THE EFFECT OF GROUP COUNSELING TOWARD STRESS OF PARENTS OF AUTISTIC CHILDREN

GUNVIPA HONGNGAM

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Thesis

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for the degree of Master of Arts (Rehabilitation Service for persons with disabilities)
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THE EFFECT OF GROUP COUNSELING TOWARD STRESS OF PARENTS OF AUTISTIC CHILDREN

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ABSTRACT

This study employed a quasi-experimental design that focused on the effects of group counseling on stress in parents of autistic children. The subjects of study were parents of autistic children who were 2 ½ -7 years old and who were receiving services by the Early Intervention Center at Rajabath Institute Suan Dusit. The 20 parents were separated by random into 2 groups, an experiment and a control group. The experiment group participated in group counseling meetings following a program of 10 session, 1-1 ½ hours per session. The control group only received manual from a group counseling manual. Descriptive data were analyzed by t-test.

The findings of this study revealed that; (1) After participating in the group counseling meeting, subjects in the experimental group had lower levels of stress than they did before, as indicated by a statistical significant. (P =. 05) (2) After participating in the group counseling meeting, subjects in the experimental group did not have a statistically significant lower level of stress than the control group. The study findings showed that after participating, the experiment group had dropped from high stress levels to middle levels but the control group still had high levels of stress.

These research results suggest that healthcare service should offer group counseling program to help both parents of autistic children reduce stress and parent of children with other disabilities reduce stress. The research should follow up and evaluate after each experiment for 1, 3 and 6 months. Lastly parents of autistic children need a high level of psychological support and protection to enable them to encourage their children to become high achieves.

KEY WORDS: GROUP COUNSELING, STRESS, AUTISTIC CHILDREN, PARENTS OF AUTISTIC CHILDREN

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ผลของการให้คำปรึกษาแบบกลุ่มต่อความเครียดของผู้ปกครองเด็กออทิสติก (THE EFFECT OF GROUP COUNSELING TOWARD STRESS OF PARENTS OF AUTISTIC CHILDREN)

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บทคัดย่อ

การวิจัยเรื่องผลของการให้คำปรึกษาแบบกลุ่มต่อความเครียดของผู้ปกครองเด็กออทิสติก เป็นการวิจัย กึ่งทดลอง เพื่อศึกษาผลการให้คำปรึกษาแบบกลุ่มต่อความเครียดของผู้ปกครองเด็กออทิสติก กลุ่มตัวอย่างเป็นผู้ปกครองเด็กออทิสติกที่ดูแลเด็กที่มีอายุ 2 ½ -7 ปี และมารับบริการที่ฝ่ายบริการช่วยเหลือระยะแรกเริ่มเด็กพิการและครอบครัว สถาบันราชภัฏสวนดุสิต จำนวน 20 คน ใช้วิธีจับฉลากสุ่มอย่างง่ายแบ่งเป็นกลุ่มทดลองและกลุ่มควบคุม กลุ่มละ 10 คน กลุ่มทดลองจะได้รับการให้คำปรึกษาแบบกลุ่ม 10 ครั้ง ครั้งละ 1-1 ½ ชั่วโมง ส่วนกลุ่มควบคุมจะได้รับคู่มือความรู้เพียงอย่างเดียว วิเคราะห์ข้อมูลโดยเปรียบเทียบค่าเฉลี่ยของคะแนนความเครียด ด้วยสถิติทดสอบ ที (t – test)

ผลการวิจัยพบว่า (1) ผู้ปกครองที่ได้รับการให้คำปรึกษาแบบกลุ่มมีค่าเฉลี่ยคะแนนความเครียดหลังการทดลอง ลดลงกว่าค่าเฉลี่ยคะแนนความเครียดก่อนการได้รับการให้คำปรึกษาแบบกลุ่ม อย่างมีนัยสำคัญทางสถิติที่ระดับ .05 (2) หลังการทดลองผู้ปกครองที่ได้รับการให้คำปรึกษาแบบกลุ่มมีค่าเฉลี่ยคะแนนความเครียดหลังการทดลองลดลงกว่ากลุ่มควบคุม อย่างไม่มีนัยสำคัญทางสถิติ แต่พบว่ากลุ่มทดลองมีระดับความเครียดลดลงจากก่อนการทดลองมีความเครียดอยู่ในระดับเครียดมาก เมื่อได้รับการให้คำปรึกษาแบบกลุ่มแล้วจะมีความเครียดลดลงอยู่ในระดับเครียดปานกลาง ส่วนกลุ่มควบคุมนั้นพบว่าก่อนทดลอง และหลังทดลองมีความเครียดอยู่ในระดับเครียดมากเท่าเดิม

ผู้วิจัยมีข้อเสนอแนะว่า ควรจัดให้บริการการให้คำปรึกษาแบบกลุ่มต่อความเครียดของผู้ปกครองเด็กออทิสติก และเด็กพิการกลุ่มอื่นด้วย ควรมีการวัดผลหลังการทดลองเป็นระยะๆ คือ หลังการทดลอง 1 เดือน 3 เดือน 6 เดือน เพื่อติดตามผล ควรจัดให้มีการให้คำปรึกษาแบบกลุ่มในรูปแบบอื่น โดยเน้นกระบวนการให้ความรู้ ให้กำลังใจ เพื่อส่งเสริมและป้องกันปัญหาสุขภาพจิต อันจะช่วยส่งผลในการดูแลและพัฒนาเด็กออทิสติกให้มีประสิทธิภาพยิ่งขึ้น

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CHAPTER I
INTRODUCTION

Background and significance of the study

At present, there are a variety of factors that cause stress; economical, social, or environmental factors, as well as factors related to family matters. Normally, the basic task for family is to raise their children with safety and happiness, enabling them for appropriate development physically, emotionally, socially, and intellectually for their future. This results in happiness and pride in the families. Important burdens and responsibilities can easily create family stress for the parents who need to achieve success in all matters both inside and outside their home especially unexpected situation occurring in the family such as disability or abnormality of the family members especially birth defects of the children who are the heart and soul of the parents, the family has to cope with such conditions and adapt themselves both physically and psychologically to this crisis.

The autistic children are considered one category of disabilities according to the Rehabilitation of Disabled Persons Act B.E.2534 (1991: 7-8). Autism is characterized abnormality by four conditions. First, emotion : They have fluctuating mood, scream, are very bad-tempered, self-destructive and tend to destroy things. Second, social interaction. Autistic children lack social interactions with others even their own parents. Third, communication : Autistic children developed their own language, which is incomprehensible to others. Fourth, behavior such as tip toe walking, swing around themselves, monotonous repetitive behavior, wave hand, rock themselves, or stare at a circling fan in motion. (Penkae Limsila, 1997: 10). In addition, these specific characteristic of the autistic children cause high stress to the parents because they have to cope with numerous problems in managing their family life such as the roles and responsibilities of family members, the adjustment for their daily living activities etc. To

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be more specific, the fathers must be the only one who works hard to earn their living and to be responsible for the expenses for treatment of autistic children while mothers have to quit their job and devote themselves in taking care of autistic children since it is very difficult to find caretaker who is knowledgeable and experienced in taking care for autistic children which requires continuity of time and close attention. Furthermore, the expenses are generally high. This can also make the parents become more stressful (Ornsiri Pisek, 1999: 109). The researcher has gathered information regarding the different factors affecting the parents of autistic children as follows:

Factors related to marital relationship

As the wife has to devote herself for her autistic child, she is unable to work to support the family. The husband has to work harder to cover the family expenses. When the husband comes home after work, he may need care and attention from his wife. However, his wife may be exhausted from household chores and taking care of the autistic child. This can easily make the husband and wife drift apart and lack the opportunity to rekindle their old romances (Siriporn Suwanthos, 1998: 20). In some families, the husband may distant himself from the family and the autistic child, leaving all the burdens to the wife. The husband may seek his own pleasure outside the house or have a mistress. Evidently, this can lead to separation and divorce (Jom Chumchuay, 1995: 3).

Factors relating to the relationship among family members

As previously mentioned, the problems concerning the relationship between the husband and wife can affect the relationship among relatives on each side. For example, they may blame one another on the problems that have occurred, and the problems could extend to involve many relatives who want to take side with either the husband or the wife. In addition, since the parents have to spend their time on taking care of the autistic child, other children may feel neglected or lonely. This could create the sibling rivalry problem, refusal their parent and rely on other people outside the family. It is possible that

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they may choose inappropriate solutions to their problem and end up using drugs or becoming social problems (Roongruedee Wongchum, 1996: 21).

Factors related to the parents' emotional condition

Having an autistic child can cause parents emotional problem. Accepting their child condition is very difficult. Thus, it can make the parents feel stressful, anxiety, embarrassed, or fearful of uncertain conditions of their child. On top of these feelings, they have to face with difficulty finding a caretaker, seeking best medical care and treatment. The expenses of autistic children need different type of therapy and treatments which include medication, behavior modification therapy, and speech therapy, all of which are continuous and burdensome. Thus, the parents can easily have accumulated stress (Ornsiri Pisek, 1999: 109). Moreover, the specific abnormality of social, emotional, and behavioral problem are difficult to treat as expected by the parents. The parents have to learn how to handle with these specific characteristics of their autistic child including aggression, and temper tantrum behavior, screaming, impulsively self – destructive behavior and tendency to destroy things. In particular, when the parents take their autistic children out of the house to the public or unfamiliar places, the autistic children may become rebellious. If the parents cannot control their children, they may feel very embarrassed and worried (Siriporn Suwanthos, 1997: 15).

Factors related to economics

Generally, parents of autistic children find it difficult to find the appropriate caretaker of autistic children because their duties require a lot of understanding, dedication, patience, and responsibility. Thus, the parents may have to take care of their own children and lose the opportunity to work outside the house. Some mothers have to quit their job, which means the family partially lost their income. In addition, the expenses for treatment and care of autistic children are rather high, such as transportation and medication or salaries for parents. As a result, economic and financial problems of the family need to be taken into account because it can increase the stress of the autistic parents (Choosakdi Chantayanonta, 1997: 28-29).

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Factors related to physical health condition

The parents of autistic children have to pay close attention to their children, so they may not have enough time for rest and relaxation. Some autistic children may have problem with their sleep patterns, and they can play all day long with no daytime nap and only a few hours of sleep at night. Some autistic children can even be wide awake without any sleep at all for two or three days (Penkae Limsila, 1993: 13). In such cases, the parents have to take turn keeping an eye on the children for fear that they might do something dangerous or harmful to themselves. In the cases in which the fathers are responsibility for the experience of the family, the care giving responsibilities are placed on the mothers alone, and this can adversely affect their health. Some autistic children are overweight, and the parents have to exert energy in dealing with their behaviors. They may be very fatigue and exhausted, and this may eventually lead to such health problems such as headache, back pain, heartburn, and weight loss due to lack of time to eat or loss of appetite caused by stress (Penkae Limsila, 1993: 14).

Factors related to the relationship with neighbors or other surrounding people

As autistic children have defects regarding socialization and interaction with others, they may not be able to play with neighbors. In addition, they tend to have aggressive behaviors, which are annoying and disturbing to other people by screaming, shouting, being hostility, destroy things, or hurt themselves or others. Thus, the neighbors may avoid getting close to them or interact with them. Some autistic children do not sleep at night. They may scream during night time while other people are sleeping or resting, Thus, it will create detestation among neighbors who do not understand their nature. Besides, some families close themselves and do not associate with the neighbors because they are ashamed of their autistic children and they believed that others would not understand the specific characters of their autistic children. They decide to withdraw themselves from society (Penkae Limsila, 1993: 1-4).

Based on the above factors, it could be seen that the parents of autistic children have the needs for assistance and advice from relevant medical institutions and social

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networks to enable them to deal with the problems continuously and effectively. With such help, the parents can be relieved of their stress, and improved mental health condition. The parents developed their appropriate techniques and treatment for their autistic children. For these reasons, the Early Intervention Services Center Rajabhat Institute Suan Dusit was established as an educational institution which provides services and assistance for autistic children and parents. The Early Intervention Services Center Rajabhat Institute Suan Dusit has tried to provide the methodology how to educate the parents about the nature and characteristics of these children as well as equip them with the ability to help the children develop themselves according to their specific conditions. Also, the institute has promoted different solutions to deal with the problems by using posturing booklet or pamphlet, or organizing the workshop or seminars and lecturing assistance to autistic children and their parents to a certain degree. However, the Early Intervention Services Center Rajabhat Institute Suan Dusit has discovered that the parents of autistic children still have a great deal of stress. As a consequence, the researcher has considered the new approach which has never been used before to provide psychological assistance for the parents of autistic children in the form of group counseling. Since there are a large number of parents of autistic children and these parents have to face with similar problems, group counseling seems to be a promising approach. During the group counseling, parents receive medical knowledge and behavior modification technique and share their feelings and experiences with other group members and get support from the group. This group counseling is called "Psychoeducation Group," and it is deemed effective and appropriate to the current situations (Yongyuth Wongpiromsarn, 1994: 54). It is believed that the group counseling helps the parents deal with their stress caused by having an autistic child and promotes good relationships within the family, between families, and between families and medical institutions. This type of services should enable the parents to develop correct understanding about the specific conditions and furthermore, to assess the situations and plans for appropriate solutions. The parents will also learn about new information and resource agencies : both public and private sectors, including schools, temples, or various foundations (Choosakdi Chantayanonta, 1997: 28-29). In addition, Dimond (1990: 642-3) has suggested that it should be beneficial to the

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parents of severe or chronic illness children to share experiences and to exchange ideas and knowledge, which would enable them to deal with the problems in their own families.

The purpose of this study is to reduce the stress of parents of autistic children by using elicited group counseling.

Rationale for the present study

The researcher, as an instructor who works at Early Intervention Services Center Rajabhat Institute Suan Dusit, was aware that the parents of autistic children are under considerable stress and need assistance. Parents and caregivers of autistic children have psychological and emotional stress, which can be hindrance for the success of the service programs provided for the parents. In the past, the duration of the service program for autistic children varied greatly. Some children made significant progress in one year while others remained in the developmental processes over the years. The service centers are unable to accept new students who have been waiting for a long time to receive services from the center. The longer they wait, the older they become and the more difficult to be treated. Furthermore, there are only a few institutions which provide this kind of services while the number of autistic children is increasing. As a result, parents of autistic children have more stress.

For these reasons, group counseling is an alternative way for reducing the stress of the parents of autistic children and promoting their mental health. Group counseling can give them psychological support to cope with various kinds of problems.

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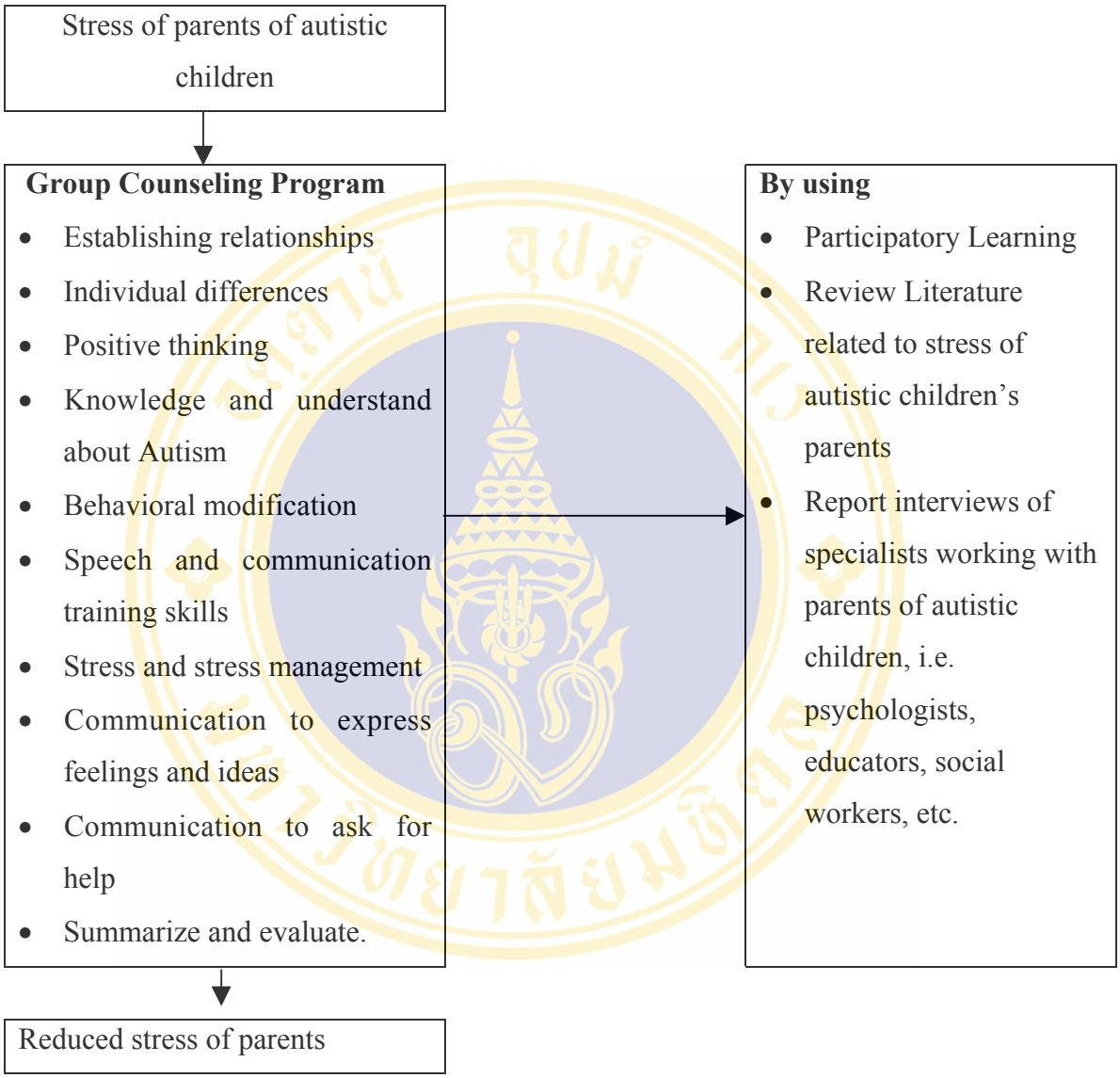

Figure 1 Conceptual Framework of the effect of group counseling toward stress of parents of autistic children

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Objectives of the study

1. To investigate the effectiveness of the group counseling program toward stress of parents of autistic children
2. To compare the outcomes of group counseling program toward stress of parents of autistic children who did and did not receive the services at the Early Intervention Services Center Rajabhat Institute Suan Dusit.

Hypotheses of the study

1. After the experiment, parents who had participated in the group counseling would have lower level of stress scores than before participating in the experiment.
2. After the experiment, the parents of autistic children who had participate in the group counseling would have lower level of stress scores than the parents of autistic children who did not participating in the group counseling.

Scope of the study

The purpose of the study was to investigate the effectiveness of the group counseling program on the stress level of parents of autistic children.

The population of the study was parents of autistic children aged ranges between 2 $^{1}/_{2}$ years old to 7 years old who receive services at the Early Intervention Service Center Rajabhat Institute Suan Dusit from November 1, 2001 to August 30, 2002.

The sample of the study was the parents of autistic children who responded to the stress questionnaire and had the mean score level from little stressed to extremely stressed. After ensuring their willingness to participate in the study (by using simple random sampling), the subject was divided into two groups : the control group (N=10) and the experimental group. (N=10)

Variables in the present study were as follows:

Independent variable was the group counseling program for the parents of autistic children.

Dependent variable was the stress score of the parents of autistic children.

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Benefits of the study

1. The group counseling program would be able to support the parents of autistic children, reduce their stress, and improve their mental health. They will be able to apply the acquired knowledge and experience from participation in the group counseling program into their daily lives.
2. This research can be used as a guideline for providing group counseling services to the parents of autistic children who received the services at the Early Intervention Services Center Rajabhat Institute Suan Dusit.
3. Related organizations and service providers can use the outcomes of this study to develop their training and rehabilitation services for autistic children.

Definition

Group Counseling means the counseling process which provides help for the parents of autistic children (who want to reduce their stress) in dealing with their stress. The group leader would facilitate the feeling of warm, trust, acceptance atmosphere that gives them the opportunity to express their emotions, feeling, ideas, and to exchange their problems to achieve self development. The group counseling was scheduled to meet three times per week for 10 sessions, and each meeting lasted 1 hour and 30 minutes.

Stress refers to the emotional and psychological effects of having an autistic child, which manifested by feeling of mental discomfort, unhappiness, suffering, anger or sadness. The stress levels were assessed by using stress questionnaire developed by the researcher (See Appendix).

Parents of autistic children refer to mothers, fathers, or relatives who were responsible for well being of autistic children. They had to provide care to autistic children for at least three months consecutively.

Autistic children refer to children who were diagnosed by physicians as having autism.

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Initial agreement

The study was conducted with the parents of autistic children who had never been receiving the group counseling services. They enrolled at the Early Intervention Services Center Rajabhat Institute Suan Dusit to seek treatment and rehabilitation. The findings of this study cannot be generalized to other groups of population.

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CHAPTER II
LITERATURE REVIEW

The present research was a quasi-experimental research study, which aimed to investigate the effectiveness of the group-counseling program on stress levels of parents of autistic children who receive services at the Early Intervention Services Center Rajabhat Institute Suan Dusit. In this chapter is conducted in the following topics:

Part I: Autistic children
- Definition
- Diagnosis
- Characteristics
- Treatment
- Effects of parents

Part II: Stress
- Definition
- Causes
- Effects
- Related research on stress levels of parents of autistic children

Part III: Group counseling
- Definition, philosophy, and theories of group counseling
- Objectives, bases, and components of group counseling
- Steps and roles in group counseling
- Participatory learning
- Related research

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Autistism

Definition

Many researchers have shown interest in studying autism. There are provided different definitions of autism as follows:

Leo Kanner, an American psychiatrist of John Hopkins University, was the first person to define a specific behavior found in some children. Autism comes from a Greek word “auto,” meaning “self”. The term autistic means lack of communication with others, tern toward self, and no contract with the outside world (cited in Rojana Tantranont, 1984: 18, Winadda Piyasilp, 1994: 12; Kalaya Wiriya, 1996: 8-9).

Maxine Field (1990: 10) defines autism as a child psychiatric illness, which was affected in many area of behavior such as social deficit, no social interaction, are unable to control themselves, impairment of communicate both verbal and non verbal, and no imaginative play.

Rutter, M. (cited in Penkhae Limsila, 1995: 359) has defined autistic children a pervasive development disorder age inset from birth to infancy.

According to Rimland (cited in Olay, 1992: 5), autistic children have impairment in language development, specific learning disorder, and to be schizophrenic characteristic and shut-in.

The World Health Organization (cited in Kalaya Wiriya, 1996: 9) has stated that autism is pervasive development disorder, which begins at the early age phase of life before 30 months of age. The behaviors disorder include deficit is social interaction language, languages, verbal expression and imagination play.

Penkae Limsila (1993: 276) stated that autistic children are those who have severe developmental disorder, especially in language, emotional, and social development.

Winadda Piyasilp (1994: 10) stated that autistic children have repetitive and stereotyped pattern of behavior. Furthermore, even though they have normal in physical development, but sensory visual perceptions and language development are severely defected.

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Based on definitions above, it could be concluded that autistic children are those children who have disorder in language, communication, social, and behavioral development, all of which can be clearly detected from the age of one to six years old.

Diagnosis

The diagnosis of autism is an explanation of the behavioral abnormality, which can be detected by means of observation by Prof. Kanner (1943). This resulted in more subsequent attempts by a number of medical doctors and researchers such as Rimland (1964), Wanar & Ruttenbeg (1976), Rutter (1978), and Schopler et al. (1980) who sought to explain and define autism for better understanding of the condition (Schreibman, 1988; Volkmar, 1991; Olay, 1992). In 1987, the American Psychiatric Association compiled information on abnormal behaviors of autistic children to be used similarly worldwide based on the diagnosis called DSM III-R (The Revision of the Third Edition of the Diagnostic and Statistic Manual of Mental Disorder). And categorize, autism as Pervasive Developmental Disorder (PDD), which was differentiated from mental retardation, disorder in language development, learning disorder, schizophrenia, personality (cited in Payorm Inkatanuwat, 1999: 16; Penkhae Limsila, 1993: 1-7).

At present, the American Psychiatric Association and WHO have categorized autism under the conditions of severe disorder development (American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders. American Psychiatric Association Press; 1994; WHO The (international) ICD-10. Classification of mental and behavioral disorders. Diagnosis criteria for research: Geneva, 1993). Autism is characterized by the following symptoms:

1. Deficit social interaction such as no eye contacts, failure in interpersonal relationship, and withdraw from social.
2. Defect in language and communication such as delay or no language and communication development and inability to imaginative play.
3. Repetitive and stereotyped pattern of behavior such as preoccupation with one or more stereotyped and restricted pattern of interest.
4. The abnormal and impaired development onset during the first three years of life (Penkae Kimsila, 1993: 3-6; Rojana Tantranont, 1984: 23; Suparat

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Ekasavin, 1996: 1; Choosak Chantayanont, 1997: 28; Pramote Sudpitch & Manote Lortrakul, 1996: 43-44).

In 1996, the diagnostic criteria of the American Psychiatric Association were revised using the DSM-IV (The Diagnostic and Statistical Manual of Medical Disorder, 4th Edition) to increase the credibility of the diagnosis by pinpointing specific abnormalities of different conditions. The diagnostic criteria for autistic disorder has been translated and rewritten from the Desk Reference to the Diagnostic and Statistical Manual of Mental Disorder, 4th Edition (DSM-IV) as follows (Pramote Sudpitch & Manote Lortrakul, 1997: 10):

1. Abnormal in socialization can be detected by at least two of the following:
   1.1 Obvious abnormality in using of multiple nonverbal expressions such as eye contact, facial expression body posture, or gestures to regulate social interaction.
   1.2 Inability to develop and peer relationship appropriately to their age level.
   1.3 Inability to show interest in participating in activities or doing things with others to achieve the goal (such as no ideas or opinions, not showing expression or their interested in, etc.).
   1.4 Lack of social or emotional reciprocity.
2. Abnormal in communication can be detected by at least one of the following:
   2.1 Delay or no speech development (without attempt to compensate through alternative means of communication such as using gestures).
   2.2 For those who can speak, inability to initiate or sustain a conversation with others.
   2.3 Stereotyped and use of language or idiosyncratic language or incomprehensible language.
   2.4 Lack of imaginative play, or social imitation play appropriately according to developmental level.
3. Restricted, repetitive and stereotyped pattern of, interest, or activity can be detected by at least one of the following:

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3.1 Preoccupy with one or more stereotyped behavior and restricted pattern of interest, which could be seen as abnormal in terms of intensity or focus object.

3.2 An apparently compulsive adherence to specific nonfunctional routines or rituals.

3.3 Stereotyped and repetitive motor mannerism such as hands flopping or twisting, turning around, rocking back and forth.

3.4 Persistent and preoccupied with part of an object.

4. Abnormal or impaired development prior to age of three, delay or abnormal function at least:

4.1 Social interaction.

4.2 Language used in social communication.

4.3 Role-plays or imaginative plays.

Etiology

At present, there is no definite conclusion to what are the causes of autism. However, a review of related literature and existing research has led to the following conclusion:

In 1964, Rimland wrote a book entitled *Early Infantile Autism: The Syndrome and Its Implication for a Natural Theory of Behavior* based on his own experience of having a son who was autistic. According to the book, Rimland has discovered some evidence that autism is not related to mental or psychiatric disorder. Rimland began to pay attention to neurological research (Olay, 1992: 5). In addition, in 1967, Bruno Bettleheim formulated a naturalistic theory of autism. He believed that autism was mainly caused by no interaction between parent and child relationship. Similarity to Kanner (1934) which revealed that parents of autistic children generally came from the middle class with high education and financial status. These parents raised their children with rigidity and no attachment. (Schreibman, 1988: 13; Olay, 1992: 5). It has been more than 50 years since Professor Kanner presented his report on autism. Even now, medical doctors and researchers have continued to study and search for the answers regarding to behavioral causes, intellectual development, and treatment.

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However, It appears that the abnormality occurred before three years of age, and have different degrees of severity among autistic children (Supparat Ekasavin, 1996: 7).

Biological Factors

Biological factors are a new trend in searching for the causes of autism. The evidence indicates that autism is not caused from mental disorder, which offered, by environmental factors in the family. However, it has been found that all autistic children have abnormality in neurological and biochemical factor, as well as genetic factor (Schreibman, 1988: 66; Volkman, 991: 503). Thus, researchers have paid interest to biological factors related to autism. Studies on biological factors have pointed out autism is somehow associated with (1) problems assocated pregnancy and birth, (2) genetic factors, (3) neurological correlates, and (4) biochemical processes (Supparat Ekasavin, 1996: 5; Schreibman, 1988: 66; Tsai and Ghaziudden, 1992: 53-74).

1. Problems during pregnancy and birth

Based on studies of records of autistic children, it was found that the mother of these autistic children tended to suffer from abnormalities or complications during pregnancy and childbirth such as Rh. Incompatibility, toxic pregnancy, bleeding during pregnancy, illnesses during pregnancy, or difficult during labor (Mesibov and Dawson, cited in Schreibman, 1988: 66). In addition, autism is found in children whose parents have hypothyroidism, or whose mothers have history of infertility problems, miscarriage, or viral infections, which also caused other disabilities on their children such as blindness, deftness, or chronic heart disease. Gillberg (1980) studied factors leading to autism and concluded that the risk of down's syndrome and autism increase when the parents are older (Schreibman, 1988: 67).

2. Genetic Factors

Kanner stated (1934) that one cause of autism was genetic factors, which brought about developmental abnormally. Bartah, Rutter, and Cox (1975) found that 25% of autistic children's families had history of delay speech development. In

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addition, Rito et al. (1989) pointed out that 2% to 6% of autistic children had autistic siblings or relatives. Also, Rutter and Garmesy (1983) and The American Psychiatric Association (1987) found that the rate of autism in the siblings are 50 times higher than do other diseases (Supparat Ekasavin, 1988: 4; Schreibman, 1988: 67; Tsai and Ghaziaddin, 1982: 54). Moreover, Rutter (1977) studied 21 autism twins with the same sex and found that 36% were identical twins (Schreibman, 1988: 67; Tsai and Ghaziaddin, 1992: 54).

3. Neurological factors

Previous studies have pointed out the relationship between autism and other conditions caused by the malfunction of the central nervous system including Mental Retardation, Syphilis, Tuberculosis, Epilepsy, German measles, Duown's syndrome, and others (Schreibman, 1988: 70-71). Pathological abnormalities of the neurological system include uncoordinated functions such as uncontrollable and constant movement of hands, feet, or head, or tiptoeing. DeMyer et al. (1973) found that 40% of autistic children have neurological problems. The Electroencephalograms (EGG) examination reveals that the abnormality can be as high as 65%. Such abnormality in the EGG leads to seizures in autistic children. Deykin and MacMalon reported that the incidents of seizures in autistic children will increase when the autistic children are 10 years old and continue until adolescent (Scheibmana, 1988: 71; Volkman, 1991: 503).

Apart from EGG, there are other instruments which can be used to examine neurological functions such as CT Scan (Computerized Homographic) which is using radiation to x-ray human brains to detect defects in different parts of the brain. Sometimes, the x-ray is accompanied with the MRI (Magnetic Resonance Imagine) which is a new technique used in detecting abnormality in different brain tissues. It can also be used to diagnose other complications. Another new technique, which is used to study the functioning of the brain, is called PET (Position Emission Topography), and this sheds light on different biochemical processes, metabolism, amount of blood, level of medication, and function of neurological cells in the brain.

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However, PET is minimally used with children due to risks caused by exposure to radiation (Tsai and Ghaziuddin, 1992: 58-62).

Bauman and Kemper (1985) did the comparative study between autism and normal people and the result indicated that brain tissues of autism and normal people were significantly different in the brain tissue called Cerebellum, which controls muscles to coordinate and sensory perceptions. A difference is also found in the Limbic System, which controls emotion and memory. The Cerebellum of autistic shows dysfunction of Perkins cells which are neurotransmitters prohibiting the function of neurological cells. Also, in the Limbic System, there are a greater number of cells, which are smaller than usual. Thus, such findings have led to a conclusion that there are certain defects or abnormalities in the brain of those with autism (Schreibman, 1988: 74-75; Tsai and Ghaziuddin, 1992: 58; Supparat Ekasavin, 1996: 4).

Ngongpanga Limsuwan et al. (1997: 133-141) studied eight-year-old identical twins whose abnormal conditions resemble those of autism. The laboratory results indicated abnormalities, which matched encephalitis, and these twin girls developed mental disorders about the same time. The researchers concluded that autism might be caused by brain dysfunction.

4. Biochemical processes

A study of the biochemical process and factors related to metabolism in the brain measuring the amount of serotonin in the bloodstream. The serotonin is level related to age; the younger the child, the higher the level of serotonin in the blood. The amount of serotonin remains stable in adulthood. Mesibov and Dawson (1986) found the serotonin level of autistic children does not decrease when the children are getting older. Campbell et al. (1976) point out that when the serotonin level is high, will effect on intellectual level and because change in behaviors (Schreibman, 1988: 69; Tsai and Ghaziuddin, 1992: 63).

Another biochemical substance of autistic children have in an abnormally high level is dopamine, which found in the middle part of the brain. Dopamine acts as a controller of mobility behavior pattern of food and fluid intake, and sexual behavior.

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In addition, overlapping functions of Epinephrine, Norepinephrin, and CNS are studied, and it was also found that these biochemical substances are in an unusual amount of the autistic brain. The studies of these biochemical substances are conducted to pave the way for treatment of autism. By using medication to prohibit malfunctioning of these substances; If might help to reduce the regression of autism (Schreibman, 1988: 64-70; Tsai and Ghaziuddin, 1992: 64-66).

Social and Environmental Factors

Kanner (1943) by observing the parents of autistic children indicate that most of the parents were intelligent and highly educated. Father occupation were medical doctor, academics professional, or lawyers, while mothers hold a Bachelor's degree or higher. There personality is to be perfectionism, withdraw, no sense of humor but full of reasons. These characteristics prevented them from having warm or loving relationships with their children, and their children were likely to be isolated from others in the society. These kinds of parents were termed "refrigerator parents". Twelve years later, Kanner still insisted that parents of autistic children tended to be those with intellectual, education, and good social and economic status. However, some researchers argued that Kanner's data collection process was biased (Payorm Inkatanuwat, 1981: 122-123; Schreibman, 1988: 49-52; Volkmar, 1991: 503).

Baker, Rutter and others (1970-1978) investigated the factors causing autism. They found that child rearing problem such as physical violence, dictatorship, verbal aggression , broken family, or stressful situation made children disobey or reject their parents. This finding was similar to Bettelheim (1967) suggested that autism children were limitation perception on feeling and emotion around them. Some autistic children have parents who are unwilling or unable to effective responsiveness children's needs, and this causes the children to isolate from their parents' reactions. Bettelheim emphasized up on the reactions of their parents during the first week of their life affects autism (Schreibman, 1988: 59).

Even though the psychological hypothesis speculates that autism is caused by parents' personality, childrearing pattern, and relationship between parents and child, such speculation cannot yet be proved. Scientifically, children's interpretation and

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motivation is also taken into account. However, when the indicator of diagnosis of autism (DSM-III-R) has been revised by the American Psychiatric Association since 1987 and various research findings have been confirmed or verified, it can be concluded that autism is not found often in families with low social and economic status. Nevertheless, Freeman and Ritvo concluded in 1988 that autism can be found anywhere in the world regardless of race, ethnicity, and family type (Schreibman, 1988: 48-55; Bristol and Schopler, 1989: 250).

Characteristics

Autism is a group of pervasive developmental disorders. This means that there are severe disorders in different aspects of development. These disorders begin to appear before the first 24-30 months of life. The abnormal behaviors include defects in social relationships, speech, language use, communication, comprehension, and use of imagination. The clarity of these defects depends on severity and developmental stage of children (Penkhae Limsila, 1994: 3; Volkmar, 1991: 499).

Each autistic child has unique characteristics and behaviors, even though all autistic children are similarly diagnosed with autism, depending on severity of the condition and original characteristics of the child. During infancy, most autistic children have normal growth and development with no signs of disorder. However, in some cases, can be seen clearly since the beginning. For example, the infants cry constantly, screaming both day and night, stiffen when held by the parents, or cry a lot when taking a bath or changing diapers. On the contrary, some infants sleep quietly even though when they are hungry or wet. It seems like easy to care for babies. During the first year, parent's noticeably easily by no reactions to the parents' touch or hug, no eye contacts to their parents (Rojana Tantranont, 1984: 23; Supparat Ekasavin, 1996: 1; Choosak Chantayanont, 1997: 28).

Behavioral abnormality of autistic children begins to appear clearly during two to five years of age. Because children at these ages start to learn and develop their language, emotional expression, and socialization. Behavioral abnormality greatly affects both the children and their parents. The children have limitations in daily living activities including cleaning, eating, drinking, using toilet, and playing. Thus,

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they need help from their parents and other family members. Some severely autistic children may have aggressive behaviors. So they need caretaker all times to protect them from harmful themselves and others. (Penkhae Limsila, 1993: 3-6; Rojana Tantranont, 1984: 23; Supparat Ekasavin, 1996: 1; Choosak Chantayanont, 1997: 28).

Treatment

Since autistic children have unique characteristics. They need to develop in many aspects including speech, communication skill, and daily living skill. Autistic children with comobid with mentally retarded are extremely need for help before age of four. If they do not receive proper assistance during this period, they will have delay development and may not be able to learn how to help themselves for good. If autistic children receive consistent assistance they need, they can live happily in society just like normal children. In general, autistic children are innocent, truthful, and they do not know how to lie. Therefore, if they are taught only about good things in life, they will grow up to be good people. As such, the objectives of providing assistance to autistic children are as follows (Penkhae Limsila, 1993: 12-13):

1. Autistic children need to be stimulation properly. In their delay development. Parents need to be trained how to treat autistic children by physicians and nurses. Parents need to be assist on their stress and anxiety reduction and to cope with acceptance of their children's condition.
2. Using behavioral modification and use of constructive activities should reduce abnormal behaviors of autistic children.
3. Social stimulation should be eneorerage the autistic children can learn to be socializing with other children of the same age for social and emotional development.
4. Allowing autistic children learn to speak and communicate with others should perform speech therapy. They need to learn how to express verbally to make a conversation, and follow directions as well.
5. In case that autistic children have sleep problems, emotional problems and behavioral problems that prevent them from learning how to perform daily

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activities, physicians should carefully prescribe medication for relieve the reconditions.

6. Rehabilitation should be conducted with different types of activities such as musical therapy, psychodrama, and exercises.
7. When autistic children behaviors properly and appropriately, they should be put in a special class at the hospital with other autistic to get rudeness before they attend in to regular classroom at school.

Effects on parents toward autism children

Autism disorders deficit causes deficits in the children. It is considered a chronic illness, which regresses long-term care greatly affects toward parents and other family members. Parents have to deal with enormous problems emotional difficulties beginning when they realize that the child has some abnormality. It causes the feelings of confusion and distress. They need to overcome various emotional reaction. In addition, they have to cope with various effects on their daily living activities, and their mental and emotional states, economic status, and family relationships.

Psychological and emotional reaction on parent of autistic children are shocked, confused, and denial. Gray (1994: 275) and Pamela and Clifford (1994) studied the impact of chronic illnesses on family members and found that family members are highly stressed, they sympathized with the sick family member, they are afraid of the illness, and they are concerned with high medical expenses. Moreover, life is going to change as a result of this, and they are concerned about making the household environment suitable to the patient's condition. Similarly, Roongrudee Wongchum (1996: 1) examined the stress levels of parents of autistic children and found that their stress levels are considerable high. Conditions, which lead to stress, include care giving burdens and time-consuming nature of treatment and rehabilitation required, and parents need to be mentally strong to deal with such conditions.

In addition to stress, having an abnormal child also causes the feelings of disappointment, grief, embarrassment, and even guilt, especially when they compare their autistic children with other normal children. Kanya Thanmanta (1991) studied

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mental effects of autism and reported that autistic children's parents were ten times more sorrowful than others.

In terms of economic impact. There are highly in medical expenses. In particular, autism behavioral abnormality of autistic children which requires a long term treatment plan and rehabilitation services, Unfortunately, the cost of autistic care are increases with the children's age. Seligman and Darling (1989) have explored economic impact caused by provision of care to disabled children. The expensive of the family is divided into 2 etageres: direct costs and indirect costs. The direct costs and indirect costs. Direct costs refer to the amount of money paid for medical treatment, rehabilitation, special training not included in medical insurance, transportation, food, and other special items. In cases that some autistic children cannot control their eliminate system, direct costs will also cover diapers which are rather expensive. Some family may also need to rearrange the household environment to suit the autistic children's conditions. The direct costs depend on the severity of each autistic child's condition and time as the children develop due to their age. On the other hand, indirect costs refer to other expenses which are difficult to estimate. They include losses of economic opportunity when parents are of the cannot work because of giving care for autistic children, or an opportunity costs, which should not be overlooked (Powell, Hecimovic and Christensen, 1992: 195-6).

The impacts on family relationship, family is the most fundamental unit. Good relationship in the family is like an immune who enables family members to live happily, and it can also be a source of the magical power, which can be used to relieve or eliminate problems. Especially member of the family have a chronic illness or develops certain disability, the family function have to changes so as to allow the family to continue these daily living life. If the problems were persist or increase, the family members would be highly stressed and effects the relationships in the family such as husband and wife, between parents and children, or among the siblings (Powell, Hecimovic and Christensen, 1992: 2002).

In cases a parent has to become a caretaker of an autistic child, the marital relationship will be affected. Mothers would devote themselves to taking care of the autistic child, and they may not have time to taking care of their husbands. Lawson

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(1977: 49) studied that when member of the family had a chronic illness and it may leads to a high level of stress in marital relationship. He fond high rate of divorce or suicide. Furthermore, David E. Gray investigated the family of autistic children living in Brisbane, Australia. The findings revealed that most mother suffer greater than the father. This is because mothers have to provide primary caretaker of autistic children, and most of the wives do not work outside home and need to be responsible for all household matters. On the other hand, the husbands are only one who responsibility for the expends of the family, he may consider work overtime to earn money to support the family, so their roles in the household are reduced. This is a very stressful and higher boarder for the wives (Avison et al., 1991: 65-94; Gray, 1997: 1097-1105). However, Gath (1974) and DeMyer (1979) reported, in contradiction, these situation may be strengthen the relationships between the married couples.

Cornic et al. (1983) and Hobbs et al. (1986) explored marital problems of autistic children found that the divorces of rate were not clear-cut. Some researchers have shown a high divorce rate and a low some shown significantly rate. The others state that there is no difference in divorce rate when compared with normal families. In 1983 Harris suggested that marital problems is not the only one cause that influence the abnormal child in the family. He suggested that other factors be thoroughly analyzed rather than discussing only problems that happening to family members in particular (Powell, Hecimovic, and Christensen, 1992: 196-7).

Apart from the effects on husband and wife, other members of the family also have the impact on autism. The parents need to focus their attention on autistic child. Other children may not understand the condition of the family, and their parents' neglect make them feel depressed, worthless, insecure, and lack of self, whichaffecting their personality when they grow up (Rojana Tantranont, 1984: 101; Apichai Chaidarun and Prapai Chaidarun, 1993: 74-6; Jom Chomchuay, 1996: 9). In some families the older brother siblings' sister to take care of they're little autistic. It might develop her self inflect and stress, which rein their relationship in the family (Rojana Tantranont, 1984: 101; Apichai Chaidarun and Prapai Chaidarun, 1993: 74-6).

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However, there are a number of studies, which indicate that normal siblings of autistic children can adjust themselves and benefit from this situation. Mettale, Simeonson and Sloan carried out a study on siblings of disabled children. The findings revealed that normal children have a good decision-making and ability coping strategies (Olay, 1992: 16; Howlin and Rutter, 1987: 117). In addition, it found that siblings of autistic children stress, be strengthening in the bonding in the family (Olay, 1992: 16).

Stress

Definition

Lazarus (1971: 53-60) defined stress as a temporary condition of imbalance, which caused by perception processes or individuals' appraisal of threat, in their experience. This appraisal is a combination of external environments such as work condition, natural condition, and different events in life and internal factors of individuals consisting of attitudes, personality, emotion, past experiences, and needs.

Rice (1992, cited in Department of Mental Health, 1999: 4) has divided stress into three aspects:

1. Stress related to external factors means events or environments, which cause individuals to feel, suppressed or threatened.
2. Stress related to internal factors refers to mental process of individuals, which involves interpretation, emotional adjustment, defense mechanism, and self-adjustment. These processes could increase their maturity and mental development or on the other hand it can cause mental suppression.
3. Stress related to physical reactions means the body reactions pleasant or pleasant stimuli. When individuals' full pleasant with the stimuli, the body will be alert, In addition, the repeated same stress over and over again may strange the many their lead to physical fitness.

According to Selye (1976, cited in Department of Mental Health, 2000: 22), stress is an nonspecific bodily response to a threatening stimulus which forces individuals to adjust themselves whether they like it or not.

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Michal (1991, cited in Department of Mental Health, 2000: 23) defines stress as individuals' physical, mental, and behavioral reactions to adjust themselves toward external and internal pressure, which might be can events, situations, persons, or things that cause stress.

The Department of Mental Health (2000) defines stress as any event or condition that causes uneasiness or difficulty in making decision, anxiety about inter personal, worry about uncertainty situations, or fear of the harmful situation.

In summary, stress is defined as mental condition which reacts to a stimulus which is caused by physical, social, or emotional factors which makes individuals feel pressured, unhappy, or anxious. An individual's react to stress is to protect them selves physiologically, behaviorally, and emotionally to relieve the pressure.

Causes of stress

Stress can accrued anytime in their daily living life. And also disappear easily if are can copes with reasons and understanding. If stress duration longer than six months or repeatedly at the same cause over and over, it is considered stress caused by personality problems, and it requires assistance.

Some professional occupations such as medical doctor, nurses, soldiers, policemen, or pilots have to face with stressful situations which require immediate problem-solving and high level of self-confidence. It happened repeatedly day-by-day, at home or at work, many causes burnout and stress.

The stigma from part experiences such as rape situation, trauma from wars, disasters such as flood or fire, divorce, death, conflicts. Allow love and marriage, conflict with the boss at the office, changes in family life, death of the loved ones, divorce of the parents, The sickness, An unemployment, and relocation require self and social adjustment.

Lazarus (1971: 53-60, cited in Preeyanuch Tiamdao, 1997: 23) has defined two major causes of stress:

1. Environment: Environmental causes of stress include natural, social, and working environment, as well as different events in individuals' life. They also involve life situations, living among the crowd or living alone, high temperature or

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loudness, teaching of lose privacy, and environment in the office such as having too much working and responsibility, having bad relationships with colleagues, changing jobs, having a job which no opportunity to show one's potential, all of which can cause stress to individuals. Holmes and Rahe (1967, cited in Powell, 1990) toward that events of individuals' life, which causes changes such as health, family relationship, economic status, pattern ways of life, education, religion, and social relationship, can easily cause stress. If such changes are intense and happen frequently, individuals will be even more stressed.

2. Individual: Friedman and Rosenman (1974, cited in Powell, 1990: 13) point out that attitude and char autistic personal traits of individuals can easily lead to stress. Individuals who always find themselves in a hurry, like competition, like to be isolated and rejidity, withdraw from social, have few friends, pessimistic, and can easily be stressed.

Stress Levels

Frain and Valiga (1973, cited in Department of Mental Health, 1998: 13) divide stress into four levels:

Level 1: Day-to-day stress

In this level one can adjust them selves automatically, by using and the least energy to adjust. Stress in this level is caused by such busy living life styles, traffic jam, or having to adjust oneself in change environment. This level of stress is very minimal, and it can disappear in a short period of time without threatening ways of life.

Level 2: Mild stress

Mild stress is stress that occurs in daily life due to certain threats such as having a job interview or facing an important situation in society. This level of stress makes individuals alert, and the body will have reactions. Mild stress can disappear after a few minutes or a few hours.

Level 3: Moderate stress

Moderate stress is more severe than mild stress and day-to-day stress. It last longer may not be able to adjust them selves in a short period of time. Moderate stress

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can be caused by situations such as start a new job and having a severe illness, which threatened as their feeling between success and failure. Individuals may be unable to control situations they showed emotional expression to relieve their stress. Moderate stress can last for weeks, months, or years.

Level 4: Severe stress

Severe stress is caused when a threatening situation continues, and it makes individuals have problems adjusting themselves. They may decrease than social interaction from family or their work. Severe stress can last weeks, months, or years.

Types of stress

There are different types of stress. Some are temporary, while others are chronic. Stress can be physical stress or mental stress (Department of Mental Health: 1999).

Temporary or short-term stress is caused by an immediate situation such as frightening or shocked with some reasons. It lasts only a short period of time and the body automatically adjusts itself and returns it into normal condition. Sometimes stress is caused by mental reasons rather than physical reaction such as provocative words of close persons or received bad news. Using “cognitive thinking” can relieve some stress. The short-term stress includes reaction frightening, excitement, high pause rate, butterflies in the stomach, and vulnerability.

Long-term stress means chronic stress, which lasts a long time. Such as conflicts in the family, financial problems, lack of income, or problems at work. This kind of stress is difficult to manage, and it tends to cause physical, emotional, and personality changes. The long-term stress reaction including anxiety, insomnia, Lack of concentration, abnormal digestion, high blood pressure, ulcer and heart disease. Each individual have different symptoms. If the symptoms are severe, professional assistance from physicians, psychiatrists, or psychologists must be providing.

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Effects of stress

Physical

Stress can lead to different diseases such as insomnia, high blood pressure, or even schizophrenia (Department of Health, 1998: 5). Stress is a natural phenomenon, which can happen to everybody in their daily living. Individuals have to face with different kinds of problems, which can cause stress such as distress from loss, disappointment, or sickness or eustress from job promotion or problem coping. Individuals are affected by stress differently and have different ways of dealing with stress even though they are facing the same problem (Roongrat Suwanakagul, 1997: 20).

Stress can be either positive or negative perceptions. The negative perception, of stress can be source of suffering or unhappiness, and try to avoid or eliminate from their life. Besides, accumulated stress can cause sickness or inappropriate personality. On the other hand, the positive perception of stress can be poser of challenging their ability or successful need to overcome. Stress can also lead to new learning and promote physical and mental development, which can result in success in life (Wallace, 1987: 64).

Nongluck Thepsawasdi (1997: 24-25) states that the effect of stress includes anxiety, and in the long-term depression. Severe headache, heartburn, high blood pressure, panting, panic attack, skin rashes, migraine, and frustration with work. Symptoms that are indicator that stress has affected individuals are as follows:

- Abnormal in criminate system frequent urination, diarrhea
- Insomnia restless
- Dysphasia loss of appetite
- Cheats pain heartburn
- Hypertension, dizziness, anxiety, and severe headache or migraine. Stress can be overwhelming, and individuals need to find solutions by successfully dealing with something. These individuals are those who need to be ready all the time, and when facing a challenging situation, they tend to say things like, “I need to be ready for everything,” and “Nobody can beat me.”

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- Skin rashes
- Asthma, fatigue

Body/mind/emotion/behavior cannot be separated (Department of Mental Health, 1999).

Emotional

Individuals who are stressed tend to loss of concentration, forgettable sadness, indecisive, helplessness, frustrations, isolated, annoying, suppressed, these negative emotions and feelings can result in physical symptoms.

Behavioral

Individuals under stress can have different behaviors both consciously and unconsciously such as screaming, yelling, destroying things, hurting oneself, and self and other destructive, as well as creating annoyance, leading to social problems.

These aforementioned symptoms are symptoms of the body when facing an immediate problem. Mental and emotional conditions prevent the body from functioning properly; leading to a stressful condition in which a chemical substance called adrenaline is excreted into the bloodstream. The heart will beat faster, the energy level will be increased, and the muscles stiffen which is considered a 'flight' or 'fight' reaction (Department of Mental Health, 1999: 4-11; Chanram Kijmoh, 1996: 27).

Stress, which is caused by mental or emotional problems and lasts for a long time can bring about physical symptoms such as allergy, stomach ulcer, skin disease, asthma, high blood pressure, back pain, and even cancer. Stress can occur to everybody, and the severity of stress depends on individuals' causes of stress.

However, if individuals do not have stress at all, they may lack of motivate to success. Moreover, the physical unhealthy, it does not have energy to solve the problem, no self-esteem. In fact, it is impossible to prevent stress; nevertheless, individuals need proper strategies to handle stress.

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Stress management

Stress is a natural phenomenon, which is part of everyone's life stress management can be done as follows (Department of Mental Health, 1999: 42; Wanchai Chaiyasith, 1997: 109-115):

1. Physically: try to eat nutritious food, care for health avoid from accidents, stay away from contagious diseases, and exercise regularly to maintain good health and prevent physical conditions that can be caused by stress.
2. Emotionally: stress tends to occur due to attitudes toward things. Cognitive thinking process is an important factor, which enables individuals to change their behaviors. By using imagination technique, problem solving skill, decision-making skills, time management, and self awareness of stress can prevent their stress.
3. Environmentally or socially: individuals need to understand social changes, accept globalization, adjust themselves to society or environment, establish relationships with others based on sincerity and lack of expectation, and live their lives moderately and self-sufficiently. They can live their life happily as a result of this.

Research related

A review of related research on stress level of parents of autistic children was conducted as follows:

Holroyd and McArthur (1976, cited in Kanya Thanmanta, 1991: 16) investigated the stress levels on mothers of autistic children, Down's syndrome and the outpatient of a psychiatric clinic. They found that mothers of autistic children had more problems than others. Even though they shared similar problems including bad health, depression mood, children requiring too much time for caretaker, being too dependent, pessimism about children's future, and limited opportunity of the family. However, mothers of children with autism had be more disappointed and embarrassed than mother of Down's syndrome children they had more difficultly problems such as taking out to public and the limitation sources and services in the community. In

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addition, autistic children were considered having more behavioral problems and making family activities more difficulty such as eating out or traveling.

Mary Jane Weiss (2002: 115-127) investigated stress levels of 120 mothers among normal children, autistic children, and mentally retarded children whose aged 24 to 48 years, children aged between 2 and 7 years and the findings revealed that there were significantly referents on mental health score of mother each group. Especially, the mothers of autistic children had the most mental health problems. They were the most highly stressed and the mental health problem such as unconscious on to depress mood, anxiety and exhaustion, which affected their physical health. This study also found that the social support enabled them to cope better with their problems.

Richard P. Hastings and Emma Johnson (2001: 327-335) examined stress levels of families who received training on prevention of disability at home of autistic children at PEAC (Parents for the Early Prevention of Autism in Children) in England. The subjects were 130 mothers and 11 father's aged between 26 to 53 years who were caretakers of autistic children. The results of the study suggested that stress levels of parents of autistic children were correlated with the conditions of autistic children. That is, the more severe the condition, the higher level of stress. Truths in services provided by PEAC helped parents to cope with their problems and succeed in developing their autistic children.

Belgin Tunali and Thomas G. Power (2002: 25-34) explored cognitive understanding the mothers of autistic children and normal children. The subjects were 29 mothers of autistic children and 29 mothers of normal children. These two groups of mothers provided care for children aged 5 to 14 years, and the autistic children received special education. Most of mother of autistic children were caretakers. They had time to do activities with the family, but no private time for her. Mothers of autistic children had rogues attitude scores toward their children's behaviors, but possible good attitudes were similar to those of mothers of normal children. One explanation was that mothers of autistic children had to encounter uncertainty caused by their children's conditions, so they had more patience than mothers of normal children. On the other hand, mothers of normal children had more satisfaction in life

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than did mothers of autistic children. Finally, mothers of autistic children were proud that they were valuable to their family and believed that mothers should stay home taking care of their children.

Bristol, M. M. (1989: 249-266) studied stress on mothers of autistic children (N=40) age 4 to 19 years old. It found that stress levels was associated with the age of autistic children even when other variables including age of the mother, normal stress of the family, and severity of autism were controlled. It was also found that autistic boys had more impact on mothers than autistic girls when the levels of dependency were similar (cited in Roongrudee Wongchum, 1996: 26). Similarly to De Meyer et al. stated that the development of stress in the family stored with the negative influence of autism on the family through to the parents' concern with the survival of both the children and the family in community. When autistic children are young, mothers are concerned that they have no sense of harm. When they grow older, mothers are worried about training autistic children to help themselves, making them have proper behavior in public, and maintaining the status of the family. When autistic children become adults, parents are worried about sexual issues such as masturbation, menstruation, and unwanted pregnancy. The stressful parents feel exhausted and boredom, they put a great effect to their children's but there is improvement sign. The government cannot provide the adequate and proper services. In fact, the most stressful factor is the long-term and continuous care for their children. Supplementary factors include lack of proper services in society which leads to parents' overlooking their own health and social and mental needs. This could make families of autistic children feel isolated and lonely.

Schreibman and Loos (1988: 231-242) compared the stress levels between fathers (N=12) and mothers (N=18) of autistic children. According to the findings, mothers had higher level of stress than fathers with statistical significance. Also, stress management strategies depended on roles, duties, and ability in dealing with autistic children's problems in each family.

Kanya Thanmanta (1991: 63) studied the effects of autistic on parents in three aspects: physical effects, mental effects, and social effects. The subjects were 70 parents of autistic children (29 fathers and 41 mothers) who brought their children to

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receive the services at the Institute of Children and Youth Mental Health, King Chulalongkorn Hospital and Speech Therapy Department, Ramathobodi Hospital. In terms of physical effects, it was found that 7.14% of parents had more physical symptoms than normal parent. Moreover, mental effects were divided into three aspects—general anxiety, specific anxiety, and depress, Mood the results showed that parents had normal levels of general anxiety, but they had more specific anxiety particularly those concerning their children's conditions and services such as speech therapy, future school, and dental clinic. In terms of social effects, their scores were lower than normal levels in all aspects.

Roongrudee Wongchum (1996: 80) studied the stress levels on the parents of autistic children who received treatment at Yuwaprasartwaitayopathum Hospital. The subject has 138 parents, 55.8% were fathers, and 44.2% were mothers. Most of the parents were between 31 and 40 years old, stayed married, had college education, and were government officials. It was found that most of the subjects had a high stressed level, with the mean of 3.55. The situations which led to a high level of stress included times for spending to autistic children and how to cope with problems caused by abnormality of the children. When asked about their attitudes toward the services they received, the subjects stated that the services were insufficient. They needed more services related to developmental stimulation, behavioral therapy, speech training, physical rehabilitation, and special education.

Supraima Leelamanee (2000: 1) conducted a case study to investigate problem-solving, during critical period, and social support for the parents of autistic children (N=6) who received services and treatment at the Child Psychiatry Unit, Pediatric Department, Siriraj Hospital. The findings indicated that parents of autistic children clearly divided roles and responsibilities between them. Mothers were caretakers and tended to face with more critical conditions than fathers. Also, the parents have to deal with two phases of crisis—before and after diagnosis of autism. Such conditions could occur during first or second phase; it depending upon the other factors such as the children's conditions or received social support. Parents faced critical situations and solved problems by adjusting themselves and increasing their energy level and strength to accept the situations and continue performing their roles.

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If they received sufficient social support, they could better deal with their stress and cope with the crises at hands.

Sasithorn Kaewnopparat (1998: 62) investigated the effect of social support provided by social network on stress levels of parents of autistic children to determine social support, emotional support, informational support, and network services of these parents. The subjects were 126 parents of autistic children who received treatment and services at the Day Hospital of Mental Health Center. According to the findings, stress level was considered low level. The findings also revealed that emotional support, information support, and network services were positively related to stress reduction and enabled parents to cope with those problems.

Based on the previous research studies, it could be concluded that parents of autistic children have to face with numerous problems which cause stress. Therefore, they need professional assistance and professional to help them cope with problems more effectively in the future.

Group counseling

Definition

Researchers reviewed the definitions of group counseling are as follows:

Corey (1985: 6-7) stated that group counseling is a process of interpersonal relationships which emphasizing upon thinking, feeling, and behavior of the group member. In general, group counseling is related to education, profession, personal matters, and social issues. Its objectives are both prevention and treatment. During group counseling, the atmosphere is filled with trust, understanding, and helpfulness, leading to self-discloses and express their conflicts, confusions, and various kind of problems. For their self-development.

Hansen et al. (1980: 4) has defined group counseling as process of relationship between counselor and members who help one another for self-exploration which lead different perspective, attitudes and behaviors.

According to Ohlsen (1977: 30) group counseling is a relationship which is arranged to make service receivers feel secure in expressing what has caused them

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worries and concerns. During group counseling, they learn to adopt new desirable behaviors, develop interpersonal skills, and try out those new behaviors.

Jiraporn Arayarungsarit (1998: 6) states that group counseling refers to the internal development based on related to trust, self-acceptance, self-worth, warmth, and understanding. The number of group counseling can help each other by sharing the similar experience and problems. for understanding, and finding solutions for the problems.

Riam Srithong (1995: 340) defines group counseling as having an objective to offer both prevention and prevention to service receivers. During group counseling, members have an opportunity to search for self-understand, and self-accepting while having interactions with the group.

Orapan Lueboonthawatchai (2000: 77) points out that group counseling takes place when individuals want improve and develop themselves and gathering themselves into a group by counselor who acts as the facilitator.

Finally, Watcharee Sapmee (1990: 80) contends that group counseling is a process in which each individuals have a similar needs and want for improving themselves or solving problems together. The group members have an opportunity to express their feelings ideas internal conflicts, to self-exploration, to accept the reality and face the problems, and using positive thinking to solve problems or improve themselves. In addition, group counseling allows members to full self-worth and to be helpful to the others in the group.

In summary, group counseling refers to a process in which individuals voluntarily gather together with an aim to solve own problems and help each others based on the good relationships. There are at least one counselor and the group members. The outcome of group counseling is to improve their quality of life and adjustment enabling individuals to live happily in society.

Theoretical Approaches

Theories on group counseling are derived from the different concepts of individuals bases on behaviorism, social sciences, humanity natural philosophy, learning theories, personality theory. The objectives of provision of counseling is

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related to certain human behaviors or personality, including attitudes, feelings, perceptions of values, and life goals (Orapan Lueboonthawatchai, 2000: 23). Two major characteristics of theories on group counseling are as follows:

Characteristic One: Directive Approach. This is a counseling approach which is considered counselor-centered. Group leader raising the questions for increasing self-confidence, gives advice, and offer guidance for more information. Sometimes, counselors may provide suggestions or make decisions in case counselor unable to make up their own mind. This directive approach is generally used with services related to education, profession, knowledge, studies, ability, job, or happiness in job. Counselors will help members reflect their own strengths and weaknesses so as to decide on how to make the most of their potential (Riam Srithong, 1995: 340).

Characteristic Two: Non-Directive Approach. This is provision of counseling which is client-centered. It is usually used with services sincerity related to their emotions, feelings, and adjustments. Counselors show sympathy, understanding, acceptance, to provide an opportunity for clients to express their emotions, feelings, and external conflict without judgment. Instead, counselors try to seek ways to help service receivers realize and understand different problems by themselves (Rogers, 1970: 524-531).

The theoretical based on group counseling

Based on summarized as follows:

Trait- and Factor-Centered Theory

The theories in this group are related to humanist and work, capability, and happiness. It is believed that humans have to depend on each others, so counselors will reflexes client point of views for better understand themselves and encourage them to used their capability to solve the problems (Orapan Lueboonthawatchai, 2000: 34).

Learning Theory

This theory believes that human behaviors come from learning process. Individuals who have problems are those who have received wrong learning until they are unable to respond to their environment. One way to help relieve them from their

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misery is to help make plans and set goals for developing desirable behaviors (Orapan Lueboonthawatchai, 2000: 35).

Existentialism Theory

This theory emphasizes upon free choice and meaning of life. The individuals are suffered because they feel meaningless and emptyness. Therefore, counselors have to help their search for meaning of their life, emphasize on freedom and to choose making their own decisions, and take responsibility of their own actions (Watcharee Sapmee, 1990: 45).

Psychoanalytic Theory

This theory emphasis upon client unconscious, which refer to id or lust. Those who are suffered are individuals with conflicts in their own mind and are unable to integrated between their own needs and their superego. Counselors help clients to understand of conflicts or sufferings and advise on how to accept own problems to relieve themselves from misery. They should be able to see themselves more clearly than before (Watcharee Sapmee, 1990: 272).

Client-centered Theory

This theory was initiated by Rogers who believes that all human beings have dignity, value, honors, and intelligence to develop themselves. According to this theory, individuals who are suffering are those who cannot belief their own capability and preventing them from showing their competence. For example, someone may think about his or her own inferior. Thus, group counseling will allow them to experience of getting insight with warmth, acceptance, and non judgment enabling them to make their own decisions. (Riam Srithong, 1995: 341).

Gestalt Theory

This theory based on the holistic approach, human beings have combined personality caused by satisfactory and unsatisfactory events of themselves and of society. Individuals who are suffering are those who are afraid to express themselves. Thus, counselors will help them to release their suppressed sufferings (Riam Srithong, 1995: 342).

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In the present study, combinations of theories are used with an emphasis on the existential theory and effective communication referred to communication theory of Thomas Gordon.

Existential Theory Jasper Binswanger are combined the theories for therapies are as follows:

1. Albert Eillis, Rational-Emotive Therapy
2. William Glasser, Reality Therapy
3. Frederick S. Perls, Gestalt Therapy
4. Carl Rogers, Client-centered Therapy and Encounter Group, his latest creation so far.

Philosophy of Existential Theory

Existential theorists believe that fluctuating behaviors result from individuals' lack of understanding of themselves and their environment. Lack of knowledge self and the environment makes unnecessarily limitation and prohibition on themselves. which limitation the freedom to choose. Showing off fluctuating behaviors is one way to avoid having behaviors widely accepted in society, and it can also be seen as a means to avoid responsibilities both for themselves and for the society at large.

Existentialist Process

There are different form of existentialist processes such as logo therapy, Gestalt, Rational-Emotive, Reality, and Encounter Group Therapy. Even though they are different in formats, but the fundamental beliefs remain the same which all patients have the freedom to choose. The final goal is helping the patients to realize the true meaning of life. Existentialism pays attention to encounter which means that when there are two or more meet each other, they should be satisfied with the appearance of each other. In fact, they should be satisfied with living together from the past continuing to the present and the future. Another fundamental belief of existentialism is that our life is "a process of becoming." The leader would help the members to understand and accept their past, make the most out of the present, and look forward to the future. The treatment processes based on existentialism vary, follows:

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1. Rationale-Emotive Theory

The founder of this theory is Albert Ellis. The leader has the active-directive to advise the patients, and emphasize on the process of thinking. The confrontation techniques used were created technique to responsibility for their own behavior. Patients are encouraged to accept themselves just like the way they are, stop being with what they have done, and learn to take a risk and try new behaviors (cited in Suwanee Kiewkingkaew, 2002: 81).

2. Reality Therapy

The founder of this therapy is William Glasser. The essence of this theory is to provide one basic necessity in humans' life; that is, making individuals realizes whom and how important they are, or what is called "need for identity." This basic of love, will help individuals realize of their self-worth, and when they understand that they have to behave with responsibility. In addition, the group leader will help the group member to become aware of their goal in life and how to reach the goal. The group members will realize alternatives choices that they can choose. Moreover, the group leader would express their warmth and acceptance atmosphere to make the group members have positive perceptions, aware themselves and others the process of this therapy is emphasis upon the present, the leader would encourage the group members to discuss their behaviors rather than their feelings (cited in Pongpan Pongsopa, 2001: 123).

3. Gestalt Theory

The founder of this theory is Frederick S. Perls. The essence of this theory is the emphasis on the 'hear and now'. The group leader encourages the group member to explore their feelings. With this approach, the leader enables the members to better understand themselves and become sensitive to others' feelings. Moreover, knowing their own self-lead for self-acceptance. The leader would also encourage the members to deal with unfinished business they are responsible for. The Gestalt Therapy pays

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attention to is “what one has done” and “how one has done it,” without paying attention to “why one has done it” (cited in Pongpan Pongsopa, 2001: 60).

4. Encounter Group Therapy

The persons who first used this approach are W. C. Schultz and C. Rogers who emphasized the significance of good relationships within the group. The group leader will create the group member with sincerity. Atmosphere like Gestalt Therapy, the ‘here and now’ is emphasized. Furthermore, this therapy emphasize to attention the responsibility of own behaviors and the feelings occurring among the group members. This therapy does not aim to enlightening a counselor group member. But training the group occurred members how to express feelings and ideas freely, which is believed to lead to understanding about self. The roles of the group leader and group members are also equal. The difference is that the group members are those who are searching for the truth of life who happen to get lost on their way and the leader will provide the guidance and new directions. Therefore, the leader has to show concern, interest, warm, and friendliness, as well as to open up to the members. The way of group leader will encourage the group members to change their own behaviors by trying out new behavior. The group members play the roles of learners who need to be responsible for their behavior. The group leader tries to encourage the group members to be independent. Rather, the leader will treat the members, as they are capable and efficient, without stressing on their illness. Members are merely individuals who happen to be alienated from themselves and others, but they also still have hope if only they believe in the group leader and follow the leader’s directions (cited in Suwanee Kiewkingkaew, 2002: 80).

Daily life communication

In general, individuals need an effective communication. Part of problems is communication barrier which can easily lead to misunderstanding, especially when stressful situation, communication can become negative more easily (Jirapa Wekavanich, 1999: 1-9).

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Type of communication

1. Non-verbal communication
2. Verbal communication

Characteristic of communication

1. Positive or constructive communication
2. Negative or destructive communication

Constructive communication

This is a type of communication, speakers can express their ideas and needs (I Message) with openness and sincerity, and the listeners can clearly understand the message and respond appropriately. Which improve interpersonal relationship constructive communication consists of

1. Non-verbal communication

   - Eye contact—Eye contact makes it easier to communicate and helps the interlocutors suppress negative emotions that may arise during the communication.

   - Facial expression, by observing the facial expression, individuals will understand whether he or she is angry, worried, or sad, etc., which enables them to carry on the conversation appropriately.

   - Gestures—Gestures such as nodding or leaning forward make conversation partners feel that the others are willing to listen and talk to them.

   - Touches—Touches such as holding hands, touching the forearms, or hugging properly will increase the feelings of warmth, understanding, and closeness.

   - Proxemics—The conversation will be enhanced if the conversation partners keep appropriate distance between each other. Staying too far apart and using loud noise with no eye contact can easily lead to misunderstanding, while staying too close to each other may make the conversation partner feel uneasy.

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2. Verbal communication

There are different types of verbal communication. However, in the present were emphases upon the constructive communication how to express their own ideas and feelings in daily life communication as follows:

2.1 I-Message

I-Message is an effective communication which enables the conversation partners to correctly understand each other's feelings. It helps prevent misinterpretation and misunderstanding. This is different from destructive communication which is often ambiguous and vague, which can easily causes misunderstanding.

Table 1 Illustrating I-Message

Message	**Appropriate Communication**	**Not appropriate Communication**
-Information	-I am going to Chiang Mai tomorrow. Would you like to pick up children?	-Don't forget to pick up the children. I am not gonna be home.
-Opinion	-I think we should let the children do the household work.	-you have never helped us to do the household work.
-Like/dislike	-I don't like curry.	-What? Curry again?
-Concern	-I worried that that I will be late for work.	-Hurry up? We are already late!
-Disappointment	-I would like you to go to the party with me this evening.	-Are you free this evening?

2.2 Questioning for and listening skill to each other's opinions and ideas

Expressing individuals' thoughts and ideas effectively to the other is the purpose of communication. However, good communication is two-way. Therefore, being able to questioning and listen to each other's thoughts, ideas, and opinions very important as well.

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The good listening is non-verbal communication such as nodding or making eye contact. Questioning listening to the others, individuals can exchange ideas and opinions, or ask when they do not understand what they have heard. Open-ended questions (What? and How?) are more preferable than close-ended questions (Yes or No?) such as:

- What do you think?
- What is happening? What makes you be at home late?
- What do you think we should do to train our kids?

However, in some cases, close-ended questions can be used for clarification and conforming such as of clarity or certainty:

- Will you be free to have dinner with me this evening?
- Do you agree with me?

2.3 Showing appreciation and thankful

The sender want to show their appreciation for what they have done or to accept the request of each other. This type of communication is necessary in establishing and maintaining a good relationship:

- Thank you for helping me arrange the room.
- The food you cooked today is very delicious.
- I am glad you helped you.

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Table 2 summarizing the method to communicate for ideas and needs

Step	Objective	Examples
1. Expressing ideas and needs (I-Message). How you feel?	-Directly and concretely communicating what is needed	-I want to… -I want to go out and eat. -I want you to put soiled clothes in the basket. -I want you to pick up the kids for me.
2. Listening and Asking for other's feelings	-Showing each other how you concern alert his or her feelings.	-Do you agree? -What do you think? - It was difficult for you.
3. Showing thankful for his/her responded	-Showing appreciation and thankful when the other agrees or accepts requests	-How wonderful! -Thank you so much! -I am glad you helped!

Remarks: Constructive communication will be beneficial if the conversation partners respect each other's right and are willing to accept or reject each other's ideas or opinions different from one's own (Jirapa Wekavanich, 1999: 1-5).

The objectives of group counseling

Group counseling is one form of assistance helping client. The purpose of group counseling is encourage the participate to become for self-distorted self-exploration, self-acceptances and self-worth which help member to adapt and functioning effectively, feeling good about themselves. This help the realize their own problems and learn to deal with them as well.

Furthermore, group counseling will help participate could be able to make decisions and realize the alternative solution for the problem and to explore their potential and creativity that may be hidden underneath. As much as helping themselves, at the same time, learn to help to each others, learning to be sensitive to others' needs and feelings and becoming proud of themselves. Finally, service receivers should be able to understand themselves, accept who they truly are, and

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become ready to solve their own problems (Orapan Lueboontawatchai, 2000: 77; Watcharee Sapmee, 1990: 272).

Basic Principles

Kemp (1970, cited in Walapa Buranaklat, 1993: 11) summarizes the basic principles of group counseling as follows:

Individuals have the right to their own feelings, the way they truly feel. Counselors should support members of the group to express their feelings, and respect feelings and emotions of others. Each individual has to decide for him or herself what he or she wants to improve and solve own problems. Moreover, individuals' feelings toward the situation is more important that the situation itself. It is also emphasized that self-disclosure group counseling effective, especially as the atmosphere of trust, good wishes, and interest. However, over self-disclosure may reflect self-helplessness. Each group members have to be responsible for their behaviors and their own self. Finally, the warm and acceptance allmosphere is necessary to help adjust their behavior; there are different ways in dealing with the problems.

Counselors are member ensure that each of the group solutions and alternatives solutions available (Orapan Lueboonthawatchai, 2000: 12). Each group members have to make a change. Therefore, counselors should reinforce them to use acquire the news knowledge from the group cannily in their life, group experience is very important. By knowing oneself and accepting oneself as you will be able to understand his/herself better, to take responsibility for themselves, and to gain self-control in your life.

Group member

1. Selection of the group members—members procedure of the give should be selected based on similarities in age, educational background, social status, and problems.
2. Size of the group—The size of the group depends on the objectives of the group, age characteristic of the group, personality types. The group member usually consists of 5 to 10 members.

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3. Group sessions—group sessions may be limited by the time. age of members, and objectives of the group meetings. In general, if the group members are young, there should be 12 sessions, each of which lasts no more than one hour.
4. Format of group counseling—The format of group counseling can be arranged based on the group member problems.

Steps for group counseling

Watcharee Sapmee (1990: 272) specifies steps involved in group counseling as follows:

1. Preparation
2. Member selection
3. Interview of each members before group meeting
4. First group meeting, Orientation
5. Operation
6. Termination of counseling
7. Evaluation

Phase of Group Counseling

Corey (1985: 95-103) has defined stages in group counseling as follows:

Stage One: Initial Stage: Orientation and relationship building

During this stage, the group leader inform introduce the objectives, the ruls and the regulations of the group, as well as give suggestion on how members can mostly benefit from the group counseling. Each group members introduce themselves the group leader explore expectation from the participate. By using the group activities and variety of techniques the group members start to built one another relationship. At this point, the group members still holding their social image and direlore themseleves only what they think is acceptable to the group. Some group members still have the ansiety and do not pay much attention to the relationships within group; The others feel uncomfortable and not relaxed enough to understand what going on in the group They try to search for group acceptance.

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Stage Two: Transition Stage: Dealing with Resistance

During this stage the group member may have some conflicts, express negative feelings, self defence, and show resistance toward the group leader and the group members. The resistance may be represent such as, cold, aloofness and distant; criticisum or try to seek for attention such as frequeclts ask the questions, use the threatening questions, interrupting others, or showing superiority, which are caused by an anxiety.

Stage Three: Working Stage: Cohesion and Productivity

Major characteristics of this stage are each members who have self-exploration and trying to chang their behavioral. During this stage, each members realize their responsibility for their life. Each members are encorage to explore their problems, learn to be part of the group while steir have their own identity, and acecptance the feedbacks from others and the group leader. Besidesed, members have to make their own devision for changing their own behaviors.

Stage Four: Consolidation and Termination

This stage allows the group members to gathering their experiences what they have learned from the group and applied their knoledge for their actual environment. If the group leader tersenate group in such a hurry haste and in sufficient time, the group members and easily last their beneficial and experiences what they have learned from the group. Some group members, tends to distance themselves from the group because they do notget emotional involned. The group leader should help each group members go through this stage by expressing their true feelings and acknowledgement the time has come. Finally each group could be able to depend on themselves without the encouragement or support from the group and prepare themselves to apply their experiences in their real life.

Group members

Ohlsen (1977, cited in Walapa Buranaklat, 1992: 16) stated the therapeutic atmospher of group counseling which group members feel that the group meetings

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have quality and that they are truly accepted by the group. Group members should know what the group's and their own expectations are, feel that the group truly belongs to them, feel secure and safe to discuss any problem at all, be ready to dedicate themselves to the group, and aim to help the other group members develop new behavior. Besides, group members should use a variety of effective means of communication, sincerely create and maintain a good relationship with others, accept the feedbacks especially those on their weakness points, and be patient enough with stressful experiences to empower themselves to generate the change.

Group leaders

Group counseling will be effective only when counselors are capable of using various mechanisms and skills in conducting group counseling and when the group members are able to play their roles and carry out their responsibilities in the group. By observing their interactions and communications within the group, listening to them, respond group appropriately to create trust and faithful, with warm and acceptance, group leader were truly understand each group member.feedbacks process among group member the objectives of the group counseling for helping interpersonal relationship and develop their social skills. Group leader used the connect skill for communication within the group by raising the issues or topics for discussion. During that period the group leader and assess the counseling process within the group. Group leader should listen to the group members, observe their interactions, and summarrge the emotion for deeply relationship within the group. In particular issue the group leader may draw a conclusion summarizes the conflict and allows the group activity to be continue.

Apart from these roles, group leader should be the role models for effective communication and appropriate behavior in the group. (Ministry of University Affairs, 1989: 279). By using:

Participatory Learning

Deweyian philosophers (cited in Department of Mental Health, 1999: 8) began to use 'learning by doing' approach, which is emphasize upon the learning process and Learners as the center of the activities. This learning process will elicits learners'

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capability by using the form of active learning .the teacher stimulate the learners in learning activities to try solving problems more and use.

Learning component

Learning component is divided into three domains (Bloom, 1999: 449; Department of Mental Health, 2000: 25):

1. Cognitive domain means intellectual development from low to high levels of intellectual including memorization, understanding, application, analysis, synthesis, and evaluation, altogether six levels.

2. Affective domain refers to individuals' mental state regarding health, interest, and feelings which is in compliance with the following steps: perception, reaction, admiration, value, and adoption of habit as own unique value, equal to five levels.

3. Psychology motor domain means the action or behavior and can be observed in a particular situation including perception, preparation, reaction, and establishment of inner mechanism, complex response, modification, and new creation, altogether seven levels.

It could be concluse that learning behavior is composed of cognitive knowledge, affecctive, and psychology motor based on knowledge and attitude. These may have either direct or indirect relationships or none, and they lead to the actions.

Principles

Participatory learning is composed of 2 basic principle of learning (Department of Mental Health, 1999: 13):

1. Experiential learning
2. Group process

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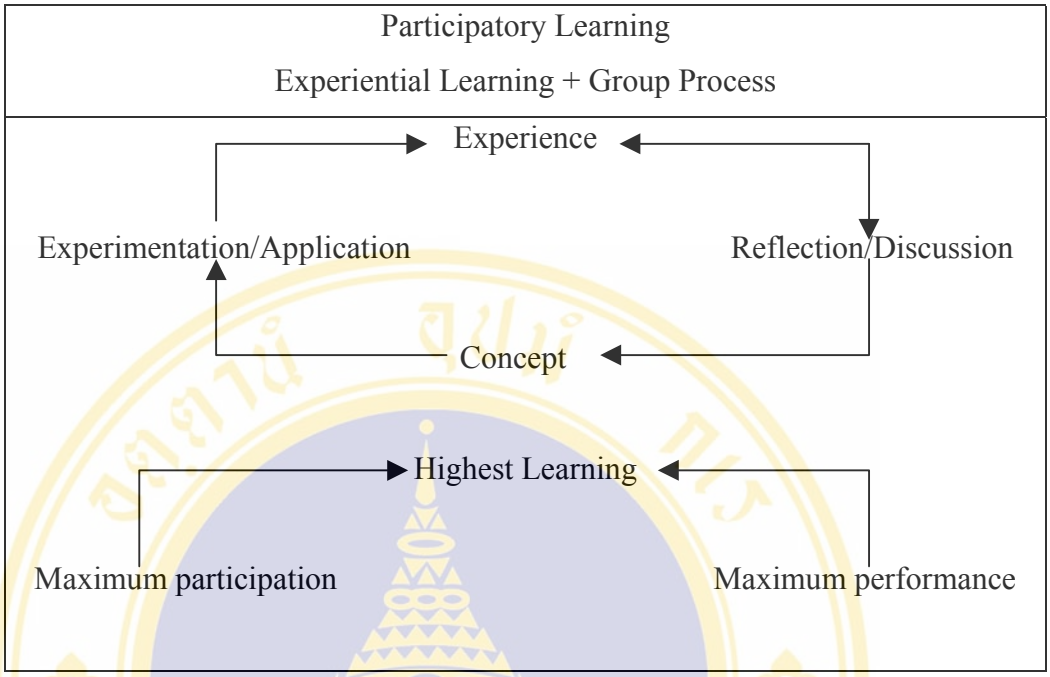

Figure 2 Participatory Model (Department of Mental Health, 1999: 13)

1. Experiential learning

Johnson (1997: 461) defines experiential learning as an action theory which based on past experiences of learners and adaptation for more effective learning. There are three objectives of experiential learning:

1. Learners' cognitive structures are altered.
2. Learners' attitudes are modified.
3. Learners' repertoire of behavioral skills is expanded.

According to the Department of Mental Health (1999: 13), experiential learning means the learning process which aims to make the learners learn from past experiences. It is characterized as follows:

1. learning process based on learners' own experiences.
2. It is an active learning in which learners need to do activities all the times rather than listening to lectures.
3. It is an interactions between self-learning and teachers and learners.
4. The interactions in which existing knowledge widely expands.

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5. It used on all forms of communication such as speaking, writing, drawing, role-playing, etc., all of which facilitate the analysis and synthesis of learning.

It concluded that the experiential learning referred to the learning process that researcher provided the new knowledge about autistic children base on the previous experiences of group member as caretakers. By accommodate the new knowledge with chageing their attitudes, provision of a new body of knowledge, and exchange of ideas and opinions, which brought about active learning and expanded network of knowledge.

Components of the experiential learning

The following is the components of the experiential learning is compose of 4 components. (Kolb (1991: 21-22):

1. Experience. The teacher have to develop the learning process form learner's past experience into a new knowledge or teaching the different skills. For this compressing the teacher has to stimulate the learners experiences, and sharing their own experinces which may have similar or different experiences from their own. Into the group it should be benefit for the group members as follow:

Learners: By sharing their own past experiences, learners might feel that they are past of the group because each group member are listening by others. At the same time, they have an opportunity to learn from others. This should enhance relationships with in the group.

Teacher: By using the activities and stimulating learners to share their experiences. The teacher does not have to waste time for explanation or giving the examples.

2. Reflecting and Discussion. This is an important component which allows learners to express their own opinions and ideas and sharing them within the group. The teacher specifies the issues for analysis and criticism, and learners learn from ideas and feelings of others which are different from their own. Thus, it can be expanded their knowledge. Also, the reflection of their thinking are topic the discussion can lead to varied conclusions. In addition to this, learners have a chance

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to work as a team, how to perform their own roles to accomplish the goal of the team, and how to control themselves and accept others' opinions. These enable learners to develop both knowledge and attitudes in the topics under discussion. The amount of learners participation during the discussion depends on the lesson plans of the teacher which includes discussion issues and analysis tables to help learners achieve their goal.

3. Conception this component make the learners to learn academically or to develop the knowledge by different method such as lecturing, reading assignments, or reflection and discussion in the second component. The teacher may summarize the concepts from the group discussion and presentation for changing the attitudes and better understanding the content and procedure for skill training, making it easier for the learners to achieve their goal.

4. Experimentation and Application this component allows learners to try out the new concepts by making conversations, writing mottoes, making charts, and role-playing, or any other form of performing success to achieve component 1 to 3. The teacher can use the activities during this stage to evaluate the outcome of the teaching. For instance, if the objective of the training is achieve for assessment of the projects, the teacher should prepare lessons which provide learners with opportunity to try out assessing certain projects requiring them to apply the knowledge gained from the concept in the previous stage.

Most of the teaching or training may be lack of the stage experimentation/application, which the learners are actually apply what they have learned.

For preparing participatory learning, the teacher needs to make sure that there are activities in all four components. Moreover, these four components need to have a dynamic relationship with one another. The teacher can begin at any point, but usually start with the Experience or the Concept stages, Both of two emponeal will help the learners to use the existing information and new information to be utilized during the discussion and application stages. The time spent on each component can vary, depending on the suitability of the activities and the importance of the discussion during that stage.

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2. Group Process

The group process is another basic form of experience learning through group process, the learners will have the maximum participation for maximum performance

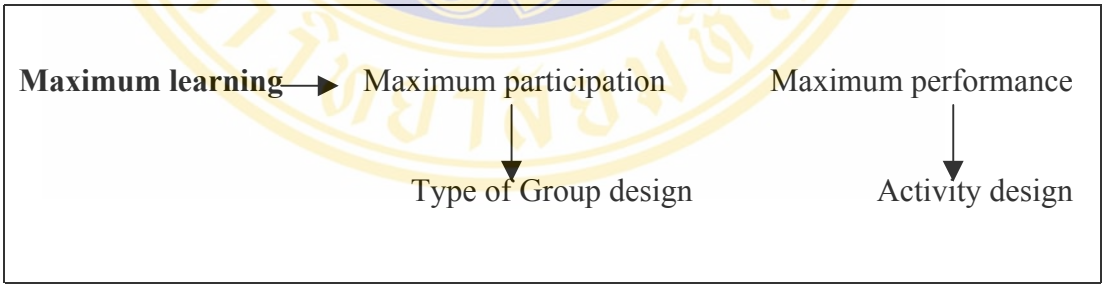
Group Process

↓

Maximum learning → Maximum participation + Maximum performance

For the maximum participation of learners depends upon group designs ranging from two members to numerous members. The different type of group designs have both advantages and disadvantages. However, since each learners have to participate in all activities in each component, the teacher needs to take the number of learners in the group into careful consideration.

For the maximum performance depends upon the achievement of the learner. The teacher needs to make lesson plans which assign all members to do activities which would help them reach the objectives of the teaching.



Group Design for Maximum Participation

The teacher needs to consider type of group design to make it suitable for learners and the activities in each component. Each design has specifications and limitations as follows:

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Table 3 Group Design for maximum participation

Group Type	Group Activity	Specification	Limitation
Pair Group	Learners work in pair to do assignment.	Everyone has chance to express opinions, share experinces, and skill traning without using too much time.	Novariation of ideas and experiences because the exchange takes place between two learners.
Triad Group	Learners work in a group of three. Learners have their own roles which are interchangeable.	Every learners has a chance to take part in learning according to their roles, and learners can learn from each role.	It somewhat no variations and clarity. Exchanging roles can also be time-consuming.
Buzz Group	The way to group three or four learners who sit close together in class. and sharing their opinions and ideas.	Each members do activities together within in a short period of time with no conclusion or no in-depth conclusion needed.	It lacks of depth in discussion is rather superficial.
Small Group	Five or six members work together in a group to accomplish the same goal.	Learners have a chance to exchange their opinion and discuss ideas in detail until they are able to reach a conclusion.	It is time-consuming if every member is assigned a role to perform. If there is no assignment of roles, some learners might have no participate.

In conclusion, to effectively group design, the teacher should take the following points into account:

1. When there are only two members in the group, members have more chance for participation.
2. Work performance. Small groups give learners more opportunity to express opinions more deeply.

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3. The role of participateion:

   - No role assignment in pair group, buzz group, and large group.

   - Role assignment in triad group and small group.

When there is variation in group design for the learners, the learners will have opportunity to participate in according to the group design. Group activities will help the learner to express opinions, experiences, dynamically learn and have continuous interest and participation.

Activity Design for Maximum Performance

Even though group design can help to ensure the learners' participation, there still have some limitations regarding to the time consumption, depth, and variation of the issues under discussion, all of which are key to maximum performance. Maximum performance can be determined from activity design, which has three components as follows:

1. Be specifies activities regarding what group design, how to group learners, for what purposes, duration of the activity lasts, and what is going to happen after completion the tasks e.g. in-class presentation.
2. Be specicic role and member of the group. In general, each small group should have different roles so that when they are combined into one large group, scope of learning will be expanded. It is also less time-consuming and less boring. Each group have specific activities and also had a specific role means clear specification of roles of each member in the group such as role-player, observer, or presenter, etc.
3. Be specific in the structure of tasks. Details of activities and roles of members need to be specified by instructor or assignment sheetsor the assignment sheets, showd are clear and built group tables analysis for the group.

Sheet Assignment refers to statements which provides details of the task the learners worked in a small group or buzz group to accomplish the task. The achievement of the task is an in-depth conclusion with the selected issues by the teacher. The sheet assignment activities use a lot of reflection/discussion component

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or experimentation/application component for achieving the objective and time to accomplish the task.

Interaction sheet is an explanation of the group activities, with not much detail. Thus, the teacher can give the intuition on the black board or overhead projector for the group members. Instruction sheets are often used in the experience and application componence.

Related literature on group counseling

Nabil Hassan El-Choroury and Raymond G. Romanczyk (1999: 249-257) studied the interactive plays in the family members of autistic children. The subjects in this study were 9 families of autistic children who received services at a New York State Education Department-Approved Institute. The autistic children age from 3 years and 2 months to 7 years and 2 months old. All these nine families consisted of mothers and siblings. However, 6 of these nine families had fathers participated in the study, while the other 3 did not have fathers participating in the study. The findings of the study revealed that play activities of parents had more effects on autistic children than their siblings although initially autistic children had more interactions with their siblings than with other family members. Also, the place for interactive play in the family and creativity of autistic children are related. The findings also indicated that families tried to compensate for their children's disability by having more interactive plays. Such as, how to teach families to have interactive plays with their autistic children to make autistic children able to initiate interactive plays by themselves.

Panida Srikachin (2000: 1) studied the effectiveness supportive group therapy on stress and coping behaviors of mothers of autistic children. The subjects were 16 mothers of autistic children who had autistic children aged 3 to 6 years old recieved services at Yuwaprasartwaitayopathum Hospital. They were divided into the experimental group (N=8) and control group (N=8). The experimental received group therapy for 8 sessions, 1 to 1, for 1 hour and a half for each session. The results of the study showed that after receiving the program, the stress levels of the mothers in the experimental group were reduced and were lower than those of the mothers in the

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control group whose stress levels increased. The mothers in the experimental group also had coping behavior scores higher than those of the mothers in the control group.

Based on these research findings, it could be seen that group counseling could reduce stress levels of parents of autistic children. In addition, the group process will help the parents coping with their problems. Helping one another in the group creates a good relationship, the supportive group therapy may prevent the mental health problems. However, the combined between group counseling and participatory learning to reduce stress levels of parents of autistic children had never taken place at Rajabhat Institute Suan Dusit. Therefore, the researcher believed that the present study would be beneficial to those involved in the fields and other related parties to better offer help to parents of autistic children.

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CHAPTER III
METHODOLOGY

The present study was a quasi-experimental research design which aimed to investigate the effects of the group counseling program on the stress levels of parents of autistic children who sought care and services at the Early Intervention Services Center. From November 1, 2001 to August 30, 2002.

Research Design

Randomized Control Group Pre-test and Post-test (Yuthapong Gaiyawan, 2000: 102)

Group	Pre-test	Program Co.	Post-test
E	T1	X	T2
C	T1	-	T2

E = Experimental group
C = Control group
T1 = Pre-test
T2 = Post-test
X = Treatment
- = Absence of treatment in the form of group counseling, but the subjects still received the same set of documents those in the experimental group received.

Population and sample

The population referred to the parents of autistic children aged range from 2 ½ to 7 years who were receives services at the Early Intervention Services Center Rajabhat

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Institute Suan Dusit from November 1, 2001 to August 30, 2002. In addition, they have been taker their role as primary caretaker to the autistic children at least three months consecutively and had never been participating in the group counseling. Also, their education levels are at least elementary school levels. The total number of the population in the present study was 35.

Mother of autistic children who met the above criteria was then asked to complete the stress questionnaire. The sample size is 20 subjects who were selected according to their questionnaire score. The step for selection of the subject were as follow:

1. 35 parents of autistic child were asked to complete the stress question.
2. 28 parents of autistic child whose mean score rang from “very stressed” to “extremely stress”.
3. By using sample random sampling methods, the sample was divided into an experimental group (N=10) and control group (N=10).

Instruments

In this study, the research instrument consisted of four parts as follow:

Part1: Demographic characteristics of parents of autistic children.

Part 2: Stress questionnaire.

Part 3: Group counseling program.

Part 4: Manual for parents of autistic children.

Research Instruments

Part 1: The Demographic characteristics of parents of autistic children were included age gender, age, marital status, education level, occupation, family income, and the number of autistic children under care.

Part 2: The researcher constructed The Stress questionnaire in the following sequence:

2.1 Review researches and literature related on stress of the parents of autistic children was studied.

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2.2 Review report interviewing, with specialist and professional who worked closely with parents of autistic children such as psychologists, social workers, and teachers, as well as the parents themselves.

2.3 The stress questionnaires a self-report questionnaire which modified from the stress questionnaire developed by Roongrudee Wongchum (1996: 80) Sasithorn Kaewnopparat (1998:62) Based on concepts of Lazarus (1984: 53-60) and by synthesizing the report interview in stress of the parents of autistic children, teacher and psychologist. Therefore, the final of stress used in this study consisted of 24 items.

2.4 Then the content validity of the stress questionnaire were validated by 3 experts composed of psychologist, educator, and social worker.

2.5 The 35 parents of autistic children who received the treatment and services at the Institute Child and youth's Mental Health were used to examination the item discrimination analysis. Each item was analyzed by means to determine the distribution power between those with high scores and those with low scores. The technique used involved 25% of the high and 25% of the low ones, and the ones whose t-score was higher than 1.75 was chosen to calculate. The 14 items were statistical significance at .05 level, and in 14 items whose t values ranged from –6.034 to –2.415.

2.6 The researcher revised four more items whose reliability values were close to .05. Thus, the total number of items in this questionnaire was 18. These 18 items were validating the same panel of experts. After that, the stress questionnaire was tried out with 30 parents of autistic children who receive services at the Institute Child and Youth's Mental Health. For examine the internal consistency reliability by using Cronbach's alpha coefficient was .9113.

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Cronbach's coefficient alpha (Yuthapong Gaiyawan, 2000: 97)

$$\alpha = \frac{n}{n-1}\left(1 - \frac{\sum s_1^2}{s_t^2}\right)$$

When α = validity coefficient

n = number of items

Σs1 2 = variance of scores of each item

St 2 = variance of scores of the form

By Cronbach's Alpha coefficien, The stress questionnaires were evaluated. Reliability value of .9113.

Stress questionnaire of Parents of Autistic Children

Instruction: Please marks in the box which best represents your stress Levis. Choose only one response to each situation.

High means the feelings, thoughts, and behaviors 6-7 times per week.

Fairly High means the feelings, thoughts, and behaviors rather strongly 5 times per week.

Moderately means the feelings, thoughts, and behaviors 3-4 times per week.

Fairly low means the feelings, thoughts, and behaviors 2 times per week.

Low means the feelings, thoughts, and behaviors 0-1 time per week.

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Example of stress questionnaire

Stressful events	High	Fairly high	Moderately	Fairly low	low
You are not sure your child is autistic as diagnosed by the physician.					

Scoring criteria

All items were negative items:

High score = 5 points
Fairly high score = 4 points
Moderately score = 3 points
Fairly low score = 2 points
Low score = 1 point

The meaning of the scores were as follows:

73-90 points means extremely stressed
55-72 points means very stressed
37-54 points means moderately stressed
19-36 points means slightly stressed
1-18 points means barely stressed

Part 3 Group Counseling Program

3.1 Group counseling program was developed based on Humanistic Theory. This theory. Focused on all human beings have dignity, intellect and efficiency of their own. Experiences of all human beings are valuable.

Using the reviewing related literature, interviewing specialists who work with parents of autistic children and interviewing parents of autistic children, developed this program. The researcher emphasized upon the idea that will be useful for parents of

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autistic children. The purpose of the program developed by the researcher is to support parents of autistic children in dealing with their stress.

The process of the study is as follows:

3.1.1 Literature Review.

3.1.2 Interview parents, specialists, psychologists and special education teachers who teach autistic children.

3.1.3 The data derived from 3.1.1 and 3.1.2 was analyzed the researcher found that the problems raised by the interviews can be categorized as follows:

Parents

- Inappropriate behaviors, hyperactive, aggressive, impulsive, self-destruction, etc.
- Speech and communication such as no expression, repetitive speech, or speaking something irrelevant to the situation, etc.
- Problems daily life such as eating, toilet train, etc.
- Problems association with friends and play.
- Child caring problem.
- Education concern.

Professional and Specialist

- Parents' negative attitudes towards their autistic children.
- Appropriate methods and strategies to manage of autistic children behaviors.
- Insufficient knowledge and understanding the nature of autistic children.
- Problems concerning relationship with relatives or neighbors.
- Mental health problem such as stress, anxiety concern, shame or lack of confidence, etc.

The above problems listed were organized and categorized by the researcher. Then the group counseling program was designed based on the above mention.

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Behaviors of Autistic Children

According to Rungruedee Wongchum (1996:80) and Supraima Leelamanee (2000:55), the problem that causes the most stress to parents of autistic children is the maladaptive behavior and how to manage these knowledge are the most stressful problem on the parents of autistic children. Kanya Tanyamanta (1991:1), the characteristic of autistic children causes high level of concern to parents Siriporn Suwannatos (1997: 6). Since autism as a chronic illness, the long term care and close care attention issues will cause high level of stress to the parents.

The researcher provided 2 sessions of behavior modification: restless behavior and basic speech and communication which based on programs for parents. Reality Therapy, Gestalt Therapy, Encounter Group Therapy and Learning Theory Approach.

Knowledge and Understanding

According to the study of Lovas (sited in Penkhae limsila, 1997: 22) and his team at University of California, Los Angeles, autistic children who received continuation of training from their parents had progression of in development. On the other hard, uncooperative training at home, the children are not only unable to progress their development but also go backward into starting point. Thus the parents as a co-therapists or teachers of their children can be one of the most important factor for the successful of rehabilitation programs. According to Sasithorn Kaewnopprat (1998: 61) it was found that appropriate information can reduce stress of parents.

Theoretical based on this session were Reality Therapy, Gestalt Therapy, Encounter Group Therapy and Learning Theory Approach. The content of these sessions was to educate parents about autism and to encourage them how to communicate and skill training for their autistic children.

The activities of these sessions are:

- Understanding nature of autistic children.

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Mental Health problem

Kanya Thanyamanta (1991:1) state that the parents of autistic children are concern: the characteristic of their children, the resources and services information for their children, special schools and treatment plan for their children. This program provided the psychological understanding for the parents when they meet the problem. This content consists of individual differences for understand human behavior and positive way of thinking. (Louis Champates, 1990: 3). In addition, "Techniques to Reduce Stress" stress management techniques of the Department of Mental Health, Ministry of Public Health (Department of Mental Health, 1999: 5) was introduce to the parents for knowing how to cope with their stress. The theoretical based on this session were Reality Therapy, Gestalt Therapy, Encounter Group Therapy, Learning Approach and Client Center. The activities of this session are follow :

- Individual difference.
- Positive thinking.
- Stress management techniques.

Relational Problems

This issues are related to the interpersonal skills and communication with skills others. The social skill problems can cause stress toward parents of autistic children such as conflict among the members of the family and communication in the family. (Suwanee Kiawkingkaew, 2002 : 79).

These 2 sessions emphasizes upon verbal expression of their own feeling and the communication skill training (Jirapha Wekawanich, 1999). The theories based on this session were Reality Therapy, Gestalt Therapy, Encounter Group Therapy, Learning Approach and Techniques for Daily Communication. The activities of this session are follow :

- Building relationship.
- Express ion of one's ideas.
- Expression to asking for help.

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3.2 This program was validated by 3 experts (Appendix A) which based on the objective of this program and Participatory Learning method. (Department of Mental Health : 1999).

3.3 After the program had been revised, the content of the program, knowledge about autism, behavioral modification of autistic children, speech and communication, training to expression of their own ideas and expression to ask for help were tried out with 10 parents of autistic children who came received the services at the Institute of Children and Youth's Mental Health and the content of the program relationship building, individual difference, positive thinking, stress management feeling and presented in the last summary and conclusion was tried out with 10 parents of children with disabilities who received services at Rajabhat Institute Suan Dusit. (Excluded the sample group). Content of the two programs was analyzed validated for appropriate content and process of the program Finally; the program was revised and approved by 3 experts.(Appendix A)

The program consists of 10sessions as described below:

Session 1 : orientation and Building Relationship

In the first session, group leaders and group members (parents of autistic children) introduced themselves to each other. The group leaders informed group members about objectives of the program and roles of participants. Then the group members talked briefly about problems concerning their children.

Session 2 : Individual differences

The objective of this session is to enhance the group members understanding and acceptance the concept of individual differences. Each group members is being aware and apply the acquire knowledge for their daily living live.

Session 3 : Positive Thinking

The objective of this session is to encourage the concept of thinking positively for increasing self-esteem of the group members. This will encourage the parents to thinking differently be prepared for the future problems.

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Session 4 : Autism

For better understanding about autism. The group members were educated about causes, symptoms and characteristic of autistic children. The group members would be able to cope with autistic's behavior such as eating habit more variety of foods, and toilet training.

Session 5 : Behavioral Modification

The restless behaviors of autistic children was obstacles the process of training. Therefore, the parents of autistic children need to know how to train their children to control themselves and stay still so they can concentrate on the training and learn new skills.

Session 6 : Speech and Communication training

Most autistic children have language and communication problems. Therefore, they need to learn the skill for developing their speech and communication skills.

Session 7 : Stress and stress management training

Each group members meet the various kinds of the problems for caring their autistic children. Which produced the chronic stress. In this session, group members were being aware of their own stress, and know how to manage them. The group members were learned how to release stress and exchanged their own ways of stress management.

Session 8 : Express their own Ideas and Feelings

Communication is an important tool for interpersonal relationship. The ability to express one's own ideas and feelings are necessary. The Group members were receives the knowledge and communication skills training so that they can choose an appropriate way to convey their message to the receiver.

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Session 9 : Express to Ask for Help

The parents of autistic children need to be contact and communicate with various kinds of people such as their spouses, siblings, relatives, and staff at schools, hospitals and institutes. They must know how to communication effectively for getting supports from other people.

Session 10 : summary and evaluation

In this session, allowed the group members to review their acquire knowledge that they had learned during other sessions. The objectives was to encourage them to used their require knowledge for altruisms and get them the opportunity their strength and ability. It was also a good opportunity for all group members to do the same activity in the last session.

Part 4: Manual for Parents of autistic children

The control group and the experiment group were received the same manual.

Procedure

The participated in group counseling program for 10 session. Each session lasted 1 hour and 30 minute. The program started from October 14 until October 30, 2002. The procedure of group counseling was divided into 3 phases. (Appendix B)

Phase I

In this phase, the counselor informed the group members about the objectives, general rule and regulations, as well as roles and duties of each group members. The purpose of this phase of this phase was creating to understanding atmosphere which built the feelings of trust and self-disclosed.

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Phase II

During 2 to 9 sessions, the group leader organized the group by using techniques of group process. All group members were encouraged to participate actively in the process of thinking and skill training.

Phase III

The final session 10, the group leader asked the group members for reviewing what they had learned from the previous sessions, and then them together. Each group members were also asked to complete the post-test stress questionnaires.

Control Group

First time, the parents who participate in control group were asked to complete the pre-test questionnaires for the stress questionnaires and then their were received the manual for the parents of autistic children. They were asked to completes the post-test stress questionnaires a gain for 4 weeks later at the same time.

Data Collection

The data collection procedure was conducted in the following sequence :

1. The permission letter from School of Graduation, Mahidol University submitted to the director of Special Education Program at Rajabhat Institute Suan Dusit.

2. The researcher asked for cooperation from the parents of autistic children and informed them about the objectives of the program and asked them to participate in the program.

3. The parents were asked to complete the pre-test stress questionnaire. The parents who had high and very high stress score were selected as a sample rize. Then the researcher them for their willingness and signed the consent. By using random sampling method. The 20 parents were divide into 2 group the experiment group (N=10) and the control group (N=10).

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4. The control group was received the manual for the parent of autistic children while the experimental group were given manual and were participating in the group counseling program.

5. After the last session, the experiment group was asked to complete the post-test stress questionnaire, as well as the control group.

6. The data collection was ready for analysis.

Data Analysis

The data was analyzed by the program SPSS (Statistical Package for the Social Sciences for windows) version 10.05 / PC in order to find the following statistics.

1. Percentages and number were used to describe the demographic data.
2. Mean and standard deviation were used to determine stress score in both the experimental and control group.
3. Dependent t-test was used to compare the difference in mean score for pre-post test stress questionnaire in experimental group.
4. Dependent t-test was used to compare the difference in mean score for pre-post test stress questionnaire in control group.
5. Independent t-test was used to compare the difference in mean score for pre-post test stress questionnaire between the experimental at group and control group.

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CHAPTER IV
RESULTS

The present research employed a quasi-experimental design to investigate the effective of group counseling on stress levels of parents of autistic children. The purposes of this study were as follows:

1. To investigate the effects of group counseling program toward stress levels of parents of autistic children.
2. To compare the stress levels of the parents who did and did not participate in group counseling program.

In this chapter, the findings derived from the data analysis are presented in tables and description as follows:

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Table 4 Number and percentage classified by demographic data

Demographic data	Control group		Experimental group		Total	
	Number	Percentage	Number	Percentage	Number	Percentage
	n = 10		n = 10		n = 20	
Relationship with autistic children						
Father	1	10.0	2	20.0	3	15.0
Mother	6	60.0	8	80.0	14	70.0
Grandmother (paternal)	1	10.0	0	0.0	1	5.0
Aunt (parent's older sister)	1	10.0	0	0.0	1	5.0
Aunt (mom's younger sister)	1	10.0	0	0.0	1	5.0
Age (years)						
20-30	0	0.0	2	20.0	2	10.0
31-40	4	40.0	6	60.0	10	50.0
41-50	5	50.0	2	20.0	7	35.0
61 or older	1	10.0	0	10.0	1	5.0
Marital status						
Married	8	80.0	7	70.0	15	75.0
Separate	1	10.0	3	30.0	4	20.0
Widowed/widower	1	10.0	0	0.0	1	5.0

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Table 4 (Continued) Number and percentage classified by demographic data

Demographic characteristics	Control group		Experimental group		Total	
	Number	Percentage	Number	Percentage	Number	Percentage
	n = 10		n = 10		n = 20	
Education level						
Primary school	1	10.0	1	10.0	2	10.0
Secondary school	1	10.0	0	0.0	1	5.0
High school	0	0.0	2	20.0	2	10.0
Diploma	1	10.0	3	30.0	4	20.0
Bachelor	6	60.0	3	30.0	9	45.0
Master	1	10.0	1	10.0	2	10.0
Occupation						
Housewife	4	40.0	5	50.0	9	45.0
Wage earner	2	20.0	0	0.0	2	10.0
Trader	1	10.0	3	30.0	4	20.0
Government officer	1	10.0	1	10.0	2	10.0
Private employee	2	20.0	1	10.0	3	15.0
Income (Bath/month)						
2,501-5,000	2	20.0	1	10.0	3	15.0
5,001-7,500	1	10.0	1	10.0	2	10.0
7,501-10,000	1	10.0	1	10.0	2	10.0
10,001 or more	6	60.0	7	70.0	15	75.0
Number of autistic children under care						
1	10	100.0	10	100.0	20	100.0

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From Table 4, nearly three-quarters of parents of autistic children (70%) were mothers and the others were fathers. Half of the parent age between 31 and 40 years old, while the second largest group (35%) age between 40 to 50 years old. In terms of marital status, three-quarters of the parents of autistic children were married, and 45% of them held an undergraduate degree. As regards occupation, 45% of parents were housewives, and three-quarters had a monthly income more than 10,001 bath. All subjects (100%) provided care to only one autistic child.

Table 5 A comparison of mean stress score levels of the experimental group before and after participate to the group counseling program (n = 10)

Experimental Group	**Scores of stress level**		**t-test**
	$\bar{X}$	**S.D.**	
Before the experiment	63.90	5.45	
			0.0005*
After the experiment	53.20	10.12	

* P < .05

As shown in Table 5, the mean stress scores of the experiment group after participating in the group-counseling program was statistically significantly lower than before the participation in the program.

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Table 6 A comparison of mean stress scores of the control group before and after the experiment (N=10)

Control group	Scores of stress level		t-test
	$\bar{X}$	S.D.	
Before the experiment	61.60	3.75	.293[ns]
After the experiment	59.30	11.84	

P > .05

According to Table 6, there was no statistically significant difference between the mean stress scores of the control group obtained before and after the experiment.

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Table 7 A comparison of mean stress scores of experimental group and the control group after the experiment. (N=2)

Sample group	Experimental Group		Control Group		t-test
	$\bar{x}$	S.D.	$\bar{x}$	S.D.	
Before the experiment	63.90	5.45	61.60	3.75	
After the experiment	53.20	10.12	59.30	11.84	.115^{ns}

P > .05

Table 7 reveals that the mean stress scores of the experimental group and control group decreased after participation in the group counseling program there were no statistically significant difference.

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Table 8 A comparison of mean stress scores of the experimental group before and after participation in the group counseling program in each item (n = 20)

Item no.	Experimental Group				t-test
	Before the experiment		After the experiment		
	$\bar{X}$	S.D.	$\bar{X}$	S.D.	
1	3.90	1.29	3.10	1.45	.104
2	3.40	1.17	2.80	.92	.109
3	3.60	.70	3.30	1.16	.246
4	4.50	.71	3.80	1.14	.057
5	3.90	.74	3.10	.88	.020*
6	4.50	.97	3.80	1.03	.068
7	3.80	1.55	3.00	1.49	.127
8	4.30	.82	3.40	.52	.004*
9	3.20	1.03	2.80	1.03	.199
10	3.70	.95	3.20	1.14	.149
11	47.60	.52	3.80	.79	.007*
12	3.60	1.26	3.00	1.15	.141
13	2.70	.95	2.40	1.17	.269
14	3.10	1.45	2.70	1.41	.275
15	1.70	.82	2.00	.94	.229
16	3.50	1.08	3.00	.82	.129
17	3.30	1.06	2.80	.92	.137
18	2.80	1.14	2.70	.95	.416
Total	**63.9**		**53.20**		**5.248**

* P <. 05

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Table 8 indicates that after the participation in the group counseling program, there were three items which showed statistically significant difference at p <. 05 on Item No. 5 “You are frustrated because you do not know how to handle restless behavior of your autistic child,” Item No. 8 “You are worried about maladaptive behavior of your autistic child,” and Item No. 11 “You are concerned about the future education of your autistic child.” these three items were related to the management of maladaptive behavior, resource and information for autistic children. The total mean stress scores before the experiment, which was equal to 63.9, was classified as “high level.” However, after undergoing in group counseling program, the mean stress scores of the experimental group was decreased to 53.2 which was considered “moderately level,” there were statistically significant difference at the .05 level. As for other items, it was found that after their participation in the group counseling program, the mean stress scores in the experimental group, were, generally decreased in each items.

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Table 9 A comparison of the mean stress scores of the control group before and after the experiment (N=20)

Item no.	Control group				t-test
	Before the experiment		After the experiment		
	$\bar{X}$	S.D.	$\bar{X}$	S.D.	
1	3.80	.92	3.70	1.25	.420^{ns}
2	3.30	1.34	2.90	1.45	.264^{ns}
3	3.50	1.51	3.90	1.10	.253^{ns}
4	4.60	.52	4.30	.82	.171^{ns}
5	3.90	.88	3.90	1.20	.500^{ns}
6	4.30	.82	4.00	1.05	.243^{ns}
7	4.00	1.49	4.20	1.48	.383^{ns}
8	4.30	.67	4.00	1.33	.262^{ns}
9	3.10	.99	3.20	1.40	.428^{ns}
10	3.70	1.25	3.60	1.26	.430^{ns}
11	4.60	.52	4.40	.70	.238^{ns}
12	2.50	1.08	2.60	1.07	.419^{ns}
13	1.90	1.29	2.30	1.16	.237^{ns}
14	2.10	1.10	2.40	1.17	.281^{ns}
15	2.10	1.10	2.30	.95	.334^{ns}
16	3.30	1.25	3.00	1.33	.305^{ns}
17	3.10	1.37	3.20	1.32	.435^{ns}
18	2.70	1.16	3.00	1.33	.299^{ns}
Total	**61.60**		**59.30**		**.289**^{ns}

P > .05

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According to Table 9, there were no statistically significant differences in the mean stress scores the control group items (p = .05). There were items that the mean stress scores are in creased on follows :

Item No.3: You feel that it is difficult to take care of an autistic child.

Item No.7: You are afraid that your child will not be able to speak.

Item No.9: You feel exhausted when you think of the time you need to spend on training your autistic child.

Item No.12: You are suffered because there are family conflicts regarding how to manage the autistic child.

Item No.13: You think it is your spouse' fault that makes your child abnormal.

Item No.14: You feel that your spouse and your hardly had time to spend together as a couple.

Item No.15: You feel humiliated or ashamed towards your relatives and neighbors because you have an autistic child.

Item No.17: You are frustrated or annoyed when the others talk about bizarre behaviors of your autistic child.

Item No.18: You are angry when you see the others stare at your autistic child.

As for item No. 5, "You are frustrated because you do not know how to manage the restless behavior of your autistic child," it was found that the mean stress score of the control group remained unchanged (x = 3.90). For pre-test, total mean stress scores in the control group was considered highly stressed to 61.61. For the post-test the total mean stress scores remained highly stressed (x = 59.30). Therefore, there was no statistically significant difference in the mean stress score of the control group before and after the experiment (p = .05).

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CHAPTER V
DISCUSSION, CONCLUSION, AND RECOMMENDATION

The study is aimed to investigate the effects of group counseling program toward stress levels of parents of autistic children and compare the stress levels of the parents who received group counseling with those who did not participate in the program. In this chapter, the discussion, conclusion, and suggestions are presented.

Demographic characteristics of the subjects

It was found that 70% of the parents were mothers; their ages were between 31 to 40 years old. Most of them stayed together and 45% graduated with a bachelor's degree while the second largest group of subjects held a diploma. 45% of the subjects were housewives, and the rest were traders and employees. 75% had monthly family income of 10,001 Bath or more. Each subject had to take care of one autistic child. These findings were similar to the findings of Roongrudee Wongchum (1996: 79) and Kanya Thanmanta (1991: 76) which suggested that most of the caretakers of autistic children were mothers who were between 31 and 40 years old, were housewives, and held an under graduate degree. According to the findings of the study, most of the mothers had to provide care to the autistic children. So they had to encounter with different behavioral, emotional, social, and communication problems. Therefore, they could easily be stressed. In addition, the study of Siriporn Suwanthos (1997: 13) stated that mothers had to take care of autistic children all day, and did not have time for themselves. So they had a high level of stress. Furthermore, she found that most of the parents stayed married, and half of the mothers were housewives. The second largest group was traders, and others. (See table 4) This indicated that the parents had divided and differentiated their rules and responsibilities. While the mothers take the caretaker role for their autistic children, the fathers are responsible for the expenses of the family. Likewise, Supraima Leelamanee

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(2000: 1) found that both the mothers and fathers took different roles in taking care of autistic children.

In this study, since mothers as a caretaker role have never received the training services of how to manage the autistic behavior, they have difficulty and are confused. So they may have a hard time dealing with the problems they encounter everyday such as eating, sleeping, and toilet training for autistic children. Moreover, they also have aggressive behaviors such as harming themselves, destroying things, and screaming, all of which requires close care attention. These situations cause mothers of autistic children to have a high level of stress. Gray (1994: 275) found that if one of the family members is suffering from a chronic illness, the other members in the family will have high stress. The family members worry about the sickness condition, and treatment and rehabilitation. They also worry about the expenses for medical care. In addition, family members are stressed from the change of roles and family life style. Roongrudee Wongchum (1996: 1) pointed out that fathers and mothers of autistic children are highly stressed. The situation that leads to such a high level of stress was the long term care treatment and rehabilitation. Thus, the parents have to be strong mentally and emotionally to be able to deal with problems caused by the abnormality of their child. This study also found that mothers were highly stressed even though they stayed married, were highly educated, and had a rather high monthly income. The study of Roongrudee Wongchum (1996: 79) and Urai Tangudommongkol (1997: 85) found that other factors such as age, marital status, educational level, and average monthly income are not associated with stress levels of the parents. Similarly, Whaley & Wong (cited in Urai Tangudommongkol, 1997: 85) stated that the parents experience the feeling of loss, suffer, shock, disbelief, denial, guilt, anger, embarrassment, depression, hopelessness, and concern about the children's future.

When statistical analysis was conducted to compare the effectiveness of group counseling program, the following hypotheses were tested:

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Hypothesis 1. After the experiment, the parents of autistic children who had participated in the group counseling would have lower level of stress scores than before participating in the experiment.

Research findings revealed that the stress scores of parents who participated in the group counseling was statistically significantly lower than those obtained before their participation. Thus, Hypothesis One was accepted (Table 5). This means that the group counseling program could reduce stress of parents of autistic children. The Department of Mental Health (1999: 4) asserts that group counseling could reduce stress of the parents, as the activities related to cognitive attitudes and psycho motor domain are systematically carried out, and they are arranged in process. Thus, past experiences and existing capability of the members are drawn, and members are stimulated to exchange their ideas and opinions, conclude problem-solving methods, and solve problems according to their own potential. Corey (1995: 6-7) maintain that the researcher acts as facilitator who helps establish relationships and create atmosphere of warmth, safety, and friendliness, and this enables members to support, encourage, accept, and trust one another for self disclosure. This will help reduce the stress of the group members. In addition, the researcher constructed a program which aimed at adjusting restless behavior of autistic children by using skill training techniques. The results indicated that the training on adjustment of restless behavior was successful as could be seen from the Item No. 5 You are frustrated because you do not know how to deal with restless behavior of your autistic child. and Item No. 8 You are concerned about ways to adjust restless behavior of your autistic child. After their participation in the group counseling program, their stress scores for these two Items were statistically significantly reduced.

Psycho education group can provide the cognitive and psychomotor development for the parents to develop knowledge. During the group counseling program, the researcher allows the group members to try out new practices among the group. In the present study, the researcher found that initially some parents clearly showed that they have never had the skill for restless behavior, while others hesitate to deal with their

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children. The group leader demonstrated the techniques and provided the members with opportunity to practice. After the parents had practiced the skill-training situation and learned to deal with those problems by themselves, they gained more self-confidence and knew how to deal with the problems. Winadda Piyasilp (1994: 7) stated that effective learning is the learning process that allows the learners to see and do at the same time. In addition, the group counseling gave the parents an opportunity to express their feelings openly in a warm and supportive atmosphere, as well as create their sense of belonging. Some parents realized that others might have more serious problems than themselves and they still continue fighting. By having a chance to express their own opinions, to give and receive support from those who share the same problems, they will raise the sense of hope and self-worth to uplift their strength. Likewise, Jiraporn Arayarungsarit (2002: 12) points out that the difference between group counseling and individual counseling is that the group counseling can create the sense of belonging and ownership. Each group member is sharing responsibility for the whole group. So they do not feel isolated or lonely. They learn and be more aware about the others who have similar or more serious problems by expressing their opinions and sharing their experiences. Thus, they feel better about themselves. Besides, by receiving information and knowledge about autism, the parents had more understanding of how to manage their autistic children's behavior correctly and appropriately. Corresponding to the concept of participatory learning of the Department of Mental Health (2000: 8-9), each group member was participating in decision-making process, express their own opinions, and practice. Thus, they become confident in how to manage their autistic children's behavior and so their stress is reduced.

For psychological support, this group counseling program provides the concept of human nature such as the concept of individual difference and positive thinking. By awareness of human nature, the parents of autistic children will understand themselves and others in the realistic way which can decrease their stress. It can be concluded that the parents in the experimental group has lower stress score on Item No. 2. You blame yourself for the disability of your child. Item No. 12. You suffer from the conflict in your family about how to raise your autistic child. Item No. 13. You blame yourself and your

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spouse for the disability of your child. Item No. 17. You feel upset and annoyed when other people talk about strange behaviors of your child. Item No. 18. You feel angry when other people give a strange look to your autistic child. During the group counseling process, group members are aware of their individual differences. Thus, they can accept the differences of others and be more positive. By using positive thinking technique, they may think differently. This can change their attitudes and can lead to more positive thinking. According to the Department of Mental Health (Department of Mental Health, 1997 : 22), stress is caused by our negative attitudes. If we can change our attitude and think more positively, we can reduce our own stress.

The study found that parents of autistic children are more concerned about their child education, resource and services for their children. These concerns can cause stress to the parents. Thus, this program provided them the resource and information and how to communicate with the professionals who work in this field. On Item No. 11. You are concerned about finding the place of study for your children, the stress level of parents in the experimental group was reduced with statistical significance. This means parents gain more confidence and have less stress. Similarly, the study of Holroyd and McArthur (cited in Kanya Thnmanta, 1991 : 79), Rungrudee Wongchum (1996 : 79), Spraima Leelamanee (2000:88, and Sasithorn Kaewnopparat (1998 : 77) found that stress levels of the parents of autistic children who receive social support such as information regarding resources and rehabilitation of autistic children would be decreased.

By combining the group counseling process and participatory learning together, the group members had an apportunity to explore their own needs and exchange experiences regarding emotional support (Watcharee Submee, 1990 : 42). Moreover, group members have a chance to learn techniques and methods used by other members. So they feel less isolated. Finally, This atmosphere will enhance the feelings of trust, compassion, and cooperation in helping one another for the most appropriate problem-solving methods for themselves (Rogers, 1970 : 524-531)

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Hypothesis 2 After the experiment, the parents of autistic children who had participated in the group counseling program would have lower level of stress scores than the parents of autistic children who did not participate in the group counseling.

The Research findings : The study revealed that parents who received group counseling program had lower mean stress scores than the mean stress scores of those who did not participate in the group counseling program with no statistical significance. Thus, this hypothesis was rejected, as depicted in Table 7. The explanations for such findings are discussed as follows :

After the experiment, the parents in the experimental group had the mean stress score lower than those in control group. However, there was no statistically significant difference. This may due to experimental atmosphere called Hawthorne effect (cited in Phongpham Traimongkokgul & Suparb Chatraporn, 2000 : 42). The subjects of this study know that they were parts of an experiment. This may influence their response to the experiment. For example, they may answer some questions in too positive ways in order to make the result of the experiment positive. This also occurs to subjects in the control group. Parents in the control group may also answer some questions in too positive ways. For the control group, their stress level decreased in 8 Items (Table 9) even though there was no statistically significant difference between the stress levels of subjects in two groups.

Another reason is that : the control group received the manual about autistic children which told them how to deal with their daily lives. This may be one of the factors which reduced their stress. Moreover, parents in the control group are well educated. They received bachelor degrees or higher. They, therefore, can understand the content of the manual and can use it for reducing their stress. This is similar to the study of Strauss & Munton, 1985 (cited in Urai Tangudommongkol, 1997 : 85) which stated that well educated parents can cope with problems well because they know the needs of their children as well as their own needs. Choosak Chantayanont (1998 : 10) also stated

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that when parents have an opportunity to receive knowledge, information, techniques and skills, they can effectively deal with their problems.

According to psycho education group counseling program, the experimental group received the knowledge information as well as skill practice for promoting their positive attitudes. This kind of psycho education group counseling can provide the psychological support for group members at a certain level. Since the autistic children is a sensitive issue, it is difficult for the parents to cope with their loss and disappointment. Moreover, they have other problems such as problems with their relatives, spouses and economic issues. All these problems would not be able to be eliminated within the 10 sessions of the group counseling program. However, in the experiment group, the stress scores were decreased because, first of all, they may receive the knowledge and information, practice the skills and receive support from the group. Second, they had an opportunity to exchange their problems, ideas and emotional experiences with other members with a warm and friendly atmosphere. Similarly to Panida Srikachin (2000 : 68) which stated that after mothers of autistic children participated in the supportive group counseling, their stress level was reduced. The stress scores in the experimental group were lower than the control group with no statistically significant difference.

The post-test was examined out right after the group counseling program ended. The group members might not had an opportunity to apply their acquired knowledge and experiences during their participation in the program. Changing behaviors may occur after the group members have a chance to try out their experiences in the real life. Understanding of oneself cannot happen without any change either. Thus, it may be better to wait for quite some time before the effectiveness of the group counseling program can be seen. According to Ruth Strang (cited in Supreeya Isarangkura Na Ayudhya, 1980 : 58), the assessment done right after the end of the program cannot be considered an assessment of the changes that have already taken place. It would be better for assessment of changes that are going to happen later on. When the group members have a chance to apply what they have learned from the program in their real life, they

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would be able to tell whether the experiences they gained from the group caused some changes and how. At this time, an assessment can be considered a true reflection of the effectiveness of the program. This is the reason why the stress scores in the experimental group were lower than those of the control group with no statistically significant difference. (Table 9)

For Item No.15. You are embarrassed toward your relatives and neighbors that you have an autistic child, the stress scores in both groups were higher than those obtained before the experiment. This may due to the fact that the parents have difficulty in coping with their sense of loss. This feeling is complicated. It takes a certain period of time for the parents to accept the child. (Orapan Lueboontawatchai, 2000: 12). Even though they participate in the group counseling, they still have to face with reality that they have autistic children and also face with the problems that arise from their daily lives. As a result, they might have high level of stress. Their parents have to admit that autism is incurable. Thus, it requires a long term care, patience and expenses for medical care (as mentioned in Chapter 2). When parents accept the reality about their autistic children, they were more concerned about the troubles they will meet in the future. Besides, they might have a hard time to explain with their relatives and other people about the behaviors of their children because some people never heard about autism. These are the factors that cause stress to parents of autistic children. This finding is supported by the study of Halroyd and McArthur, 1976 (cited in Kanya Thanmanta 1991 : 16). They studied the stress level between the mothers of autistic children and mothers of down's syndrome. They found that mothers of autistic children had more feelings of shame and disappointment than mothers of down's syndrome children because people tend to think that autistic children have more problems about inappropriate behaviors. The study done by Penkhae Limsila (1997 : 1-4) stated that some families with autistic children do not associate with their neighbors because they are embarrassed of having autistic children. They isolate themselves, and this can cause stress in the long term.

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In the experimental group, in most items, the stress scores level were lower after the parents participated in group counseling.

In the control group, there were 8 items that the mean stress scores were lower than the pre – test. And there were 9 items that the mean stress scores were higher. So it can be concluded that the group counseling program can reduce their stress. For the control group, the mean stress scores in some item were higher than the post–test. Some item on the pre – test and the post-test, stress scores were equal. Item No. 3. You think it is difficult and troublesome to take care of autistic children. In Item No. 3, the mean stress scores of the post - test were higher than the pre - test. Item No. 5. You are upset because you do not know how to manage the overactive behaviors of your autistic child. For this item, the pre - test and post-test stress scores were equal. Item No. 7. You are concerned that your child may not be able to speak. In the control group, the mean stress scores were higher in the post - test. It might due to the fact that the control group did not participate in group counseling program (Table 9)

Item 9: You feel exhausted when you think of the time you need to spend on training your autistic child.

Item No. 12: You are suffered because there are conflicts in the family regarding how to take care of an autistic child.

Item No. 13: You think it is your spouse' fault that makes your child abnormal.

Item No. 14: You feel that your spouse and you rarely spend time together as a married couple.

Item No. 15: You feel embarrassed towards your relatives and neighbors because you have an autistic child.

Item No. 17: You are frustrated or annoyed when you hear others talk about behaviors or abnormal conditions of your autistic child.

Item No. 18: You are angry when you see the eyes of others who are looking at your autistic child.

In the control group, parents had mean stress scores higher in the post-test because they participated in the group counseling program which emphasize upon individual

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difference and positive thinking which they can use in daily living. Since the parents in the experimental group were aware of the human nature such as individual and positive thinking, they can accept the different ideas and opinions from the others. Thus, they have various ways of viewing the problems. They can think positively. This can help them release tension. The results revealed that the mean stress scores of the experimental group were lower than those of the control group.

Conclusion

The study was quasi-experimental research with randomized control group (Yuthapong Guyawan, 2000 : 102). The purpose of this research was to investigate the effect of the group counseling toward stress of parents of autistic children.

The subjects in the study were the parents of autistic children (N=20) who receive services from the Early Intervention Services Center Rajabhat Institute Suan Dusit from November 1, 2001 to August 30, 2002. The subjects were divided into 2 groups : the control group (N=10) and the experimental group (N=10). The instruments used in the study consisted of the following :

1. The research instrument : the group counseling program on stress of parents of autistic children was used in the experimental group and the manuals on knowledge for parents of autistic children were given to both the experimental and the control group.
2. The data collection instrument : demographic characteristic questionnaire and the stress questionnaire developed by the researcher. Data collection took place from 14 October 14 until 30 October 2002, totaling 10 sessions, each of which lasted 1 hour and 30 minutes. (Appendix B). The stress questionnaire was conducted before and after the experiment. The dependent t-test was employed to compare mean stress scores in both groups before and after the experiment using the dependent t-test. The independent t-test was also employed to compare the stress scores between the subjects in the two groups.

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The summary of the research findings is as follows :

1. After the experiment, the mean stress score of the subjects in the experimental group was lower than that obtained before the experiment with statistical significance at the .05 level.
2. After the experiment, the mean stress score of the subjects in the experimental group was lower than that of the subjects in the control group with no statistical significance at the .05 level.

Recommendation

1. Application for research finding

1.1 This program should be provided by other organizations that work for parents of autistic children. It should also be applied and used for supporting parents of children with other types of disabilities in order to reduce their stress.

1.2 There should be the second phase of group counseling program which is based on the needs of the parents of autistic children. The program in the second phase should be more in-depth; for example, group counseling in specific topics such as expectation of parents, anxiety, self-value as well as the management programs of how to take care of autistic children.

1.3 Provide social support groups such as establishing the parents of autistic children association or group meeting for the parents of autistic children where they can meet and exchange their opinions and information for supporting each other.

1.4 This program should be provided for parents of autistic children who first come to receive services at the Early Intervention Service Center Rajabhat Institute Suan Dusit. The program should be provided twice a year : before the first semester starts and before the second semester starts. The program should be provided annually in order to give the new and necessary information to parents and provide the basic skill training for autistic children in order to prepare their children before getting into the center.

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2. Application for future research

2.1 The assessment on stress level of parents should be done in different phases: 1 month, 3 month and 6 month in order to evaluate the effect of the program on stress level of parents.

2.2 Since the subjects of this study were parents of autistic children with different level of severity, the future study should be done for parents of autistic children with specific level of severity.

2.3 The future study should be done to compare the effectiveness of other forms of helping strategies such as health education, group counseling and supporting groups.

2.4 The future study should be done to compare the effectiveness of group counseling and individual counseling.

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APPENDIX A

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รายนามผู้ทรงคุณวุฒิในการตรวจสอบเครื่องมือ

1. อาจารย์ ดร.พิมพา ขจรธรรม นักวิชาการ วิทยาลัยราชสุดา มหาวิทยาลัยมหิดล
2. อาจารย์ ศิริพร สุวรรณทศ นักสังคมสงเคราะห์ สถาบันสุขภาพจิตเด็กและวัยรุ่น
3. อาจารย์ วรนันท์ ประเสริฐเมธ นักจิตวิทยา สถาบันสุขภาพจิตเด็กและวัยรุ่น

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APPENDIX B

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วิทยาลัยราชสุดา
มหาวิทยาลัยมหิดล

8 ตุลาคม 2545

เรื่อง ขอความร่วมมือในการเก็บข้อมูลประกอบการทำวิทยานิพนธ์

เรียน ผู้ปกครองเด็กออทิสติก

ข้าพเจ้า น.ส.กรรวิภาร์ หงษ์งาม นักศึกษาปริญญาโท สาขางานบริการฟื้นฟูสมรรถภาพคนพิการ วิทยาลัยราชสุดา มหาวิทยาลัยมหิดล กำลังทำวิทยานิพนธ์ เรื่องผลการให้คำปรึกษาแบบกลุ่มต่อความเครียดของผู้ปกครองเด็กออทิสติก จะใช้โปรแกรมการให้คำปรึกษาแบบกลุ่มในวันที่ 14-30 ตุลาคม 2545 เวลา 9.00 10.30 น. ณ ห้อง 722 (ห้องพัฒนาประสาทสัมผัส) อาคาร 7 ชั้น 2 จำนวน 10 ครั้ง ครั้งละ 1 ช.ม. 30 นาที จำนวนสมาชิก 10 คน

ทั้งนี้ได้กำหนดวันเวลาดังแนบ และในการให้คำปรึกษาครั้งนี้ผู้ที่เข้าร่วมการให้คำปรึกษาจะได้รับประโยชน์ ในด้าน ความรู้ ความเข้าใจ ทักษะ เทคนิคการปรับพฤติกรรมที่จำเป็น ตลอดจนการให้กำลังใจ และการแลกเปลี่ยนประสบการณ์กันภายในกลุ่มซึ่งมีสมาชิกจำนวน 10 ท่าน

ในการทำวิจัยครั้งนี้ข้าพเจ้าขอรับรองว่า ข้อมูลต่างๆ ที่ท่านได้แลกเปลี่ยนประสบการณ์กันจะไม่นำไปเผยแพร่ที่อื่น และไม่มีผลต่อการให้บริการที่หน่วยงานอื่น

ขอขอบคุณในความร่วมมือ
น.ส.กรรวิภาร์ หงษ์งาม

……

ใบตอบรับ

ข้าพเจ้า นาย/ นาง/ นางสาว……..
เป็นผู้ปกครองของ……
ได้รับทราบรายละเอียดของการวิจัยดังที่ได้อธิบายไว้ข้างต้น มีความเข้าใจและยินดีเข้าร่วมในงานวิจัย

ลงชื่อ……..…

(……..)

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วันเวลาที่จะเข้าร่วมกลุ่ม

ครั้งที่	วันที่	หมายเหตุ
1	14 ตุลาคม 45	จันทร์
2	15 ตุลาคม 45	อังคาร
3	16 ตุลาคม 45	พุธ
17,18,19,20 หยุด		
4	21 ตุลาคม 45	จันทร์
5	22 ตุลาคม 45	อังคาร
23 หยุด		
6	24 ตุลาคม 45	พฤหัสบดี
7	25 ตุลาคม 45	ศุกร์
26 , 27 หยุด		
8	28 ตุลาคม 45	จันทร์
9	29 ตุลาคม 45	อังคาร
10	30 ตุลาคม 45	พุธ

เข้ากลุ่มที่ห้อง 722 (ห้องพัฒนาประสาทสัมผัส) เวลา 9.00 – 10.30 น.

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APPENDIX C

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<u>ส่วนที่ 1</u> แบบสอบถามเกี่ยวกับข้อมูลส่วนตัวของผู้ปกครองเด็กออทิสติก จำนวน 7 ข้อ

คำชี้แจง เติมข้อความลงในช่องว่าง หรือทำเครื่องหมาย / ลงในกรอบสี่เหลี่ยมหน้าข้อความที่ตรงกับความเป็นจริงเกี่ยวกับตัวท่าน

ข้อมูลเกี่ยวกับผู้ปกครอง

1. ท่านเกี่ยวข้องกับเด็กออทิสติก

☐ บิดา ☐ มารดา ☐ ปู่ ย่า

☐ ตา, ยาย ☐ ลุง, ป้า ☐ น้า, อา

☐ พี่ ☐ อื่นๆ...(โปรดระบุ).....

2. อายุ

☐ 20 – 30 ปี ☐ 31 – 40 ปี ☐ 41 –50 ปี

☐ 51 - 60 ปี ☐ 61 ปี ขึ้นไป

3. สถานภาพการสมรส

☐ โสด ☐ สมรส(อยู่ด้วยกัน) ☐ แยกกันอยู่

☐ หม้าย ☐ หย่าร้าง

4. ระดับการศึกษา

☐ ประถมศึกษา ☐ มัธยมศึกษาตอนต้น

☐ มัธยมศึกษาตอนปลาย ☐ อนุปริญญา / ประกาศนียบัตร

☐ ปริญญาตรี / เทียบเท่า ☐ อื่นๆ (โปรดระบุ).....

5. อาชีพ

☐ แม่บ้าน ☐ รับจ้าง

☐ ค้าขาย (โปรดระบุ)..... ☐ รับราชการ

☐ เอกชน / รัฐวิสาหกิจ ☐ เกษตรกรรม

☐ อื่นๆ (โปรดระบุ).....

6. รายได้รวมของครอบครัวเฉลี่ยต่อเดือน

☐ ต่ำกว่า 2,500 บาท ☐ 2,501 – 5,000 บาท

☐ 5,001 – 7,500 บาท ☐ 7,501 – 10,000 บาท

☐ ตั้งแต่ 10,001 บาทขึ้นไป

7. ท่านต้องดูแลเด็กที่เป็นออทิสติก จำนวน

☐ 1 คน ☐ 2 คน ☐ 3 คน

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<u>ส่วนที่ 2</u> แบบสอบถามความคิดเห็นเกี่ยวกับความเครียดของผู้ปกครองเด็กออทิสติก

<u>คำชี้แจง</u> : ข้อความข้างล่างต่อไปนี้ เป็นข้อความบรรยาย ความรู้สึก ความคิด และพฤติกรรมของท่าน ในระยะ 2 เดือนที่ผ่านมานี้ โปรดอ่านข้อความในแต่ละข้อ และทำเครื่องหมาย (/) ในช่องที่ตรงกับความเป็นจริงที่เกิดขึ้นกับท่านมากที่สุดในขณะนี้เพียงคำตอบเดียว และกรุณาตอบให้ครบทุกข้อ

มากที่สุด หมายถึง ท่านมีความรู้สึก ความคิด และพฤติกรรมในข้อนั้นบ่อยที่สุด หรือรุนแรงที่สุด ประมาณ 6-7 ครั้ง ต่อสัปดาห์

มาก หมายถึง ท่านมีความรู้สึก ความคิดและพฤติกรรมในข้อนั้น ค่อนข้างบ่อย หรือค่อนข้างรุนแรง ประมาณ 5 ครั้ง ต่อ สัปดาห์

ปานกลาง หมายถึง ท่านมีความรู้สึก ความคิดและพฤติกรรมในข้อนั้น ปกติ หรือ สม่ำเสมอ ประมาณ 3-4 ครั้ง ต่อสัปดาห์

น้อย หมายถึง ท่านมีความรู้สึก ความคิดและพฤติกรรมในข้อนั้น ค่อนข้างน้อย หรือ มีบ้างในบางครั้ง ประมาณ 2 ครั้ง ต่อสัปดาห์

น้อยที่สุด หมายถึง ท่านมีความรู้สึก ความคิดและพฤติกรรมในข้อนั้น น้อยมาก หรือ แทบไม่มีเลย ประมาณ 0-1 ครั้ง ต่อสัปดาห์

ตัวอย่าง

อาการหรือความรู้สึก / ความคิด / พฤติกรรม	**ระดับความรู้สึก / ความคิด / พฤติกรรม**				
	มากที่สุด	**มาก**	**ปานกลาง**	**น้อย**	**น้อยที่สุด**
1. ท่านรู้สึกท้อแท้ สูญเสียความคาดหวังต่อลูกเมื่อทราบว่าลูกเป็นออทิสติก	/				
2. ท่านรู้สึกโกรธตนเองที่เป็นสาเหตุทำให้ลูกมีความผิดปกติเช่นนี้		/			

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<u>คำชี้แจง</u> : ข้อความข้างล่างต่อไปนี้ เป็นข้อความบรรยาย ความรู้สึก ความคิด และพฤติกรรมของท่าน ในระยะ 2 เดือนที่ผ่านมานี้ โปรดอ่านข้อความในแต่ละข้อ และทำเครื่องหมาย (/) ในช่องที่ตรงกับความเป็นจริงที่เกิดขึ้นกับท่านมากที่สุดในขณะนี้เพียงคำตอบเดียว และกรุณาตอบให้ครบทุกข้อ

อาการหรือความรู้สึก / พฤติกรรม	ระดับความรู้สึก / พฤติกรรม				
	มากที่สุด	มาก	ปานกลาง	น้อย	น้อยที่สุด
1. ท่านรู้สึกท้อแท้ สูญเสียความคาดหวังต่อลูก เมื่อทราบว่าลูกเป็นออทิสติก					
2. ท่านรู้สึกโกรธตนเองที่เป็นสาเหตุทำให้ลูกมีความผิดปกติเช่นนี้					
3. ท่านรู้สึกว่าเป็นความยุ่งยาก และลำบากที่จะต้องมาเอาใจใส่ดูแลเด็กออทิสติก					
4. ท่านรู้สึกวิตกกังวลต่อการใช้ชีวิตในสังคมของลูกออทิสติก					
5. ท่านรู้สึกหงุดหงิดใจที่ไม่รู้ว่าจะจัดการอย่างไรกับพฤติกรรมอยู่ไม่นิ่งของลูกออทิสติก					
6. ท่านกังวลใจเกี่ยวกับพฤติกรรมการพูดและการสื่อสารของลูกออทิสติก					
7. ท่านรู้สึกกลัวว่าลูกจะพูดไม่ได้					
8. ท่านกังกลใจเกี่ยวกับวิธีการปรับพฤติกรรมของลูกออทิสติก					
9. ท่านรู้สึกอ่อนล้า เมื่อนึกถึง วัน เวลา ที่จะต้องฝึกลูกออทิสติก					
10. ท่านรู้สึกเหนื่อย หน่าย กับการแสวงหาสถานบริการที่จะให้ความช่วยเหลือแก่ลูกออทิสติกของท่าน					
11. ท่านรู้สึกวิตกกังวลเกี่ยวกับสถานที่ศึกษาของลูกออทิสติกในอนาคต					

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อาการหรือความรู้สึก / พฤติกรรม	ระดับความรู้สึก / พฤติกรรม				
	มากที่สุด	มาก	ปานกลาง	น้อย	น้อยที่สุด
12. ท่านเป็นทุกข์ใจเพราะมีความเห็นที่ขัดแย้งกันในครอบครัว เกี่ยวกับวิธีการดูแลลูกออทิสติก					
13. ท่านคิดว่าเป็นความผิดของคู่สมรสที่ทำให้ลูกมีความผิดปกติเช่นนี้					
14. ท่านรู้สึกว่าตนเองแทบไม่มีเวลาส่วนตัวกับคู่สมรสในการใช้ชีวิตร่วมกัน					
15. ท่านรู้สึกอับอาย เสียหน้า ญาติพี่น้อง และเพื่อนบ้านที่มีลูกออทิสติก					
16. ท่านกังวลใจเกี่ยวกับค่าใช้จ่ายของครอบครัวที่จะต้องเพิ่มขึ้นในการดูแลรักษาลูกออทิสติก					
17. ท่านรู้สึกหงุดหงิด รำคาญใจ เมื่อได้ยินคนอื่นพูดถึงพฤติกรรมหรืออาการแปลกๆ ของลูกออทิสติก					
18. ท่านรู้สึกโกรธเมื่อเห็นสายตาของคนอื่นที่มองลูกออทิสติกของท่าน					

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APPENDIX D

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ผลการวิเคราะห์เมื่อทำการ try out แบบสอบถาม

1. เมื่อนำแบบสอบถามที่ผ่านการตรวจสอบความเที่ยงเชิงประจักษ์ จำนวน 18 ข้อ ไปทดสอบกับผู้ปกครองที่สถาบันสุขภาพจิตเด็กและวัยรุ่น จำนวน 30 คน แล้วนำแบบสอบถามมาตรวจให้คะแนน เพื่อวิเคราะห์หาค่า t ใช้เทคนิค 25% สูง 25% ต่ำ พบว่า จากแบบสอบถามจำนวน 18 ข้อ ได้แบบสอบถามที่มีค่า t ที่มีค่านัยสำคัญ ทางสถิติที่ระดับ .05 นำมาใช้ในการทดลอง จำนวน 16 ข้อ มีค่า t อยู่ระหว่าง -7.00 ถึง -.683

2. นำแบบสอบถามที่คัดเลือกไว้ จำนวน 16 ข้อ มาคำนวณหาค่าความเชื่อมั่นโดยใช้สูตรสัมประสิทธิ์แอลฟา (Coefficient Alpha) ของครอนบาค (Cronbach) ได้ค่าความเชื่อมั่น .9485,ใช้ทั้งหมด 18 ข้อได้ค่าความเชื่อมั่น .9113

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BIOGRAPHY

NAME	Miss. Gunvipa Hongngam
DATE OF BIRTH	January 16,1976
PLACE OF BIRTH	Surin, Thailand
INSTITUTION ATTENDED	Sukhothaithummathirach University, 1991-1995: Bachelor of Education (Early childhood) Mahidol University, 2000-2003: Master of Arts (Rehabilitation Service for Persons with Disabilities)
POSITION & OFFICE	1995 – 2003, the Early Intervention Services Center Rajabhat Institute Suan Dusit Thailand Position: Director Assistant, Teacher and Counselor Tel. 02 – 2445000 connect 5560-5561

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