Año 34, 2018, Especial Nº

Revista de Ciencias Humanas y Sociales ISSN 1012-1587/ ISSNer 2477-9385 Depósito Legal pp 19840272U45



Universidad del Zulia Facultad Experimental de Ciencias Departamento de Ciencias Humanas Maracaibo - Venezuela Stress Management Training Effects on Mental Health of Intellectual Disabilities Children Parents

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#### Abstract

The purpose of this study is to investigate the effect of education on mental health and the effect of education on stress levels. This research is a kind of similar test with a control group with pretext and pasttext and follow up text. Statistical society, including all mental retorted children's parents of exclusive elementary schools and social welfare of Ardabil. Education will make mothers better off their mental retardation, identify their strengths and weaknesses, and ultimately expose themselves to increasing weaknesses and creating positive points. As a result, you can accept the facts better and reduce the stress.

**Key words**: Mental, retardation, stress, health.

Recibido: 04-12--2017 •Aceptado: 10-03-2018

# Efectos del entrenamiento sobre el manejo del estrés en la salud mental de las personas con discapacidades intelectuales

# Resumen

El propósito de este estudio es investigar el efecto de la educación en la salud mental y el efecto de la educación en los niveles de estrés. Esta investigación es una especie de prueba similar con un grupo de control con pretexto, texto pasado y texto de seguimiento. La sociedad de estadística, incluidos todos los padres de niños mentalmente replicados de escuelas primarias exclusivas y el bienestar social de Ardabil. La educación hará que las madres mejoren su retraso mental, identifiquen sus fortalezas y debilidades y, en última instancia, se expongan a mayores debilidades y creen puntos positivos. Como resultado, puede aceptar mejor los hechos y reducir el estrés.

Palabras clave: Mental, retraso, estrés, salud.

# 1. INTRODUCTION

The birth and presence of baby scales started in a family can be like an undesirable and challenging disease that can disrupt behavior and discomfort. Access to infected children is likely to be faced with the social economy, and it will be difficult to kiss the nature in most cases (Khamis, 2007). This situation, regardless of the type of culture and society for mental health and increasing the challenge Family problems indicate that the mental parents' children started using inefficient more techniques that are at risk for mental health. Research has shown that parents of children with mental illness are prone to

depression and discomfort towards mothers with healthy children. Eliminating and damaging the effects of a child's mental environment based on family expertise in mothers depends on factors such as the severity and type of problem and disability of the offspring (sex) of the gender, the expansion of support available to families and individual characteristics. Shows that fathers suffering from mental retardation feel less proud because they feel that they are similar, and therefore they do not participate in their children as much as their mothers use. A child with advanced disabilities needs more attention and more services (HFH), so some research is behind this mind. Retarded children are at increased risk of being compromised with other children. (Naeim et al., 2015).

In addition, parents provide their children with their children and meet the needs of their families. All of the above problems can cause tensions for families, especially for mothers, and create a relationship between mother and child (Prand, 2010). They have to have family behaviors. Managing and solving their children's emotional and behavioral problems is more severe because of the challenging behavior of children with special needs, followed by normal children. These parents experience depression. Discomfort and mental confusion. The gender focuses on education and information as the first step in the delivery of these parents. Cognitive-behavioral methods and the establishment of a system of protection for mentally retarded families can cause discomfort toward parents Khames (2007), improvement of mental health index, the frustration of families, improvement of family stress and community acceptance (Fa)

Increase. Teaching the use of Theo styles rather than exposing them to less useful and ineffective styles can lead to the mental health of the parents (Emerson et al., 2010).

Behavioral-cognitive approach challenges inappropriate thought and point of views. Thus, with editing confronting styles inner talk and solving problem approach for the promotion of community behavioral, increasing ante and positive relation ties for Kolko and Swenson (2002) cognitive styles indeed explains ways of changing points of view and beliefs of parents toward their children which include learning controlling anger, stress management and solving problem. This is an assumption that informs people toward underside behavioral in order to replace them with heather behavioral. Behavioral strategy has bear designed for helping the parent and child to improve their inappropriate conduct with can lead to harm the child or ignoring him. Thus, this strategy is used for changing the parents' method of raising child, management of children's conduct and giving appropriate answers to children's exiting questions (Cuzzocrea and Larcan, 2005). Research in field of effect of educating on the mental health of families with a mental retarded child who accept education has shown the positive effect of education on mental health of parents (Shaghaghi). A research in the field of the effects of anger management on the relations of mothers with the mental retarded show that usage of anger management techniques will lead to a reduction of mother's anger and improvement of their relation to their children.

Results from some researches indicate that effect of confronting curative on the general health of mothers with genitive mental retorted children and non-genetic mental retorted children in the same and increase general health of both groups of mothers. Decrease physical and desperation signals and improves sleep and community output Totsika et al. (2011). On these basic, present research was done with the goal of determination of the effect of education stress management with cognitive behavioral style on the extent of stress and the mental health of parents with mental retorted child.

# 2. METHODOLOGY

This research is a kind of similar test with a control group with pretext and pasttext and follow up text. Statistical society, including all mental retorted children's parents of exclusive elementary schools and social welfare of the city of Ardabil consisted of 500 persons which with a=0/05 and test ability b=0/88 model volume 25 pairs for each group was determined which because of probability of losing some couples 35 couples was considered for each group. In the beginning these children's parents filled out mental health (G H Q') and harry stress (HSI²) questionnaire. Those who had disorder's number of more (upper) than normal were not candidate to enter the group among those with numbers higher than normal 70 couples were chosen and randomly were divided into two equal groups experimental groups and witness. Education of stress management with the style of cognitive behavioral in 8 sessions, each session 45 min. 2 sessions per week 4

Weekes over all was presented to text group at the rehabilitation center summary of education in 8 sessions:

Pathology training symptomatology and mental health to parents,4 strategies of confrontation healing including, coming face to face

Separation, self –controlling and society support than solve the problem and exercise alone skills. Next step exercise using skills in real like and present report, than eliminate skill's problems.

# 3. RESEARCH TOOLS

1-person's characteristics question airy certainly in order to obtain demographics information like the age of the child, sex(gender) , parents, age of parents, what kind of work they do, residence status and parents income.

2-harry stress question airy, this question airy was provided by S. Chandran harry in 2005 for evaluation of tension in different situations. This test includes 66 phrases which have been numbered with L iket style. Griffith et al. (2011), have mentioned that this questionnaire in 0/74 to 0/79 justifiable. Goldberg (GHO). The first form of the questionable questionnaire included 60 questions, which were then submitted for the 28-question form variance. This text

implies the health of the most psychological text. Mental health is eloquence, which consists of four sections: (a) a physical signal that has 7 clauses and a sense of weakness, a medical need to be strengthened, a warm and cold feeling Examines the body. (A) Anxiety signals with 7 clauses, including insomnia, tension, anger and anxiety are discussed in this section. (D) Depression is also a symptom of depression that spells out depression, disappointment, tendency to die and inability to do things. (C) social performance, regulations such as the ability to do daily work, good feelings for performing tasks, the ability to learn and enjoy the ability to do daily work. Huber et al. (2005) received 0/3 Alfay for GHO, and Frazier et al. (2007) reported the index of unity for full text, and each size is less than 0.84.

In this study, the average number of cases is listed, the average number of fathers and mothers with the model size is calculated. The measurement used to analyze the reported data is.

# 4. RESULTS

In this research numbers of the couple was not investigated separately because of the type of research and mineral numbers of model volume and average numbers of each couple as an index and total numbers of test was recorded in statistical test. Considering stress, its average numbers had a meaningful difference in pretest and posttest but this number did not have meaning in posttest and follow up test (table 1) test groups mental health average numbers in pretest and

posttest had meaningful difference but meaningful difference was not seen in posttest and follow up test. Considering the different dimensions of general health, average numbers difference of physical signals and depression signals in pretest and posttest of the test group were meaningful, but this numbers difference in posttest and follow up test had no meaning difference, but average numbers difference of distress signals in pretest and posttest and follow up test had no meaning. The average number of community performance had no meaningful difference in pretest and posttest but this number difference was meaningful in posttest and follow up test (table 2).

Table 1: stress average numbers of pretest and posttest and follow up test in control and test group (repeated measure)

group	Pretest Average (deviation scale)	Posttest Average (deviation scale)	Follows up (deviation scale)	Meaningf ul level pretest and posttest	Meaningf ul level posttest of follow up
Test	(27/78)179/12	(15/78)159/72	(16/91)159/87	0/001	0/682
Control	(21/88)182/92	(17/88)182/54	(17/67)183/73	0/624	0/546

Table 2: mental health average numbers of pretest and posttest and follow up test in control and test group (repeated measure)

Mental Health	Pretest Average (deviation scale)	Posttest Average (deviation scale)	Follows up (deviation scale)	Meaningful level pretest and posttest	Meaning ful level posttest of follow up
Test	(10/19)42/54	(13/92)33/4	(13/62)34/5	0/001	0/671
Control	(4/81)44/12	(4/92)44/48	(4/89)44/71	0/588	0/602

# 5. DISCUSSION

In this study, the stress level and then mental health of parents with a child with mental retardation and normal child were studied. In Table 1, the average of stress in the test group was 179/12 in the test group, which is 159/72 in the pretest test and 159/87 in the follow-up phase. The results of maligning tests show a significant difference in tension in the pre-test and post-stage stages. However, no significant difference was observed in post-test post-test and follow-up tests. The interpretation of the above results shows that parent education with children with mental retardation with cognitive-behavioral styles has a significant effect on their stress measurement, and post-test and followup competitions show that this training is affected in one month. These findings have good research support. Kolko and Swenson (2002) Hastings and Beck (2004) also investigated an interventional program for measuring the stresses of children with mental retardation and their research results show this. The Cognitive-Behavioral Intervention Program has been effective in reducing stress for families. The results of AlKandari (2006) research showed that the difference between the number of stresses in a group of mothers and children with the mental consent and normal children was confirmed. As we can see in Table 2, we can see the average reliable number in general health, and after the test and in all small dimensions of mental health, with the exception of disturbed signals and the difference in community performance between pre-test and post-test at P < 0.05 is significant. These findings indicate a significant effect of cognitive-behavioral education on parental health. The result of parental research in ipsilateral with other research. For example, the impact on reducing the number of parents Khamis (2007), increasing family health, improving the general index of health, family stress and community acceptance (Frijar), on the mental health of parents in managing anger and reducing the anger of mothers and improving their relationship with children (Berge et al., 2006). Final results of this research, we can change the stress measure and mental health of parents with mental retorted children with a short period and brief education. Therefore, if design longer and precise programs, stronger results will be achieved. We can point out lock of control on mental retardation level, lock of control on parents' education and nonbeing able to control wanted or unwanted children as the limitations of this research which needs to be controlled in next research

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Revista de Ciencias Humanas y Sociales

Año 34, Especial N° 15, 2018

Esta revista fue editada en formato digital por el personal de la Oficina de Publicaciones Científicas de la Facultad Experimental de Ciencias, Universidad del Zulia.

Maracaibo - Venezuela

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