

Enhancement of Coping Patterns for Parents of Mentally Retarded Children

Protocol Thesis

*Submitted for Partial Fulfillment of the Requirement of doctorate Degree
in Psychiatric Nursing*

By

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M.Sc. Nursing

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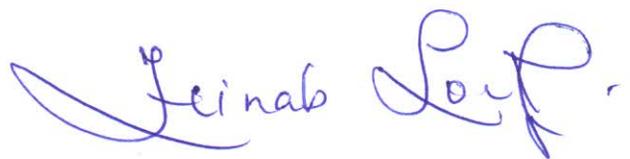
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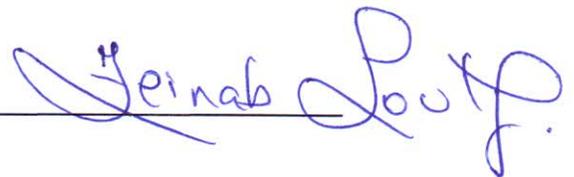


Introduction

The incidence of mental retardation is difficult to calculate because mental retardation sometimes goes unrecognized until middle childhood. Its prevalence rate has been estimated at approximately 41% of the population, with the highest incidence in school-age children peaking at ages 10 to 14. It occurs about 1½ times more frequently among men than among women (*Crnic, 2008*).

Mental retardation is defined by *Koller,(2009)* as the presence of sub average general intellectual functioning (an IQ of approximately 70 or below) associated with or resulting in impairments in adaptive behavior.

Clients with mental retardation experience or exhibit significant limitations in at least two of the following skill areas: communication, self-care, home living, social/interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health, and safety. Associated features of mental retardation include irritability, aggressiveness, temper tantrums, stereotyped repetitive movements, nail biting, and stuttering (*Beckman, 2009*).



The parents of children with mental retardation experience chronic stress. The nature of stress has been shown to span over several aspects of family life such as daily care demands, emotional distress (e.g., maternal depression), interpersonal difficulties (e.g., parental discord), financial problems and adverse social consequences (e.g., social isolation)(*Cubbin, 2007*).

As a result of these problems, the parents have a negative attitude towards their child with disabilities. The parents are plagued with feelings of pessimism, hostility, and shame, denial, projection of blame, guilt, grief, withdrawal, rejection, and acceptance are the usual parental reactions. Some parents also experience helplessness, feelings of inadequacy, anger, shock and guilt (*Bradshaw, 2008*).

This crisis are often accompanied by numerous personal and social stresses, these stresses include physical and mental health problems, moodiness, demands on time, negative social attitude, over protectiveness, dependency and reduce personal well being (*Folkman & Lazarus, 2008*).

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Psychiatric mental health nurses have an important role in enhancement of coping patterns for parents of mentally retarded children through teaching them how to identify, plan and participate in positive way to provide appropriate expectations, limits, opportunities to succeed, and other measures which will help their families caring child with mental retardation handle the stresses of growing up (*Stuart, 2009*).

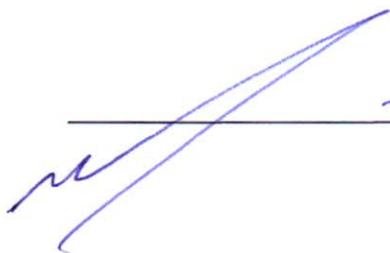
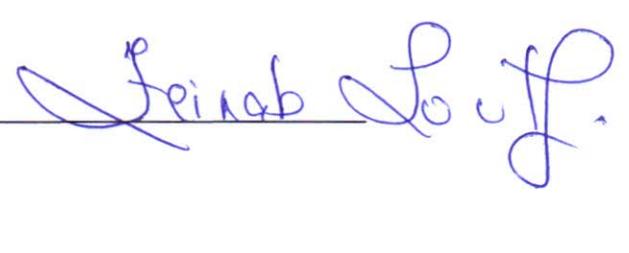
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Significance of the study:

The birth of a child with mental retardation is a traumatic experience for the family which requires changes and adjustments in many life areas. So that, the main focus of this study is to enhance coping patterns for family care givers of children who have mentally retarded through helping the care givers to increase life activities and reduce the psychological problems to deal with crisis (*Burden, 2006*).

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Aim of the Study:

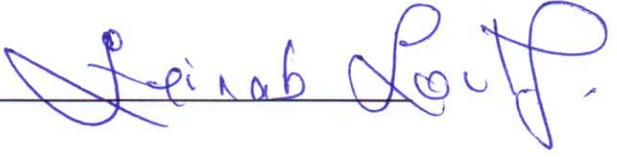
This study aims at enhancement of coping patterns for parents of mentally retarded children.

This aim will be achieved through:

1. Assessing coping patterns and Attitudes of parents of mentally retarded children.
2. Developing psychiatric nursing interventions for enhancement of coping patterns regarding their identified needs related to parents of mentally retarded children.
3. Implementing the developed psychiatric nursing interventions for enhancing coping patterns for parents of mentally retarded children.
4. Evaluating the effect of the implemented enhancement program for coping patterns for parents of mentally retarded children.

Hypothesis:

Psychiatric nursing enhancement program for coping patterns for parents of mentally retarded children have a positive effect through empowering them by adaptation skills against psychological problems.


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Setting

This study will be conducted in outpatient clinics; of child psychiatry at Abbassia psychiatric hospital and caring center for handicapped children in institute of psychiatry / Ain shams university hospital.

Subjects and methods:

Subjects

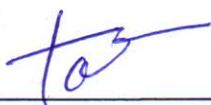
- *Selection of sample:*

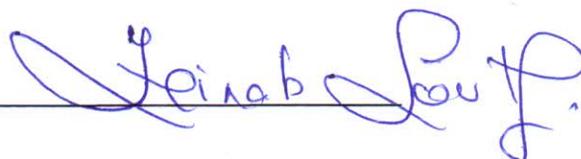
- Sample Type:**

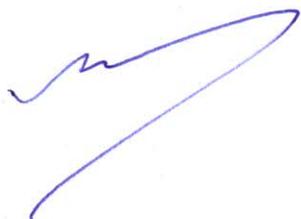
Purposive Sample will be obtained from parents of mentally retarded children who meet inclusion criteria during their follow-up visits to the previously mentioned setting.

- Sample Size:**

Sample will include all available parents of mentally retarded children who receiving follow up care in outpatient clinics of child psychiatry at Abbassia psychiatric hospital and caring center for handicapped children in Ain shams university hospital.







Inclusion criteria:

For the mentally retarded child:

- An intelligence quotient (IQ) equal or less than 70 degree.
- Age: from 3 to 7 years.
- Sex: both sexes (male & female).
- Free from other psychiatric disorders.

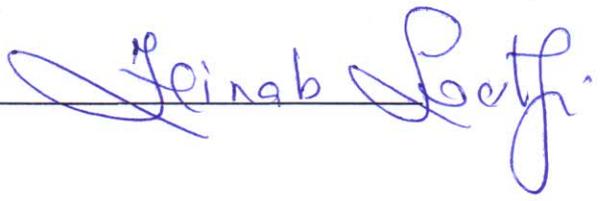
For the family caregivers

- Parents is living with mental retarded child at the same home who assume primary responsibility for providing care for their child during their follow-up visits to the outpatient clinics

• ***Tools of data collection:***

1) Socio-demographic Data Sheet:

This sheet will constructed by the researcher after reviewing literature in the field of mental retardation to collect data pertained by the socio demographic characteristics of study subjects which include age, sex, IQ percentage, level of education of parents, occupation and monthly income.

 
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2) Attitude scale

It has been originally designed by *Edwards, A.L. (2004)*. To assess the parents attitudes toward their mentally retarded child.

3) Coping Patterns Scale.

It has been originally designed by *Moos, R.H. (2000)*. To identify and measuring coping patterns, coping mechanism and support system to enhance the coping patterns for parents of mentally retarded children.

4) Psychiatric Nursing Interventions Program:

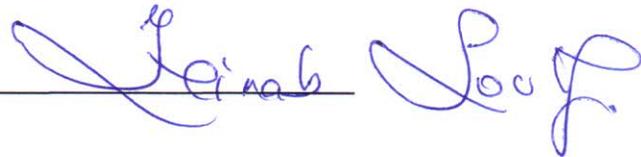
Psychiatric Nursing Interventions Program will be developed by the researcher and reviewed by work supervisors to meet the parents identified needs after reviewing the past and current related literatures through teaching the parents how to identify, plan and participate in positive attitude to cope and deal with mentally retarded children.

Filed work:

The present study will be conducted in four phases:

First: preparatory phase:

This phase will be based on the following steps:



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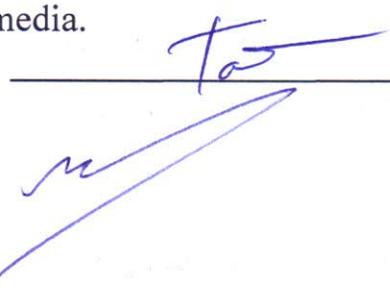
- **Administrative design:** An official letter requesting permission to conduct the study will be submitted from the Dean of the Faculty of Nursing, Ain Shams University to all persons in charge. This letter will include the aim of the study and a photocopy from the data collection tools in order to get the permission and help for collection of data.
- **Pilot study:** the pilot study will be conducted to test validity and reliability of the constructed tools, ensure the clarity of questions, applicability of the tools and the time needed to complete them and perform the required modification according to the available resources

Ethical consideration:

- The researcher must assure voluntary participation for every selected family member who will be involved on the study sample
- The researcher must maintain confidentiality of data
- The researcher must clarify to the family care givers that all information will be used for scientific research only.

Second: Designing phase:

This phase aims at planning for training program through setting educational objectives, preparing the psychiatric nursing educational activities, and designing the methodology and media.

 
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Third: Implementing phase:

This phase will begin by data collection then implementation of psychiatric nursing interventions program to enhancement of coping patterns for parents of mentally retarded children.

Fourth: Evaluation phase:

This phase aims at estimation the effect of of psychiatric nursing interventions program on enhancement of coping patterns for parents of mentally retarded children.

Statistical design

Appropriate statistical methods will be used for the analysis of the data.

Result

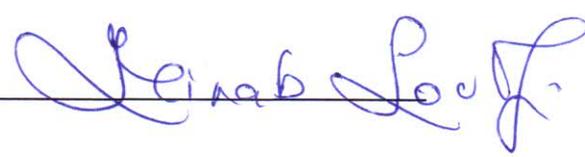
Results of the tool will be the collected data.

Analysis of the results:

The result will be analyzed and studied using the appropriate statistical methods.

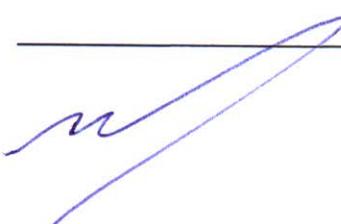
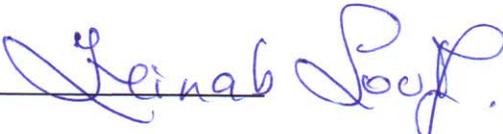
Discussion

The result obtained will be discussed in light of the local and international studies and review of related literature.


Conclusions and recommendations

The conclusions will be derived from the results and discussion developed based on the results of the study, according to the results recommendations will be made in the form of nursing intervention

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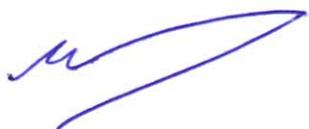
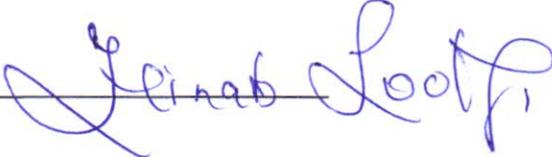
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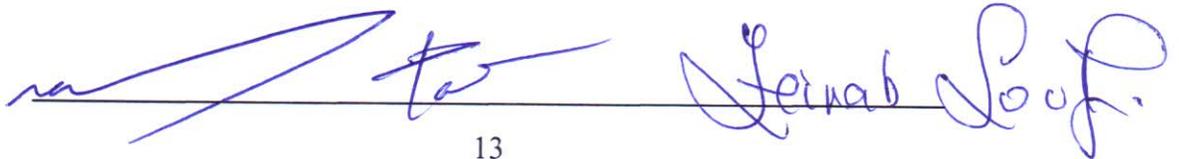
  

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Three handwritten signatures in blue ink are written across a horizontal line. The first signature is a stylized, cursive 'na'. The second is a cursive 'to'. The third is a more formal cursive signature that reads 'Jernab Sof'.