

Family Efficacy of Children with Intellectual Impairment

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ABSTRACT

Families face a lot of stress and difficulties while caring for family member with Intellectual Disability. They encounter different problems at different stages. A different kind of family attitude is required towards mentally challenged children as compared to the other normal children. Parents of mentally impaired children are generally surrounded by environmental factors like education, family structure, trust, crisis, social support, health, values, role and responsibilities and sacrifice. All these factors influence the environment and attitude of families towards the children with intellectual impairment. An attempt is made to investigate the role of family efficacy which helps in guidance and counseling of family members of intellectually challenged children. It was hypothesized that female parents will have higher scores on family efficacy than male parents. Sub average family efficacy will be reported for intellectually impaired child. Present study is ex-post facto research. Ex-post facto research is non experimental designs that are used to investigate causal relationships. Often it is used to explain something in the present from data collected sometime in the past, in which role of family efficacy has already occurred and the effect of this variable has been studied by qualitative analysis on families of children with intellectual impairment. NIMH Family Efficacy Scale (2004) was used. With the help of purposive sampling technique 120 parents (60 males and 60 females) of intellectually impaired children were selected from different special schools of Coimbatore city. All of the parents belonged to the same socio economic status. Findings indicate that male parents require more counselling to modify their attitude towards their intellectually impaired child as well as towards their family members.

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RESUME'

Les familles font face à beaucoup de difficultés et emploient beaucoup d'efforts en s'occupant d'un membre de la famille avec le Déshabilité Intellectuelle. Ils rencontrent différents problèmes à différentes étapes. L'attitude de famille face à un enfant avec Déshabilité Intellectuelle est différente de celle exigible vers les autres enfants. Les facteurs environnementaux, sociaux et familiaux comme l'éducation, la structure de famille, la confiance, la gestion de la crise, l'appui social, la santé, les valeurs éthiques, les rôles, les responsabilités et le sacrifice font partie de la personnalité d'une personne. Dans cet exposé on considère une étude exploratoire concernant le rôle de l'efficacité de la famille qui aide dans les conseils et la consultation des membres de la famille des enfants de défi intellectuels. On l'a présumé que le parent féminin aura de plus hauts points sur l'efficacité de famille que les parents masculins. L'efficacité moyenne secondaire de famille sera rapportée pour l'enfant altéré intellectuel. La présente étude est une recherche à postériori de facto dans laquelle le rôle de l'efficacité de famille : cette variable a été étudié par analyse qualitative sur des familles avec des enfants avec Déshabilité Intellectuelle. Nous avons utilisé le test d'efficacité de famille de NIMH (2004). Nous avons considéré 120 personnes avec Déshabilité Intellectuelle (60 hommes et 60 femmes) et les familles ont été choisies parmi différentes écoles spéciales de la ville de Coïmbatore. Tous les parents appartiennent au même niveau socio-économique. Les résultats indiquent que les parents hommes ont besoin plus

des parents femmes de consultations pour modifier leur attitude envers leur enfant avec Déshabilité Intellectuelle aussi bien que vers d'autres membres de la famille concernés.

Introduction

Importance of counseling focused specifically towards developing healthy parental attitude which would in turn result in acceptance of the child's disability and facilitate therapeutic progress (**Suman & Geeta 2008**).

Religion and family values determine how a culture perceives etiology, signs and symptoms, diagnosis and treatment of autism and thus determines the welfare of families (**Pitten & et al 2008**).

Persons with Intellectual Disability can be made to perform activities of daily living and thereby become less dependent on others. Since parents are essential to the physical, mental, emotional and spiritual development of their children, it is vital that parents are also involved in their child's mental health treatment. Parent involvement positively influences the outcome of treatment and empowers them to continue to nurture their child's development (**Phares & Birkeland, 2002**). However, significant barriers to parental involvement exist and prevent optimal management of patient treatment (**Hamrin & McMahon, 2003 Spoth & Redmond, 1995**). Mental health clinicians have resisted the idea of including parents in treatment, though parent involvement is essential to treatment initiation, continuation and completion (**Singh & Curtis 1997**). **NIMH, 2004** reports that 1 in 10 children has some type of mental illness, but only 1 out of 5 receives treatment, which has historically focused on individual treatment and does not include parents. It further highlights that two natural benefits of parent involvement in child mental health treatment are the continuation of treatment and a better parent clinician relationship, thus reinforcing the likelihood of treatment completion this view also supported by **Nevas & Farber (2001)**. Other

benefits of parental involvement include improved academic performance, better parent child relationships, and increased confidence in parenting skills (**Phares & Birkeland, 2002, Singh & Curtis, 1997**).

Significance of Study

Families face a lot of stress and difficulties while caring for family member with Intellectual Disability. They encounter different problems at different stages. Stress may take many forms – demand of daily care, sadness, irritability, and relationship problem between family members. In addition, there is stigmatization, social embarrassment, and financial implications. Child rearing practices are significant and the role of family varies in various efficacy areas of intellectually impaired children. A different kind of family attitude is required towards mentally challenged children as compared to the other normal children. Surrounding environmental factors like education, family structure, trust, crisis, social support, health, values, role and responsibilities and sacrifice are part of the personality of a person. These factors also have an impact at the time of child rearing practices therefore, keeping this view in the mind the problem is selected to find out the probable family efficacy which will help in guidance and counseling of family members of children with Intellectual Disability.

Hypothesis:

1. It was hypothesized that female parent will have higher scores on family efficacy than male parents.
2. Sub average family efficacy will be reported for intellectual impaired child.

These hypothesis are based on findings of **P.L.Morris (2005)** revealed that Parent involvement is an essential component of child mental health treatment. The research

on the influence of parent involvement on child mental health treatment was reviewed. The many benefits of parent involvement in child mental health treatment and the multiple barriers to their involvement are examined, & describing various interventions that have successfully increased through parent involvement.

Design: Present study is ex-post facto research in which role of family efficacy has already occurred and the effect of this variable has been studied by qualitative analysis on families of children with intellectual impairment.

Tool:

NIMH Family Efficacy Scale (2004) was used to major family efficacy of the families with intellectual impaired child. This tool was developed as part of a research project on “Family Intervention and Support Programme for person with Intellectual Disability” The scale to measures the family uniqueness and degree of strength of each of the 15 themes. A system of rating of 3, 2 or 1 score was adopted to measure each theme.

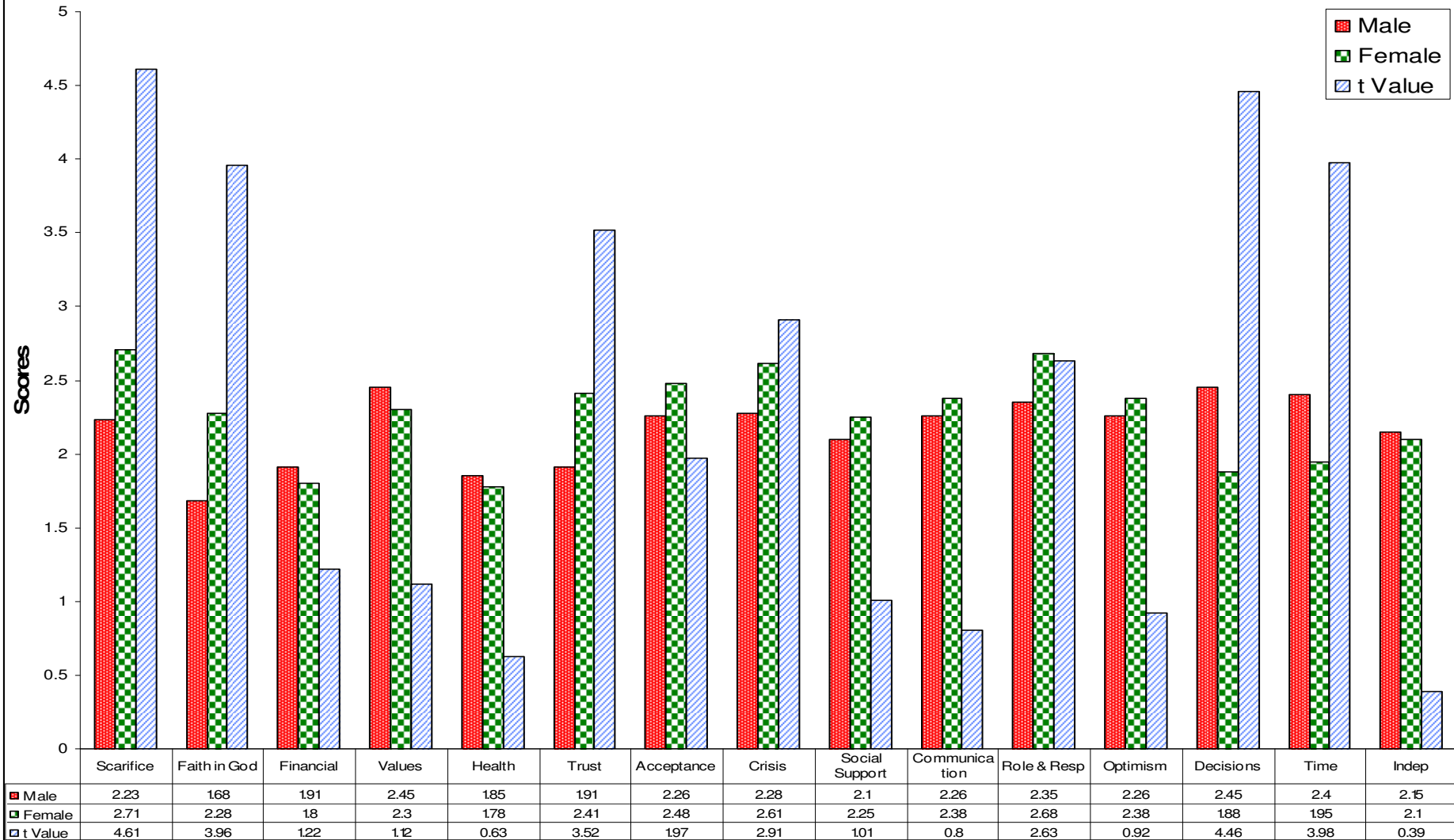
Sample:

With the help of purposive sampling technique 120 parents(60 males and 60 females) of intellectual impairment children were selected from different special schools of Coimbatore city. These parents have only one intellectual impaired child in their family. Most of them belonged to the same socio economic status.

None of these children were introduced any kind of medicine and their parents were contacted at the first visit to the respective school.

Results:

Mean Scores & t Value of Male & Femal Parents on Family Efficacy Scale



Sub Variables of Family Efficacy Scale

Result and Discussion:

The present research was an attempt to study the family efficacy in relation to the intellectually impaired child. Findings highlight that on dimensions of NIMH-FES the two groups do not differ significantly with each other ('t' value is not significant at $t > 0.05$) on Financial, Value, Health, Acceptance, Social Support, Communication, Optimism & Independent dimensions. Whereas on dimensions of NIMH-FES were found Sacrifice ($t = 4.61, p < 0.01$), Faith in God ($t=3.96, p < 0.01$), Trust ($t=3.52, p < 0.01$), Crisis ($t=2.91, p < 0.01$), Role & Responsibilities ($t=2.63, p < 0.01$), Decision ($t=4.46, p < 0.01$) & Time ($t=3.98, p < 0.01$), male and female parents differ significantly with each other. It reveals that female parents of intellectually impaired child family works together jointly for the welfare of the whole family, they strongly believe in achieving prosperity for the entire family rather than individual needs. Female parents of the family do not hesitate to forgo their personal gain for the sake of family. It is also revealed that mothers of intellectually impaired child thinks that God helps only those who help themselves, that's why parents of the children have faith in God, but should also continue to do their work dutifully and family members must have faith in his or herself rather than to leave it on God. In certain situation, the majority of family members gets together and faces the challenge jointly, by helping each other. Female parents of intellectually impaired child always support at the time of crisis, and take over the roles & duties if so required. Results also highlights that male parents of intellectually impaired child are respectfully interact with other family members and arrive at a decision to discuss with each other. Fathers of intellectually impaired children believe that family members are given full liberty to achieve what

they consider is best for their overall development as well as spend lot of time with each other. These findings are in the line of **Skinner et al (2001)** who indicated that parents largely viewed themselves as religious, were affiliated with a formal religion, and participated in religious activities. Most parents viewed both church and faith as supportive, but faith was shown to provide more support. Repeated measures an analysis of variance found some intra group variations in religious support and changes in support after learning of the child's condition. Thematic analysis revealed specific religious beliefs and practices parents viewed as supportive, and content and cultural models analyses indicated the religious frameworks by which parents interpreted their child's disability. The above views also supported by **Upadhyay et al (2009)** who Shows that the level of psychosocial problems faced by the parents of mentally retarded children increases with the level of Intellectual Disability of the child. Parents of moderately retarded children registered more problems, in all aspects, compared with parents having mildly retarded children.

The levels of Intellectual disability were defined as per the classification of IQ according to DSM – IV TR ie 69-50 for mild, 49-35 for moderate, 34-20 for severe & below 20 for profound. The parents of mildly (IQ-69 to 50) and moderately (IQ- 49 to 35 as per DSM-IV TR) retarded children expressed fulfillment of different needs. The needs expressed by the parents of mildly retarded children were more of preventive and adjustment nature whereas parents of moderately retarded children were more concerned with lifelong adjustment and financial security, including government help, of their child.

Both the parents (Male & Female) have shown similar family attitude towards economic matters, perceive their family is able to just meet all its basic expenses within its resources as well as within time limits i.e. neither there is any excess, nor there is any acute shortage. They also give importance to both living a value based life as well as earn money & material goods well and healthiness is also reported. On certain occasions do provide full acceptance & support to each other and sometimes they show unconcerned. In all situations their families face the challenge jointly, by supporting each other.

The obtained attitude of family members in is collaboration with **Jones (2008)** views that Family stress is affected by a child's challenging behavior and by the disruption of family routines as a result of the child's disability. Therefore, families with children with disabilities need professional support as they work with their children to decrease their children's behavior problems and to reduce the level of parental stress. This study examines in-home training in Positive Behavior Support using the model of parent professional collaboration. Parents of 35 children with disabilities and challenging behaviors participated in this research. All participants were on the state of Utah's Family Support waiting list. Graduate students provided behavioral education to families by completing a Functional Behavioral Assessment, developing appropriate interventions, and analyzing intervention data. Children with disabilities experienced a significant reduction in the frequency and severity of their problem behavior as a result of the interventions. There was not, however, a significant increase in parents' perceptions of their limit setting skills nor parental support received.

It can be concluded that male parents require more counselling to modify their attitude towards their intellectual impaired child as well as towards the family members as

compared to female parents. Female parents have shown more confidence level and caring attitude for their intellectually impaired child. It reflects that they are more compromising to their role and responsibilities towards the child.

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