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ABSTRACT

This study compared parent stress, family functioning, and social support in 55 families with a developmentally handicapped child (ages 0-7) and 55 families with a nonhandicapped child. Findings indicated that a young handicapped child did induce greater stress in his parents than did a nonhandicapped child. Parents of handicapped children appeared to have greater problems associated with the care of the handicapped child, felt more pessimistic about the child's future, and felt more negative about his/her present behavioral and physical characteristics. The general functioning of families and availability of social support was altered but not necessarily impaired by the presence of a handicapped child. Families with handicapped children placed a greater emphasis on achievement and moral-religious beliefs and were more likely to employ rules and control as a method of operating family life. The two groups perceived equal degrees of social support, although the handicapped group received less from their own extended families. Results suggested that intervention efforts to relieve parental stress should focus on cultivating positive family relationships, developing skills for efficient operation of daily family activities and care of the handicapped child, and improving the social support system both inside and outside the family. (VW)

Parent Stress, Family Functioning and Social Support in Families of Young Handicapped Children

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Abstract

This study compared parent stress, family functioning and social support in families of young handicapped and nonhandicapped children. Comparisons were also made on the relationships between parent stress and family functioning and between parent stress and social support. The subjects included 55 families of handicapped children and 55 families of nonhandicapped children, matched by the child's age range, socio-economic status and family structure. Objective measures were taken. The results showed that the effect of a handicapped child was most prominent on the parental stress and the structure of family functioning and social support. However, a handicapped child did not impair the general family functioning and family support. Moreover, distinct aspects of family functioning and social support were functionally related to parent stress due to the care of a handicapped child. Implications for research and intervention were discussed according to the systems theory.

A handicapped child has special needs and requires special care. He will therefore present special problems and create special needs in his family. A handicapped child is hypothesized to be a stressor (Crnic, Friedrich & Greenberg, 1983; Friedrich, Wilturner & Cohen, 1985). A wealth of research on families of handicapped children has been generated, with the focus on the stress of parents in response to a handicapped child. Conflicting results, however, abound. Moreover, while the effects on the parents are well documented, little is known about the impact on the family system -- its functioning and support system. Even less attended to has been parents' coping with the stress due to the care of the handicapped child.

Guided by common sense and theoretical postulates that the presence of a handicapped child at home would induce stress for his family, studies have primarily examined the effect of a handicapped child on parental stress. The resulting literature has been inconclusive. Many studies have found in parents of handicapped children a high level of stress as shown by elevated psychological and psychiatric problems (Brayshaw & Lawton, 1978; Cummings, Bayley, & Rie, 1966; Dorner, 1973; McAndrew, 1976), marital disharmony (Farber, 1959, Friedrich & Friedrich, 1981; Gath, 1977; Tew & Laurence, 1973) and specific stress due to the care of the handicapped child (Dyson & Fewell, 1986; Friedrich & Friedrich, 1981). Perhaps just as many studies, however, have reported no greater degree, than average, of marital dissatisfaction (Waisbren, 1980), anxiety (Caldwell & Guze, 1960), mental health problem

(Gath, 1977) and the handicapped-child-related stress (Salisbury, 1987).

While methodological problems are common to the studies and may be responsible for the disparate results, conflicting findings remain where adequate control existed as in studies by Dyson and Fewell (1986), Waisbren (1980) and Salisbury (1987). Each of these studies employed a control group of nonhandicapped children who were matched with the handicapped children's families on major demographic characteristics. Yet, while Dyson and Fewell (1986) found greater parental stress than the control parents, Waisbren (1980) and Salisbury (1987) detected no such difference. Waisbren (1980), however, found parents to have a more negative view of the handicapped child and of the changes in themselves. The inconsistent results need further clarification. As a shared weakness of these three studies is a small sample size (N=15 to 30), a larger sample would furnish more representative results.

Contrary to the stress of parents, the functioning of the family as a system in the presence of a handicapped child has been ignored. Reviewers have commented on the paucity of studies on the family as an interactive unit (Longo & Bond, 1984; Crnic, et al., 1983). Yet, a relationship has been observed between physical disease and family functioning (Shapiro, 1983). The family system may alleviate or exacerbate a disease. The family is also a network of interpersonal relationships (Turnbull & Turnbull, 1986). The effect of a handicapped child would have an impact not only on the individual members such as parents but also on the

interpersonal relationships inside and outside the family system, as represented by the general family functioning and family's social support.

Farber (1959) reported that the presence of a severely mentally retarded child at home lowered family integration and marital integration. A chronically ill or physically handicapped child was reported to hamper a family's routine and social life (Dorner, 1973; McAndrew, 1975). Fotheringham, Skelton & Hoddonott (1972) found a decline in the general functioning of families of mentally retarded children who lived at home. Likewise, studies have reported less social support for parents of mentally retarded children (Friedrich & Friedrich, 1981) and chronically ill children (Farari, 1986). A negative impact of a handicapped child on his family functioning and social support thus appears to be a possibility.

As with family functioning, coping in families of handicapped children has been largely neglected by researchers (McKinney & Peterson, 1987). The bulk of studies center around the documentation of adversities and predicaments experienced by parents. Researchers have remarked that studies on families of handicapped children are "long on stress and short on coping" (Hamburg cited in Gayton, Friedman, Tavormina & Tucker, 1977, p.894). Others have commented that families of chronically ill children have been negatively stereotyped by researchers (Tavormina, Boll, Dunor, Luscomb & Taylor, 1981). Yet, both theoretical models and research evidence suggest that stress is not

a uniform response to having a handicapped child but that coping and adaptation may emerge in the families of handicapped children (Longo & Bond, 1984).

A model of coping of families of mentally retarded children rejects a simple linear relationship between the handicapped child as a stressor and the subsequent family response (Crnic et al., 1983). The model, rather, proposes that family response to the presence of a handicapped child would be the function of the family stress reaction in interaction with the family's ecological environment. According to the model, adaptive coping is then likely, depending on mediating factors existing in the family's ecological environment.

The theoretical model is further supported by studies indicating that stress in families of handicapped children would vary with child or family characteristics such as SES (Farber, 1959), sex (Farber, 1959; Friedrich, 1979), severity (McKinney & Peterson, 1987) and type of handicap (Beckman-Bell, 1981; Holroyd & McArthur, 1976) and other child characteristics such as social responsiveness, care-taking demands and behavior problems (Beckman-Bell, 1981). Stress was especially related to psychological factors such as social support (Farber, 1959; Friedrich et al., 1985; Longo & Bond, 1984; Sherman & Cocozza, 1984).

Research and theoretical models thus suggest that family stress in response to the presence of a handicapped child may be mediated by personal characteristics and psychological resources.

Greater clinical utility would be found in the identification of psychological resources that are modifiable. Potential psychological resources would likely derive from the family system--the general family functioning and the family's social support.

Family relationship and functioning has been found to be associated with perceived competence (Hauser, Jacobson, Wertlieb, Brink & Wentworth, 1985) and behavior symptoms (Westlieb, Hauser & Jacobson, 1986) in diabetic and acutely ill children. Family relationships were reported to predict the social adjustment and self-concept of mentally retarded children (Nihira, Meyers & Mink, 1980). Similar effects have been detected in parents. Perceived impact of a mentally retarded child by the parents was related to family conflict and marital disharmony (Nihira et al., 1980). Family relationships were associated with parental stress specific to the family and parent problems arising from the care of a mentally retarded child (Friedrich et al., 1985). The stress was lower where the family was cohesive and expressive and with little personal conflict . Another study found familial coping strategies with cystic fibrosis to be associated with family functioning (Venters, 1981).

Social support refers to material and emotional support provided to an individual. Social support is theorized to enhance self-esteem and hence increase coping (Cobb, 1976). A growing body of literature has related social support to family adjustment to a handicapped child. Support from mothers' parents strengthened

family integration in families of mentally retarded children (Farber, 1959). Support from the fathers' parents was positively related to the fathers' interaction and attitudes toward their developmentally disabled infants and other informal social support was related to the mothers' positive feelings toward the child (Waisbren, 1980). Spouse support as shown by marital satisfaction was a consistent predictor of stress in mothers of mentally retarded children (Friedrich, 1979; Friedrich et al., 1985) and mothers of developmentally handicapped young children (McKinney & Peterson, 1987). The availability of social support and community services are concluded to be a major factor affecting the decision to seek out of home placements for developmentally disabled individuals (Sherman & Cocozza, 1984).

Studies have thus suggested the mediating role of social support and family functioning for parents' adjustment to a handicapped child. Systematic study of this relationship, however, has been lacking. A common weakness of studies on family functioning and social support, except for that by Waisbren (1980), is the absence of a control group. This has rendered it impossible to evaluate whether the reported effects were distinct to families of handicapped children.

Research on families of handicapped children has therefore left unclear the impact of a handicapped child on parent stress, family functioning and family social support. Also unspecified is the parent coping process and its familial mediating factors. Further study of these issues would benefit intervention programs for families of handicapped children.

This study was designed to evaluate parental stress, family functioning and social support and to determine the relationship between parental stress and family functioning and social support in families of handicapped children. A control group was employed to assess whether families of handicapped children were unique in parental stress, family functioning and coping resources. I hypothesized that: (1) There would be a difference between families of handicapped children and families of nonhandicapped children in parental stress, (2) there would be a difference between families of handicapped children and families of nonhandicapped children in family functioning and social support, (3) there would be a relationship between parental stress and family functioning and social support, and (4) there would be a difference between families of handicapped children and families of nonhandicapped children in the relationships between parental stress and family functioning and social support.

Method

Subjects

The subjects were 110 families equally divided into two groups: the handicapped group consisting of families with a developmentally handicapped child and the nonhandicapped group having a nonhandicapped child of the same age range (under 7 years) as the handicapped child. The two groups were further matched by socio-economic status (SES) and family structure (one-parent vs. 2-parent).

Sixty families (30 of the handicapped group and 30 of the nonhandicapped group resided in a West Coast city in Canada and 50 (25 of the handicapped group and 25 of the nonhandicapped group) lived in a major North-West city in the U.S. The majority (87%) of families were Caucasian, with two parents (91%) and of middle socio-economic status (over 74%). While the handicapped group had more families in the lower status and also more in the middle -middle class, no difference appeared on the total SES rating ($p>.12$). However, whereas fathers in both groups were equally educated, mothers of the handicapped group had less formal education than mothers of the nonhandicapped group ($p<,04$). There were at least two children in each family. The average age of mothers was 34.4 years (SD=4.9, range=25 to 48) for the handicapped group and the average age of mothers in the nonhandicapped group was 34.9 (SD=3.9, range=24 to 44). The ages of the fathers ranged from 26 to 51 ($\bar{x}$=35.8, SD=5.4) in the handicapped group and 28 to 54 ($\bar{x}$=36.5, SD=3.7) in the nonhandicapped group.

The handicaps included mental retardation (N=18), physical and sensory handicaps (N=23), speech disorders (N=8), learning disabilities (N=2) and developmental delays (N=4). The degree of handicap, based on parents' reports, ranged from mild (N=16), moderate (N=26), severe (N=8) to profound (N=5).

Procedure

Families of handicapped children were recruited from early childhood and kindergarten special education programs, associations

for retarded citizens and public health clinics in Canada and the U.S. Families of nonhandicapped children were contracted through regular preschools, day care centers and primary grades in the same geographical regions. All programs were serving the children or their families.

Letters outlining the nature and purpose of the study were distributed to potential candidates through their respective programs. Upon informed consent, parents received a packet of questionnaires and assessment scales to be completed at home. Only one family required reading assistance in completing the questionnaire.

The selection criteria for the handicapped group was any family with a developmentally handicapped child under 7 years of age who was being served by a special education program. The selection criteria for the nonhandicapped group were any family who matched a family of handicapped children by SES and family structure and who had a child in the same age range as the handicapped children.

Instrumentation

As a component of a larger study on families of handicapped children, questionnaires and scales evaluating child and family development were employed. Only those instruments relevant to this study are presently reported.

The Questionnaire on Resources and Stress-Short Form (QRS-F). The QRS-F (Friedrich, Greenberg & Crnic, 1983), a short form of the Questionnaire on Resources and Stress (Holryd, 1974), designed to

evaluate the impact of a chronically ill or developmentally handicapped family member on other members. The Kuder-Richardson-20 reliability coefficient is .95, with item-total correlations ranging from .15 to .63 and a mean of inter-item correlation of .26. Factor analysis produced four factors: Factor 1, Parents and Family Problems, Factor 2, Pessimism, Factor 3, Child Characteristics and Factor 4, Physical Incapacitation. Completed by the parents in this study, the QRS-F yields a total scale score, the higher a score, the greater the stress. An example of the questionnaire is:"I seldom feel blue...True/False".

The Family Environment Scale (FES)-Form R. The FES-Form R (Moos & Moos, 1981) is a 90 item true-false scale that measures the social environmental characteristics of a family. A total of 10 scales evaluates three underlying domains: Relationship, Personal Growth and System Maintenance. A sample question is, "We really get along well with each other...True/False". The Relationship domain, including the Cohesion, Expressiveness and Conflict scales, measures the degree of support and commitment family members provide for each other, the extent of free expression of feelings and the amount of anger and conflict among members. The Personal Growth domain includes the Independence, Achievement Orientation, Intellectual-Cultural Orientation, Active-Recreational Orientation and Moral-Religious Emphasis scales. This domain assesses the degree to which family members value independence and emphasize cultural, religious and recreational activities. The System Maintenance domain, consisting of the Organization and Control

scales, assesses the extent to which organization and rules are applied to operate family life.

The FES, normed on normal and distressed families, has internal consistencies from .61 to .78 and test-retest reliabilities from .68 to .86. Parents were requested to complete the scale.

The Family Support Scale (FSS). The FSS (Dunst, Jenkins & Trivette, 1984) is an 18-item self-report scale to measure the degree to which different sources of support have been helpful to a family raising a young child. Helpfulness of each source is rated along the 5-point Likert Scale, from "Not At All Helpful" (0) to "Extremely Helpful" (4). Based on families of young handicapped children, the scale has an internal consistency of .77 among the 18 items and .85 between the average correlation of the 18 items and the total items. The test-retest reliability within one month is .75 for separate items and .91 for the total scale score. Factor analysis yielded 4 factors: Factor 1, Parents and Relatives, Factor 2, Spouse and Friends, Factor 3, Outside Helpers and Factor 4, Social Groups (Fewell, 1984). Parents were requested to complete the scale.

Results

Data were analyzed with the SPSS-X, 2nd Edition (SPSS Inc., 1986). Seventy per cent of the 207 families who received the questionnaires returned them. Incomplete questionnaires and a lack

of matching of subject characteristics resulted in the final sample of 110. Most (87%) of the questionnaires were completed by mothers, much fewer (9%) by both mothers and fathers and only 4% by fathers alone.

Comparison of Stress Between Families of Handicapped Children and Families of Nonhandicapped Children

The t-test was employed to evaluate the differences between families of handicapped children and families of nonhandicapped children on the total stress score and factor scores of the QRS-F. Since the variance of the two groups were significantly different ($F=4.00$, $p<.0001$), separate variance was used in the final results. Table 1 shows the results of uncorrelated t-tests of the total stress and the factor scores.

Insert Table 1 About Here

As seen, families of handicapped children scored substantially higher than families of nonhandicapped children not only on the total stress but also on every factor.

Differences in Family Functioning Between the Handicapped and the Nonhandicapped Group

Uncorrelated t-tests were performed to examine the differences between the handicapped and the nonhandicapped group on family

functioning as measured by the FES. Table 2 presents the results on the three domains and 10 sub-scales of the FES.

Insert Table 2 About Here

As shown, the two groups did not differ significantly on any of the domains of the family socia. environment. However, significant differences appeared on three of the 10 subscales exceeding what would be expected of a 5% chance error. The three subscales are: the Achievement Orientation, Moral-Religious Emphasis and Control, with the handicapped group scoring higher on each scale.

Differences Between the Handicapped and the Nonhandicapped Group on Family Support Scale

Uncorrelated t-tests were again performed to examine differences between the handicapped and the nonhandicapped group on the family social support. Results on the total scale score and factor scores are shown in Table 3. As seen, while the two groups did not differ on the total scale, they differed on Factor 1, Parents and Relatives. On this scale, families of handicapped children scored lower.

Insert Table 3 About Here

Relationships Between Stress and Family Functioning and Social Support

The general relationships between parental stress and family functioning and social support were first examined with Pearson correlation and comparisons made between the handicapped and the nonhandicapped group. Table 4 shows the correlation coefficients.

Insert Table 4 About Here

As seen, significant correlations in the negative direction appeared for both groups between parental stress and family social support and family relationship. However, an additional significant relationship was present in the handicapped group between parental stress and System Maintenance. A further trend appeared for Personal Growth to be significant for the nonhandicapped group.

To further specify the relationship between parental stress and family dimensions, Pearson correlation was performed on each factor or subscale of the scales found to be related to parental stress in each group. Table 5 presents the results reaching the 5% level of significance for the handicapped and the nonhandicapped group. As shown, for the handicapped group, Social Group

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Insert Table 5 About Here

(Factor 4) of the Family Support Scale, was the only source of social support related to parental stress, whereas for the nonhandicapped group, there were two factors, Parents and Relatives (Factor 1) and Spouse and Friends (Factor 2). On the Relationship domain, scales that were associated with parental stress in the handicapped group included Expressiveness and Conflict. For the nonhandicapped group, Cohesion was significant. Parental stress in the handicapped group was further correlated with Organization of the System Maintenance domain. In contrast, stress in the nonhandicapped group was further correlated with two scales of Personal Growth: Intellectual-Cultural and Active-Recreational.

Predictors of Parental Stress

To identify predictors of parental stress, stepwise multiple regression analysis was employed controlling for the demographic characteristics that were significantly correlated with parental stress. Of all demographic attributes examined, only the age of the child in the nonhandicapped group emerged as significant ($r=-.24$, $p<.05$). The predictor variables entered into the analysis included all family variables: family social support, Relationship, System Maintenance and Personal Growth. The best predictor for the handicapped group was Relationship [(R^2 change = .107, $F(1,52) = 6.22$, $p<.02$)]. For the nonhandicapped group, controlling for the age of the child, the best predictor included Relationship [(R^2 change = .091, $F(2,48) = 4.17$, $p<.02$)] and Personal Growth [R^2 change = .076, $F(3,47) = 4.51$, $p<.007$)].

Discussion

A young handicapped child did induce greater stress in his parents than would a nonhandicapped child. The results show that parents of young handicapped children experienced much greater stress than comparable parents of nonhandicapped children. Parents of handicapped children had greater parent and family problems incurred by the care of the handicapped child. They also felt more pessimistic about the handicapped child's future and more negative about his present behavioral and physical characteristics. The results are consistent with the findings of Dyson and Fewell (1986) and Friedrich and Friedrich (1981).

Parental stress, however, is not synonymous with family dysfunction. In general, families of handicapped children were not unlike other families in general functioning and availability of social support. A handicapped child did not impair the functioning and support system of his family. His presence, nonetheless, would alter the structure of his family's functioning and support system. The family had to re-define its areas of importance. Families of handicapped children would, more than families of nonhandicapped children, emphasize achievement and moral-religious beliefs and activities. The families would also employ rules and control as a method of operating family life. Emphasizing achievement may have been a natural response to the eagerness to compensate for the child's disability and the use of organization may arise from the need to more efficiently operate family life.

Families of handicapped children would further be distinguished from families of nonhandicapped children by the source of social support, although not in the total support. Parents of handicapped children perceived less social support from their own parents and other relatives. While this finding fails to confirm the result of Farrari (1986) and Friedrich and Friedrich (1981) that parents of handicapped children perceived less total social support than parents of nonhandicapped children, it shows that families of handicapped children may indeed receive less support from the extended families.

That parents of handicapped children would perceive less social support from extended families came as no surprise. The birth of a handicapped child may disappoint not only the parents but other relatives as well. The grandparents' initial reactions were most often sadness, shock and anger (Vadasy, Fewell & Meyers, 1986). Moreover, while most of the grandparents (67%) expressed acceptance, not a small percentage (33%) continued to feel sad long after they first learned of their grandchildren's handicaps. Grandparents' continued rejection of the handicapped child was illustrated by the experience of a sibling who recounted, "We go to visit my grandparents and they don't talk to my sister (who is retarded). They'll talk to the rest of us, but they don't talk to her" (p.39, Vadasy et al., 1986). Grandparents' difficulty in accepting the handicapped child may lead to their reduced support for the parents. The same process may apply to other relatives who may also withdraw support from the parents.

Parental adaptation to the presence of a handicapped child appears to be a dynamic process, being subject to moderation, especially by familial psychological resources. Influential resources would include social support, family relationship and family system maintenance. Of these, family relationship would have the most impact. An expressive home with little interpersonal conflict would have parents with less stress. Parents also felt less stressed when they perceived support from their social group and when their homes applied clear organization and structure in the daily routines.

An expressive and harmonious home would allow parents to vent their feelings associated with the care-taking of the handicapped child and to share the burden of the handicap. Sharing the burden of the illness has been linked to family coping with children with cystic fibrosis (Venters, 1981). Support from the parents' social group may also have special meaning in view of the report that parents of mentally retarded children experienced increased social isolation as their children grew older (Suelzle & Kennan, 1981). Furthermore, organization and structure would render more efficient care-taking and operation of family life and hence may reduce parental stress.

In some ways, the needs of families of handicapped children did not differ from those of families of nonhandicapped children. For the latter group, social support and family relationship would be equally important. In more subtle ways, however, parental adaptation to a handicapped child represents a unique experience.

The experience, as the present results suggest, calls for a different support system, type of family relationship and method of maintaining family life than would be the case without a handicapped child at home. Thus, for parents of handicapped children, stress was inversely related to the support of the parents' social group whereas for parents of nonhandicapped children, stress was inversely associated with support of spouse, parents, other relatives and friends. For parents of handicapped children, an expressive and conflict-free family relationship was important while for parents of nonhandicapped children, it was a cohesive family. Moreover, while family organization would influence parents of handicapped children, intellectual, cultural and recreational orientations would be related to parental stress of nonhandicapped children. Overall, parental stress would be best predicted by family relationship in families of handicapped children, although it would be predicted by family relationship and personal growth in families of nonhandicapped children. The distinct need of families of handicapped children appears to be for the use of organization for maintaining the family system whereas an emphasis on personal growth would help reduce parental stress in families of nonhandicapped children.

Conclusion

The results suggest that the presence of a handicapped child at home would have a special effect not only on the parents but also on the family as a unit. While parents are stressed, the effect on the family functioning and family support need not be negative. The impact may be most apparent in the structure of

family functioning and support system. Of special significance, distinct psychological resources exist that would moderate parents' stress. These psychological resources would derive from the social environment residing inside and outside the family. It would appear then that the ultimate parental outcome would be determined, not by the mere presence of a handicap in a child, but more by the general family functioning and social support available to the family. A conceptual scheme of the handicapped child as a stressor and parent coping is shown in Figure 1. The present results are

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Insert Figure 1 About Here

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congruent with the model of stress and coping for families of handicapped children (Crnic et al., 1983).

Above all, the results concur with the systems theory. The major tenets of this theory are: (1) The family is an organized whole and members within the system are inter-dependent, (2) the relationships between members are circular rather than linear and (3) evolution and transformation are inherent in the system (Munichin, 1985; Shapiro, 1983). Based on the present study, a systems perspective of the relationship between a handicapped child and parent coping would be as depicted in Figure 2. The effects of

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Insert Figure 2 About Here

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a handicapped child on his parents and family functioning are demonstrated in the present study. Also apparent are the changes that took place in the family along with the effects of the family's functioning on the parents' adjustment. What is yet to be investigated is the reciprocal effects of parental stress and family functioning on the handicapped child. This should form an agenda for future research. Studies also need to identify other psychological assets that may buffer the effects of a handicapped child on his parents and his family system.

The systems theory would further predict that the final development of the handicapped child would depend on the functioning of his parents and his family. This being true, intervention needs to be extended to his parents and family. Other researchers have also urged multi-foci interventions (Friedrich et al., 1985). The present findings point out directions for intervention for the parents. The urgent need would be to assist them to alleviate their stress associated with the care of the handicapped child. This could be effectively pursued with counselling focused on cultivating positive family relationship and developing skills for efficient operation of daily family activities and care of the handicapped child. An intervention program should also improve the social support system for the parents. Of most relevance would be the provision of social support from a social group. A parent support group which is available to the parents would provide a source of support.

Additional resources would be recruited from the family's immediate social network - grandparents and other extended families. As parents of handicapped children have felt least support from these family members, intervention efforts can be made to promote their understanding and appreciation of the needs of the family member with a handicapped child. Steps may also be taken to teach the extended families skills in providing the needed assistance. A program such as the SEFAM at the University of Washington would serve some of the suggested programs for extended families.

References

Beckman-Bell, P. (1981). Child-related stress in families of handicapped children. Topics in Early Childhood Special Education, 1(3), 45-54.

Brayshaw, J., & Lawton, D. (1978). Tracing the causes of stress in families with handicapped children. British Journal of Social Work, 8(2), 181-192.

Caldwell, B., & Guze, S.E. (1960). A study of the adjustment of parents and siblings of institutionalized and non-institutionalized retarded children. American Journal of Mental Deficiency, 64, 845-861.

Crnic, K. A., Friedrich, W. N., & Greenberg, M. T. (1983). Adaptation of families with mentally retarded children: A model of stress, coping, and family ecology, American Journal of Mental Deficiency, 8, 125-138.

Cobb, S. (1976). Social support as a moderator of life stress. Psychosomatic Medicine. 38(5), 300-313.

Cummings, S. T., Bayley, H., & Rie, H. (1966). Effects of the child's deficiency on the mother: A study of mothers of mentally retarded, chronically ill, and neurotic children. American Journal of Orthopsychiatry, 36, 595-608.

Dorner, S. (1979). Psychological and social problems of families of adolescent spina bifida patients: A preliminary report. Developmental Medicine and Child Neurology, 15, (Supp.29), 24-26.

Dunst, C. J., Jenkins, V., & Trivette, C. M., (1984). Family Support Scale: Reliability and validity. Journal of Individual, Family and Community Wellness, 1(4), 45-52.

Dyson, L., & Fewell, R. F. (1986). Stress and adaptation in parents of young handicapped and nonhandicapped children: A comparative study. Journal of the Division for Early Childhood, 10(1) 25-35.

Farrari, M. (1986). Perceptions of social support by parents of chronically ill versus healthy children. Children's Health Care. 15(1), 26-31.

Farber, B. (1959). Effects of a severely retarded child on family integration. Monographs of the Society for Research in Child Development, 24(2), NO. 71.

Fewell, R. F. (1984, March). Sources of social support for mothers of children with Down syndrome. Summary of paper presented at the conference on Mental Retardation and Research and Developmental Disabilities, Gatlinburg, Tennessee.

Fotheringham, J. B., Skelton, M., & Hoddinott, B. A. (1972). The effects on the family of the presence of a mentally retarded child. Canadian Psychiatric Association Journal, 17, 283-288.

Friedrich, W. N. (1979). Predictors of the coping behavior of mothers of handicapped children. Journal of Consulting and Clinical Psychology, 47, 1140-1141.

Friedrich, W. N., & Friedrich, W. L. (1981). Psychosocial assets of parents of handicapped and nonhandicapped children. American Journal of Mental Deficiency, 85, 551-553.

Friedrich, W. N., Greenberg, M.T., & Crnic, K. A. (1983). A short-form of the Questionnaire on Resources and Stress. American Journal of Mental Deficiency, 88, 41-48.

Friedrich, W. N., Wilturner, L. T., & Cohen, D. S. (1985). Coping resources and parenting mentally retarded children. American Journal of Mental Deficiency, 90(2), 130-139.

Gath, A. (1977). The impact of an abnormal child upon parents. Journal of Child Psychology and Psychiatry, 130, 405-410.

Gayton, W. F., Friedman, S. B., Tavormina, J. F., & Tucker, F. (1977). Children with cystic fibrosis: I. Psychological test findings of patients, siblings and parents. Pediatrics, 59(6), 888-894.

Hauser, S. T., Jacobson, A. M., Wertlieb, D., Brink, T., & Wentworth, S. (1985). The contribution of family environment to perceived competence and illness adjustment in diabetic and acutely ill adolescents. Family Relations, 34, 99-108.

Holroyd, J. (1974). The Questionnaire on Resources and Stress: An instrument to measure family response to a handicapped family member. Journal of Community Psychology, 2, 92-94.

Holroyd, J., & McArthur, D. (1976). Mental retardation and stress on the parents: A contrast between Down's syndrome and childhood autism. American Journal of Mental Deficiency, 80, 431-436.

Longo, D. C., & Bond, L. (1984). Families of the handicapped child: Research and practice. Family Relations, 33, 57-65.

McAndrew, I. (1976). Children with a handicap and their families. Child Care, Health and Development, 2, 213-327.

McKinney, B., & Peterson, R. A. (1987). Predictors of stress in parents of developmentally disabled children. Journal of Pediatric Psychology, 12(1), 133-149.

Minuchin, P. (1985). Families and individual development: Provocations from the field of family therapy. Child Development, 56, 289-302.

Moos, R. H., & Moos, B. (1981). Family Environment Scale. Palo Alto: Consulting Psychologist Press.

Nihira, K., Meyers, C. E., & Mink, I. T. (1980). Home environment, family adjustment, and the development of mentally retarded children. Applied Research in Mental Retardation, 1, 5-24.

Salisbury, C. L. (1987). Stressors of parents with young handicapped and nonhandicapped children. Journal of the Division for Early Childhood, 11(2), 154-160.

Shapiro, J. (1983). Family reactions and coping strategies in response to the physically ill or handicapped child: A review. Social Science Medicine, 17(14), 913-931.

Sherman, B. R., & Cocozza, J. J. (1984). Stress in families of the developmentally disabled: A literature review of factors affecting the decision to seek out-of-home placements. Family Relations, 33, 95-103.

SPSS Inc. (1986). SPSS-X, user's guide, 2nd edition. New York: McGraw-Hill.

Suelzle, M., & Keenan, V. (1981). Changes in family support networks over the life cycle of mentally retarded persons. American Journal of Mental Deficiency, 86, 267-274.

Tavormina, J. B., Boll, T. J., Dunn, N. J., Luscomb, R. L., & Taylor, J. R. (1981). Psychosocial effects on parents of raising a physically handicapped child. Journal of Abnormal Child Psychology, 9, 121-131.

Tew, B., & Laurence, K. M. (1973). Mothers, brothers and sisters of patients with spina bifida. Developmental Medicine and Child Neurology, 15, (Supp. 29), 69-76.

Turnbull, A. P., & Turnbull, H. R. (1986). Families, professionals, and exceptionality: A special partnership. Columbus: Merrill Publishing Company.

Vadasy, P. F., Fewell, R. F., & Meyer, D. J. (1986). Grandparents of children with special needs: Insight into their experiences and concerns. Journal of the Division for Early Childhood, 10(1), 36-44.

Venters, M. (1981). Familial coping with chronic and severe childhood illness: The case of cystic fibrosis. Social Science Medicine, 15A, 289-297.

Waisbren, S. E. (1980). Parents' reactions after the birth of a developmentally disabled child. American Journal of Mental Deficiency, 84, 345-351.

Westlieb, D., Hauser, Jacobson, A. M. (1986). Adaptation to diabetes: Behavior symptoms and family context. Journal of Pediatric Psychology, 11 (4), 463-479.

Table 1

Uncorrelated T-tests of Total Score and Factor Scores of the QRS-F Between the Handicapped and the Nonhandicapped Group

	Group				
	Handicapped		Nonhandicapped		
QRS-F	Mean	SD	Mean	SD	t
Total Score (Total Parent's Stress)	14.95	9.03	3.58	4.51	8.34****
Factor 1 (Parent & Family Problems)	4.60	3.89	2.12	2.81	3.82****
Factor 2 (Pessimism)	4.07	2.71	.64	1.19	8.62****
Factor 3 (Child Characteristics)	4.55	2.94	.73	1.28	8.84****
Factor 4 (Physical Incapacitation)	2.16	1.72	.42	.81	6.81****

**** $p < .0001$

Table 2

Uncorrelated t-tests of Family Functioning Between the Handicapped and the Nonhandicapped Group

	Group				
	Handicapped		Nonhandicapped		
Family Functioning	Mean	SD	Mean	SD	t
Domain:					
Relationship	10.54	4.40	10.73	3.44	-.24
Personal Growth	28.24	5.46	27.31	5.05	.93
System Maintenance	.82	2.62	1.18	2.68	-.72

Table 2

Uncorrelated t-tests of Family Functioning Between the Handicapped and the Nonhandicapped Group (continued)

	Group				
	Handicapped		Nonhandicapped		
Family Functioning	Mean	SD	Mean	SD	t
Subscales (FES):					
1. Cohesion	7.33	1.79	7.62	1.55	-.89
2. Expressiveness	6.29	1.80	6.36	1.68	-.22
3. Conflict	3.07	1.96	3.25	1.90	-.49
4. Independence	5.91	1.66	6.18	1.47	-.91
5. Achievement Orientation	5.16	1.42	4.47	1.59	2.40*
6. Intellectual-Cultural Orientation	5.42	2.22	6.02	2.15	-1.44
7. Active Recreational Orientation	5.40	2.27	5.65	1.88	-.64
8. Moral-religious Emphasis	6.29	2.15	4.98	2.29	3.09**
9. Organization	5.98	2.08	5.65	2.17	.81
10. Control	5.22	1.55	4.47	1.89	2.26*

*p <.05
**p < .01

Table 3

Uncorrelated t-tests of Total Score and Factor Scores of Family Support Scale Between the Handicapped and the Nonhandicapped Group

	Group				
	Handicapped		Nonhandicapped		
Family Support Scale	Mean	SD	Mean	SD	t
Total Score	28.49	11.80	28.33	8.85	.08
Factor 1					
(Parents & Relatives)	4.75	3.78	6.18	4.03	-1.93*
Factor 2					
(Spouse & Friends)	6.24	2.72	6.73	2.72	-.95
Factor 3					
(Outside Helpers)	4.42	2.38	3.64	1.89	1.91
Factor 4					
(Social Groups)	3.05	3.00	2.93	2.56	.24

*$p < .05$

Table 4

Correlation Coefficients Between Parental Stress and Family Functioning and Social Support for the Handicapped and the Nonhandicapped Group

Variable	Group	
	Handicapped	Nonhandicapped
Family Functioning		
Relationship	-.327**	-.332***
Personal Growth	-.064	-2.17*
System Maintenance	-.288*	-.197
Family Social Support	-.249**	-.283**

*p < .055. **p < .05. ***p < .01

Table 5

Significant Correlations Between Parental Stress and Family Dimensions for the Handicapped and the Nonhandicapped Group

Group			
Handicapped		Nonhandicapped	
Family Support Scale		Family Support Scale	
Social Group	-.24*	Parents & Relatives	-.34**
		Spouse & Friends	-.46****
Relationship		Relationship	
Expressiveness	-.32**	Cohesion	-.47****
Conflict	.22*	Personal Growth	
System Maintenance		Intellectual-Cultural	
Organization	-.40**	Orientation	-.24*
		Active-Recreational	
		Orientation	-.37**

*p < .05. **p < .01. ****p < .0001

Figure 1

A Conceptual Scheme of

the Handicapped Child as a Stressor and

Parent Coping

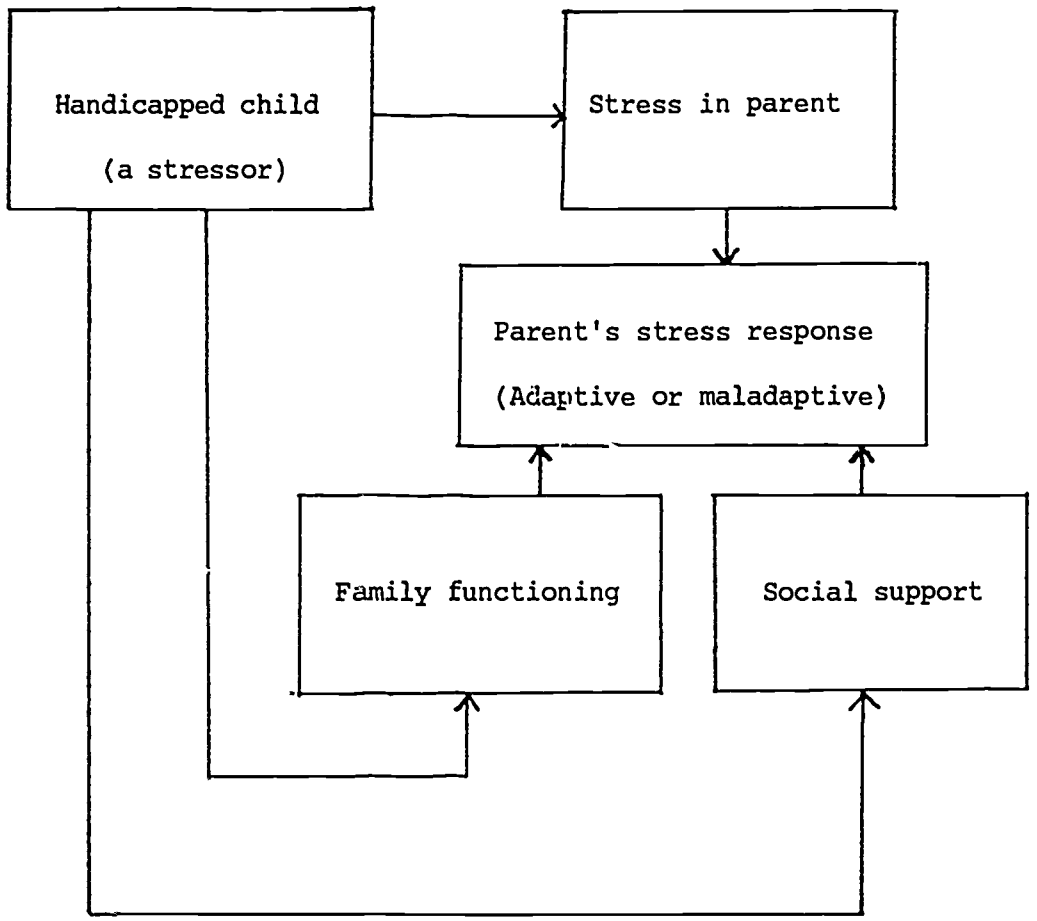

Figure 2

A Systems Perspective of the

Relationship Between a Handicapped Child

and Parent Coping