



ROLE OF PARENTS IN UPBRINGING SPECIAL CHILDREN: AUTISM, ADHD, CEREBRAL PALSY

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ABSTRACT

A developmental disorder called autism spectrum disorder (ASD) is characterised by difficulties with social interaction and communication as well as the emergence of stereotyped and narrowly focused behaviours and interests. Repetitive and constrained patterns of behaviour and interests are among the other signs of ASD. The goal of this study was to have a better understanding of how autistic kids fare as they get older and become teenagers. The aim of this study was to ascertain the nature, breadth, and implications of those various types. The gathering of data for this research took place in August of 2019 alone. Learning disabilities and/or communication delays are frequently acquired over the course of growth in autism sufferers. According to Lubis and Suwandi, autism spectrum disorder (ASD), sometimes known as pervasive developmental disorders, is a group of problems marked by delays and deviations in the development of social skills, language communication, and behaviour. Autism syndrome is a developmental condition that interferes with communication and social interaction. This acceptance aims to help young people develop self-confidence and independence as a way of rediscovering their nature as slaves made by God to serve their Creator.

Keywords: autism, adhd, cerebral palsy

INTRODUCTION

Both autism spectrum disorder (commonly known as ASD) and attention deficit hyperactivity disorder (sometimes referred to as ADHD) are kinds of neuro developmental illnesses; nevertheless, the principal symptoms of each condition are significantly dissimilar to those of the other. Autism Spectrum Disorder (ASD) is a developmental disorder that is characterised by challenges in communication and social reciprocity, as well as the appearance of behaviours and interests that are stereotypical and limited in scope. Other symptoms of ASD include repetitive and restricted patterns of behaviour and interests. On the other hand, attention deficit hyperactivity disorder, often known as ADHD, is distinguished by the presence of more severe symptoms of impulsivity, hyperactivity, and inattention than would be expected given the individual's developmental level. On the other hand, these two conditions share a number of characteristics. They both involve the presence of communication and attention problems; they both involve deficits in social skills.



(Demopoulos, Hopkins, & Davis, 2013); and they both involve difficulties in certain aspects of executive functioning. The most recent version of the Diagnostic and Statistical Manual of Mental Disorders (DSM) recognized the strong connection that exists between attention deficit hyperactivity disorder (ADHD) and autism spectrum disorder (ASD) (5th ed.; DSM–5; APA, 2013). In contrast to earlier editions of the Diagnostic and Statistical Manual of Mental Disorders (4th ed., text rev ; DSM–IV–TR; APA, 2000), the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM–5) makes it possible to assign a co diagnosis of autism spectrum disorder and attention deficit hyperactivity disorder (ADHD) in the same individual who satisfies the diagnostic criteria for both disorders. This is a significant advancement from previous editions of the Recent studies have not only shown that autism spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD) have a high comorbidity rate with one another It has been demonstrated that the presence of this comorbidity is connected with an increase in the severity of specific characteristics that are typical of both of these disorders (compared to the presence of only one of the two). Some examples of this would be an increased severity of ASD symptoms or deficits in social. In addition to this, it has been discovered that this subgroup has a worse performance on inhibitory control tasks in addition to a greater presence of other psychopathologies. These findings were found in a study conducted by S. These psychopathologies involve problems with both extrinsic and intrinsic behaviours, with anxiety being the most common of these problems' outward manifestations. The combination of the symptoms of autism and attention deficit hyperactivity disorder leads to diminished adaptive functioning and a lower overall quality of life.

The parenting abilities that are necessary to bring up a child who has a neurodevelopmental disorder are put under a greater amount of stress than those parenting abilities that are required to bring up children who are developing normally. Researchers have shown that parents whose children have been diagnosed with autism spectrum disorder (ASD) or attention deficit hyperactivity disorder (ADHD) had much higher levels of stress than other parents (ADHD). When a person feels that the expectations placed on them by their role as a parent are more difficult to meet than the resources that they have available to them to deal with those obligations, they may experience a unique sort of stress that is known as "parenting stress" (Deater-Deckard, 1998). Both Hayes and Watson (2013) in their meta-analyses on autism spectrum disorder (ASD) and Theule, Wiener, Tannock, and Jenkins (2013) in their study on attention deficit hyperactivity disorder presented this data in a methodical manner. Hayes and Watson's (2013) meta-analyses on ASD were published in 2013. (ADHD). However, when comparing the levels of stress experienced by parents of children with ASD and ADHD, the findings are not as convincing. Some studies found no differences between the two groups, whereas in other cases, it was found that parental stress was greater in families of children with autism spectrum disorder than in families of children with attention deficit hyperactivity disorder (ADHD). It is reasonable to assume that the level of stress experienced by parents will be higher when symptoms of both ASD and ADHD are present at the same time, as compared to the situation in which only one of these disorders is



present, even though there has been relatively little research done on this subject. This is because it is more difficult for a child to communicate their needs when both ASD and ADHD symptoms are present at the same time. Only the study carried out by van Steijn et al. (2014) has, to the best of our knowledge, compared the experiences of all three different categories of families, namely those whose children have been diagnosed with ASD, ADHD, or both ASD and ADHD. According to the findings, the parents, and especially the mothers, reported higher levels of stress related to caring for their children who were diagnosed with autism spectrum disorder (ASD), attention deficit hyperactivity disorder (ADHD), and autism spectrum disorder combined (ASD+ADHD), in comparison to typically developing children and the normative data. This was the case regardless of whether the children had ASD, ADHD, or both diagnoses. In contrary to what was expected to be the case, the researchers did not find any significant variations in the levels of parental stress experienced by the three clinical groups. This indicates that the co-occurrence of the two disorders was not necessarily associated with higher levels of parenting stress when compared to the presence of only one of these two disorders. Instead, this indicates that the levels of parenting stress were similar regardless of which disorder was present. On the other hand, van Steijn and colleagues did not conduct a comprehensive investigation of the several aspects that are included within the broad category of family stress; this is a topic that is covered in the current study.

REVIEW OF LITERATURE

Merri Sri Hartati 2020 This research was carried out with the intention of shedding light on the role that parents play in the lives of their autistic children. In this particular study, a qualitative research approach in the form of a case study was utilised as the technique of inquiry. When choosing which topics to cover, the following criteria were taken into consideration: the child had previously been diagnosed with autism; the child had previously attended and graduated from an inclusive school; and the child had previously been accepted as a student through the regular testing route. The research approach for this study included a combination of interviewing participants, observing their behaviour, and documenting their experiences. The findings demonstrated that children play a significant role in the achievement of successful outcomes for children and helped in supporting children, tried as much as possible with therapy, analysed, and encouraged the talents and interests of children. Additionally, the findings demonstrated that children helped in supporting children. According to the results of this research project, there may be a requirement for separate sessions of parenting education for families with children diagnosed with autism. These workshops would be designed to aid parents in supporting their autistic children in identifying their many skills, which would be the ultimate goal of these sessions.

Ana Miranda 2015 Using the Parenting Stress Index, the purpose of this study was to compare the levels of stress experienced by the parents of 121 children aged 5 to 9 years old who had been diagnosed with autism spectrum disorder (ASD), attention deficit/hyperactivity disorder (ADHD), comorbid ASD+ADHD, and typical development in a variety of domains related to child and parent characteristics. These children had been diagnosed with autism



spectrum disorder (ASD), attention deficit/hyperactivity disorder (ADHD), and comorbid. Each of the three clinical groups showed considerably greater levels of perceived parental stress as compared to the control group (CG). Those who suffered from ADHD reported considerably higher levels of parental stress associated to attachment issues and depression, in compared to those who were in the other groups. The ASD and ADHD group presented a unique profile of differences when compared to the CG on the Health and Spouse subscales. These findings shed light on the significance, for the purposes of clinical practise, of taking into account the stress of parenting as a relevant variable in the context of intervention with these clinical families.

RESEARCH METHODS

This study was qualitative, and the case study research method was used, to investigate the question of what forms and effects of the role that parents play on the success of children with autism as they grow and develop into adolescents. The purpose of this research was to better understand how children with autism fare in life as they mature into adolescents. The purpose of this research was to determine the nature and scope of those various forms and consequences. The month of August in 2019 was dedicated to the collection of data for this project. Participants in the study were children with special needs who met the following criteria: (1) they were diagnosed with autism or autism syndrome; (2) both of their parents were still alive; (3) they had received a formal education; (4) they did well on the newly developed admissions selection test; and (5) in most cases, a child's physical appearance does not typically indicate that they have autism syndrome. Ananda FA was the only one who met all of these conditions, and the researcher was only successful in recruiting her as a subject because she was the only person who met all of them. The research instruments that were utilised for this study included both the observation sheet as well as the interviews. After the data had been collected, an analysis of their descriptive characteristics was carried out.

RESULT AND DISCUSSION

The following are some of the behavioural symptoms that are associated with autism: repetitive movements, inappropriate social interactions, poor eye contact, self-harm, repeated repetition of words or actions, implant behaviour, or compulsive behaviour. Autism sufferers typically acquire learning impairments and/or communication delays throughout the course of their development. Autism Spectrum Disorder (ASD), often referred to as pervasive developmental disorders, was described by Lubis and Suwandi as a set of conditions characterised by delays and aberrations in the development of social skills, linguistic communication, and behaviour.

Autism is a developmental illness that was quite complicated, involving practically all elements of child development, which means that this disorder offers a wide and severe effect in depth. Autism was first identified in 1943 and is now considered one of the most common developmental disorders. A delay in communication may result in impairments in play,



language, behaviour, disruption of moods and emotions, social interaction, and changes in sensory sensations.

Autism is characterised by a number of symptoms, including an inability to pay attention for long periods of time or to be very interested in a small number of topics, as well as anxiety, sadness, sensitivity to sound, and extreme interests in specific topics. Children who were impacted by this illness would have trouble maintaining eye contact with others and would be unable to verbally communicate what was going on in their heads to others around them. 6 The words "our kid could not talk till three years old," were spoken by FA's father. He did not speak and run as fluently as other youngsters his age. He was different.

Pottie et al. found that parents who had autistic children had much more stressful life events than other parents. These diverse emotional upheavals manifest themselves in the parents to the point where they disturb their physical state, and the severity of the disease is proportional to the degree to which the parents are resilient or resilient to the challenges they are confronted with. "When we learned of our late arrival, we began to consult the condition of our child to the paediatrician, and we found that our child had autism, it was very human, we felt sad always to ask what sin we had to endure," AK, FA's father, stated. "When we learned of our late arrival, we began to consult the condition of our child to the paediatrician." My wife and I agreed to provide treatment for our child, and she requested a leave of absence from her job for a period of three months so that she could accompany our child to therapy in the city of Medan. Even if within that period of time there were no significant changes, we had agreed that my wife would resign and concentrate on FA's growth and development. However, this did not last for very long. The city of Medan was selected as the location for the therapy because of its proximity to the city of Bengkulu, which is not an overly long distance away, and the fact that there are still many families in the city, making it possible for easy access and shelter while the therapy is being conducted.

The high levels of resilience that the FA's parents possessed made them stronger, and they promptly rose from their tribulations and immediately sought the best solution for their baby. Because of this, the FA's parents were able to find the best solution for their kid. According to Murray, "risk factors and protective elements that a person possessed in order to deal with hard situations in life."

Families that were able to swiftly adjust to the challenges posed by their children's autism diagnosis will be in a better position to make use of the resources available to them in order to foster their children's growth. According to Apostelena, the supportive resources for children with autism could take the form of social support obtained from relatives and friends, as well as community and family system resources that included the capability of family resilience. These resourced helped families deal with the problems that were encountered. The FA family is the owner of this resource, and over the course of its expansion and development, they have always prioritised doing what is right.



Autism is not a disease but a disorder in the nervous system caused by heredity, and autism is not a symptom of the disease but is a syndrome (a collection of symptoms). Social disturbances occur, language skills, and caring so that autistic children like living in their world. The effort was carried out as a therapy in a particular therapy place for children with autism syndrome. Considering that autism is not a disease but a disorder in the nervous system caused by heredity, and that autism is not 12 The FA's father also provided an explanation for this condition, saying, "Children with special needs have a tendency to be upset or irritated, and the reason for this is that we do not know what they want; instead, they are unable to transmit their objectives." So gradually, we started to learn and look for help from the FA; eventually, we were there as parents in the truest meaning of the word.

CONCLUSION

Autism Children are a blessing from God that are given to the world. Parents who accept the presence of family members who have been diagnosed with autism syndrome demonstrate resilience and provide support for the development of growth, affection, and education in their children. Autism syndrome is a developmental disorder that affects social interaction and communication. This acceptance is aimed to foster self-confidence and independence in young people as a method of regaining their nature as slaves created by God for the purpose of serving the Creator. Another goal of this acceptance is to make it easier for people to accept those who are different from them. Children who have autism are now able to feel like they belong not just in their families but also in the larger social environment as a whole as a direct result of the acceptance that has been shown towards their condition. There is a parenting class that is aimed at educating parents about autism and autistic children. The program's ultimate objective is to aid parents in becoming aware of the problems and possibilities that are provided by autism.

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