

**Psycho-educational Program to Enhance Alerting Consciousness and Seeking
Support among Family Caregivers having Children with Autism**

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Introduction

Autism Spectrum Disorder (ASD) is a multifaceted neuro-developmental disability that is characterized by impairment in communication skills and social relations combined with repetitive and stereotyped behaviors **(Mattingly & Chetty, 2025)**. According to the World Health Organization (WHO), prevalence of ASD worldwide is 1 in every 100 children **(Kieling, et al., 2024)**. Prevalence of ASD in Egypt is estimated 5.4/1000 among Egyptian children **(Metwally, et al., 2023)**.

The responsibilities of providing care for children with autism such as feeding, toileting, grooming, maintaining hygiene, and facilitating communication, along with the financial burden and ongoing medical care present significant difficulties and challenges on family caregivers such as low parenting coping patterns, high-stress levels, physical and mental health problems, serious financial difficulties, time limitations, reduced social support difficulties with sibling adjustment, increased burden of care, and social stigma that make them more liable to sever fatigue (CF) **(Marsack-Topolewski & Samuel, 2024)**.

Alerting consciousness and seeking support are essential coping patterns among family caregivers of children with autism spectrum disorder (ASD). Alerting consciousness refers to the caregiver's awareness of stressors, recognition of emotional strain, and acknowledgement of personal limitations, which enables timely mobilization of resources. When caregivers are mindful of their needs, they are more likely to take proactive actions like seeking emotional, informational, and instrumental support. Caregivers who actively seek support from family, peers, and professional networks report lower stress levels and better resilience compared to those who rely on avoidance patterns **(Sumbane, 2024)**.

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Caregivers can employ both sorts of coping strategies concurrently, and their efficacy can impact the overall welfare of the family. These include seeking guidance, and assistance from healthcare professionals and support groups, establishing regular routines and structures in daily life, and engaging in mindfulness and relaxation techniques. In addition, certain caregivers may employ alerting consciousness. It is crucial to acknowledge that the efficacy of coping methods might differ among parents, and the might differ among parents, and the selection of coping strategy may be influenced by the individual's personal traits, the intensity of the child's symptoms, and the presence of social support (**Atos, 2024**).

Psycho-educational program is the most crucial part of a caregiver's responsibility in identifying and managing autism. The caregivers need to be able to acquaint with the selection of symptoms related to autism to enhance their knowledge, comprehension, and assistance for both themselves and their children to promote socialization, facilitate learning and development, and minimize maladaptive behaviors. Furthermore, they oversee the organization of therapies and interventions that meet the specific requirements of every child according to their needs (**Adam, et al., 2024**).

Significance of the study

According to the World Health Organization (WHO), prevalence of ASD worldwide is 1 in every 100 children (**Kieling, et al., 2024**). Prevalence of ASD in Egypt is estimated 5.4/1000 among Egyptian children (**Metwally, et al., 2023**). Children with ASD imposes distinct challenges on their family caregivers due to be are unable to cope effectively, including financial, physical, and psychological challenges, which can lead to significant stress, burden, and pessimism (**Rizzo, et al., 2024**). So, It's important of psycho-educational program to support caregivers who have children with ASD to deal with their psychological problems as well as find alerting consciousness

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and seeking support that increases their life satisfaction, and quality of life that enable caregivers to deal with their children suffering.

Aim of the study

The aim of this study is to evaluate the effect of psycho-educational program to enhance alert consciousness and seeking support among family caregivers having children with autism.

This aim will be achieved through the following:

- 1) Assessing the levels of alert consciousness among family caregivers having children with autism.
- 2) Assessing seeking support among family caregivers having children with autism.
- 3) Developing and implementing psycho-educational program to enhance alert consciousness and seeking support among family caregivers having children with autism
- 4) Evaluating the effect of psycho-educational program on enhance alert consciousness and seeking support among family caregivers of children with autism

Research Hypothesis:

Psycho-educational program will have a positive effect on enhance alerting consciousness and seeking support among family caregivers having children with autism.

Subjects and methods

Study design

In this study the researcher will use a quasi-experimental design (one group pre-posttest).

Research settings

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This study will be conducted at autistic center affiliated to El-Abbasia psychiatric and mental Hospital. It provides different therapeutic services for different child psychiatric disorders such as autism, ADHD, learning difficulties.

Research subjects

Type of sample: Purposive sample of family caregivers of children with autism registered in at previously mentioned setting.

Inclusion criteria for:

1-child:

- Age from 6 to 12 years old (school age).
- No neurological or physical disorders or disability.

2- Family caregivers:

- Primary caregiver at the same home and provide direct care for the children at least 1 year.
- Don't have other children with special needs or disability.

Sample Size

The required sample size for this quasi-experimental pre-post study was calculated using a paired-samples t-test. The sample size was determined (Cohen's d_z) formula:

$$N = (Z_{\alpha/2} + Z_{\beta} / d_z)^2$$

Where:

- $Z_{\alpha/2} = 1.96$ (critical value at 95% confidence level)
- $Z_{\beta} = 1.28$ (Z value corresponding to 90% power)
- d_z = effect size for paired samples, calculated as:

$$d_z = (M_{\text{post}} - M_{\text{pre}}) / SD_{\text{difference}}$$

Based on previous study data ((Moawad, et al., 2022). the pre-test mean (M_{pre}) was 15.16 and the post-test mean (M_{post}) was 17.32, with a standard deviation of the difference ($SD_{\text{difference}}$) of 2.61. Thus, the effect size was:

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$$d^z=2.6117.32-15.16\approx0.827$$

The initial calculation yielded a small sample size; however, after considering the finite population of 720 participants and adding a 10% allowance for attrition, the final study sample was set to 50 participants to ensure sufficient statistical power and practical feasibility.

Tools for data collection

The data for this study will be collected through using the following:

Tool I: Structured interview questionnaire.

It was translated into Arabic language to assess demographic data of child and sociodemographic of family caregivers including as follows:

For the child: Age in years, gender, and number of siblings, child order, and level of education.

For family caregiver: Age, gender, marital status, level of education, degree of contingency, and occupation, residence, income.

Tool II: Clinical data tool: It assesses clinical data for children with autism such as enrollment in the behavioral modification program, onset of diagnosis. And family history of psychiatric or mental illness.

Tool IV: *Brief-COPE inventory*

It was originally developed by (Carver, 1997) and adapted by Mohammed, et al, (2018). It was used to assess alerting consciousness and seeking support among family caregivers of children with ASD. It consists of 28 items presented in the form of a coping statement, and the responses ranged from: I have not been doing this at all (1), to I have been doing this a lot (4).

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Scoring system:

The total score was obtained by summing up the scores of each pattern. The higher summed scores indicated greater use of the alerting consciousness and seeking support. For each area of coping, the scores were converted into a percentage score. The alerting consciousness and seeking support of the caregivers of children with autism was considered ineffective if the score was $< 50\%$ and effective if the percent score was $\geq 50\%$.

Preparatory phase

It included reviewing current, past, local, international related literature, and knowledge of various aspects of the study using books, articles, periodicals, and internet to develop tools for data collection.

Validity

The content validity of the tools will be ascertained by a panel of experts (3) in the field of psychiatric mental health nursing who will review the content of the tools for their comprehensiveness, accuracy, clarity, and relevance.

Reliability

Cronbach's Alpha will be used to determine the internal reliability of the tools.

Ethical consideration

Research approval will be obtained from dean of the Faculty of Nursing Ain Shams University and Ethical Committee before starting the study. The researcher will explain the aim and objectives of the study to family caregiver of children with autism included in the study. Written approval will be obtained from the family caregiver of children with autism before inclusion in the

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study. They guarantee that all the gathered data will be used confidentially and will be used for research purposes only. The researcher assures maintaining anonymity and confidentiality of subjects' data collected in the study. Family caregiver of children with autism included in the study will be informed that they allow for withdrawal from the study at any time.

Administrative design

An official letter requesting permission to conduct the study will be submitted from the Dean of the Faculty of Nursing, Ain Shams University. This letter will include the aim of the study and photocopy from data collection tools to get permission and help for collection of data.

Pilot Study

A pilot study will be conducted on 10% (5) of the total sample in order to ensure the clarity of the questions and the applicability of the tools and the time needed to complete them.

Field work

- Data will be collected at the autistic center affiliated to El-Abbasia psychiatric and mental Hospital

-The researcher will explain the aim of the study to the family caregiver of children with autism and reassure the family caregiver that information collected will be treated confidentially and will be used only for the purpose of the research. Furthermore the researcher will explain the phases of program.

Psycho-educational Program: Aim to enhance alert consciousness and seeking support among family caregivers having children with autism, it consists of 11 sessions (4 theoretical sessions + 7 practical).

These theoretical sessions will be concerned with knowledge about autism spectrum disorder. Medication, activities, and follow up.

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These practical sessions will be concerned with acquiring basic skills and attitude regarding enhancing alert consciousness and seeking support.

Statistical design

Data collected from the studied sample will be analyzed and presented in tables and graphs as required and suitable statistical tests (SPSS) will be used to test the significance of results.

Results

The results of the study will be presented in tables and figures that are easy to understand and will be analyzed for information and the proper comments will be made.

Discussion

The results will be discussed in the light of available national and international studies.

Conclusions

It will be derived from the finding of the study based on the research questions or hypothesis.

Recommendations

It will be derived from the discussion based on the findings of the study.

Summary

A brief description of all parts of the study will be provided.

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