



TO ASSESS AND COMPARE THE LEVEL OF FAMILY STRESS, SOCIAL SUPPORT AND COPING STRATEGIES AMONG PARENTS OF MENTAL RETARDATION, CEREBRAL PALSY AND HEALTHY CHILDREN

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ABSTRACT

Background: When parents learn that their child has developmental problems, their reactions are undoubtedly unique. Many parents need months, while others take years, to come to terms with the knowledge that their kid has a developmental handicap. The situation and the crisis that develop are very difficult to stop, but they may be overcome with the right expert assistance and support. **Objective:** The current research study's objective is to assess the level of family stress, their coping mechanisms, and the social support from their family and community. **Material and Methods:** 300 parents of children with intellectual impairment (ID), cerebral palsy (CP), and normal healthy children were selected from Indian Institute of Cerebral Palsy and Handicapped Children, Varanasi. In this study, parents of children aged 0 to 18 were the only eligible participants. Consent was obtained from these parents and we explained them about the typed questionnaires. **Result:** According to the findings, parents of ID and CP children experience substantially greater family stress than parents of healthy children. Compared to parents of healthy children, parents of CP&MR children utilized fewer coping mechanisms in the current study. Another result showed that parents of category children had lower levels of social support than parents of healthy children. **Conclusion:** The findings of this study support the notion that parenting stress is a complex issue and it is crucial to forecast the parenting stress levels of parents of children with disabilities. It is important for therapists to assess each family's requirements individually, use a family-centered approach, and encourage social support and practical coping mechanisms for families of disabled children.

KEYWORDS : Cerebral Palsy, Mental Retardation, Parenting Stress, Care giving, Parenting Stress Index.

INTRODUCTION

The family must deal with stress, sadness, disappointment, and obstacles when a child is born with a disability in addition to the usual adaptations. This might result in a significant crisis or even disrupt family life. They are forced to make crucial choices regarding the welfare of the children and choices regarding the family's finances.(1)

Due to the family's increased consumption needs and decreased potential for production, the presence of a child with MR & CP can put a strain on a family's finances.(2) The family is frequently subjected to societal constraints because of the MR child.(3) The family's need for recreational activities may be limited by the presence of a child who is mentally retarded.(4)

Numerous personal traits of parents, such as their parenting style, personality, coping style, and access to coping tools and social support, have been found to modulate the form and severity of parental stress.

The presence of social support is another element that helps the parents of MR and CP to reduce their level of stress.(5) Parental stress is related to the parents' coping mechanisms in addition to their parenting style, social support, and personality.

The goal of the current study is to clarify the differences between parents of children with MR and CP in terms of their stress, coping, and overall mental health and well-being profiles. It was also investigated how stress, coping, mental health, and well-being differs between mothers and fathers. An effort was made to pinpoint the stress-reduction techniques employed by the parents of the MR and CP child.

MATERIALS AND METHOD

The 300 parents who participated in the current study had children with intellectual disability and cerebral palsy. 100 of them were parents of CP patients, 100 were parents of MR patients, and 100 parents of healthy children acted as the control group. The study included the parents of these infants, either the mother or the father. In this study, only parents of

children aged 0 to 18 were enrolled.

Parents of CP and MR children were selected from the Indian Institute of Cerebral Palsy & Handicapped Children's data repository of these kids. These parents' first consent was obtained. These parents were spoken with after being informed about typed questionnaires.

Only parents whose child had cerebral palsy (of any kind) or mental retardation (of any grade as per the DSM IV-TR criteria) were included in the current study. After a diagnosis was made, the study also included the parents of these children.

This study did not include the parents of any of those kids who had autism or other psychological issues. The study excluded the parents of MR and CP children whose ages were > 18 years. The study did not include parents who had any psychopathological or chronic diseases. Parents with mental disabilities were also not included in the study.

The following questionnaires were used in the current study to gather data on parental stress, coping mechanisms, and social support among parents of children with cerebral palsy and mental retardation.

1. Parental Stress Scale by K. Shanmugavelayutham (1999)
2. COPE Scale by Carver, Scheier & Weintaraub (1989)
3. Social Support Scale by Dr. Madhu Asthana

The researcher personally visited the parents and gave them an explanation of the study's objectives. The parents of CP and MR children each received an individual administration of the Parental Stress Scale, COPE Scale, and Social Support Scale. The investigator verified that respondents had responded to each and every question after receiving the completed surveys back. The questionnaire was sent back to the respondents with the request that they provide their response to any questions or items that were found to be unanswered. Following receipt of the completed surveys, the answers were rated in accordance with pre-set, industry-standard scoring guidelines.

Data Analysis: For the purpose of establishing the connection between family stress, coping, social support, general mental health, and well-being, correlations were computed. ANOVA analysis was conducted to compare various parent groups. In order to assess the relative importance of familial stresses, social support, and coping in predicting overall mental health and wellbeing, step-wise multiple regression analysis was also conducted.

RESULT

A close examination of the ANOVA results (Table 3) reveals that the relationship between financial stress and child category was significant [$F(2,294) = 66.12; p < .01$], with a higher mean value for parents of CP children ($M = 8.60, SD = 4.37$) and a lower mean value for parents of MR children ($M = 8.18, SD = 4.56$). The results of the ANOVA show that social stress (family) in the category of children was significant [$F(2,294) = 77.10; p < .01$], with a higher mean value in the parents of children with CP ($M = 8.05, SD = 3.36$) and a lower mean value in the parents of children with MR ($M = 7.70, SD = 3.55$). With a higher mean value in parents of MR ($M = 8.15, SD = 3.46$) followed by parents of CP ($M = 7.81, SD = 3.75$) and a lower mean value in parents of healthy children ($M = 3.35, SD = 2.64$), social stress extra familial in the category of children was found to be significant according to the results of an ANOVA. With a higher mean value for parents of children with CP & MR ($M = 9.98, SD = 3.41; M = 9.77, SD = 3.23$) and a lower mean value for parents of healthy children ($M = 4.63, SD = 3.15$), emotional stress was found to be significantly associated with child category [$F(2,294) = 86.83; p < .01$]. The results show that total family stress was significant in the child category [$F(2,294) = 120.82; p < .01$] with a higher mean value in parents of children with cerebral palsy (CP) ($M = 34.44, SD = 11.27$), followed by parents of children with mental retardation (MR) ($M = 33.80, SD = 10.60$), and a lower mean value in parents of children with healthy development ($M = 14.22, SD = 9.48$). It indicates that at least two groups differed significantly in various stress-related aspects; as a result, Scheffe's test for multiple comparisons was used to identify any significant variations in the group averages. (Table 4) In contrast to the 0.42 mean difference between CP and MR children, which is not significant, the 3.55 mean difference between CP and healthy children is significant at the .01 level of significance. At the .01 level of significance, the mean difference between MR and healthy children was 5.13, which is likewise significant. It implies that, in comparison to parents of healthy children, parents of CP and MR children are significantly more stressed out about financial matters. The mean difference between CP and MR children on social stress (intra familial) was also 0.37, which is not significant, but the mean difference between CP and healthy children was 4.80, and the mean difference between MR and healthy children was 4.51, both of which were significant at the .01 level of significance. Family stress affects parents of children with CP and MR far more than it does for parents of children who are healthy. The mother and father of these children do not significantly differ in any aspect of family stress. In contrast to parents of healthy children, parents of CP and MR children had greater financial, familial, interpersonal, and emotional stress.

With a higher mean value in parents of healthy children ($M = 9.28, SD = 2.61$), followed by parents of CP ($M = 8.95, SD = 2.14$) and a lower mean value for parents of MR children ($M = 8.25, SD = 2.4$), the ANOVA results show that coping responses in the category of the child were found to be significant. The results showed that planning was also significant by child category [$F(2,294) = 4.74, P < .01$], with parents of healthy children having a higher mean value ($M = 19.38, SD = 5.06$) followed by parents of children with cerebral palsy (CP) ($M = 18.48, SD = 3.87$) and parents of children with mental retardation (MR) having a lower mean value ($M = 17.45, SD = 4.34$). (Table 1)

Further findings showed that positive reframing was significant by child category [$F(2,294) = 16.99, P < .01$], with parents of healthy children having a higher mean value ($M = 14.17, SD = 3.10$), followed by parents of children with cerebral palsy (CP) ($M = 12.53, SD = 3.20$), and parents of children with mental retardation (MR) having a lower mean value ($M = 11.45, SD = 3.62$). With a higher mean value in parents of healthy children ($M = 13.23, SD = 3.42$), followed by parents of CP ($M = 11.67, SD = 3.30$), and a lower mean value in parents of MR children ($M = 11.47, SD = 3.10$), instrumental support coping was found to be significant in the category of child [$F(2,294) = 8.84, P < .01$]. With a higher mean value in parents of healthy children ($M = 12.38, SD = 3.63$), followed by parents of CP ($M = 11.13, SD = 2.87$) and parents of MR children ($M = 10.65, SD = 2.98$), the results showed that emotional support was significantly correlated with child category [$F(2,294) = 8.20, P < .01$].

According to the results, adaptive coping style was significant by child category [$F(2,294) = 8.60, P < .01$], with parents of healthy children having a higher mean value ($M = 36.56, SD = 8.19$) than parents of CP children ($M = 33.67, SD = 6.77$) and parents of MR children having a lower mean value ($M = 32.44, SD = 6.7$).

When the ANOVA results were carefully examined, it was discovered that mental disengagement coping was significant in the category of child [$F(2,294) = 28.85, P < .01$], with a higher mean value in parents of MR children ($M = 8.51, SD = 2.20$), followed by parents of CP ($M = 8.33, SD = 1.95$) and a lower mean value for parents of healthy children ($M = 6.40, SD = 2.36$).

According to the ANOVA results, behavioural disengagement was identified as being significant in the child group [$F(2,294) = 6.82, P < .01$], with parents of CP children having a higher mean value ($M = 9.48, SD = 2.20$), followed by parents of MR children ($M = 9.13, SD = 2.26$) and parents of healthy children having a lower mean value ($M = 8.23, SD = 2.77$). According to the ANOVA results, the drug was significant in the category of child [$F(2,294) = 13.11, P < .01$], with a higher mean value in the parents of MR children ($M = 6.69, SD = 2.34$) followed by parents of CP children ($M = 6.46, SD = 2.09$) and a lower mean value in the parents of healthy children ($M = 5.30, SD = 1.69$). Maladaptive coping style was shown to be significantly associated with child category ($F(2,294) = 14.13; P .01$), with parents of MR children having a higher mean value ($M = 59.35, SD = 8.27$), followed by parents of CP children ($M = 59.05, SD = 7.75$), and parents of healthy children having a lower mean value ($M = 53.10, SD = 11.30$). It indicates that at least two groups' coping mechanisms and techniques varied significantly, so Scheffes' test for multiple comparison was used to identify any changes in group means that were statistically significant. (Table 2) Between CP and MR, the mean difference in total active coping is 3.14NS, between CP and healthy, 3.88NS, and between MR and healthy, 7.02NS, which is significant at the .01 level of significance.

It suggests that parents of MR children are less equipped to deal with issues than parents of healthy children, although there were no appreciable variations between parents of MR and CP in terms of coping mechanisms.

In contrast to parents of healthy children, parents of CP and MR children employed less coping mechanisms, although there were no appreciable variations in the coping mechanisms used by mothers and fathers of MR, CP, and healthy children. The current nuclear family structure, in which both the mother and the father employ the same coping mechanisms, is to blame for this.

The results of the ANOVA showed that emotional support varied significantly depending on the type of child [$F(2,294) =$

69.02, $P < .01$], with parents of healthy children having a higher mean value ($M = 51.41$, $SD = 10.61$), followed by parents of MR children ($M = 40.60$, $SD = 7.09$) and parents of CP children having a lower mean value ($M = 38.80$, $SD = 6.17$). Similar to this, informational support was also found to be significant by child category [$F(2,294) = 54.21$, $P < .01$], with parents of healthy children having a higher mean value ($M = 16.06$, $SD = 3.61$) than parents of MR children ($M = 13.09$, $SD = 2.45$) and parents of CP children having a lower mean value ($M = 12.41$, $SD = 1.41$). Instrumental support was discovered to be significant by child category [$F(2,294) = 139.64$, $P < .01$], with parents of healthy children having a higher mean value ($M = 22.14$, $SD = 6.39$) followed by parents of MR children ($M = 14.29$, $SD = 4.34$) and parents of CP children having a lower mean value ($M = 12.58$, $SD = 2.76$). Total social support was also found to be significant by child category [$F(2,294) = 95.59$, $P < .01$], with parents of healthy children having a higher mean value ($M = 88.17$, $SD = 18.75$), followed by parents of MR children ($M = 68.20$, $SD = 11.05$), and parents of CP children having a lower mean value ($M = 63.80$, $SD = 7.13$). (Table 5)

Scheffe's test for multiple comparison was used to identify any significant variations between the means of several groups since it indicated that at least two groups had significantly different social Support levels. The following are the outcomes of Scheffe's test for social support. (Table 6)

The mean difference in emotional support between CP and MR is 1.80, which is not significant, but the mean difference in emotional support between parents of CP and healthy children was 12.61, which is significant beyond the .01 threshold of significance. It implies that, on average, parents of healthy children receive better emotional support than parents of children with cerebral palsy.

Similar to the mean difference, which is significant above the .01 level of significance, between MR and healthy children was 10.81. This implies that parents of healthy children receive better emotional support than parents of children with MR. These results confirm that, in comparison to parents of healthy children, parents of MR and CP children will experience lower levels of social support. But because mothers and fathers in the modern nuclear family need the same kind of social support, there were no appreciable differences in the social assistance given to mothers and fathers of MR, CP, and healthy children.

DISCUSSION

A sample of 300 parents of children—100 of CP, 100 of MR, and 100 controls—were included in this study. Every social class represented in the sample was present.

The traits of the child as well as the parents all play a role in how much stress parents experience. (1) Raising a severely mentally retarded child would be difficult, and as a result, the family would experience stress, the level of which would depend on the child's characteristics, the family's ability to cope, and the availability of community support. Family stress and social support are found to be negatively correlated with one another. Having a strong parental coalition is a high predictor of parental adjustment and lower levels of stress related to caring for a child with a handicap, according to researchers. In this study, parents of CP and MR children reported higher levels of financial, family, and emotional stress than parents of healthy children. (1)

This is in line with a study by Ashok Rai et al. (1) that found financial stress to be substantial depending on the child's category, with parents of children with CP reporting higher mean values than parents of M.R. children, and parents of healthy children reporting lower mean values. In the context of social stress-family results, it can be seen that social stress

(family) in the category of children was shown to be important, with parents of children with CP having a higher mean value than parents of children with MR and parents of healthy children having a lower mean value.

It may be concluded from Hossein Jenaabad et al. (6) that parents of outstanding children experience substantially more stress than parents of typical children.

According to Mozghan Bengar's 2003 (7) research, parents of exceptional children have different mean stress scores than parents of typical children, and their mean stress scores are higher. According to Mitra Masoodi (2001), (8) there is a considerable disparity between the mental health of parents of mentally handicapped children and that of parents of typically developing children. According to Naeema Arzeen et al., (9) parents of children with intellectual disabilities experience more psychological discomfort (stress, depression, and anxiety) than parents of children without disabilities.

According to Francesca Cuzzocrea et al., (10) compared to the other two parent groups, parents of children with autism spectrum disorder experienced the highest levels of stress.

In the current study, parents of CP and MR children employed less coping mechanisms than parents of healthy children, but there were no discernible variations in the coping mechanisms used by mothers and fathers of MR, CP, and healthy children. The current nuclear family structure, in which both the mother and the father employ the same coping mechanisms, is to blame for this.

According to Pushpalatha. R et al. (11) the acquired mean findings for coping for parent caregivers of autistic children and those with cerebral palsy are 17.5 for the later group and 20.73 for the former. The SD scores for parents of children with cerebral palsy are 2.57 and for parents of children with autism are 2.82. The t value is 4.61, and at the 0.01 level, it is significant. This demonstrates unequivocally that parents of autistic children and parents of children with cerebral palsy cope in very different ways. The parent caregivers of children with cerebral palsy cope better than caregivers of children with autism.

Parents of impaired and healthy children showed significant mean differences, according to Naeema Arzeen et al.'s (9) study on emotion-focused coping strategies.

When compared to parents of healthy children, Taamila et al. (2002) (12) discovered that parents of intellectually impaired children employed fewer coping mechanisms. Researchers Nisha Vidyasagar and Susan Koshy (13) discovered that caregivers of autistic children employed less coping mechanisms than parents of typically developing children.

According to the study's findings, parents of MR and CP children would experience less social support than parents of healthy children. But because mothers and fathers in the modern nuclear family need the same kind of social support, there were no appreciable differences in the social assistance given to mothers and fathers of MR, CP, and healthy children.

For managing in daily life, Deepak Ganjiwale et al. (14) cite the importance of informal assistance from friends and family. According to research conducted in India, getting the most social and emotional support possible from one's spouse, family, and friends is a key factor in effective coping. One of the most important coping mechanisms is the physical assistance received from family members and others.

According to Ashok Roi et al., (1) emotional support was found to be important by child group, with parents of healthy

children having a higher mean value followed by parents of MR, and parents of CP children having a lower mean value. Similar to how informational support was found to be relevant in terms of child type, parents of healthy children had a higher mean value followed by parents of MR, and parents of CP children had a lower mean value.

The level of instrumental support was shown to be significantly correlated with the category of the kid, with parents of healthy children having a higher mean value, followed by parents of MR, and parents of CP children having a lower mean value. In terms of parent categories or the interplay between parent categories and child categories, there were no discernible differences. Total social support was also found to be significant by child category, with parents of healthy children having a higher mean value followed by parents of MR children, and parents of CP children having a lower mean value.

Caregivers of children with chronic diseases have higher degrees of loneliness and lower levels of social support than those of children in good health, according to Jinrong Yang et al.(15)Due in part to a lack of social support networks, parents of autistic children in developing nations report more stress than parents of autistic children in industrialized nations.

CONCLUSION

In this study, parents of CP and MR children reported higher levels of financial, family, and emotional stress compared to parents of healthy children. They also reported using fewer coping mechanisms and receiving less social support from other parents of MR and CP children than parents of healthy children.

Table 1: Summary of 3 x 2 ANOVA (Three categories of children x two gender of the parent) (F-values)

Dimensions of Coping	Catchild	Catparent	Catchild * Catparent
Active coping	4.98**	0.37, NS	2.09, NS
Planning	4.74**	0.22, SN	0.6, NS
Suppression of competing activities.	1.25, NS	0.01, NS	0.5, NS
Positive reframing	16.99**	0, NS	0.5, NS
Restraint coping	1.9, NS	0.79, NS	0.56, NS
Total Active Coping Style	7.10**	0.22, NS	0.86, NS
Use of instrumental support	8.84**	0.31, NS	0.62, NS
Use of emotional support	8.20**	2.56, NS	0.15, NS
Religion	1.5, NS	0.18, NS	1.75, NS
Total Adaptive coping style	8.60**	1.24, NS	0.071, NS
Acceptance	0.16, NS	0.13, NS	0.1, NS
Focus on and venting emotion	2.59, NS	2.56, NS	0.15, NS
Denial	2.72, NS	0.43, NS	0.59, NS
Mental disengagement	28.85**	1.84, NS	1.09, NS
Behavioral disengagement	6.82**	0.19, NS	1.92, NS
Drug	13.11**	2.06, NS	0.99, NS
Humor	1.025, NS	0.284, NS	0.986, NS
Maladaptive Coping Style	14.127**	0.555, NS	0.341, NS

** : Significant at 1% level of significance, NS: Not significant

Table 2: Scheff's multiple Comparisons test for mean Maladaptive Coping Style scores of different groups

Dimensions of Coping	CP-MR	CP-Healthy	MR-Healthy
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Dimensions of Adaptive Coping Style	Active coping	0.7, NS	0.33, NS	1.03*
	Planning	1.03, NS	0.9, NS	1.93*
	Suppression of competing activities.	0.48, NS	0.18, NS	0.66, NS
	Positive reframing	1.08, NS	1.64*	2.72*
	Restraint coping	0.15, NS	0.83, NS	0.68, NS
	Total Active Coping Style	3.14, NS	3.88, NS	7.02*
	Use of instrumental support	0.20, NS	1.56*	1.76*
	Use of emotional support	0.48, NS	1.25*	1.73*
	Religion	0.55, NS	0.08, NS	0.63, NS
	Total Adaptive coping style	1.23, NS	2.89*	4.12*
Dimensions of Maladaptive Coping Style	Acceptance	0.20, NS	0.11, NS	0.09, NS
	Focus on and venting emotion	0.14, NS	0.86, NS	0.72, NS
	Denial	0.08, NS	0.71, NS	0.63, NS
	Mental disengagement	0.18, NS	1.93*	2.11*
	Behavioral disengagement	0.35, NS	1.25*	0.90*
	Drug	0.23, NS	1.16*	1.39*
	Humor	0.26, NS	0.15, NS	0.41, NS
	Maladaptive Coping Style	0.30, NS	5.95*	6.25*

Table 3: Summary of 3 x 2 ANOVA (Three categories of children x two gender of the parent, Family stress (F-values)

Dimensions of Family Stress	Catchild	Catparent	Catchild * Catparent
Financial Stress	66.12**	1.48	0.47
Social Stress-Intra familial	71.10**	0.85	1.1
Social Stress-Extra familial	64.85**	0.15	0.35
Emotional Stress	86.83**	1.97	0.31
Family Stress	120.82**	1.09	0.52

Table 4: Scheff's multiple Comparisons test for mean Maladaptive family stress scores of different groups

Dimensions of GHQ	CP-MR	CP-Healthy	MR-Healthy
Somatic Symptoms	0.42, NS	3.55**	5.13**
Anxiety / Insomnia	0.37, NS	4.86**	4.51**
Social Dysfunction	-0.34	4.46**	4.80**
Severe Dysfunction	0.21, NS	5.35**	5.14**
GHQ28 total score	0.64, NS	20.22**	19.58**

Table 5: Summary of 3 x 2 ANOVA (Three categories of children x two gender of parents) of Social Support

Dimensions of Social Support	Catchild	Catparent	Catchild * Catparent
Emotional Support	69.02**	0.09	0.27
Informational support	54.21**	1.33	0.44
Instrumental support	139.64**	0.06	0.3
Total Social support	95.59**	0.01	0.15

Table 6: Scheff's multiple Comparisons test for mean Maladaptive Social Support of different groups

Dimensions of GHQ	CP-MR	CP-Healthy	MR-Healthy
Emotional Support	1.80,	12.61**	10.81**
Informational support	0.68,	3.65**	2.97**
Instrumental support	1.71,	9.56**	7.85**
Total Social support	4.40,	24.37**	19.97**

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