Effectiveness of the Group Psychological Counseling Program Applied to Mothers of Moderate-Severe Mentally and Physically Handicapped Children

Assist.Prof.Dr.Fatıma Firdevs Adam Karduz
Sivas Cumhuriyet Universitesi - Türkiye
ORCID: 0000-0003-1765-6287
karduzfirdevs@cumhuriyet.edu.tr

Dr.Adnan Özbey
University of North Texas – USA
ORCID: 0000-0002-5198-8026
adnanozbey@hotmail.com

Abstract

The main purpose of the present study was to examine the effectiveness of the Group Counseling Program applied to mothers of children with moderate-severe mental and physical disabilities on psychological well-being, experiential avoidance, depression, anxiety, and stress. Groups were formed with the participation of 28 people in total, 14 people in the experimental group, and 14 people in the control group. For this reason, the study was designed according to the pretest-posttest matched control group design, and random sampling method was used to determine the study group. The study group was formed considering that it is easily accessible and applicable. The study design can be classified as a randomized controlled experimental test in terms of its function. Sessions includes different themes [An orientation/doing design for group counseling, the personal values and Powers, the mind and behavior, a creative despair, the concept of gratitude (appreciation), forgiveness, self/conscious awareness, the meaning of life and hope, evaluation]. Personal Information Form, Acceptance and Action Form-II (KEF-II), Depression Anxiety Stress Scale Short Form (DASS-21), Five-Dimensional Well-Being Scale (PERMA) forms were used to collect data. A group counseling program that was based on Contextual Positive Psychology Approach was applied to the experimental group, and no interventions were applied to the control group. A pretest was applied At the beginning of the sessions, and after the end (final session), the same set of measuring instruments was applied to the experimental and control group as a posttest. As a result of the study, a significant decrease in favor of the experimental group was detected in terms of depression, stress, anxiety, and experiential avoidance levels, and a significant increase was detected in the level of well-being.

Keywords: *Anxiety, Depression, Group counseling, Psychological well-being, Stress, Experiential avoidance*

E-International Journal of Educational Research

Vol: 13, No: 6, pp. 65-85

Research Article

Received: 2022-10-07
Accepted: 2022-11-18

Suggested Citation

Adam Karduz, F.F. & Özbey, A. (2022). Effectiveness of the group psychological counseling program applied to mothers of moderate-severe mentally and physically handicapped children, *E-International Journal of Educational Research,* 13(6), 65-85. DOI: https://doi.org/10.19160/e-ijer.1185879

INTRODUCTION

Mental and physical disability refers to a life-long mental and physical developmental disability occurring before, during, or after birth (in early childhood). Developmental disability is detected in 15% of children and might limit the ability of the individual to participate in daily activities because cognitive, socialization, learning, and physical mobility areas are generally insufficient (Scherer, Verhey & Kuper, 2019). Intellectual Disability (ID) is the inability of the brain to function cognitively, which results in inadequacy in the intellectual functioning of the intelligence, conceptual, perceptual, and social adaptation skills. This disability occurs before the age of 18 (Schalock, Luckasson & Shogren, 2007). Intellectual Disability often co-exists with other developmental disabilities, and the term intellectual-physical disability is often used to refer to the accompanying morbid manifestation of both conditions (Scherer, Verhey & Kuper, 2019).

Having a child who has moderate-severe mental1 and physical disabilities is a very difficult condition for a family because the parent whose child is diagnosed with developmental delay first experiences shock and then feelings of guilt, grief, and helplessness just like in mourning reactions (Ellis & Hirsch, 2000). There will inevitably be serious changes in the lifestyle, the roles of family members in the functioning of daily life activities, and the family dynamic, as well as the emotions and thoughts which become upside down with this new condition. These different responsibilities cause depression, stress, and anxiety in parents and other family members of children with disabilities. For this reason, depression, stress, and anxiety are important symptoms that therapists and other professionals must consider during the treatment process of the child and/or family (Demir, Özcan, & Kızılırmak, 2010; Dereli & Okur, 2008; Uğuz et al., 2004; Smith et.al., 1993; Toprakçı & Altunay, 2014). According to the Diagnostic and Statistical Manual of Mental Disorders-5 (DSM-5), major depression is a disease characterized by a depressed mood for at least two weeks, decreased interest, or pleasure in activities, low energy, decreased or increased appetite, decreased amount of sleep along with five or more of the following symptoms; increased psychomotor agitation or retardation, thoughts of worthlessness or guilt, decreased attention or indecisiveness, recurrent suicidal thoughts or attempts (at least one of these symptoms with depressed mood or a lack of pleasure), and decrease in the level of previous functionality. Stress, on the other hand, is the physical or emotional tension because of the stimulation of the mind and body in conditions that the individual perceives negatively. A stressor is any event or stimulus causing an individual to experience stress (Schafer, 2000). Anxiety is a condition in which some bodily reactions occur in the form of acceleration in breathing and increased heart rate along with feelings of anxiety and distress emerging as an impulse in conditions that the person perceives as dangerous. Anxiety, which is sometimes experienced by everyone and accepted as a normal condition, may intensify in some cases and cause anxiety disorder (Işık, 1996).

Even parents who have normally developing children take on some new responsibilities when compared to the time they spent without children. Especially because mothers are alone with their children in daily life, they are under a lot of stress (Faerstein, 1981; Pelchat et al., 1999). Also, when a mother is overburdened because of responsibilities such as taking care of the child and maintaining the home order, the increased stress spreads to the children, and it was reported that the mother has a higher risk of experiencing stress-related problems with her child (Ganong, Doty & Gayer, 2003). Anxiety that is experienced by a mother can have negative effects on child development, which often leads to anxiety and depression in the child (Burstein, Ginsburg & Tein, 2010). Parents of disabled children, on the other hand, face different and severe psychological problems. It is quite normal for parents of disabled children to have problems regardless of the type of disability the child has (Faerstein, 1981; Pelchat et al., 1999). The mother is usually the most affected person within a family because she takes on the primary responsibilities for the child as of birth (Yüksel and Uyanık, 2021). When the psychological problems faced by the parents of disabled children are investigated, it is seen that they face very high levels of stress (Beckman, 1983; Clubb, 1991; Dyson, 1997; Shapiro, 1983) and emotional breakdown

(1)The terms and definitions used as "moderate-severe mental and physical disability" in the present study are those used in the Special Education Services Regulation in the Official Gazette, which was published with the No. 30471 on 7/7/2018 and the regulations amending it on 11/6/2020 with the number 31152.

(Smith et.al., 1993). Because they need more money, time, and energy to take care of their disabled children, which causes them to experience more stress (Crnic, Friedrich & Greenberg, 1983). In general, the stress level of these mothers, the type of disability of the child, physical, psychological, and financial problems faced, having another disabled child, relations with family, and social environment are affected by factors such as the reactions of family members, friends, and close circles (Byrne & Cunningham, 1985; Damiani, 1999; King et al., 1999;). The presence of a behavioral problem accompanying the disability in a large proportion of these children may also cause higher parental stress (Floyd & Gallagher, 1997; Greenberg, Seltzer, Krauss & Kim, 1997). Because of these reasons, couples may blame each other for high levels of stress, depression, and anxiety, which ultimately cause problems in marriages.

Mothers who face all these environmental and psychological processes have a desire for experiential avoidance because their psychological well-being is affected negatively (Trute & Hiebert-Murphy, 2002, 2005; Trute et al., 2007). Experiential avoidance is the condition where the individual does not want to stay in contact with certain special experiences e.g. bodily sensations, emotions, thoughts, memories, images, and behavioral tendencies, trying to change the form and frequency of these experiences or the conditions causing them (Hayes, Wilson, Gifford, Follette & Strosahl, 1996). It was found that experiential avoidance is related positively to psychological problems such as anxiety and depression (Chawla & Ostafin, 2007). Experiential avoidance also affects the level of psychological well-being negatively. Psychological well-being is an effort to cope with negative emotions and look at life positively by trying to find the meaning of life with virtues such as achieving meaningful goals, establishing good human relations, and maintaining personal development throughout life (Keyes, Shmotkin & Ryff, 2002). In other words, psychological well-being is related to the emotional state of the individual directly and expresses how people evaluate their lives (Bradburn, 1969). Because experiential avoidance has different behavioral aspects such as procrastination, avoidance of boredom, distraction/suppression, behavioral avoidance, and suppression/denial (Ekşi, Kaya & Kuşcu, 2018; Sahdra, Ciarrochi, Parker & Scrucca, 2016;). Social support is related closely to the adaptation of the mother to stress, physical, and psychological well-being, and positive attitudes toward the future of her mentally retarded children because experiential avoidance plays important roles (Hayes et al., 2012) in the formation and protection of psychological problems (Heller and Factor, 1993; Krauss, 1993; Stoneman and Crapps, 1988).

The coping styles of parents and the presence of social support related to developmental disabilities affect parental stress levels positively (Dabrowska & Pistula, 2010). Also, several chronic stressors, such as the behavioral problems of the child (Woodman, Mawdsley & Hauser-Cram, 2015), stigmatization (Ngo et al., 2012), and financial difficulties (Parish et al., 2008) are inherent in raising an intellectually disabled child. As a result of these stress factors, parents of mentally retarded children may also be more vulnerable to depression, stress, and anxiety (Olsson & Hwang, 2001).

Importance of the Study

It is already known that mothers who have disabled children face high levels of emotional difficulties (Yüksel & Uyanık, 2021). Helpless and depressed moods in parents whose children are diagnosed with mental and/or physical disabilities (Zigler & Hodapp, 1986) cause a wide variety of reactions such as isolation, hopelessness, depression, shock, and marital dissolution (Blacher, 1984; Kazak, 1987). Depression is also associated with several negative conditions such as deteriorating physical health (Kupferberg, Bicks & Hasler, 2016), lack of self-care, and limited social functioning (Osborn, 2001). In the study where Singer (2006) analyzed the data on depression in mothers of mentally retarded children and reported the prevalence of depression in general as 29% in mothers who had mentally retarded children and 19% in mothers of children with normally developing children.

In previous studies, mothers of mentally retarded children were found to struggle with significantly higher levels of stress and depression and more challenging behaviors than mothers of normally developing children (Lessenberry & Rehfeldt, 2004; Smith, Oliver & Innocenti, 2001). When the mother understands that the disability of her child cannot be treated in any way, in other words, it cannot be cured, she feels more intense depression and hopelessness and begins to not enjoy socializing, and for this reason, she becomes more and more isolated (Bristol & Schopler, 1984). Despite the intense

stress, depression, and anxiety some mothers face, they cope better and adapt to their conditions while some cannot (Vernon & David, 2001).

Mothers of children with moderate-severe mental and physical disabilities generally face many difficulties in their daily lives when compared to mothers of normally developing children along with more parental stress, anxiety, depression, physical health problems, guilt, trouble in social and marital adjustment, low satisfaction in their lives, frustration, and lack of social support (Abbeduto et al., 2004; Breslau & Davis, 1986; Gray & Holden 1992; Wilton & Renaut, 1986). Children with different types of disabilities cause different levels of stress and depression in their mothers (Hodes et al., 1999). Although psychological problems such as somatic symptoms, depression, and anxiety disorders are reported to be more frequent in mothers who had physically handicapped children (Miller et al., 1992), alcohol addiction and depression are reported more frequently in parents who have mentally and/or physically handicapped children (Seltzer et al., 2001). It was reported that mothers of children with speech disorders have higher levels of depression when compared to mothers of healthy children (Rudolph et al., 2003). Parents of autistic children described stressful conditions in their families (Bolton et al., 1998; Keleşoğlu & Akasakal Kuc, 2020; Sanders & Morgan, 1997). Anxiety and depression were found to be significantly higher in mothers of psychotic children (Ryde-Brandt, 1990). It was shown that mothers of children with Cerebral Palsy experience higher levels of stress than mothers of healthy children (Manuel et al., 2003; Ong et al., 1998).

In light of the data given in previous studies, it was seen that the depression, stress, anxiety, and experiential avoidance levels of mothers who have disabled children are high, while their psychological well-being levels are low. To increase the psychological well-being levels of mothers (Summers et al., 1990; Slentz & Bricker, 1992) and to reduce experiential avoidance levels, emotional and social support must be provided from their immediate environment (by spouse, root family, friends) and in a professional manner that will improve the coping skills of mothers to benefit from individual-group psychological counseling services. In this context, it is important to examine the effects of the group counseling programs on the psychological well-being, experiential avoidance, depression, anxiety, and stress levels of mothers who had moderate-severe mentally and physically disabled children. Also, studies conducted with families must be implemented in a specific plan and program (Kayahan, Yüksel, & Emmioğlu, Sarıkaya, 2021). In this context, the fact that the effects of a Group Counseling Program were applied to mothers of children with moderate-severe mental and physical disabilities was evaluated in this study as another strength of it. It is hoped that the results of the present study will contribute to specialists working in special education schools/institutions and mothers who have children with special needs.

Purpose of the Study

The purpose of the present study was to examine the effects of the Group Counseling Program on psychological well-being, experiential avoidance, depression, anxiety, and stress levels of mothers who had moderate-severe mentally and physically disabled children. For this purpose, in the study, the answer was sought to the question "Is there a significant difference in terms of well-being, depression, anxiety, stress, and psychological well-being between mothers who have disabled children in the experimental group and the control group?"

METHOD

Study Pattern

The present study, which examined the effects of the Group Counseling Program applied to mothers who had moderate-to-severe mentally retarded children on psychological well-being, experiential avoidance, depression, anxiety, and stress, was designed according to the experimental design, which is among the quantitative study methods (Creswell, 2013). The effect of the technique used in the experimental group can be investigated by evaluating the results obtained from the pretests and posttests applied in experimental studies (Büyüköztürk, 2013). For this reason, the study was designed according to the pretest-posttest matched control group design, and a random sampling method was used to determine the study group (Büyüköztürk, Çakmak, Akgün, Karadeniz, Demirel, 2008). The study design is given in Table 1.

Table.1 *Study Design (Experimental and Control Group Pretest-Posttest Model)*

	Pretest		Posttest
Experimental Group	EP	Group counseling program based on Contextual Positive Psychology Approach (GCPCPSA)	EP
Control Group	CP		CP

Study Group

The study group was formed considering that it is easily accessible and applicable. For this purpose, measurement tools such as Information Form, Depression Anxiety Stress Scale (DASS-42), PERMA Five-Dimensional Well-Being Scale, Acceptance, and Action Form II were applied to 44 mothers of moderate-severely mentally retarded children. The data that were obtained from 44 mothers, two groups (experimental and control group) were formed randomly (by drawing lots) among mothers who voluntarily wanted to participate in the group counseling program. Groups were formed with the participation of 28 people in total, 14 people in the experimental group, and 14 people in the control group. The age of the participants ranged from 29 to 52, the average age of the participants was 39.9, and the level of education was 10 primary school graduates and 18 high school graduates.

Data Collection Tools

Personal Information Form: This form, which was used to obtain the personal data of the participants required for the study, was developed by the researcher. In this form, the age, employment status, occupation, marital status, etc. of the participants were questioned.

Acceptance and Action Questionnaire (AAQ II): This form was used to measure the level of psychological flexibility in the study. The form, which was developed by Bond et al. (2011), is a 7-point Likert-type scale that consists of seven items and measures psychological flexibility. The Turkish adaptation of the scale was made by Yavuz, Iskin, Ulusoy, Esen, & Burhan (2014). The scale consists of a factor that explains 61.8% of the variance, and the internal consistency coefficient of the scale was calculated to be .90. The test-retest reliability after two weeks was calculated as .85 and .63 with the action form and Beck Depression Inventory. A correlation of .53 was detected between it and the Ruminative Thinking Style Scale. Increased scores obtained from the scale indicate that psychological rigidity and experiential avoidance are increased.

Depression Anxiety Stress Scale Short Form (DASS-21): This form was used to determine the depression, anxiety, and stress levels of the mothers. The validity and reliability study of the long form of the scale that was adapted to Turkish by Uncu et al. (2007) was conducted by Bayram, Gürsakal & Bilgel (2009), and the validity and reliability study of the short form was conducted by Yılmaz, Boz, & Arslan (2017). The scale was prepared to measure depression, anxiety, and stress symptoms and consists of 21 items. The reliability coefficient of the scale was found to be between 755 and 822 in line with the data obtained from the study conducted on 618 people. The 0-9 point range in this scale shows normal depression, 0-7 normal anxiety, and 0-14 normal stress. The scale has a 4-point Likert Type design and includes 7 questions each to measure the dimensions of depression, stress, and anxiety. On the scale, 0 was coded as "Never", 1 "Sometimes", 2 "Quite often", and 3 "Always".

The 5-Dimensional Well-Being Scale (PERMA): The scale, which was developed by Butler & Kern (2016) and adapted into Turkish by Demirci et al. (2017), consists of a total of 23 questions with 8 fillers and 5 sub-dimensions (positive emotions, meaning, positive relations, success, bonding). On the scale, items 7, 12, 14, and 20 are reverse coded. There are 3 questions in each dimension. Positive emotions are measured with items 5, 10, 22, bonding 3, 11, 21, positive relations 6, 15, 19, meaning 1, 9, 17, success 2, 8, and 16. Sample sentences for positive emotions include questions such as "In general, how often do you feel positive?"; attachment dimension "How often do you devote yourself to what you do?"; positive relations "How much do you feel loved?"; "To what extent do you lead a purposeful and meaningful life in general?"; and success "How often do you reach the important goals you have set for yourself?". Total well-being is calculated by the average of the sub-dimensions of meaning, success, attachment, positive relations, and positive emotions. The total Cronbach Alpha Coefficient was found to be .91, positive emotions sub-dimension .81, attachment sub-dimension .61, positive relations sub-dimension .61, meaning sub-dimension .77, and success sub-dimension .70.

Data Collection Process

To examine the effectiveness of the Group Counseling Program applied to mothers who had moderate-to-severe mentally disabled children on psychological well-being, experiential avoidance, depression, anxiety, and stress, Information Form was given to 44 mothers, and Depression Anxiety Stress Scale (DASS- 42), PERMA Scale, Acceptance and Action Form II measurement tools were applied. Based on the data obtained from 44 mothers, the mothers who had the lowest level of psychological well-being and the highest levels of experiential avoidance, depression, anxiety, and stress were selected randomly (by drawing lots) into two groups as the experimental (14 people) and control group (14 people). The researcher conducted a preliminary interview with all the participants before starting the Group Counseling sessions. The scales mentioned before the program was applied to the experimental and control group were applied as a pretest, and two weeks after the program was applied, the same scales were applied as a posttest.

Determining and Implementing the Group Psychological Counseling Program

The experimental studies that were conducted were reviewed by scanning both Turkish and foreign literature and studies on the subject determined for the program on the effectiveness of the Group Counseling Program applied to mothers who had moderate-to-severe mentally retarded children on psychological well-being, experiential avoidance, depression, anxiety, and stress. As a result of the literature review, the 9-session "Group Psychological Counseling Program Based on Contextual Positive Psychology Approach (GCPCPSA)", which was developed by Kaya (2019), was used as a basis for the study. During the preparation stage of this study, necessary permissions were obtained to use the activities in the books in the study. Video/audio recording was not taken during the sessions in the GCPCPSA application process, considering that the video or audio recording would harm the therapeutic process because the group to which the application would be applied consisted of mothers who had children with moderate-severe mental disabilities who required sensitivity.

The Group Counseling Program Based on Contextual Positive Psychology Approach (Kaya, 2019) was applied to the experimental group, and no intervention was performed on the control group. Two weeks after the end of the sessions (the final session), the same set of measuring instruments was applied to the experimental and control groups as a post-test. The GCPCPSA application was performed once a week for 90 minutes for 9 weeks. The flow of the process in weekly sessions is given below.

Session 1: This session has an orientation design for group counseling. An acquaintance activity was held in this session, and a discussion was made about the introduction of the group process and group rules. A "Walk of Confidence" activity was also performed to address the feelings of insecurity and warm up to the group process (Altınay, 2012).

Session 2: This session has the personal values and powers theme. The Value-Definition, Value-Target differentiation, and major value areas were addressed here. The Flexible Character Powers Activity was performed. More emphasis was placed on personal values and it was also emphasized that character powers could be an important source for value-oriented behaviors.

Session 3: This session has the mind and behavior themed. The DNA-V activity, which was developed by Hayes & Ciarrochi (2015) and translated into Turkish by Kaya (2019), was used in the Discoverer, Consultant, Noticer, and Values activity. It is emphasized that positive and negative expressions show the perceived dimension and that the important thing is the results, by emphasizing the singular behaviors instead of the "Features" concept in the dial. Skills training was performed on the behavior monitoring chart for the individuals to monitor their and others' behaviors and to understand the important relations between antecedents and long- and short-term consequences.

Session 4: This session has a creative despair theme. In the function of emotions activity, the purpose was to define emotions and to emphasize that they all contribute to functionality regardless of whether they are pleasant or not. An activity was conducted with the theme of experiential avoidance types and adaptive alternatives. The tug-of-war with the monster activity was used as one of the physical ACT metaphors.

Session 5: This session focuses on the concept of gratitude (appreciation). Firstly, a bibliotherapeutic activity was conducted by using a fairy tale with different variants called "Dervish's Medicine". The "moral of the story" paragraph in which the message is explained in the text was removed

and left to the members to guess the message. Based on the results, the concept of gratitude was introduced, and sharing the characteristics of gratitude and its reflections in their lives was encouraged. After this study, the Gratitude Dial activity was conducted.

Session 6: This session focuses on forgiveness. A study was conducted on perspective-receiving skills that can form a basis for forgiveness skills. Then, a discussion was made on the definition of forgiveness behavior and its differences from behaviors that seemed similar. Here, a discussion-based definition of forgiveness was created by emphasizing the concept of group reconciliation, ignorance, submission, withdrawal, or tolerance from the concept of forgiveness. After this study, the long and short-term results of forgiveness behaviors are examined through examples.

Session 7: This session focuses on self/conscious awareness. The study also included contents of self-understanding as well as the skills of mindfulness, separation, and acceptance.

Session 8: This session focuses on the meaning of life and hope. An introductory activity that was called "Contact with Time", which was developed by Kaya (2019) by using collection pieces, was performed. A group activity was carried out with the title "One Door Closes - One Door Opens" by adding the post-difficulty development content of Kaya (2019). The purpose was to develop more positive and functional attitudes towards life events and difficulties.

Session 9: It is the finalization (evaluation) session. A discussion activity that was designed by Kaya (2019) was performed. Then, a suggested finalization activity was performed for the groups. In this last session, all participants contributed to the process by expressing their thoughts. Finally, the shares regarding the group process were received.

Data Analysis

As for the Shapiro-Wilk statistical value for the Acceptance and Action Questionnaire (AAQ II was 0.015 ($p > 0.05$) for Depression Anxiety Stress Scale Short Form (DASS-21) 0.009 ($p > 0.05$) for The 5-Dimensional Well-Being Scale (PERMA) 0.012 ($p > 0.05$), it can be said that the data were not normally distributed (kurtosis and skewness values were not between −1.96 and +1.96).

Statistical analyses were performed on the data obtained from the measurement tools. The SPSS 25 program was used in the analysis of the data. The Non-Parametric Mann-Whitney U and Wilcoxon Test were applied in the SPSS 25 to determine the effects of the Group Counseling Program applied to mothers of children who had moderate-severe intellectual disability on psychological well-being, experiential avoidance, depression, anxiety, and stress. The reason why these tests were preferred was that the number of participants in the groups was less than 30. According to some researchers, it is difficult to assume that the scores are normally distributed when the number of participants in the groups falls below 30 and 15 according to some researchers. Non-parametric tests must be used in the analysis in such cases (Büyüköztürk, 2013). The data obtained as a result of the study were evaluated at the .05 significance level.

RESULTS

Firstly, it was tested whether there were significant differences between the pre-assessment test scores of the experimental and comparison groups. Statistics on the pre-test scores of the groups are given in Table 2.

Table 2. *Pre-test statistics of the mothers in the experimental and control groups*

	Groups	N	Rank Mean	Rank Sum	U	P
Acceptance & Action	Experimental	14	16.79	235.00	66.000	.138
	Control	14	12.21	171.00		
DAS	Experimental	14	14.93	209.00	92.000	.782
	Control	14	14.07	197.00		
PERMA	Experimental	14	16.93	237.00	64.000	.117
	Control	14	12.07	169.00		

When Table 2 is examined, it is seen that there were no significant differences between the pretest scores of the parents of the experimental group and the pretest scores of the parents of the comparison

group ((ACCEPTANCE-ACTION (U = 66.000, p > .05)), (DAS (U = 92.000, p > .05)), (PERMA KE (U = 64.000, p > .05)). This means that the experimental and comparison groups are equal to each other. When the mean rank is considered, it is seen that the readiness level of the parents of the experimental group is relatively better than the parents of the comparison group. However, the difference is not statistically significant.

The Wilcoxon Signed-Rank Test was applied to determine whether there were differences between the pre-test and post-test results of the acceptance-atablo 2ction form of the students in the experimental group, and the results are given in Table 3.

Table 3. *Statistics on the pretest-posttest scores of the Acceptance-Action Form of the parents of the students in the experimental group*

Measurement (Posttest -Pretest)	N	Rank Moderate	Rank Sum	z	P
Negative Ranks	12	6.50	78.00	-3.066	.002
Positive Ranks	0	.00	.00		
Equal	2				

*Based on negative ranks

In Table 3, it is seen that the Wilcoxon Signed-Rank Test, which was used to determine whether there were significant differences between the pretest and posttest scores of the experimental group from the Acceptance-Action Scale, yielded a significant difference (=-3.066, p<.05). When the mean rank and rank sum of the difference scores is taken into account, it is understood that this difference is in favor of the negative ranks. In this respect, it can be argued that the applied training program was effective in improving the acceptance-action skills of the experimental group. An increase in the scores obtained from the scale shows increased experiential acceptance levels (acceptance instead of avoidance).

The Wilcoxon Signed-Rank Test was applied to determine whether there were differences between the pre-test and post-test results of the Acceptance-Action Form of the students in the Control/Comparison group, and the results are summarized in Table 4.

Table 4. *The statistics on the pretest-posttest scores of the Acceptance-Action Form of the parents of the students in the control group*

Measurement (Posttest - Pretest)	N	Rank Moderate	Rank Sum	z	P
Negative Ranks	3	6.83	20.50	-1.464	.143
Positive Ranks	9	6.39	57.50		
Equal	2				

*Based on negative ranks

According to Table 4, nine of the parents of the control/comparison group students increased their scores at the end of the process, and 3 of them had decreased scores. It is seen that this differentiation is not statistically significant (z = -1.464, (p >.05)).

The Wilcoxon Signed-Rank Test was applied to determine whether there were differences between the pre-test and post-test results of the DAS Form of the parents of the students in the experimental group, and the results are given in Table 5.

Table 5. *The statistics on the pretest-posttest scores of the DAS Form of the parents of the students in the experimental group*

Measurement (Posttest - Pretest)	N	Rank Moderate	Rank Sum	z	P
Negative Ranks	14	7.50	105.00	-3.308	.001
Positive Ranks	0	.00	.00		
Equal	0				

*Based on negative ranks

In Table 5, the Wilcoxon Signed-Rank Test that was performed to determine whether there were significant differences between the pretest and posttest scores of the experimental group in the DAS Form showed a significant difference (z = -3,308, p <.05). When the mean rank and the rank sum of the difference scores are considered, it is understood that this difference is in favor of the negative ranks. In

this respect, it can be argued that the applied training program was effective in developing the experimental group.

The Wilcoxon Signed-Rank Test was applied to determine whether there were differences between the pre-test and post-test results in the DAS Form of the parents of the control/comparison group students, and the results are summarized in Table 6.

Table 6. *The statistics on the pretest-posttest scores in the DAS Form of the parents of the students in the control group*

Measurement (Posttest - Pretest)	N	Rank Moderate	Rank Sum	z	P
Negative Ranks	8	5.50	44.00	-.535	.593
Positive Ranks	6	10.17	61.00		
Equal	0				

*Based on negative ranks

According to Table 6, eight of the parents of the control/comparison group students increased their success score at the end of the process, and 6 of them decreased their success score. It is seen that this differentiation is not statistically significant (z =-.535, p>.05).

The Wilcoxon Signed-Rank Test was applied to determine whether there were differences between the pre-test and post-test results of the PRE (PERMA) Form of the parents of the students in the Experimental Group, and the results are given in Table 7.

Table 7. *The statistics on the pretest-posttest scores in the PRE Form of the parents of the students in the Experimental Group*

Measurement (Posttest - Pretest)	N	Rank Moderate	Rank Sum	z	P
Negative Ranks	0	.00	.00	-3.301	.001
Positive Ranks	14	7.50	105.00		
Equal	0				

*Based on negative ranks

It is seen in Table 7 that the Wilcoxon Signed-Rank Test that was performed to determine whether there were significant differences between the pre-test and post-test scores of the experimental group from the PRE Form were significant (z =-3.301, p<.05). Considering the mean rank and rank sums of the difference scores, it is also understood that this difference is in favor of the positive ranks. In this respect, it can be argued that the applied training program was effective in developing the experimental group.

The Wilcoxon Signed-Rank Test was applied to determine whether there were differences between the pre-test and post-test results in the PRE Form of the parents of the control/comparison group students, and the results are summarized in Table 8.

Table 8. *Statistics on the pretest-posttest scores of the PRE Form of the parents of the students in the control group*

Measurement (Posttest - Pretest)	N	Rank Moderate	Rank Sum	z	P
Negative Ranks	12	6.83	82.00	-1.870	.061
Pozitif Ranks	2	11.50	23.00		
Equal	0				

*Based on negative ranks

According to Table 8, eight of the parents of the control/comparison group students increased their success scores at the end of the process, and 12 decreased their success scores. It is also seen that this differentiation was not statistically significant (z = -1.870, (p>.05)).

CONCLUSION, DISCUSSION AND RECOMMENDATIONS

The Group Counseling Program was applied to mothers of children with moderate-severe mental and physical disabilities in this study, and the effectiveness of this program on the psychological well-being, experiential avoidance, depression, anxiety, and stress of the mothers was examined. According to the findings, it was found that the difference between the pre-test and post-test scores obtained in the DAS Form of the experimental group in which the psychological counseling program was applied was significant. In this respect, the group psychological counseling program is an effective factor in reducing the depression, anxiety, and stress levels of the experimental group. Similarly, it was also found that

there were significant differences between the pre-test and post-test scores of the experimental group of the training program that they received from the acceptance-action scale and the PERMA multidimensional psychological well-being form. In other words, an increase in the scores obtained from the scale shows that it is effective in increasing the level of experiential acceptance and psychological well-being. It was also found that the training program applied was effective at the point of improving the experiential acceptance skills and psychological well-being levels of individuals. When the studies in the literature were reviewed, studies that reported similar results were detected. Group counseling for mothers who had children with moderate-severe mental and physical disabilities was seen to be quite effective. Positive results were obtained in reducing the depression levels of mothers in the experimental group in a group psychoeducational counseling study conducted with mothers who had children with autism spectrum disorder (Bristol, Gallagher and Holt 1993; Yüksel and Eren, 2007), and their problem-solving skills improved (Yüksel and Eren, 2007). Çin (2001) concluded that Group Counseling Program affects the anxiety levels of parents who have disabled children positively. Kirkham (1993) found that the depression and stress levels of the mothers of children with intellectual disabilities, for whom psycho-training was provided on "Life Skills" for coping with stress, gaining communication skills, problem-solving, and decision-making, decreased. Baker, Landen, and Kashima (1991) reported that parents' stress and depression levels decreased after group counseling training for parents who had children with intellectual disabilities. In their study conducted with mothers who had mentally retarded children, Gammon and Rose (1991) reported that mothers who received psycho-training had reduced stress levels and improved their problem-solving and communication skills. In another study, Cameron and Armstrong (1991) reported that the higher the level of social support received, the lower the stress level. This can be interpreted as the difference between the stress levels experienced by the mothers who participated in the group guidance program and the mothers who did not, they had information, psychological, and social needs, and their stress decreased as these needs were met.

Tavakolizadeh, Dashti, and Panahi (2012) reported that the rational-emotional psychoeducation program was applied to mothers of mentally handicapped children as a result of their study and that it was effective in improving mental health and its various components (decreased somatization, increased social function, decreased anxiety and depression) in mothers of mentally handicapped children, and argued that the method could be used as a treatment method. Similar results were also reported by Warren et al. (1976), Flanagan et al. (2010), Cowan and Brunero (1997), Xu (2006), Tazaki and Landlaw (2006), Egbochuku et al. (2008), Navabifar (2008), Gilbert et al. (2005), Zare & Shafiabadi (2007). Again, Egbochuku et al. (2008), Warren et al. (1976), Cowan and Brunero (1997), and Ergene (2008) concluded that the psychological counseling conducted in their rational-emotional group reduced anxiety. Navabifar (2008), Xu (2006), and Flanagan et al. (2010) also reported the effectiveness of cognitive group counseling in reducing depression.

In light of the data, it can be argued that group counseling/psycho-training is an effective method in improving the general mental health of mothers who have physically-mentally disabled children. For this reason, it is important to use this training to improve the mental health of mothers who have mentally retarded children, reduce their depression, anxiety, and stress levels, and increase their psychological well-being and experiential acceptance levels. According to the results, group counseling can reduce psychological stress, anxiety, and depression by providing social support and sharing difficulties to face the difficulties of having a mentally disabled child by causing changes in the beliefs of the individual.

There are many factors associated with depression. The stress experienced after negative conditions negatively affects the coping mechanisms of individuals, and individuals may become depressed. When the relations between stress and depression were examined, it was understood that the individual experienced a stressful event (death, failure, or birth of a disabled child) shortly before showing symptoms of depression (Köroğlu, 2004).

Another factor that affects depression levels is gender. A two-fold increase was detected in the prevalence of major depression in women when compared to men. It was found that socio-psychological factors are among the main causes of depression in women (Majumdar et al., 2005; Ergun & Ertem, 2012; Ralpmund & Moore, 2000). It was reported that women had higher stress levels than men in case of negativity affecting a person with strong emotional ties such as family members (Gray, 2003). It was

observed that parents of mentally retarded children generally experience higher stress levels (Hendriks, DeMoor, Oud & Savelberg, 2000). It was also found that mothers of disabled children experience more stress, depression, and anxiety than fathers (Mumford, Saeed, Ahmad, Latif & Mubbashar, 1997; Hanneman & Blacher,1998; Hassall, Rose & McDonald, 2005; Kumari & Kiran, 2020). Great importance is given to the roles of motherhood and being a wife because of women's social perceptions and roles. For this reason, problems faced in relations with children and spouses negatively affect women and they can become depressed (Russell, 1986; Ralpmund & Moore, 2000). Also, fathers are generally less concerned with the home and the responsibility of disabled children (Roach, Orsmond & Barrat, 1999), and mothers are the primary caregivers of children and are more affected by the depression, anxiety, and stress associated with the behavioral problems of children (Floyd & Zmich, 1991; Crowe, VanLeit, Berghmans, 2000; Hung and Yeh, 2004). This may be because of different factors e.g. the mother being at home all day and taking care of the child, not having her own free time, and private life. Mothers of children who have disabilities consider the needs of their children when organizing their own lives; for this reason, their social life is very limited and they spend most of their time with their children. Also, some mothers (especially some working mothers) have to quit their jobs because they cannot find someone to care for their children. Difficulties in adapting to these stressful experiences occurring later in their lives can negatively affect their psychology. For this reason, the success of mothers who have disabled children in coping with depression, anxiety, and stress mainly depends on their relations with their families and the support they receive (Peshawaria et al., 1998; Emerson et al., 2006). Mothers of disabled children must receive social support to meet the needs of their children who have special needs. It is already known that parents who share their responsibilities with others and are supported by their friends do not feel lonely and can overcome problems more easily compared to others (Shin, 2002). The social support provided to the mother can increase both the level of experiential acceptance and the level of psychological well-being.

It was reported in previous studies that parents of mentally retarded children have the highest rates of diagnoses of anxiety, depression, or both among parents of different types of disabled children (Kumar & Akhtar, 2001). It was also reported that parents who care for mentally retarded children are exposed to higher stress levels than the parents of children with normal mental development, which causes physical and psychological problems (Dyson, 1991; Dyson, 1997; Pelchat et al., 1999; Rodriguez & Murphy, 1997). It was reported in the study that was conducted by Al-Qaisy (2012) that the mental disability of a child creates great stress for the mother. Also, most of the mothers had severe stress and very few had moderate stress levels. The presence of behavioral problems in mentally retarded children is also a source of social and emotional stress and anxiety for mothers. Being a parent of children with disabilities can create different feelings. Some parents accept this fact, but others cannot. It was determined that parents are less stressed when they accept this fact (Blacher, 1984).

A significant part of the parents of children with intellectual disability have a diagnosis of psychiatric anxiety or depression, or both, and require mental healthcare services and social support. Severe anxiety was reported in approximately 50% of parents and clinical depression in approximately two-thirds in the study by Bitsika and Sharpley (2004). Fırat et al. (2002) reported high rates of depression in mothers of children with autism (72.5%) and mothers of children with mental retardation (44.7%). It was reported in some previous studies that the severity of the child's disability, diagnosis, age, and the extent of behavioral problems are associated with parental depression, stress, and psychological state (Freeman, Perry, and Factor, 1991; Hastings, 2002; Machado et al., 2016; Barker et al., 2011). Moderate depression is detected in approximately one-third (31%) of parents of mentally and physically disabled children and 7% of parents of children without mental and physical disabilities. Although 31% of the parents of mentally and physically disabled children face a moderate level of anxiety, it was reported that the anxiety levels of parents with children without mental and physical disabilities was 14% (Scherer, Verhey & Kuper, 2019). The reason for this may be associated with subjective factors e.g. high levels of stress or mental healthcare issues experienced by parents of children with mental and physical disabilities, feeling of social isolation, and dissatisfaction with life (Majumdar, Da Silva & Fernandes, 2005). Also, parental stress, anxiety, and depression, which act as negative environmental factors, may exacerbate the sense of inadequacy in the mentally and physically disabled child. Because there is a relationship between parental depression and irrelevant parenting behaviors (Bagner et al., 2010; England, Sim and Council, 2009). Such a condition may cause decreased psychological well-being of the

mother and increased experiential avoidance behavior. Again, in a study that was conducted in Canada, the environmental and physical barriers (very narrow doors, sloping roads, etc.) that children who had disabilities and their parents were exposed to, intentional attitudes of the society (isolation, challenge, etc.), and involuntary attitudes of the society (knowledge, understanding, awareness deficiency, etc.) were divided into different categories (Pivik, Mc Comas & Laflamme, 2002). Mothers who have mentally-physically disabled children cannot participate in social activities with their disabled children Because of these factors. In fact, children with disabilities can sometimes be isolated even in the family and restricted from being seen with friends or relatives in their home visits or social environments (Kerenhappachu and Sridevi, 2014; Sarisoy, 2000; Içöz, 2001; Aksakal Kuc Keleşoğlu & Atasayar, 2019). The stress and anxiety caused by this condition can cause psychological problems such as low psychological well-being and high experiential avoidance. Also, factors such as socio-demographic factors, psychological problems, and lack of social support play important and vital roles in affecting psychological well-being (Kumari & Kiran, 2020). In their study, Boromand et al. (2014) reported that there were significant differences in terms of psychological well-being between parents who had mentally retarded children and parents who had children with normal development. In a finding that was supported by the study conducted by Bumin et al. (2008), it was reported that mothers who had disabled children experienced more anxiety and depression, and fluctuations in anxiety and depression impaired their quality of life. Another study that was conducted by Al-Kuwari (2007) reported that mothers of mentally retarded children had lower psychological well-being levels than mothers of non-disabled children. Peer and Hillman (2014) reported that encouraging the psychological resilience of parents, increasing their well-being, and providing social support is effective in the development of coping skills to reduce the risk of depression and anxiety of parents who have mentally and physically handicapped children. The internal coping resources (Park, 1998), parenting morale (Trute & Hiebert-Murphy, 2005), and the cognitive assessment of the mother, in other words, the perception of the effect of the disabled child on the family (Trute, Hiebert, Murphy & Levine, 2007) predicts the well-being in this respect. For this reason, psychological well-being can be achieved by having a mentally disabled child, coping with various neuro-psychiatric problems, and with social support, which is accepted as a potential mediator or buffer against traumatic causing stress. Because there is a positive relationship between social support, anxiety, and psychological well-being. It was also found that the level of psychological distress and anxiety decreased as the perceived social support level of the mother increased (Kumari & Kiran, 2020; Bodla & Saima, 2018).

Limitations of the Study

The study was limited to 44 mothers of children with moderate-severe mental/physical disabilities. Also, the lack of mothers of normally developing children was another limitation of the study.

Recommendations

Parenting is the key process by which a child develops, encourages, and supports physical, emotional, social, and intellectual development from infancy to adulthood. It is already known that parents of disabled children face serious problems in many areas of life (Ekici & Cavlak, 2007). If these problems are not examined carefully, they can multiply and cause psychological problems. The psychological problems, perspectives, and expectations of parents for the future affect both themselves and their children, and therefore, problems must be identified and necessary help must be provided.

In their study, Kumari and Kiran (2020) reported that mothers of mentally retarded children have to spend more effort and time caring for disabled children, and therefore, they are more vulnerable to stress. For this reason, mothers of disabled children feel the need to take a break from care at times. An occasional break can provide time for themselves, their partners, and other children. Social support services providing short breaks can reduce the stress of mothers, but many families still face problems in having appropriate services (Chan & Sigafoos, 2001; Sloper & Beresford, 2006).

The Ministry of Family and Social Services may offer wide necessary social support services to mothers who have disabled children. It is very important that services reach all mothers who have disabled children and that the participation of mothers is encouraged because some mothers are ashamed to participate in social functions with their mentally retarded children (Crnic et al., 1983).

Awareness design programs can be organized to help shape and correct the negative attitudes of society towards people who have disabilities, and to raise awareness of the problems of families of

mentally handicapped children. Disabled individuals and their relatives must be encouraged to participate more frequently in social life and must not be allowed to be isolated from society. To achieve this, the physical environment must be organized In this respect and the awareness of local administrations must be increased.

It will be very productive if psychological counselors, psychologists, and social workers in schools and institutions perform group counseling to provide information and social support for parents who have disabled children.

It will be beneficial to provide individual and family psychotherapy support to increase the levels of coping with stress, depression, and anxiety strategies, experiential acceptance, and psychological well-being.

Multi-field studies can be conducted in the future across the country to cover both urban and rural settings, parents of both disabled and normally developing children, and larger sample size.

REFERENCES/KAYNAKLAR

Abbeduto, L., Seltzer, M. M., Shattuck, P., Krauss, M. W., Orsmond, G., & Murphy, M. M. (2004). Psychological well-being and coping in mothers of youths with autism, down syndrome, orfragile X syndrome. *American Journal on Mental Retardation,* 109(3), 237-254.

Aksakal Kuc, H., Keleşoğlu F., & Atasayar, M. (2019). A qualitative study on the experiences of families with special needs children between the ages of 3 and 6. *Turkish Journal of Applied Social Work,* 2(2), 120-134.

Al-Kuwari, M. G., (2007). Psychological health of mothers caring for mentally disabled children in Qatar. *Neuro Sci.,* 12(4): 312- 317.

Al-Qaisy, L. M. (2012). Mothers' stress in families of children with mental handicap. *Asian Social Science*, 8(2), 80.

Altınay, D. (2012). *Çalışan ve çalışmayan annelerin başa çıkma tutumları ve çocuk yetiştirme tutumları arasındaki farklılıkların incelenmesi* (Master's thesis, Maltepe Üniversitesi, Sosyal Bilimler Enstitüsü).

American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders*, fifth edition. American Psychiatric Association, Arlington, VA,.

Bagner, D., Petit J., Lewinsohn P. & Seeley J. (2010). Effect of maternal depression on child behavior. a sensitive period? *J Am Acad Child Adolesc Psychiatry,* 49(7):699–707. https://doi.org/10.1016/j.jaac. 2010.03.012 PMID: 20610139

Baker, B.L., Landen, S.J., & Kashima, K.J. (1991). Effects of parent training on families of children with mental retardation: Increased burden or generalized benefit? American Journal on Mental *Retardation*, 96, 127–136.

Barker, ET., Hartley SL., Seltzer MM., Floyd FJ., Greenberg JS., & Orsmond GI. (2011). Trajectories of emotional well-being in mothers of adolescents and adults with autism. *Dev Psychol.*; 47(2):551–561. https://doi.org/10.1037/a0021268 PMID: 21171753.

Bayram, N., Gürsakal, N., & Bilgel, N. (2009). Counterproductive work behavior among white-collar employees: A study from Turkey. *International journal of selection and assessment,* 17(2), 180-188.

Beckman, PJ. (1983). Influence of selected child characteristics on stress in families of handicapped infants. *Am J; Ment Defic* 88: 150–156.

Bitsika, V., & Sharpley, C. (2004). Stress, anxiety and depression among parents of children with autism spectrum disorder. *Australian Journal of Guidance and Counselling*, 14(2), 151-161.

Blacher, J. (1984). Sequential changes of parental adjustment to the birth of a child with handicaps: fact or artifact? *Mental retardation*, 22, 55-68.

Bodla, G. M., & Saima, W. (2018). Social support and psychological wellbeing among parents of intellectually challenged children. *International Journal of Rehabilitation Sciences* (IJRS), 1(02), 29-35.

Bolton, PF., Pickles A., Murphy M.,& Rutter M. (1998). Autism, affective and other psychiatric disorders: patterns of familial aggregation. *Psychol Med*; 28:385-95.

Bond, F. W., Hayes, S. C., Baer, R. A., Carpenter, K. M., Guenole, N., Orcutt, H. K., ... & Zettle, R. D. (2011). Preliminary psychometric properties of the Acceptance and Action Questionnaire–II: A revised measure of psychological inflexibility and experiential avoidance. *Behavior therapy*, 42(4), 676-688.

Boromand, N., Narimani, M., & Mosazadeh, T. (2014). Comparing the psychological well being factors among the parents of the mentally retarded children with those of the normal children. *International Letters of Social and Humanistic Sciences (ILSHS),* 10, 1-8.

Bradburn, N. M. (1969). *The structure of psychological well-being*. Oxford, England: Aldine.

Breslau, N., & Davis, G. C. (1986). Chronic stress and major depression. *Archives of General Psychiatry*, 43(4), 309-314.

Bristol, M.M. & Schopler, E. (1984). *A developmental perspective on stress and coping in families of autistic children.* In M.C.Wang, M.C.Reynolds, and H.J.Walberg, (ed.). (1989). Handbook of special educationresearch and practice, 3. Oxford: Pergamon Press.

Bristol, M., Gallagher, J. & Holt, K. (1993). Maternal depressive symptoms in autism: Response to psychoeducational intervention. Rehabilitation Psychology, 38(1), 3-10.

Bumin, G., Günal, A., & Tükel, Ş. (2008). Anxiety, depression and quality of life in mothers of disabled children. *SDÜ Tıp Fakültesi Dergisi,* 15(1), 6-11.

Burstein, M., Ginsburg G., & Tein J. (2010). Parental anxiety and child symptomatology: an examination of additive and ınteractive effects of parent psychopathology. *J Abnorm Child Psychol*.;38(7):897–909. https://doi.org/10.1007/s10802-010-9415-0 PMID: 20432062.

Butler, J., & Kern, M. L. (2016). The PERMA-Profiler: A brief multidimensional measure of flourishing. *International Journal of Wellbeing,* 6(3).

Büyüköztürk, Ş., Kılıç-Çakmak, E., Akgün, Ö., Karadeniz, Ş., & Demirel, F. (2008). *Bilimsel araştırma yöntemleri*.

Büyüköztürk, S. (2013). *Sosyal bilimler için veri analizi el kitabı* (18. Baskı). Ankara: Pegem Akademi Yayıncılık.

Byrne, EA., &Cunningham CC. (1985). The effects of mentally handicapped children of families – a conceptual review. J *Child Psychol Psyhiatry*;26:847–864.

Cameron, S. J. & Armstrong, S., M. (1991). Stress, Coping, and Resources in Mothers of Adults with Developmental Disabilities. *Counselling Psychology Quarterly*, 4(4), 301-310.

Creswell, J. W. (2013). *Araştırma deseni* (Çev. S. B. Demir).Ankara: Eğiten Kitap.

Crowe, TK., VanLeit B., & Berghmans KK. (2000). others' perceptions of child care assistance: the impact of a child's disability. *Am J Occup Ther*;54:52–58.

Chan, JB., & Sigafoos J. (2001). Does respite care reduce parental stress in families with developmentally disabled children? *Child Youth Care Forum*;30:253–263.

Chawla, N., & Ostafin, B. (2007). Experiential avoidance as a functional dimensional approach to psychopathology: An empirical review. *Journal of Clinical Psychology*, 63, 871–890.

Çin, A. (2001). *Grup rehberliğinin özürlü çocuğu olan anne babaların kaygı düzeylerinin azaltılmasındaki etkisi*. (Yayımlanmamış Yüksek Lisans Tezi) İnönü Üniversitesi, Sosyal Bilimler Enstitüsü, Malatya.

Clubb, RL. (1991). Chronic sorrow: adaptation patterns of parents who have chronically ill children. *Pediatr Nurs;*17:461–465.

Cowan, D & Brunero S. (1997). Group therapy for anxiety disorders using rational emotive behaviour therapy. *Aust N Z J Ment Health Nurs.* 6(4):164-8.

Crnic, K., Friedrich, WN. & Greenberg, M. (1983). Adaptation of families with mentally retarded children: a model of stress, coping, and family ecology. *American Journal of Mental Deficiency*, 88, 345-351.

Dabrowska, A., & Pisula, E. (2010). Parenting stress and coping styles in mothers and fathers of pre-school children with autism and Down syndrome. *Journal of Intellectual Disability Research*, 54(3), 266-280.

Damiani, BV. (1999). Responsibility and adjustment in siblings of children with disabilities: update and review. *Fam Soc J Contemp Hum Serv;*1:34–40.

Demir, G., Özcan, A., & Kızılırmak, A. (2010). Zihinsel engelli çocuğa sahip annelerin depresyon düzeylerinin belirlenmesi. *Anadolu Hemşirelik ve Sağlık Bilimleri Dergisi*, 13(4), 53-58.

Demirci, İ., Ekşi, H., Dinçer, D., & Kardaş, S. (2017). Beş boyutlu iyi oluş modeli: PERMA Ölçeği Türkçe Formunun geçerlik ve güvenirliği. *The Journal of Happiness & Well-Being, 5*(1), 60-77.

Dereli, F., & Okur, S. (2008). Engelli çocuğa sahip olan ailelerin depresyon durumunun belirlenmesi.

Dyson, LL. (1991). Families of young children with handicaps: parental stress and family functioning. *Am J Ment Retard*; 95: 623–629.

Dyson, LL. (1997). Fathers and mothers of school-age children with developmental disabilities: parental stress, family functioning and social support. *Am J Ment Retard*;102:267–279.

Egbochuku, E.O., Obodo, B., & Obadan, N.O. (2008). Efficacy of rational-emotive behaviour therapy on the reduction of test anxiety among adolescents in secondary schools. *European Journal of Social Sciences*. 6 (4).

Ekici, G., & Cavlak U.(2007). An analysis of psycho-social problems and level hopelessness of mothers who have had disabled children. *OZ-VERI;* 4:998–1008 [in Turkish].

Ekşi, H., Kaya, Ç. & Kuşcu, B. (2018). *Multidimensional experiential avoidance questionnaire-30: adaptation and psychometric properties of the turkish version* [çok boyutlu yaşantısal kaçınma ölçeği-30'un türkçeye

uyarlanması ve psikometrik özellikleri]. paper given at 8th ınternational conference on research in education- ıcre, may, 9-11, manisa, turkey (pp. 483-487). Uluslararası Eğitim Araştırmacıları Derneği. http://ulead2018.ulead.org.tr/files/14/editor/files/ulead_2018_tam_metin_kitab_(4).pdf

Ellis, JB., &Hirsch JK. (2000). Reasons for living in parents of developmentally delayed children. *Res Dev Disabil*.; 21: 323-7.

Emerson, E., Hatton C., Llewellyn G., Blacker J., & Graham H. (2006). Socio-economic position, household composition, health status and indicators of the well-being of mothers of children with and without with intellectual disabilities. *J Intellect Disabil Res*.; 50(Pt 12):862–873. https://doi.org/10.1111/j.1365-2788.2006.00900.x PMID: 17100947

England, MJ., Sim LJ., & Council NR. (2009). *Associations between depression in parents and parenting, child health and child psychological functioning.* In: Depression in Parents, Parenting, and Children: Opportunities to Improve Identification, Treatment, and Prevention. Washington, DC: National Academies Press (US);. p. 4.

Ergene, T. (2008) Effective interventions on test anxiety reduction: A meta-analysis. *School Psychology International.* 24:323.

Ergun, S., & Ertem, G. (2012). Difficulties of mothers living with mentally disabled children. *Journal of Pakistan Medical Association*,62(8), 776-780.

Faerstein, L. (1981). Stress and coping in families of learning disabled children: a literature review. *J Learn Disabil*;14:420–423.

Fırat, S., Diler, R. S., Avci, A., & Gulsah, G. (2002). Comparison of psychopathology in the mothers of autistic and mentally retarded children. *Journal of Korean medical science*, 17(5), 679-685.

Flanagan, R., Allen, K &Henry, D.J. (2010). The ımpact of anger management treatment and rational emotive behaviour therapy in a public school setting on social skills, anger management, and depression. *Journal of Rational-Emotive & Cognitive-Behaviour Therapy*. 28(2), 87-99.

Floyd, F. J., & Zmich, D. E. (1991). Marriage and the parenting partnership: Perceptions and interactions of parents who have mentally retarded and typically developing children. *Child Development*, 62(6), 1434-1448.

Floyd, F. J., & Gallagher, E. M. (1997). Parental stress, care demands, and use of support services for school-age children with disabilities and behavior problems. *Family Relations*, 46, 359-371.

Freeman, N. L., Perry, A., & Factor, D. C. (1991). Child behaviours as stressors: Replicating and extending the use of the CARS as a measure of stress: A research note. *Journal of Child Psychology and Psychiatry, and Allied Disciplines,* 32(6), 1025-1030.

Gammon, E.A., & Rose, S.D. (1991). The coping skills training program for parents of children with developmental disabilities: an experimental evaluation. *Research on Social Work Practice*, 1, 244–256.

Ganong, L., Doty ME., & Gayer D. (2003). Mothers in postdivorce families caring for a child with cystic fibrosis. J *Pediatr. Nurs.*18: 332-43

Gilbert, M., Cicolini, T., & Mander, A., (2005). Cost-effective use of rational emotive behavior therapy in a public mental health service. *Journal of Rational-Emotive and Cognitive-Behavior Therapy*. 23(1), 71-77.

Gray, D. E., & Holden, W. J. (1992). Psycho-social well-being among the parents of children with autism. Australia and New Zealand *Journal of Developmental Disabilities*, 18(2), 83-93.

Gray D. (2003). Gender and coping: the parents of children with high functioning autism. *Soc Sci Med*;56: 631–642.

Greenberg, J. S., Seltzer, M. M., Krauss, M. W., & Kim, H. (1997). The differential effects of social support on the psychological well-being of aging mothers of adults with mental illness or mental retardation. *Family Relations,* 46(4), 383-394.

Hanneman, R, & Blacher J. (1998). Predicting placement in families who have children with severe handicaps: a longitudinal analysis. *Am J Ment Retard*;102: 392–408.

Hassall, R., Rose J., & McDonald J. (2005). Parenting stress in mothers of children with an intellectual disability: the effects of parental cognitions in relation to child characteristics and family support. *J Intellect Disabil Res;* 49: 405–418.

Hastings, R. P. (2002). Parental stress and behaviour problems of children with developmental disability. *Journal of Intellectual Developmental Disability*, 27(3), 149-160.

Hayes, S. C., Barnes-Holmes, D., & Wilson K. G. (2012) Contextual behavioral science: creating a science more adequate to the challenge of the human condition. *Journal of Contextual Behavioral Science* 1, 1–16.

Hayes, L. L., & Ciarrochi, J. V. (2015). *The thriving adolescent: Using acceptance and commitment therapy and positive psychology to help teens manage emotions, achieve goals, and build connection.* New Harbinger Publications.

Hayes, S. C., Wılson, K. G., Gıfford, E. V., Follette, V. M., & Strosahl, K. D. (1996). Experiential avoidance and behavioral disorders: A functional dimensional approach to diagnosis and treatment. Journal of Consulting and Clinical Psychology, 64, 1152-1168.

Heller, T., & Factor, A. (1993). Aging family caregivers: Support resources and changes in burden and placement desire. *American Journal on Mental Retardation*

Hendriks, C., DeMoor, H., Oud, L. & Savelberg, W. (2000). Perceived changes in well-being of parents who have a child in a therapeutic toddler class. *Research in developmental disabilities*, 21,455-468. http://dx.doi.org/10.1016/S0891-4222(00)00058-5

Hodes, M., Garralda ME., Rose G., & Schwartz R. (1999). Maternal expressed emotion and adjustment in children with epilepsy. *J Child Psychol Psychiatr.*; 40: 1083-93.

Hung, J. & Yeh, H. (2004). Comparing stress levels of parents of children with cancer and parents of children with physical disabilities. *Psycho-Oncology*, 13 (12), 898-903. http://dx.doi.org/10.1002/pon.868

Içöz, A. (2001). *A study on anxiety levels of family members with mentally retarded children*. MSc thesis. Ankara, Turkey: Ankara University;. p 120 [in Turkish].

Işık, E. (1996). *Nevrozlar*. Kent Matbaası, Ankara; ss 31–45

Kaya, Ç. (2019). *Bağlamsal Pozitif Psikoloji Yaklaşımına Dayalı Grupla Psikolojik Danışmanın Psikolojik Işlevsellik Göstergeleri Üzerindeki Etkisi* (Doctoral dissertation, Marmara Universitesi (Turkey).

Kayahan- Yüksel, D. & Emmioğlu- Sarıkaya, E. (2021). Mother's participation in literacy education of children with special learning disability: a draft training program. E-International *Journal of Educational Research*, 12(5), 36-64. https://doi.org/10.19160/e-ijer.999351.

Kazak, A. (1987). Families with disabled children: stress and social network in three samples. *Journal Of Abnormal Psychology,* 25,137-146.

Keleşoğlu, F. & Aksakal Kuç, H. (2020). A qualıtatıve research on the anxiety and stress conditions of families with special needs children. *Turkish Journal of Applied Social Work*, 3(1), 67-87.

Kerenhappachu, M. S., &Sridevi, G. (2014). Care giver's burden and perceived social support in mothers of children with mental retardation'. *International Journal of Scientific And Research Publications*, 4(4), 1-6.

Keyes, C. L., Shmotkin, D. & Ryff, C. (2002). Optimizing well-being: the empirical encounter of two traditions. *Journal of Personality and Social Psychology*, 82, 1007-1022.

King, G., King S., Rosenbaum P., & Goffin R. (1999). Family-centered caregiving and well-being of parents of children with disabilities: linking process with outcome. *J Pediatr Psychol*;24:41–53.

Kirkham, M.A. (1993). Two year follow-up of mothers of children with disabilities. *Journal of Abnormal Psychology*, 97 (5), 50.

Krause, N., & Liang, J. (1993). Stress, social support, and psychological distress among the Chinese elderly. *Journal of Gerontology,* 48(6), P282-P291.

Kupferberg, A., Bicks L., & Hasler G. (2016). Social functioning in major depressive disorder. *Neurosci Biobehav Rev.;* 69(1):313–332. https://doi.org/10.1016/j.neubiorev.2016.07.002 PMID: 27395342.

Kumar, I., & Akhtar, S. (2001). Rate of anxiety in mothers of mentally retarded children. *Indian Journal of Psychiatry,* 43(2), 27.

Kumari, S.,& Kiran, M.,(2020). Parentıng stress, psychologıcal wellbeıng and socıal support ın mothers of chıldren wıth mental retardatıon. *Internatıonal Journal Of Scıentıfıc Research*,9 (1),57-60. DOI: 10.36106/ijsr

Lessenberry, B. & Rehfeldt, R. (2004). Evaluating stress levels of parents of children with disabilities. *Council for exceptional children,* 70 (2), 231-244.

Machado, SB., Celestino M., Serra J., Caron J., & Ponde M. (2016). Risk and protective factors for symptoms of anxiety and depression in parents of children with autism spectrum disorder. *Dev Neurorehabil.;* 19 (3):146–153. https://doi.org/10.3109/17518423.2014.925519 PMID: 24950424

Majumdar, M., Da Silva, P. Y., & Fernandes, J. (2005). Stress and anxiety in parents of mentally retarded children. *Indian Journal of Psychiatry*, 47(3), 144-147.

Manuel, J., Naughton MJ., Balkrishnan R., Smith BP., & Koman LA. (2003). Stress and adaptation in mothers of children with cerebral palsy. *J Pediatr Psychol.*;28: 197-201.

Miller, AC., Gordon RM., Daniele RJ., & Diller L. (1992). Stress, appraisal and coping in mothers of disabled and nondisabled children. *J Pediatr Psychol;*17:587–605.

Mumford, D. B., Saeed, K., Ahmad, I., Latif, S., & Mubbashar, M. H. (1997). Stress and psychiatric disorder in rural Punjab. A community survey. *The British Journal of Psychiatry*, 170, 473-478.

Navabifar (2008). The effect and comparison of rational-emotive, behavioral group therapy on women depression. *The Journal of Science and Research in Psychology*. 37, 41-64.

Ngo H., Shin J., Nhan N., &Yang L. (2012). Stigma and restriction on the social life of families of children with intellectual disabilities in Vietnam. *Singapore Med J.;* 53(7):451–457. PMID: 22815013.

Olsson, MB & Hwang CP. (2001). Depression in mothers and fathers of children with intellectual disability. *J Intellect Disabil Res.;* 45(pt 6):535–543. PMID: 11737541

Ong, LC., Afifah I., Sofiah A., & Lye MS. (1998). Parenting stress among mothers of Malaysian children with cerebral palsy: predictors of child-and parent-related stress. *Ann Trop Paediatr.*;18: 301-7.

Osborn, DPJ. (2001). The poor physical health of people with mental illness. *West J Med*.; 175(5):329–332. PMID: 11694483.

Özel Eğitim Hizmetleri Yönetmeliği (2018, 7 Temmuz). *Resmî Gazete* (Sayı: 30471).

Park, C. L. (1998). Stress-related growth and thriving through coping: The roles of personality and cognitive processes. *Journal of Social Issues*, 54(2), 267–277.

Parish, SL., Rose RA., Weiss-Grinstein M., Richman EL., & Andrews ME. (2008). Material hardship in US families raising children with disabilities. *Exceptional Children.;* 75(1):71–92.

Peer, J.& Hillman S. (2014). Stress and resilience for parents of children with ıntellectual and developmental disabilities: a review of key factors and recommendations for practitioners. *J Policy Pract Intellect Disabil*.; 11(2):92–98. https://doi.org/10.1111/jppi.12072

Pelchat, D., Ricard N., Bouchard JM., Perreault M., Saucier J-F., Berthiaume M., & Bisson J. (1999). Adaptation of parents in relation to their 6-month-old infant's type of disability. *Child Care Health Dev*;25:377–397.

Peshawaria, R., Menon, D. K., Ganguly, R., Roy, S., Rajam Pillay, P. R. S., & Gupta, S. (1998). A study of facilitators and inhibitors that affect coping in parents of children with mental retardation in India. *Asia Pacific Disability Rehabilitation Journal,* 9(1), 118-126.

Pivik, J., Mc Comas J., & Laflamme M. (2002). Barries and facilitators to inclusive education. *Except Child*;69:97–107.

Ralpmund, V., & Moore C. (2000). Women's stories of depression: a constructivist approach. *S Afr J Psychol*;30:20–31.

Köroğlu, E. (2004). *Depresyon: nedir, nasıl bas¸ edilir.* I. Baski. Ankara: Hekimler Yayin Birligi Yayini.

Krauss, M. W. (1993). Child-related and parenting stress: Similarities and differences between mothers and fathers of children with disabilities. American journal on mental retardation.

Roach, MA., Orsmond GI., & Barrat SM. (1999). Mothers and fathers of children with Down syndrome. *Am J Ment Retard;*104:422–436.

Rodriguez, CM., & Murphy LE. (1997). Parenting stress and abuse potential in mothers of children with developmental disabilities. *Child Maltreat*; 3: 245–252.

Ryde-Brandt, B. (1990). Anxiety and depression in mothers of children with psychotic disorders and mental retardation. *Br J Psychiatry*., 156: 118-21.

Rudolph, M., Rosanowski F., Eysholdt U., & Kummer P. (2003). Anxiety and depression in mothers of speech impaired children. *Int J Pediatr Otorhinolaryngol*.;67: 1337-41.

Russell, G. (1986). *Primary caretaking and role-sharing fathers*. In M. E. Lamb (Ed.), The father's role: Applied perspectives (pp. 29-57). New York, NY: Wiley.

Sahdra, B. K., Ciarrochi, J., Parker, P., & Scrucca, L. (2016). Using genetic algorithms in a large nationally representative American sample to abbreviate the multidimensional experiential avoidance questionnaire. *Frontiers in Psychology*, 7, 189.

Sanders, JL., & Morgan SB. (1997). Family stress and adjustment as perceived by parents of children with autism or Down syndrome: Implications for intervention. *Child & Family Behavior Therapy*.;19: 15-32.

Sarisoy, M. (2000). *Marital adjustment of autistic and mentally etarted children parents*. MSc thesis. Izmir, Turkey: Ege University;. p 83

Schafer, W. (2000). *Stress management for wellness*. (3rd ed.). New York: Holt, Reinhart & Winston.

Schalock, R., Luckasson, R., & Shogren, K. (2007). The renaming of mental retardation: Understanding the change to the term intellectual disability. *Intellectual and Developmental Disabilities*, 45(2), 116-124.

Scherer, N., Verhey, I., & Kuper, H. (2019). Depression and anxiety in parents of children with intellectual and developmental disabilities: A systematic review and meta-analysis. *PloS one,* 14(7), e0219888.

Seltzer, MM., Greenberg JS., Floyd FJ., Pettee Y., & Hpng J. (2001). Life course impacts of parenting a child with a disability. *Am J Ment Retard*;106:265–286.

Shapiro, J. (1983). Family reactions and coping strategies in response to the physically ill or handicapped child: a review. *Soc Sci Med;*17:913–931.

Shin, JY. (2002). Social support for families of children with mental retardation: comparison between Korea and the United States. *Ment Retard;*40:103–118.

Singer, G. (2006). Meta-Analysis of comparative studies of depression in mothers of children with and without developmental disabilities. *Am J Ment Retard*.; 111(3):155–169. PMID: 16597183

Slentz, K. L., & Bricker, D. (1992). Family-guided assessment for IFSP development: Jumping off the family assessment bandwagon. *Journal of Early Intervention*, 16(1), 11–19.

Sloper, T., & Beresford B. (2006).Families with disabled children. *BMJ*;333:929–930.

Smith, T. B., Innocenti MS., Boyce GC., & Smith CS. (1993). Depressive symptomatology and interaction behaviors of mothers having a child with disabilities. *Psyhol Rep.;*73: 1184-6.

Smith, T. B., Oliver, M. N. I., & Innocenti, M. S. (2001). Parenting stress in families of children with disabilities. *American Journal of Orthopsychiatry*, 71(2), 257–261.

Stoneman, Z., &Crapps, J. M. (1988). Correlates of stress, perceived competence, and depression among family care providers. *American Journal on Mental Retardation*.

Summers, J. A., Dell'Oliver, C., Turnbull, A. P., Benson, H. A., Santelli, E., Campbell, M., & Siegel-Causey, E. (1990). Examining the individualized family service plan process: What are family and practitioner preferences?. *Topics in Early Childhood Special Education*, 10(1), 78-99.

Siegel-Causey, E. (1990). Examining the individualized family service plan process: What are family and practitioner preferences? *Topics in Early Childhood Special Education*, 10(1), 78–99.

Tavakolizadeh, J., Dashti, S., & Panahi, M. (2012). The effect of rational-emotional training on mothers' mental health condition of children with mental retardation. *Procedia-Social and Behavioral Sciences*, 69, 649-658.

Tazaki, M & Landlaw, K. (2006). Behavioural mechanisms and cognitive-behavioural interventions of somatoform disorders. *International Review of Psychiatry*, 18 (1), 67-73.

Toprakçı, E. & Altunay, E. (2014). The relationship of psychological counseling and guidance staff and their administrators (a qualitative analysis in the stories) *Elementary Education Online,* 13(2), 526-545, 2014. [Online]: http://ilkogretim-online.org.tr

Trute, B., & Hiebert-Murphy, D. (2002). Family adjustment to childhood developmental disability: A measure of parent appraisal of family impacts. *Journal of Pediatric Psychology*, 27(3), 271–280.

Trute, B., & Hiebert-Murphy, D. (2005). Predicting family adjustment and parenting stress in childhood: Disability services using brief assessment tools. *Journal of Intellectual and Developmental Disability*, 30(4), 217–225.

Trute, B., Hiebert-Murphy, D., & Levine, K. (2007). Parental appraisal of the family impact of childhood developmental disability: Times of sadness and times of joy. *Journal of Intellectual and Developmental Disability,* 32(1), 1–9.

Uğuz, Ş., Toros, F., İnanç, B. Y., & Çolakkadıoğlu, O. (2004). Zihinsel ve/veya bedensel engelli çocukların annelerinin anksiyete, depresyon ve stres düzeylerinin belirlenmesi. *Klinik Psikiyatri,* 7(1), 42-7.

Uncu, Y., Bayram N., & Bilgel N. (2007) Job related affective wellbeing among primary health care physicians. *Eur J Public Health 1*7(5):514–519

Vernon, H.G. & David, J. (2001). Coping and ıllness cognitions: chronic fatigue syndrome. *Psychological studies,* 21(2), 161-178.

Warren, R, Deffenbacher, JL. & Brading, P. (1976). Rational-emotive therapy and the reduction of test anxiety in elementary school students. *Rational Living*, 11(2), 26-29.

Wilton, K., & Renaut, J. (1986). Stress levels in families with intellectually handicapped preschool children and families with non-handicapped preschool children. *Journal of Mental Defciency Research*.

Woodman, A., Mawdsley H., &Hauser-Cram P. (2015). Parenting stress and child behavior problems within families of children with developmental disabilities: transactional relations across 15 years. *Res Dev Disabil.;* 36(1):264–276. https://doi.org/10.1016/j.ridd.2014.10.011 PMID: 25462487.

XU, Wenwei. (2006). Wuxi Mental Health Center,;Therapeutic effect of Ellis rational emotive behavior therapy on depression; *Journal of Clinical Psychiatry;* -04.

Yavuz, F., Iskin, M., Ulusoy, S., Esen, F. B., & Burhan, H. S. (2014). T*urkish Version of AAQ-II: Preliminary analysis of reliability and validity. I*n ACBS Annual World Conference (Vol. 12, pp. 17-22).

Yılmaz, Ö., Boz, H., & Arslan, A. (2017). Depresyon anksiyete stres ölçeğinin (DASS 21) Türkçe kısa formunun geçerlilik-güvenilirlik çalışması. *Finans Ekonomi ve Sosyal Araştırmalar Dergisi*, 2(2), 78-91.

Yüksel, A. & Uyanık, Y. (2021). Engelli çocuk sahibi kadınların yaşadıkları güçlüklerin incelenmesi. Ankara Hacı Bayram Veli Üniversitesi *İktisadi ve İdari Bilimler Fakültesi Dergisi*, 23(3), 805-830. https://doi.org/10.26745/ahbvuibfd.997669

Yüksel, M. Y. & Eren, B. S. (2007). Otistik çocuğa sahip ailelerle yapilan grupla psikolojik danışma çalişmasının ailelerin depresyon ve problem çözme becerileri üzerine etkisi. *Eğitim Bilimleri Dergisi*, 25(25), 197-210.

Zare, M. & Shafiabadi, A. (2007). The comparison of effectuality of rational-emotive, behavioral group counseling and psychodram counseling on improving mental health and emotional expressing in women clients. *Scientific and Research Journal Of Women Studies* 2(1).

Zigler, E. & Hodapp, R.M. (1986). Unresponsiveness in children with severe disabilities: potential effects on parent-child ınteractions. *The Exceptional Child*, 34(1), 32-36.

Orta-Ağır Zihinsel ve Bedensel Engelli Çocukların Annelerine Uygulanan Grup Psikolojik Danışmanlık Programının Etkililiği

Assist.Prof.Dr.Fatıma Firdevs Adam Karduz
Sivas Cumhuriyet Üniversitesi - Türkiye
ORCID: 0000-0003-1765-6287
karduzfirdevs@cumhuriyet.edu.tr

Dr.Adnan Özbey
University of North Texas – USA
ORCID: 0000-0002-5198-8026
adnanozbey@hotmail.com

Özet

Bu araştırmanın temel amacı orta-ağır düzey zihinsel ve bedensel engelli çocuğa sahip annelere uygulanan grupla psikolojik danışma programının psikolojik iyi oluş, yaşantısal kaçınma, depresyon, anksiyete ve stres üzerindeki etkililiğinin incelenmesidir. Bu araştırma deseni işlevi açısından seçkisiz kontrollü deneysel sınama olarak sınıflandırılabilir. Bu amacla çalışma deneysel desenlerden öntest sontest eşleştirilmiş kontrol gruplu desene göre desenlemiş, çalışma grubunun belirlenmesinde seçkisiz örnekleme yönteminden yararlanılmıştır. Kolay ulaşılabilir ve uygulama yapılabilir olması göz önünde bulundurularak araştırmanın çalışma grubu oluşturulmuştur. Deney grubunda 14 kişi ve Kontrol grubunda 14 kişi olmak üzere toplamda 28 kişinin katılımı ile gruplar oluşmuştur. Veri toplamak için Kişisel Bilgi Formu, Kabul ve Eylem Formu-II (KEF-II), Depresyon Anksiyete Stres Ölçeği Kısa Formu (DASS-21), Beş Boyutlu İyi Oluş Ölçeği (PERMA) formalarından faydalanılmıştır. Deney grubuna 9 oturumluk Bağlamsal Pozitif Psikoloji Yaklaşımına Dayalı Grupla Psikolojik Danışma Programı uygulanmış olup kontrol grubu ile ilgili herhangi bir çalışma yapılmamıştır. Oturumlar, grupla psikolojik danışmaya oryantasyon/yapılandırma, kişisel değerler ve güçler, zihin ve davranışlar, yaratıcı umutsuzluk, minnettarlık (değerbilirlik) olgusunu merkeze alma, affedicilik üzerine odaklanma, kendindelik/bilinçli farkındalık üzerine odaklanma, yaşam anlamı ve umut odaklı temaları içermektedir. Oturumların başlangıcında ön-test, bitişinden (son oturumdan) sonra deney ve kontrol gruplarına aynı ölçme aracı seti son-test olarak uygulanmıştır. Çalışmanın neticesinde; uygulanan eğitim programının deney grubunun kabul-eylem becerilerini geliştirme noktasında etkili olmuştur, depresyon, stres, anksiyete ve yaşantısal kaçınma düzeyleri açısından; deney grubun lehine anlamlı düzeyde bir azalma, iyi oluş düzeyin de ise anlamlı düzeyde bir yükselme gözlenmiştir.

Anahtar Kelimeler: *Anksiyete, Depresyon, Grupla psikolojik danışma, Psikolojik iyi oluş, Stres, Yaşantısal kaçınma*

E-Uluslararası Eğitim Araştırmaları Dergisi

Cilt: 13, No: 6, ss. 65-85

Araştırma Makalesi

Gönderim: 2022-10-07
Kabul: 2022-11-18

Önerilen Atıf

Adam Karduz, F.F. ve Özbey, A. (2022). Effectiveness of the group psychological counseling program applied to mothers of moderate-severe mentally and physically handicapped children, *E-Uluslararrası Eğitim Araştırmaları Dergisi,* 13(6), 65-85. DOI: https://doi.org/10.19160/e-ijer.1185879

Genişletilmiş Özet

Problem: *Bu araştırmanın amacı grupla psikolojik danışma programının orta-ağır düzey zihinsel ve bedensel engelli* çocuğa sahip annelerin psikolojik iyi oluş, yaşantısal kaçınma, depresyon, anksiyete ve stres düzeyine etkisinin incelenmesidir. Bu amaç doğrultusunda grupla psikolojik danışma uygulamasının deney grubu ve kontrol grubundaki engelli çocuğa sahip anneler arasında iyi oluş, depresyon, anksiyete, stres ve psikolojik iyi oluş açısından anlamlı fark var mıdır? Sorusuna cevap aranmaktır.

Method: Araştırmanızın modeli/Orta-ağır düzey zihinsel engelli çocuğa sahip annelere uygulanan grupla psikolojik danışma programının psikolojik iyi oluş, yaşantısal kaçınma, depresyon, anksiyete ve stres üzerindeki etkisinin incelendiği bu çalışma nicel araştırma yöntemlerinden deneysel desene göre tasarlanmıştır (Creswell, 2013). Deneysel çalışmalarda uygulanan ön testler ve son testlerden elde edilen sonuçlar değerlendirilerek kullanılan tekniğin deney grubu üzerinde etkisi araştırılabilir (Büyüköztürk, 2013). Bu nedenle çalışma deneysel desenlerden öntest sontest eşleştirilmiş kontrol gruplu desene göre desenlemiş, çalışma grubunun belirlenmesinde seçkisiz örnekleme yönteminden yararlanılmıştır (Büyüköztürk, Çakmak, Akgün, Karadeniz & Demirel, 2008).

Kolay ulaşılabilir ve uygulama yapılabilir olması göz önünde bulundurularak araştırmanın çalışma grubu oluşturulmuştur. Bu amaçla 44 orta- ağır düzey zihinsel engelli çocuğa sahip anneye Bilgi Formu, Depresyon Anksiyete Stres Ölçeği (DASS-42), PERMA Beş Boyutlu İyi Oluş Ölçeği, Kabul ve Eylem Formu II ölçme araçları uygulanmıştır. 44 anneden elde edilen verilerden sonra grupla psikolojik danışma programına gönüllü olarak katılmak isteyen annelerden seçkisiz olarak (kura ile) deney ve kontrol grubu olmak üzere iki grup oluşturuldu. Deney grubunda 14 kişi ve Kontrol grubunda 14 kişi olmak üzere toplamda 28 kişinin katılımı ile gruplar oluşmuştur. Katılımcıların yaşı 29 ila 52 arasında değişmekte olup katılımcıların yaş ortalaması 39,9'dur, eğitim düzeyi de 10'u ilköğretim ve 18'i lise mezunudur.

Veri toplama araçları olarak; Kişisel Bilgi Formu: Katılımcıların araştırma için gerekli olan kişisel bilgilerini elde etmek için kullanılan Kişisel Bilgi Formu araştırmacı tarafından geliştirilmiştir. Bu formda katılımcının yaşı, çalışma durumu, mesleği, medeni durumu vb. gibi sorulara yer verilmiştir.

Kabul ve Eylem Formu-II (KEF-II) [Acceptance ve Action Questionnaire (AAQ II)]: Araştırmada psikolojik esneklik düzeyini ölçmek amacıyla Kabul ve Eylem Formu II kullanılmıştır. Bond vd. (2011) tarafından geliştirilen Kabul ve Eylem Formu-II (KEF-II) yedi maddeden oluşan ve psikolojik esnekliği ölçen, yedili likert tipi bir ölçektir. Ölçeğin Türkçe'ye uyarlaması Yavuz, Iskin, Ulusoy, Esen ve Burhan (2014) tarafından yapılmıştır. Ölçek varyansın % 61.8'ini açıklayan bir faktörden oluşmakta olup ölçeğin iç tutarlık katsayısı .90 olarak hesaplanmıştır. İki hafta sonra yapılan test tekrar test güvenirliği .85 olarak hesaplanmış olup ve eylem formu ile Beck depresyon ölçeği ile .63; ruminatif düşünme biçimi ölçeği ile de arasında .53 düzeyinde bir ilişki bulunmuştur. Ölçekten alınan puanların artması psikolojik katılığın ve yaşantısal kaçınmanın arttığını göstermektedir.

Depresyon Anksiyete Stres Ölçeği Kısa Formu (DASS-21): Annelerin depresyon, anksiyete ve stres düzeylerinin belirlemek amacı ile ''Depresyon Anksiyete Stres Ölçeği (DASS-21)'' kullanılmıştır. Türkçe'ye Uncu ve arkadaşları (2007) tarafından uyarlanan ölçeğin uzun formunun geçerlilik ve güvenirlilik çalışması Bayram, Gürsakal ve Bilgel (2009) tarafından; kısa formunun geçerlik ve güvenirlik çalışması ise Yılmaz, Boz ve Arslan (2017) tarafından yapılmıştır. Ölçek depresyon, anksiyete ve stres semptomlarını ölçmek için hazırlanmış olup 21 maddeden oluşmaktadır. 618 kişi üzerinde yapılan çalışmadan elde edilen veriler doğrultusunda ölçeğin güvenirlik katsayısı, 755 ile, 822 arasında bulunmuştur. Bu ölçme aracındaki 0-9 puan aralığı normal depresyon, 0-7 puan aralığı normal anksiyete ve 0-14 puan aralığı normal stres göstergesidir. Ölçek 4'lü Likert Tipi olup depresyon, stres ve anksiyete boyutlarını ölçmek için 7'şer soru yer almaktadır. Ölçekte 0 "hiçbir zaman", 1 "bazen", 2 "oldukça sık", ve 3 "her zaman" şeklinde kodlanmıştır.

Beş Boyutlu İyi Oluş Ölçeği (PERMA): Butler ve Kern (2016) tarafından geliştirilen ve Demirci, ve diğerleri (2017) tarafından Türkçe uyarlaması yapılan PERMA 8 dolgu maddeli toplam 23 sorudan ve 5 alt boyuttan (olumlu duygular, anlam, olumlu ilişkiler, başarı, bağlanma) oluşmaktadır. Ölçekte 7, 12, 14 ve 20. maddeler ters kodlanmaktadır. Her boyutta 3 soru bulunmaktadır. Olumlu duygular 5, 10, 22; bağlanma 3, 11, 21; olumlu ilişkiler 6, 15, 19; anlam 1, 9, 17; başarı ise 2, 8, 16 maddeleri ile ölçülmektedir. Olumlu duygulara "Genel olarak, ne sıklıkta olumlu hissedersiniz?"; bağlanma boyutuna "Ne sıklıkla yaptığınız işe kendinizi verirsiniz?"; olumlu ilişkiler boyutuna "Ne derecede sevildiğinizi hissedersiniz?"; anlam boyutuna "Genel olarak, ne ölçüde amaçlı ve anlamlı bir hayat sürdürmektesiniz?" ve başarı boyutuna da "Kendiniz için belirlediğiniz önemli hedeflere ne sıklıkla ulaşırsınız?" soruları örnek verilebilir.

Toplam iyi oluş; anlam, başarı, bağlanma, olumlu ilişkiler ve olumlu duygular alt boyutlarının ortalaması ile hesaplanmaktadır. Toplam Croanbach Alpha katsayısı .91, olumlu duygular alt boyutu .81, bağlanma alt boyutu .61, olumlu ilişkiler alt boyutu .61, anlam alt boyutu .77 ve başarı alt boyutu için .70'tir.

Orta-ağır düzey zihinsel engelli çocuğa sahip annelere uygulanan grupla psikolojik danışma programının psikolojik iyi oluş, yaşantısal kaçınma, depresyon, anksiyete ve stres üzerindeki etkililiğinin incelenmesi amacıyla orta- ağır düzey zihinsel engelli çocuğa sahip 44 anneye Bilgi Formu, Depresyon Anksiyete Stres Ölçeği (DASS-42), PERMA Ölçeği, Kabul ve Eylem Formu II ölçme araçları uygulanmıştır. 44 anneden elde edilen verilerden yola çıkarak en düşük düzeyde psikolojik iyi oluş ve en yüksek düzeyde yaşantısal kaçınma, depresyon, anksiyete ve stres değerlerine sahip olan annelerden seçkisiz olarak (kura ile) deney (14 kişi) ve kontrol grubu (14 kişi) olmak üzere iki grup oluşturulmuştur. Grupla Psikolojik Danışma oturumlarına başlamadan önce tüm katılımcılarla araştırmacı bir ön görüşme yapmıştır. Deney ve kontrol grubuna program uygulanmaya başlanmadan önce bahsi geçen ölçekler öntest olarak, program uygulandıktan sonra ise aynı ölçekler sontest olarak uygulanmıştır.

Bulgular: Öncelikle deney ve karşılaştırma gruplarının ön değerlendirme testi puanları arasında anlamlı bir fark olup olmadığı test edilmiştir. Deney grubu annelerinin ön test puanları ile karşılaştırma grubu annelerinin ön test puanları arasında anlamlı bir farklılaşma olmadığı tespit edilmiştir ((KABUL-EYLEM (U = 66,000, p > .05)), (DAS (U = 92,000, p > .05)), (PERMA KE (U = 64,000, p > .05)). Deney grubunun kabul-eylem ölçeğinden aldıkları ön test ve son test puanları arasında anlamlı farklılaşma olup olmadığını belirlemek için yapılan Wilcoxon işaretli sıralar testi sonucunda aradaki farkın anlamlı olduğu bulunmuştur (=-3,066, p<.05). Kontrol/Karşılaştırma grubu öğrenci annelerinin kabul-eylem formunun ön test ve son test sonuçları arasında farklılık olup olmadığını belirlemek için Wilcoxon işaretli sıralar testi uygulanmış ve kontrol/karşılaştırma grubu öğrenci annelerinin 9'u süreç sonunda puanını yükseltirken, 3'ü puanını düşürmüştür. Bu farklılaşmanın istatistiksel olarak anlamlı olmadığı görülmektedir (z =-1,464, (p >.05)).

Deney grubunun DAS formundan aldıkları ön test ve son test puanları arasında anlamlı farklılaşma olup olmadığını belirlemek için yapılan Wilcoxon işaretli sıralar testi sonucunda aradaki farkın anlamlı olduğu görülmüştür (z = -3,308, p <.05). Kontrol/Karşılaştırma grubu öğrenci velilerinin DAS formunun ön test ve son test sonuçları arasında farklılık olup olmadığını belirlemek için Wilcoxon işaretli sıralar testi uygulanmış ve kontrol/karşılaştırma grubu öğrenci annelerinin 8'i süreç sonunda başarı puanını yükseltirken, 6'sı başarı puanını düşürmüştür. Bu farklılaşmanın istatistiksel olarak anlamlı olmadığı görülmektedir (z =-,535, p>.05). deney grubunun PRE formundan aldıkları ön test ve son test puanları arasında anlamlı farklılaşma olup olmadığını belirlemek için yapılan Wilcoxon işaretli sıralar testi sonucunda aradaki farkın anlamlı olduğu görülmüştür (z =-3,301, p<.05). Kontrol/Karşılaştırma grubu öğrenci annelerinin PRE formunun ön test ve son test sonuçları arasında farklılık olup olmadığını belirlemek için Wilcoxon işaretli sıralar testi uygulanmış ve kontrol/karşılaştırma grubu öğrenci velilerinin 8'i süreç sonunda başarı puanını yükseltirken, 12'si başarı puanını düşürmüştür. Bu farklılaşmanın istatistiksel olarak anlamlı olmadığı görülmektedir (z =-1,870, (p>.05)).

Öneriler: Aile ve Sosyal Hizmetler Bakanlığı tarafından engelli çocuğa sahip annelere gerekli sosyal destek hizmetleri yaygınlaştırılarak sunulabilir. Hizmetlerin bütün engelli annelerine ulaşması ve annelerin katılımının teşvik edilmesi çok önemlidir. Çünkü bazı anneler zihinsel engelli çocukları ile sosyal işlevlere katılmaktan utanmaktadır (Crnic ve diğerleri, 1983).

Toplumun engellilere yönelik olumsuz tutumlarının şekillenmesine ve düzeltilmesine yardımcı olacak, zihinsel engelli çocukların ailelerinin sorunlarının bilincine varılmasını sağlayacak farkındalık tasarım programları düzenlenebilir. Engelli birey ve yakınlarının sosyal hayata daha sık katılmaları teşvik edilmeli ve toplumdan soyutlanmasına izin verilmemelidir. Bunun için fiziksel ortam yeniden düzenlenmeli ve yerel yönetimlerin farkındalığı artırılmalıdır.

Okul ve kurumlarda psikolojik danışmanlar, psikologlar, sosyal hizmet uzmanları tarafından engelli çocuğa sahip anne-babalara yönelik bilgilendirme ve sosyal destek sağlamak için grupla psikolojik danışma uygulamasının yapılması oldukça verimli olacaktır.

Stres, depresyon, anksiyete ile başa çıkma stratejileri, yaşantısal kabul ve psikolojik iyi oluş düzeylerini artırmaya yönelik bireysel ve aileyi destekleyici psikoterapi desteği verilmesi yararlı olacaktır.

Gelecekte hem kentsel hem de kırsal ortamları hem engelli hem de normal gelişim gösteren çocukların anne-babalarını ve daha büyük bir örneklem büyüklüğünü kapsayan, ülke çapında birden fazla alanı içeren çalışmalar yapılabilir.