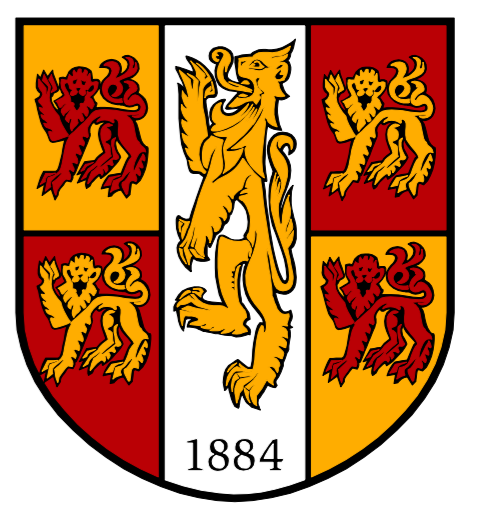


# Protective factors of support, coping and positive perceptions for mothers of children with intellectual and developmental disabilities



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## INTRODUCTION

There is mixed evidence about how well parents adapt to having a child with Intellectual and Developmental Disabilities (IDD). The positive psychological outcomes of having a child with IDD are increasingly being recognised in the literature<sup>1,2,3</sup>. However, other researchers report a low level of wellbeing among such parents<sup>4,5</sup>.

To further establish these relationships, moderators of change need to be explored. It is important to establish protective factors which may interact with risk and therefore lead to better parental outcomes. In families of children with IDD, child behavioural problems have been widely reported to affect parental stress and are considered a risk factor in parental wellbeing<sup>6,7,8,9</sup>

- **Coping** has been studied among parents of children with disabilities<sup>10,11</sup> being linked to child behavioural problems and positive and negative parental wellbeing outcomes.
- **Social support** is linked to wellbeing in parents of children with IDD, and Smith, Greenberg, and Seltzer (2012) found perceived social support predicted changes in wellbeing of mothers of young adults with ASD.
- **Positive perceptions** about having a child with IDD have been found to act as a protective factor among parents and caregivers<sup>12</sup>.

Therefore, in this study, three potential protective factors (social support, coping mechanisms, and positive perceptions of mothers of children with IDD) are explored as moderators.

## METHODS

The sample included 138 mothers of school-age children with IDD. Eight measures plus a demographic questionnaire were utilised in the present study. The families were recruited through local Special Educational Needs schools.

**Measure of stress/risk:** Behaviour and mental health of the child with IDD was measured using the Reiss Scales for Children's Dual Diagnosis<sup>13</sup>.

**Measures of parental outcomes:** The Hospital Anxiety and Depression scale (HADS)<sup>14</sup>. The Positive Affect Scale (PAS) was used to measure maternal well-being. The PAS is a 10 item subscale from the Positive and Negative Affect Schedule (PANAS)<sup>15</sup>. The outcome of life satisfaction was measured using the Satisfaction with Life Short Scale<sup>16</sup>

**Measures explored as moderators:** Mothers' perceived support was measured using the Short Support Functions Scale<sup>17</sup>. Maternal coping was measured using the Shortened Ways of Coping questionnaire<sup>18</sup>. Mother's perception of the positive contributions their child with IDD has made was measured using The Positive Contributions Scale from the Kansas Inventory of Parental Perceptions (KIPP).<sup>19</sup>

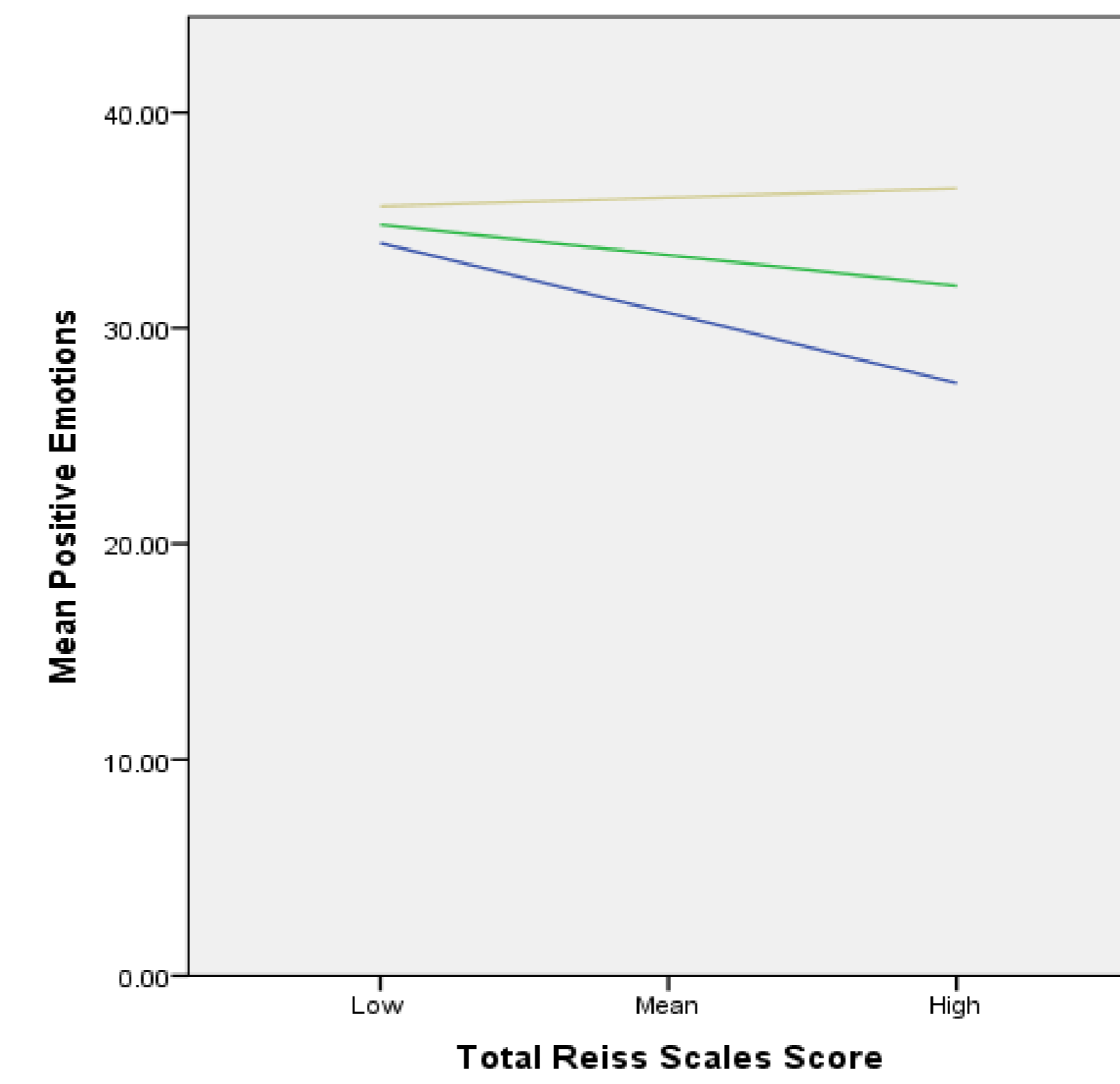
## DATA ANALYSIS

Four separate moderated multiple regression analysis were conducted for each of the four individual level wellbeing outcomes (anxiety, depression, life satisfaction, positive emotions) to assess the three chosen moderators (social support, coping- wishful thinking and practical, and positive perceptions).

For each regression model, the demographic variables which were significantly correlated ( $p < .05$ ) with each individual parental outcome (HADS- anxiety, depression, life satisfaction, positive emotions) were entered as predictor variables, to control for their possible effects, this was specific to each outcome and therefore each model. The PROCESS custom dialogue box<sup>20</sup> was installed into SPSS for the moderated multiple regression analyses. Following the recommendation by Aitkin and West (1991) a simple slope analysis was conducted to explore any significant interactions and to aid interpretation of the direction of significant interactions.

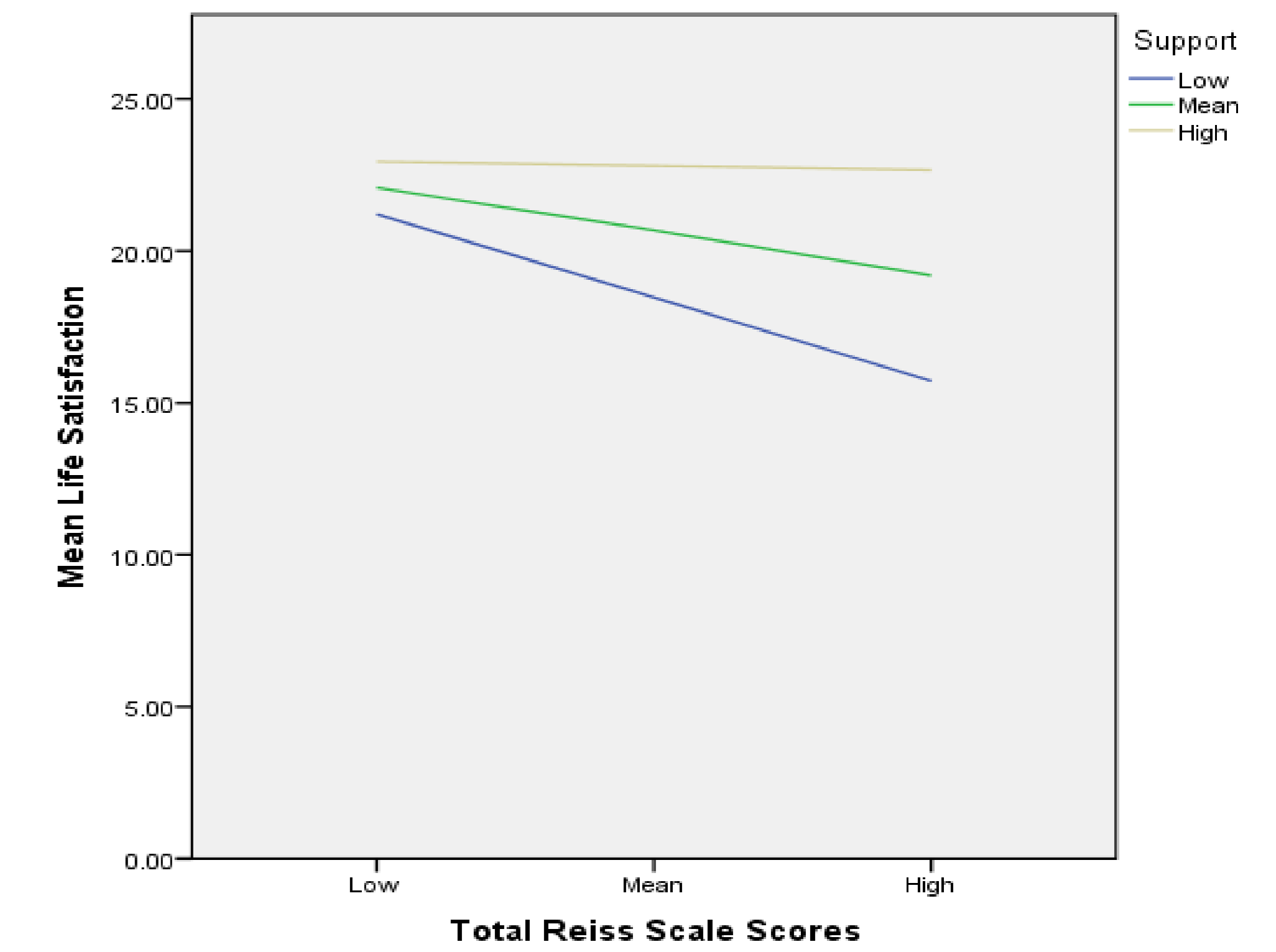
## RESULTS

This study found evidence for social support as a moderator variable between poor child behaviour and maternal outcomes of life satisfaction and positive emotions, but not with anxiety or depression outcomes. Parental coping style subscales and positive perceptions were not found to act as moderators in any of the analyses. The two subscales of coping were explored separately 1) wishful thinking and 2) practical coping.



**Figure 1 shows a Simple Slope interpretation which included support as a moderator for behaviour and positive emotions.**

When support is low there is a significant negative relationship between child behaviour and parental positive emotions,  $b = -.18$ , 95% CI  $[-.31, -.05]$ ,  $t = -2.73$ ,  $p = .01$ . At the mean value of support, there is a non-significant negative relationship between child behaviour and parental positive emotions,  $b = -.08$ , 95% CI  $[-.16, .00]$ ,  $t = -1.92$ ,  $p = .06$ . When support is high there is a non-significant positive relationship between child behaviour and parental positive emotions,  $b = .02$ , 95% CI  $[-.08, .13]$ ,  $t = .43$ ,  $p = .67$ .



**Figure 2 shows a Simple Slope interpretation of support as a moderator for behaviour and life satisfaction.**

When support is low there is a significant negative relationship between child behaviour and parental life satisfaction,  $b = -.15$ , 95% CI  $[-.25, -.06]$ ,  $t = -3.27$ ,  $p < .001$ . At the mean value of support, there is a non-significant negative relationship between child behaviour and parental life satisfaction,  $b = -.08$ , 95% CI  $[-.15, -.01]$ ,  $t = -2.24$ ,  $p = .03$  ( $p < .05$ ). When support is high there is a non-significant negative relationship between child behaviour and parental life satisfaction,  $b = -.01$ , 95% CI  $[-.12, .10]$ ,  $t = -.14$ ,  $p = .89$ .

## CONCLUSIONS

This study found under conditions of high stress or risk (high Reiss score), high levels of social support led to positive outcomes (life satisfaction and positive emotions in mothers) comparable with low risk (low Reiss score) conditions. This suggests that there is evidence for perceived social support to be a protective factor against negative outcomes of mothers of children with IDD when stress is high. A limitation of this study is it was dependent on mothers' self-report data and did not have any objective assessments. This is important as mothers' perception of their family best reflects their experience; however, for example, the perception of child behaviour may vary from a self-report measure depending on mothers' interpretation. Future research could also explore the differences between mothers and fathers. Mothers of children with ASD often report higher levels of stress than fathers in the same family.<sup>21,22,23,24</sup> These findings can be used in clinical settings and when working with families of children with IDD, it is useful when helping and providing guidance to families to be aware of their social support networks and that a lack of these could have a negative influence on parents wellbeing.

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