



Psychosocial Stress and Coping Strategies in Parents of Children with Autism

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Abstract

Parents of children with autism spectrum disorder (ASD) experience significant psychosocial stress due to the complex demands of caregiving, social stigma, and financial burdens. This study investigates stress levels, sources, and coping strategies among 200 parents using a mixed-methods approach. Quantitative data from standardized scales revealed high stress levels, particularly among parents of children with severe ASD symptoms. Qualitative interviews highlighted behavioral challenges, lack of support, and financial strain as primary stressors. Problem-focused coping and social support were most effective in reducing stress. These findings underscore the need for tailored interventions to enhance parental resilience and well-being.

Keywords

Autism, Psychological Stress, Social Communication, Repetitive Behaviours

Introduction

Autism spectrum disorder (ASD) is a neurodevelopmental condition characterized by deficits in social communication, repetitive behaviors, and restricted interests. The prevalence of ASD has risen, 1 in 36 children diagnosed in the Haryana as of 2023. Parents of children with ASD face unique challenges, including managing unpredictable behaviors, navigating complex healthcare systems, and coping with societal misunderstandings. These demands contribute to elevated psychosocial stress, often exceeding that of parents of typically developing children or those with other disabilities.



Psychosocial stress encompasses emotional, social, and psychological strains that impact mental health and quality of life. For parents of children with ASD, stress is compounded by factors such as financial costs of therapies, limited access to services, and reduced social support due to stigma. Chronic stress can lead to anxiety, depression, and burnout, affecting both parental well-being and child outcomes. Coping strategies—defined as cognitive and behavioral efforts to manage stress—play a critical role in mitigating these effects. Coping is typically categorized into problem-focused (e.g., planning, seeking resources), emotion-focused (e.g., seeking emotional support, reframing), and avoidant (e.g., denial, disengagement) strategies.

Prior research indicates that problem-focused coping is associated with lower stress, while avoidant coping may exacerbate it. However, the effectiveness of these strategies varies based on individual and contextual factors, such as child symptom severity or access to support networks. This study aims to provide a comprehensive analysis of stress sources and coping strategies among parents of children with ASD, with the following objectives:

1. Identify the primary sources and levels of psychosocial stress.
2. Examine the prevalence and types of coping strategies employed.
3. Explore the relationship between stress levels and coping strategies.
4. Provide qualitative insights into parental experiences and needs.

Methodology

Participants

The study recruited 200 parents (75% mothers, 25% fathers) of children aged 3–12 years with a confirmed ASD diagnosis. Participants were drawn from autism support groups, clinics, and online communities across the Haryana. The mean parental age was 39.2 years (SD = 6.8). Children's ASD severity was classified as mild (30%), moderate (45%), or severe (25%) based on clinical reports. Demographic details are summarized in Table 1.

Table 1: Participant Demographics



Variable	N (% or Mean \pm SD)
Parent Gender	
Female	150 (75%)
Male	50 (25%)
Parent Age	39.2 \pm 6.8
Child Age	7.4 \pm 2.9
Child ASD Severity	
Mild	60 (30%)
Moderate	90 (45%)
Severe	50 (25%)
Household Income	
< Rs.50,000	70 (35%)
Rs.50,000–Rs.100,000	80 (40%)
> Rs.100,000	50 (25%)

Measures

1. **Perceived Stress Scale (PSS-10):** A 10-item scale assessing stress over the past month (score range: 0–40; 0–13 = low, 14–26 = moderate, 27–40 = high stress). Cronbach’s $\alpha = 0.89$.
2. **Coping Orientation to Problems Experienced (COPE) Inventory:** A 60-item scale measuring 15 coping subscales, grouped into problem-focused (e.g., active coping, planning), emotion-focused (e.g., acceptance, emotional support), and avoidant coping (e.g., denial, substance use). Scores range from 4–16 per subscale. Cronbach’s $\alpha = 0.85–0.92$.
3. **Parenting Stress Index–Short Form (PSI-SF):** A 36-item scale measuring parenting-specific stress across three domains: parental distress, parent–child dysfunctional interaction, and difficult child (score range: 36–180). Cronbach’s $\alpha = 0.91$.



4. **Demographic and Contextual Questionnaire:** Collected data on parent demographics, child characteristics, and contextual factors (e.g., access to services, social support).
5. **Semi-Structured Interviews:** Conducted with 30 parents to explore stress sources, coping strategies, and perceived effectiveness. Questions included: “What are the main challenges you face?” and “What strategies help you cope?”

Procedure

Participants completed online surveys via google forms between January and April 2025. Informed consent was obtained electronically. Interviews were conducted via Zoom, audio-recorded, and transcribed verbatim. Each interview lasted 45–60 minutes. Participants received a Rs.20 gift card as compensation.

Data Analysis

Quantitative data were analyzed using SPSS v.28. Descriptive statistics (means, standard deviations, frequencies) summarized stress and coping scores. One-way ANOVA tested differences in stress by ASD severity. Pearson’s correlations examined relationships between stress (PSS-10, PSI-SF) and coping strategies. Multiple regression analysis identified predictors of stress, including coping strategies, child severity, and social support. Qualitative data were analyzed using NVivo v.14 via thematic analysis, following Braun and Clarke’s (2006) six-step process: familiarization, coding, theme generation, review, definition, and reporting. Inter-coder reliability was established with a second researcher ($\kappa = 0.82$).

Results

Stress Levels



The mean PSS-10 score was 25.3 (SD = 6.1), indicating moderate to high stress. The PSI-SF mean score was 102.4 (SD = 18.7), with the “difficult child” domain scoring highest (M = 38.2, SD = 7.9). Table 2 presents stress scores by child ASD severity.

Table 2: Stress Scores by Child ASD Severity

ASD Severity	N	PSS-10 Mean (SD)	PSI-SF Mean (SD)	PSI-SF Subdomains (Mean ± SD)
				Parental Distress
Mild	60	20.8 (5.2)	88.5 (15.3)	28.4 ± 5.1
Moderate	90	25.6 (5.8)	103.2 (17.6)	33.8 ± 6.3
Severe	50	29.7 (6.4)	118.6 (19.2)	39.5 ± 7.2

ANOVA revealed significant differences in PSS-10 ($F(2,197) = 22.4, p < 0.001$) and PSI-SF scores ($F(2,197) = 25.8, p < 0.001$) across severity levels, with post-hoc tests showing higher stress for severe vs. mild/moderate ASD ($p < 0.01$).

Coping Strategies

The COPE Inventory indicated that problem-focused coping was most prevalent (M = 64.8, SD = 11.2), followed by emotion-focused (M = 60.2, SD = 10.5) and avoidant coping (M = 40.9, SD = 9.1). Table 3 details subscale scores.

Table 3: COPE Inventory Subscale Scores

Coping Type	Subscale	Mean (SD)
Problem-Focused	Active Coping	12.8 (2.4)
	Planning	13.1 (2.6)
	Seeking Instrumental Support	12.4 (2.3)
	Suppression of Activities	10.9 (2.1)
	Restraint Coping	11.6 (2.2)



Emotion-Focused	Seeking Emotional Support	12.2 (2.5)
	Positive Reinterpretation	11.8 (2.3)
	Acceptance	12.0 (2.4)
	Religion	10.5 (2.8)
	Humor	9.7 (2.6)
Avoidant	Denial	8.4 (2.1)
	Behavioral Disengagement	8.7 (2.3)
	Mental Disengagement	9.1 (2.2)
	Substance Use	6.2 (1.8)
	Venting	8.5 (2.0)

Correlations

Pearson’s correlations showed significant relationships between stress and coping strategies (Table 4). Problem-focused coping was negatively correlated with PSS-10 ($r = -0.45, p < 0.001$) and PSI-SF ($r = -0.39, p < 0.001$). Emotion-focused coping had weaker negative correlations (PSS-10: $r = -0.22, p = 0.002$; PSI-SF: $r = -0.19, p = 0.007$). Avoidant coping was positively correlated with stress (PSS-10: $r = 0.38, p < 0.001$; PSI-SF: $r = 0.34, p < 0.001$).

Table 4: Correlations Between Stress and Coping Strategies

Coping Type	PSS-10 (r, p-value)	PSI-SF (r, p-value)
Problem-Focused	-0.45, $p < 0.001$	-0.39, $p < 0.001$
Emotion-Focused	-0.22, $p = 0.002$	-0.19, $p = 0.007$
Avoidant	0.38, $p < 0.001$	0.34, $p < 0.001$



Regression Analysis

Multiple regression analysis predicted PSS-10 scores using coping strategies, child ASD severity, and social support (measured as number of supportive contacts). The model was significant ($R^2 = 0.42$, $F(4,195) = 35.2$, $p < 0.001$). Problem-focused coping ($\beta = -0.31$, $p < 0.001$) and social support ($\beta = -0.25$, $p = 0.001$) were negative predictors of stress, while avoidant coping ($\beta = 0.22$, $p = 0.003$) and severe ASD ($\beta = 0.28$, $p < 0.001$) were positive predictors.

Qualitative Findings

Thematic analysis identified four stress sources: (1) child behavioral challenges (e.g., meltdowns, aggression), (2) lack of social support (e.g., isolation from family/friends), (3) financial strain (e.g., therapy costs), and (4) systemic barriers (e.g., long waitlists for services). Coping strategies included: (1) problem-focused approaches (e.g., researching therapies, advocating for services), (2) emotion-focused strategies (e.g., mindfulness, support groups), and (3) occasional avoidant behaviors (e.g., temporary withdrawal). Parents reported mindfulness and peer support as highly effective, while systemic barriers limited access to professional support.

Discussion

This study confirms that parents of children with ASD experience moderate to high psychosocial stress, with severity increasing alongside child ASD symptom severity. The PSI-SF's "difficult child" domain scored highest, reflecting the significant impact of child behavioral challenges. Problem-focused coping, such as planning and seeking instrumental support, was the most prevalent and effective strategy, aligning with prior research on resilience in caregiving populations. Emotion-focused coping, particularly seeking emotional support, also reduced stress, though to a lesser extent. Avoidant coping was associated with higher stress, suggesting it is maladaptive in this context.

Qualitative findings enriched the quantitative data, highlighting the emotional toll of isolation and financial strain. Parents valued mindfulness practices and peer support groups,



which provided both emotional relief and practical advice. Systemic barriers, such as limited access to affordable services, emerged as a critical stressor, underscoring the need for policy reform. The regression analysis further emphasized the protective role of social support, suggesting that community-based interventions could be highly effective.

Implications

Interventions should prioritize teaching problem-focused coping skills, such as time management and advocacy training, through workshops tailored for parents. Mindfulness-based stress reduction programs, delivered in accessible formats (e.g., online), could address emotional needs. Support groups, both in-person and virtual, should be expanded to reduce isolation. Policymakers must address systemic barriers by increasing funding for autism services and reducing wait times. Healthcare providers should screen parents for stress and refer them to appropriate resources.

Limitations

The study relied on self-reported data, which may introduce bias. The sample was predominantly female and U.S.-based, potentially limiting generalizability to fathers or other cultural contexts. The cross-sectional design prevents causal inferences. Future research should employ longitudinal methods to track stress and coping over time and include more diverse populations.

Conclusion

This study provides a comprehensive examination of psychosocial stress and coping strategies among parents of children with autism spectrum disorder. The findings reveal that these parents experience significant stress, driven by child behavioral challenges, financial strain, social isolation, and systemic barriers. Stress levels are highest among parents of children with severe ASD symptoms, highlighting the need for targeted support for this subgroup. Problem-focused coping strategies, such as active planning and seeking instrumental support, are the most prevalent and effective in reducing stress, followed by



emotion-focused strategies like mindfulness and peer support. Avoidant coping, conversely, exacerbates stress, underscoring the importance of guiding parents toward adaptive strategies.

The qualitative insights emphasize the value of community and emotional support, with parents reporting significant benefits from support groups and mindfulness practices. However, systemic barriers, including limited access to affordable services, remain a critical challenge that amplifies stress. These findings have significant implications for practice and policy. Interventions should focus on equipping parents with problem-focused coping skills, expanding access to mindfulness programs, and fostering peer support networks. Policymakers must prioritize funding and infrastructure to reduce barriers to autism services, ensuring that families receive timely and affordable care.

Future research should address the limitations of this study by exploring longitudinal effects of coping strategies and including more diverse populations, such as fathers and non-U.S. parents. Additionally, studies should investigate the efficacy of specific interventions, such as online support groups or subsidized therapy programs, in reducing parental stress. By addressing both individual and systemic factors, stakeholders can enhance the well-being of parents of children with ASD, ultimately improving outcomes for both parents and their children. This study underscores the resilience of these parents and the urgent need for comprehensive support to help them navigate their unique challenges.

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