleri vardır.	0	1	2	3
12. Zihni aşırı meşguldür; boşluğa uzun uzun bakar/dalar.	0	1	2	3
13. Dürtüseldir (düşünmeden hareket eder).	0	1	2	3
14. Çabucak öfkelenir ve mızmızdır.	0	1	2	3
15. Huzursuzdur, yerinde duramaz.	0	1	2	3

16. İnsanlardan uzaktır, yalnız yapılan etkinlikleri tercih eder.	0	1	2	3
17. Garip, tuhaf davranışları vardır.	0	1	2	3
18. İtaatsiz, asidir; kontrol edilmesi zordur.	0	1	2	3
19. Uygunsuz zamanlarda haykırışları /bağırmaları olur.	0	1	2	3
20. Sabit/ değişmez bir yüz ifadesi vardır; duygusal anlamlılık içermez.	0	1	2	3
21. Başkalarını rahatsız eder.	0	1	2	3
22. Tekrarlayıcı konuşmaları vardır.	0	1	2	3
23. Hiçbir şey yapmadan oturup başkalarını izler.	0	1	2	3
24. İşbirliğinde bulunmaz.	0	1	2	3
25. Keyfi bozuktur; moralsizdir.	0	1	2	3
26. Herhangi bir fiziksel temasa karşı direnç gösterir.	0	1	2	3
27. Tekrar tekrar başını ileri geri hareket ettirir.	0	1	2	3

28. Komutlara dikkat etmez / komutları umursamaz.	0	1	2	3
29. İhtiyaçları hemen yerine getirilmelidir.	0	1	2	3
30. Kendini diğer çocuklardan ya da erişkinlerden izole eder.	0	1	2	3
31. Grup etkinliklerini bozar.	0	1	2	3
32. Belli bir pozisyonda uzun bir süre durur ya da oturur.	0	1	2	3
33. Kendi kendine yüksek sesle konuşur.	0	1	2	3
34. Küçük bir sıkıntıda hemen incinir ve ağlar.	0	1	2	3
35. Tekrarlayıcı el, vücut ve kafa hareketleri vardır.	0	1	2	3
36. Keyfi/ morali çabucak değişir.	0	1	2	3
37. Kuralları olan etkinliklerde ilgisizdir (tepki vermez).	0	1	2	3
38. Yerinde duramaz (örn: ders sırasında ya da eğitimde, yemek esnasında)	0	1	2	3

39. Belli bir süre dahi hareketsiz kalamaz.	0	1	2	3
40. Ona yaklaşmak, onunla ilişki kurmak ya da onu anlamak zordur.	0	1	2	3
41. Uygunsuz bir şekilde bağırır.	0	1	2	3
42. Yalnız kalmayı tercih eder.	0	1	2	3
43. Kelime veya vücut hareketleriyle iletişim kurma çabası göstermez.	0	1	2	3
44. Kolaylıkla dikkati çelinebilir.	0	1	2	3
45. Kollarını, bacaklarını tekrar tekrar sallar veya oynatır.	0	1	2	3
46. Belli bir kelime ya da tümceyi tekrar tekrar söyler.	0	1	2	3
47. Eşyalara tekme atar, vurur ya da kapıları çarpar.	0	1	2	3
48. Sürekli olarak odanın içinde koşar veya zıplar.	0	1	2	3
49. Vücudunu ileri-geri durmadan sallar.	0	1	2	3
50. Bile bile kendine zarar verir/ kendini yaralar.	0	1	2	3

51. Kendine herhangi bir şey söylenildiğinde hiç dikkate almaz.	0	1	2	3
52. Kendi kendine fiziksel şiddet uygular.	0	1	2	3
53. Hareketsizdir, asla kendiliğinden hareket etmez.	0	1	2	3
54. Aşırı derecede hareketli olmaya meyillidir.	0	1	2	3
55. Sevilmeye/ ilgilenmeye karşı ters tepkiler verir.	0	1	2	3
56. Bile bile komutlara uymaz.	0	1	2	3
57. İstedikleri engellendiğinde öfke patlamaları yaşar.	0	1	2	3
58. Başkalarına kısıtlı sosyal karşılıklar verir.	0	1	2	3

APPENDIX D. PARENTING STRESS INDEX-SHORT FORM

Anne Baba Stres Ölçeği-Kısa Formu

Bu ölçek anne-babaların stres düzeyini ölçmektedir. Her bir ifadeyi dikkatlice okuyunuz. Lütfen her bir ifadeyi otizm tanısı almış olan çocuğunuzu düşünerek ve bütün soruları aynı çocuğunuz için cevaplayınız.

Eğer duygu ve düşüncelerinize tam olarak uyan bir ifade bulamazsanız lütfen size en yakın gelen ifadeyi işaretleyiniz. Her bir ifade için ilk aklınıza gelen seçeneği işaretleyiniz ve lütfen tüm ölçek maddelerini cevaplayınız.

Bazı sorular için seçmeniz gereken cevaplar maddelerin karşısında belirtilmiştir. Sizin için en uygun olan cevabı daire içine alınız.

MADDELER	**Tamamen Katılıyorum**	**Katılıyorum**	**Emin Değilim**	**Katılmıyorum**	**Hiç Katılmıyorum**
1. Çoğunlukla sorunlarla iyi baş edemediğimi düşünüyorum.	Tamamen Katılıyorum	Katılıyorum	Emin Değilim	Katılmıyorum	Hiç Katılmıyorum
2.Çocuklarımın ihtiyaçlarını karşılamak için hayatımda beklediğimden çok daha fazla fedakarlık yapıyorum.	Tamamen Katılıyorum	Katılıyorum	Emin Değilim	Katılmıyorum	Hiç Katılmıyorum
3.Bir anne-baba olarak kendimi sorumluluklarımdan dolayı kısıtlanmış ve mecbur hissediyorum.	Tamamen Katılıyorum	Katılıyorum	Emin Değilim	Katılmıyorum	Hiç Katılmıyorum

4. Bu çocuk dünyaya geldiğinden beri yeni ve farklı şeyler yapamıyorum.	Tamamen Katılıyorum	Katılıyorum	Emin Değilim	Katılmıyorum	Hiç Katılmıyorum
5. Çocuk sahibi olduğumdan beri istediğim şeyleri hiçbir zaman yapamayacağımı düşünüyorum.	Tamamen Katılıyorum	Katılıyorum	Emin Değilim	Katılmıyorum	Hiç Katılmıyorum
6. En son kendim için birşeyler aldığımda kendimi mutsuz hissettim.	Tamamen Katılıyorum	Katılıyorum	Emin Değilim	Katılmıyorum	Hiç Katılmıyorum
7. Hayatımla ilgili pek çok şey beni rahatsız eder.	Tamamen Katılıyorum	Katılıyorum	Emin Değilim	Katılmıyorum	Hiç Katılmıyorum
8. Çocuk sahibi olmak eşimle olan ilişkimde beklediğimden daha fazla soruna yol açtı.	Tamamen Katılıyorum	Katılıyorum	Emin Değilim	Katılmıyorum	Hiç Katılmıyorum
9. Kendimi yalnız hissediyorum ve hiç arkadaşım yok.	Tamamen Katılıyorum	Katılıyorum	Emin Değilim	Katılmıyorum	Hiç Katılmıyorum
10. Bir eğlenceye gittiğimde eğlenemeyeceğimi düşünüyorum.	Tamamen Katılıyorum	Katılıyorum	Emin Değilim	Katılmıyorum	Hiç Katılmıyorum

11. İnsanlarla eskisi kadar ilgilenmiyorum.	Tamamen Katılıyorum	Katılıyorum	Emin Değilim	Katılmıyorum	Hiç Katılmıyorum
12. Eskisi kadar bazı şeylerden zevk almıyorum.	Tamamen Katılıyorum	Katılıyorum	Emin Değilim	Katılmıyorum	Hiç Katılmıyorum
13. Çocuğum nadiren beni iyi hissettirecek şeyler yapar.	Tamamen Katılıyorum	Katılıyorum	Emin Değilim	Katılmıyorum	Hiç Katılmıyorum
14. Çoğu zaman çocuğumun beni sevdiğini ve bana yakın olmak istediğini hissederim.	Tamamen Katılıyorum	Katılıyorum	Emin Değilim	Katılmıyorum	Hiç Katılmıyorum
15. Çocuğum bana beklediğimden daha az gülümser.	Tamamen Katılıyorum	Katılıyorum	Emin Değilim	Katılmıyorum	Hiç Katılmıyorum
16. Çocuğum için bir şeyler yaptığımda çabalarıma yeterince değer verilmediğini hissederim.	Tamamen Katılıyorum	Katılıyorum	Emin Değilim	Katılmıyorum	Hiç Katılmıyorum
17. Çocuğum oyun oynarken genelde kıkırdamaz ya da gülmez.	Tamamen Katılıyorum	Katılıyorum	Emin Değilim	Katılmıyorum	Hiç Katılmıyorum

18. Çocuğum diğer çocuklar kadar hızlı öğrenemiyor.	Tamame n Katılıyo rum	Katılıyo rum	Emin Deği lim	Katılmıy orum	Hiç Katılmıy orum
19. Çocuğum beklediğim kadarını yapamıyor.	Tamame n Katılıyo rum	Katılıyo rum	Emin Deği lim	Katılmıy orum	Hiç Katılmıy orum
20. Çocuğum diğer çocuklar kadar gülmüyor.	Tamame n Katılıyo rum	Katılıyo rum	Emin Deği lim	Katılmıy orum	Hiç Katılmıy orum
21. Çocuğumun yeni şeylere alışması çok zaman alır ve oldukça zor olur.	Tamame n Katılıyo rum	Katılıyo rum	Emin Deği lim	Katılmıy orum	Hiç Katılmıy orum
22. Kendinizi bir anne-baba olarak nasıl hissettiğinizi işaretleyiniz. **1.** Çok iyi bir anne-baba gibi hissediyorum. **2.**Ortalama anne-babadan daha iyi hissediyorum. **3.** Ortalama bir anne-baba gibi hissediyorum. **4.** Anne-baba olmada bazı sorunları olan biri gibi hissediyorum. **5.** Çok iyi bir anne-baba olmadığımı hissediyorum.	**1**	**2**	**3**	**4**	**5**

23. Çocuğuma duyduğum yakın ve sıcak duygulardan daha fazlasına sahip olmak isterdim. Bu durum beni rahatsız ediyor.	Tamamen Katılıyorum	Katılıyorum	Emin Değilim	Katılmıyorum	Hiç Katılmıyorum
24. Bazen çocuğum kasıtlı olarak beni üzecek şeyler yapar.	Tamamen Katılıyorum	Katılıyorum	Emin Değilim	Katılmıyorum	Hiç Katılmıyorum
25. Çocuğumun bazı davranışları beni oldukça rahatsız eder.	Tamamen Katılıyorum	Katılıyorum	Emin Değilim	Katılmıyorum	Hiç Katılmıyorum
26. Çocuğum genellikle kötü bir ruh hali ile uyanır.	Tamamen Katılıyorum	Katılıyorum	Emin Değilim	Katılmıyorum	Hiç Katılmıyorum
27. Çocuğumun olumlu ve olumsuz duygu değişiklikleri yaşadığını ve kolayca üzüldüğünü hissediyorum.	Tamamen Katılıyorum	Katılıyorum	Emin Değilim	Katılmıyorum	Hiç Katılmıyorum
28. Çocuğumun yaptığı bazı şeyler beni çok rahatsız ediyor.	Tamamen Katılıyorum	Katılıyorum	Emin Değilim	Katılmıyorum	Hiç Katılmıyorum
29. Çocuğum hoşlanmadığı bir şey olduğu zaman oldukça büyük bir tepki verir.	Tamamen Katılıyorum	Katılıyorum	Emin Değilim	Katılmıyorum	Hiç Katılmıyorum

30. Çocuğum çok duygusaldır ve kolaylıkla üzülür.	Tamamen Katılıyorum	Katılıyorum	Emin Değilim	Katılmıyorum	Hiç Katılmıyorum
31. Çocuğumun uyku ve yeme düzenini ayarlamak tahmin ettiğimden zor oldu.	Tamamen Katılıyorum	Katılıyorum	Emin Değilim	Katılmıyorum	Hiç Katılmıyorum
32. Çocuğuma bir şey yaptırmak ya da yaptığı bir şeyi bıraktırmak. (aşağıdaki seçeneklerden birini seçiniz) **1.**Beklediğimden çok daha zordur. **2.**Beklediğimden biraz daha zordur. **3.**Hemen hemen beklediğim kadar zordur. **4.** Beklediğimden biraz daha kolaydır. **5.** Beklediğimden çok daha kolaydır.	1	2	3	4	5
33. Çocuğunuzun yaptığı şeylerden sizi rahatsız edenleri dikkatlice düşünün ve sayın. Örneğin oyalanmak, dinlememek, hareketli olmak, ağlamak, konuşmayı bölmek,	1	2	3	4	5

kavga etmek, sızlanmak vb. Aşağıdaki seçeneklerden birini seçiniz. 1-3 **2.** 4-5 **3.** 6-7 **4.** 8-9 **5.** 10+					
34. Çocuğumun davranışları beklediğimden daha fazla sorunludur.	Tamamen Katılıyorum	Katılıyorum	Emin Değilim	Katılmıyorum	Hiç Katılmıyorum
35. Çocuğum benden birçok çocuğun istediğinden daha fazla şey talep eder.	Tamamen Katılıyorum	Katılıyorum	Emin Değilim	Katılmıyorum	Hiç Katılmıyorum
36. Çocuğum diğer çocuklardan daha fazla ağlar ve yaygara çıkarır.	Tamamen Katılıyorum	Katılıyorum	Emin Değilim	Katılmıyorum	Hiç Katılmıyorum

APPENDIX E. FAMILY RESILIENCE SCALE

Aile Yılmazlık Ölçeği

Bu çalışmanın amacı, bireylerin yaşama bakışını değerlendirmektedir. Anketteki ifadelerin doğru ya da yanlış yanıtları yoktur. Bu nedenle, herkes, farklı yanıt verebilir. Önemli olan sizin kendi görüşlerinizi dürüst bir şekilde ifade etmenizdir. Sizden istenen anketteki ifadeleri okuyup size en uygun gelen yanıt seçeneğine çarpı (X) işareti koymanızdır.

1. Güçlükler karşısında yılmadan, sabırla mücadele ederim.	Hiç tanımla mıyor ( )	Biraz tanımlı yor ( )	Orta düzeyde tanımlıy or ( )	İyi tanımlı yor ( )	Çok iyi tanımlıy or ( )
2. Daha önceden de güçlükler yaşadığım için, zor şeylerin üstesinden gelirim.	Hiç tanımla mıyor ( )	Biraz tanımlı yor ( )	Orta düzeyde tanımlıy or ( )	İyi tanımlı yor ( )	Çok iyi tanımlıy or ( )
3. Başarı için olabildiğince yüksek ama ulaşılabilir hedeflerim var.	Hiç tanımla mıyor ( )	Biraz tanımlı yor ( )	Orta düzeyde tanımlıy or ( )	İyi tanımlı yor ( )	Çok iyi tanımlıy or ( )
4. Çıkabilecek problemleri önceden kestirerek önlemlerini alırım.	Hiç tanımla mıyor ( )	Biraz tanımlı yor ( )	Orta düzeyde tanımlıy or ( )	İyi tanımlı yor ( )	Çok iyi tanımlıy or ( )

5. Daha iyi duruma gelebilmek için risk alırım.	Hiç tanımla mıyor ( )	Biraz tanımlı yor ( )	Orta düzeyde tanımlıy or ( )	İyi tanımlı yor ( )	Çok iyi tanımlıy or ( )
6. Yeni şeyleri denemeyi severim.	Hiç tanımla mıyor ( )	Biraz tanımlı yor ( )	Orta düzeyde tanımlıy or ( )	İyi tanımlı yor ( )	Çok iyi tanımlıy or ( )
7. İşlerin belirsiz ve tahmin edilemez olması beni korkutmaz.	Hiç tanımla mıyor ( )	Biraz tanımlı yor ( )	Orta düzeyde tanımlıy or ( )	İyi tanımlı yor ( )	Çok iyi tanımlıy or ( )
8. Ciddi sorunlar karşısında bile iyimserliğimi kaybetmem.	Hiç tanımla mıyor ( )	Biraz tanımlı yor ( )	Orta düzeyde tanımlıy or ( )	İyi tanımlı yor ( )	Çok iyi tanımlıy or ( )
9. Başkalarının üstesinden gelemeyeceği olumsuz yaşam koşulları ile baş etmeyi bilirim.	Hiç tanımla mıyor ( )	Biraz tanımlı yor ( )	Orta düzeyde tanımlıy or ( )	İyi tanımlı yor ( )	Çok iyi tanımlıy or ( )
10. En zor şartlarda bile kendi kendimi iyileştirme yetisine sahibim.	Hiç tanımla mıyor ( )	Biraz tanımlı yor ( )	Orta düzeyde tanımlıy or ( )	İyi tanımlı yor ( )	Çok iyi tanımlıy or ( )

11. Bir plan yaptığımda, genellikle bunu gerçekleştirebileceğimden emin olurum.	Hiç tanımla mıyor ( )	Biraz tanımlı yor ( )	Orta düzeyde tanımlıy or ( )	İyi tanımlı yor ( )	Çok iyi tanımlıy or ( )
12. Kimsenin fark edemediği yaratıcı çözüm yollarını görebilirim.	Hiç tanımla mıyor ( )	Biraz tanımlı yor ( )	Orta düzeyde tanımlıy or ( )	İyi tanımlı yor ( )	Çok iyi tanımlıy or ( )
13. Düşündüğümden daha güçlü bir insan olduğumu görüyorum.	Hiç tanımla mıyor ( )	Biraz tanımlı yor ( )	Orta düzeyde tanımlıy or ( )	İyi tanımlı yor ( )	Çok iyi tanımlıy or ( )
14. Zor olan durumları bile lehime çevirmekte hünerliyim.	Hiç tanımla mıyor ( )	Biraz tanımlı yor ( )	Orta düzeyde tanımlıy or ( )	İyi tanımlı yor ( )	Çok iyi tanımlıy or ( )
15. Çözüm yollarını hemen görerek uygulamaya koyarım.	Hiç tanımla mıyor ( )	Biraz tanımlı yor ( )	Orta düzeyde tanımlıy or ( )	İyi tanımlı yor ( )	Çok iyi tanımlıy or ( )
16. Sokulgan, arkadaş canlısı ve sıcakkanlıyım.	Hiç tanımla mıyor ( )	Biraz tanımlı yor ( )	Orta düzeyde tanımlıy or ( )	İyi tanımlı yor ( )	Çok iyi tanımlıy or ( )

17. Genellikle hayatta gülecek bir şeyler bulabilirim.	Hiç tanımla mıyor ( )	Biraz tanımlı yor ( )	Orta düzeyde tanımlıy or ( )	İyi tanımlı yor ( )	Çok iyi tanımlıy or ( )
18. Yaşamak güzel.	Hiç tanımla mıyor ( )	Biraz tanımlı yor ( )	Orta düzeyde tanımlıy or ( )	İyi tanımlı yor ( )	Çok iyi tanımlıy or ( )
19. Aktif ve enerjik olmayı severim.	Hiç tanımla mıyor ( )	Biraz tanımlı yor ( )	Orta düzeyde tanımlıy or ( )	İyi tanımlı yor ( )	Çok iyi tanımlıy or ( )
20. Beklenmedik durumlarla etkili mücadele edebilme gücüme inanıyorum.	Hiç tanımla mıyor ( )	Biraz tanımlı yor ( )	Orta düzeyde tanımlıy or ( )	İyi tanımlı yor ( )	Çok iyi tanımlıy or ( )
21. Çoğu zaman yaşam benim için ilginç ve heyecan vericidir.	Hiç tanımla mıyor ( )	Biraz tanımlı yor ( )	Orta düzeyde tanımlıy or ( )	İyi tanımlı yor ( )	Çok iyi tanımlıy or ( )
22. Yaptığım şeylerde başarılı olmayı isterim.	Hiç tanımla mıyor ( )	Biraz tanımlı yor ( )	Orta düzeyde tanımlıy or ( )	İyi tanımlı yor ( )	Çok iyi tanımlıy or ( )

23. Bir kriz durumunda yararlı bir eylemde bulunmaya odaklanırım.	Hiç tanımla mıyor ( )	Biraz tanımlı yor ( )	Orta düzeyde tanımlıy or ( )	İyi tanımlı yor ( )	Çok iyi tanımlıy or ( )
24. Biri bana zarar vermek isterse bunu önlemek için elimden geleni yaparım.	Hiç tanımla mıyor ( )	Biraz tanımlı yor ( )	Orta düzeyde tanımlıy or ( )	İyi tanımlı yor ( )	Çok iyi tanımlıy or ( )
25. Genellikle önüme çıkan engellerin üstesinden gelebilirim.	Hiç tanımla mıyor ( )	Biraz tanımlı yor ( )	Orta düzeyde tanımlıy or ( )	İyi tanımlı yor ( )	Çok iyi tanımlıy or ( )
26. Yeni insanlarla tanışmak, yeni yaşantılar beni ürkütmez.	Hiç tanımla mıyor ( )	Biraz tanımlı yor ( )	Orta düzeyde tanımlıy or ( )	İyi tanımlı yor ( )	Çok iyi tanımlıy or ( )
27. Kendimle barışığım.	Hiç tanımla mıyor ( )	Biraz tanımlı yor ( )	Orta düzeyde tanımlıy or ( )	İyi tanımlı yor ( )	Çok iyi tanımlıy or ( )
28. Diğer insanlara karşı düşünceli ve saygılıyım.	Hiç tanımla mıyor ( )	Biraz tanımlı yor ( )	Orta düzeyde tanımlıy or ( )	İyi tanımlı yor ( )	Çok iyi tanımlıy or ( )

29. Genellikle yaşamıma bir önceki gün kaldığım yerden devam etmek isterim	Hiç tanımla mıyor ( )	Biraz tanımlı yor ( )	Orta düzeyde tanımlıy or ( )	İyi tanımlı yor ( )	Çok iyi tanımlıy or ( )
30. Biri beni üzen bir şey yaptığında, sakinleşip bunu tartışacak duruma geleceğim uygun zamanı beklerim.	Hiç tanımla mıyor ( )	Biraz tanımlı yor ( )	Orta düzeyde tanımlıy or ( )	İyi tanımlı yor ( )	Çok iyi tanımlıy or ( )
31. Çevremdekiler üzerinde olumlu izlenimler bırakarak onların güvenini kazanırım.	Hiç tanımla mıyor ( )	Biraz tanımlı yor ( )	Orta düzeyde tanımlıy or ( )	İyi tanımlı yor ( )	Çok iyi tanımlıy or ( )
32. Değiştiremeyeceğim şeyleri kabul ederim.	Hiç tanımla mıyor ( )	Biraz tanımlı yor ( )	Orta düzeyde tanımlıy or ( )	İyi tanımlı yor ( )	Çok iyi tanımlıy or ( )
33. Yaşamımda duygusal olarak bağlı olduğum kişiler var.	Hiç tanımla mıyor ( )	Biraz tanımlı yor ( )	Orta düzeyde tanımlıy or ( )	İyi tanımlı yor ( )	Çok iyi tanımlıy or ( )
34. Acil durumlarda insanlar bana güvenirler.	Hiç tanımla mıyor ( )	Biraz tanımlı yor ( )	Orta düzeyde tanımlıy or ( )	İyi tanımlı yor ( )	Çok iyi tanımlıy or ( )

35. Beni zorlayan bir işi yaparken ne zaman kimden yardım isteyeceğimi bilirim.	Hiç tanımla mıyor ( )	Biraz tanımlı yor ( )	Orta düzeyde tanımlıy or ( )	İyi tanımlı yor ( )	Çok iyi tanımlıy or ( )
36. Zamanımı boşa harcamam.	Hiç tanımla mıyor ( )	Biraz tanımlı yor ( )	Orta düzeyde tanımlıy or ( )	İyi tanımlı yor ( )	Çok iyi tanımlıy or ( )
37. Sahip olduğum özellikleri değerli buluyorum.	Hiç tanımla mıyor ( )	Biraz tanımlı yor ( )	Orta düzeyde tanımlıy or ( )	İyi tanımlı yor ( )	Çok iyi tanımlıy or ( )

APPENDIX F. GENERAL HELP SEEKING QUESTIONNAIRE

Genel Yardım Arama Anketi

Kişisel ya da duygusal bir probleminiz olduğunda, aşağıdaki kişilerin hangilerinden yardım istersiniz? Lütfen aşağıda listelenen her bir yardım kaynağından yardım isteme niyetinizi en iyi açıklayan seçeneğe uygun sayıyı işaretleyerek yanıtınızı belirtin.

1 = Hiç Uygun Değil   3 = Uygun Değil   5 = Uygun   7 = Çok Uygun

a. Yakın ilişkide olduğunuz partneriniz (örn., kız arkadaş/ erkek arkadaş, eş)	1	2	3	4	5	6	7
b. Arkadaş	1	2	3	4	5	6	7
c. Ebeveyn (Anne, baba)	1	2	3	4	5	6	7
d. Diğer akraba/aile üyeleri	1	2	3	4	5	6	7
e. Ruh sağlığı çalışanı (psikolog, sosyal hizmet uzmanı, danışman, vb.)	1	2	3	4	5	6	7
f. Telefonda yardım hatları (örn. ALO 183 Sosyal Destek Hattı)	1	2	3	4	5	6	7
g. Doktor/Pratisyen Hekim	1	2	3	4	5	6	7
h. Dini lider (Imam, Diyanet İşleri Görevlisi, vb.)	1	2	3	4	5	6	7
i. Kimseden yardım almam.	1	2	3	4	5	6	7
j. Listede yer almayan birinden yardım alırım. (örneğin iş arkadaşı vb.______________________) Eğer yoksa, boş bırakın.	1	2	3	4	5	6	7

ETİK KURUL DEĞERLENDİRME SONUCU/RESULT OF EVALUATION BY THE ETHICS COMMITTEE

(Bu bölüm İstanbul Bilgi Üniversitesi İnsan Araştırmaları Etik Kurul tarafından doldurulacaktır /This section to be completed by the Committee on Ethics in research on Humans)

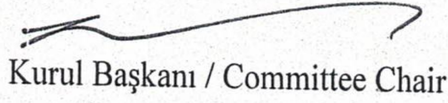
Başvuru Sahibi / Applicant: Ezgi Didem Merdan

Proje Başlığı / Project Title: Predictors of Parental Stress and Family Resilience among Mothers of Children with Autism Spectrum Disorder

Proje No. / Project Number: 2018-20024-78

1.	Herhangi bir değişikliğe gerek yoktur / There is no need for revision	XX
2.	Ret/ Application Rejected Reddin gerekçesi / Reason for Rejection	

Değerlendirme Tarihi / Date of Evaluation: 10 Temmuz 2018

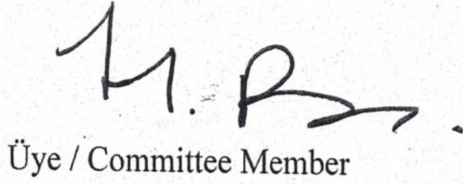


Kurul Başkanı / Committee Chair

Doç. Dr. Itır Erhart

Üye / Committee Member

Prof. Dr. Aslı Tunç

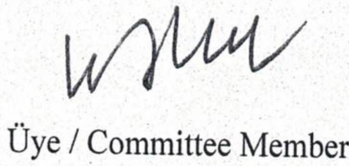


Üye / Committee Member

Prof. Dr. Hale Bolak

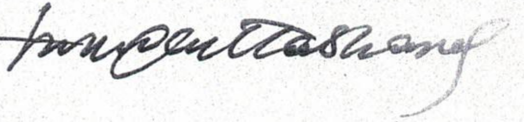
Üye / Committee Member

Prof. Dr. Turgut Tarhanlı



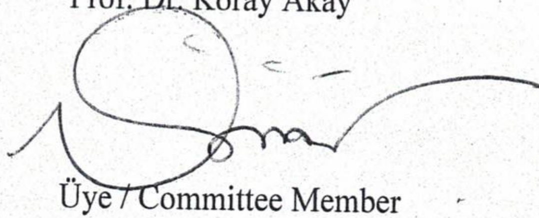
Üye / Committee Member

Prof. Dr. Koray Akay



Üye / Committee Member

Prof. Dr. Ali Demirci



Üye / Committee Member

Doç Dr. Ayhan Özgür Toy