PARENTING DAILY HASSLES AND PARENTS OF CHILDREN WITH DISABILITIES: RELATIONSHIPS TO MATERNAL EFFICACY, MATERNAL SATISFACTION, AND SOCIAL SUPPORT

by

CAROLINE SUZANNE ALMAND

(Under the Direction of Zolinda Stoneman)

ABSTRACT

This study examined the parenting daily hassles variable in a sample of mothers of children with disabilities. The goal of the study was to find support for hypotheses relating parenting daily hassles to parental wellbeing, which are supported in research on parents of typically developing children. Specifically this study aimed to investigate the moderational role of social support in the purposed relationships between parenting daily hassles and maternal efficacy and maternal satisfaction. Sixty-four mothers of children with disabilities, who were between the ages of two and six years, completed a number of questionnaires. Results revealed that the quantity of social supporters that a mother had significantly moderated the negative relationship between parenting daily hassles and maternal efficacy. Social support did not moderate the relationship between parenting daily hassles and maternal satisfaction. This study indicates the importance of large social support networks for mothers of children with disabilities.

INDEX WORDS: Daily Hassles, Disabilities, Efficacy, Satisfaction, Social Support

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CAROLINE SUZANNE ALMAND

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CAROLINE SUZANNE ALMAND

Major Professor: Zolinda Stoneman

Committee: Charlotte Wallinga
Hui-Chin Hsu

Electronic Version Approved:

Maureen Grasso
Dean of the Graduate School
The University of Georgia
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CHAPTER 1

Introduction

The vast amount of research on parenting stress is evidence that researchers seek to understand the relationship between this construct and various other family variables. Much of this research conceptualizes parenting stress as parental perceptions of the inadequacy of financial, emotional, physical, and social resources to manage the consequences of a major life event or as an inability to cope, readjust, and function following a major life crisis, or significant life affecting occurrence (Crnic & Greenberg, 1990). Examples of major life events for parents may include divorce, job loss, environmental catastrophe, and even the birth of a child. Each of these occasions has the potential to strain available family resources and cause feelings of inability to cope resulting in parental perceptions of stress. Despite a correlation between stress and major life events, researchers now argue that major life events may not be the only source of parental stress. Researchers are finding that cumulative minor daily parenting stressors, such repetitive parenting duties and time consuming parenting responsibilities, or "daily hassles", may also lead to perceptions of inadequacy of resources and inability to cope (Kanner, Coyne, Schaefer, & Lazarus, 1981; DeLongis, Coyne, Dakof, Folkman, & Lazarus, 1982; Lazarus, DeLongis, Folkman, & Gruen, 1985). Similar to stress from major life events, these numerous trifling, recurring, and sometimes irritating daily parenting chores and obligations are a salient cause of parental stress (Kanner et al., 1981).

Parenting daily hassles are defined as consistently occurring, repetitive, bothersome, yet unavoidable tasks that are part of the parenting context. These are events that typify the everyday

parenting environment (Crnic & Acevedo, 1995). As opposed to major life events, which occur infrequently, daily hassles are common and occur often, possibly many times a day (Crnic & Greenberg, 1990). Parenting daily hassles may be the result of either difficult child behaviors or of time consuming, routine parenting and child-rearing activities and demands (Crnic & Acevedo, 1995). Typical, child-rearing challenges and interferences in daily routines are considered hassles. In regards to hassles, Crnic and Acevedo commented that "parental characteristics, children's behaviors, and developmental processes often create situations that are at odds with, challenge, or interfere with parental responsibilities and needs" (p. 279).

Parenting daily hassles are both cumulative and continual. A singly occurring, minute hassle may be of no consequence to a parent, but parenting daily hassles are not isolated occurrences. They pile-up and accumulate. It is the accumulation of parenting daily hassles that produces perceptions of stress (Crnic & Acevedo, 1995; Crnic & Booth, 1991; Crnic & Greenberg, 1990). Similarly, parenting daily hassles occur consistently. Every day parents of young children must resolve hassles related to parenting. For example, if a child has trouble getting prepared for "bedtime" a parent must face the responsibility of putting their child to sleep each night regardless of how difficult it is for the parent. Intense and frequent parenting daily hassles are positively related to psychological and relational distress (Crnic & Greenberg; 1990; DeLongis et al., 1982; Johnston & Mash, 1990; Kanner et al., 1981; Lazarus et al., 1985).

Hassles are not characteristic of any particular population (Crnic & Acevedo, 1995). Rather, it is assumed that hassles are characteristic of all families of young children, regardless of demographic and structural differences (Crnic & Acevedo, 1995). Therefore, hassles have generally been studied in samples of parents of typically developing children. Hypotheses related to the function of parenting daily hassles within these families exist. Some of these

hypotheses propose relationships between parenting daily hassles and variables such as parental efficacy, parental satisfaction, and social support (Crnic & Acevedo, 1995). For example, previous research reveals that frequent and intense parenting daily hassles are negatively related to parenting efficacy and satisfaction (Crnic & Booth, 1991; Crnic & Greenberg, 1990). This previous research also reveals that social support can act as a buffer against negative parental well-being related to parenting daily hassles (Crnic & Acevedo, 1995; Crnic & Booth, 1991; Crnic & Greenberg; 1990; Heller, 1993). Theoretically, because all families of young children are assumed to encounter parenting daily hassles, these findings seem valid regardless of the population being studied. Despite the plausibility of these hypotheses and the similar functions of hassles within populations of characteristically different families, these hypotheses have not been examined within different types of populations. Therefore, research on populations of characteristically different families must be conducted in order to further substantiate these findings.

One population in which hassles must be examined is parents of children with disabilities. The majority of research on parents of children with disabilities conceptualizes stress as stemming from major life events, such as the birth or the diagnosis of a child with a disability and/or related major difficulties surrounding raising a child with a disability, or as stress stemming from parents' cognitive appraisals of having a child with a disability in the family (Cameron, Snowdon, & Orr, 1992; Dyson, 1997; Minnes, 1988; Singer & Farkas, 1989; Trute & Hiebert-Murphy, 2002). For example, Trute and Hiebert-Murphy investigated the parental appraisal of the impact of a child's disability on the family in a longitudinal study of 64 families of children with disabilities. Similarly, Singer and Farkas investigated the impact of a child's disability on the family in a sample of 27 mothers of children who had received a tracheostomy

in infancy related to a disability. As children with disabilities grow and as parents of children with disabilities begin to adjust to the reality of having a child with a disability, major life event stress stemming from the birth or diagnosis of a child with a disability may no longer be the most salient form of stress (Belchic, 1995). Stress resulting from daily parenting hassles may be an important form of parental stress. The day-to-day responsibilities and hassles of parenting and caring for a child with a disability may continually place demands on resources of families of children with disabilities (Dyson, 1997).

Minor, repetitive, disability related parenting responsibilities, continual financial and emotional challenges, delayed child development, and ongoing community obstacles, may put parents of children with disabilities at risk for stress resulting from daily hassles. However, these day-to-day contextual hassles of parents of children with disabilities are seldom examined. Understanding parents' experiences and subjective evaluations of daily hassles will help researchers and practitioners to better understand long-term parental adjustment to having a child with a disability (Crnic & Acevedo, 1995). While the relationships between and amongst these variables have been studied in samples of typically developing children, there is no available research that has examined the relationships between and amongst these variables in families of children with disabilities.

The current study was an attempt to replicate the established findings of relationships between parenting daily hassles, efficacy, satisfaction, and social support, which were found in samples of parents with typically developing children, in a sample of parents of children with disabilities. An effort was made to replicate previous findings rather than to replace those findings because research is beginning to find that there are many similarities between families of children with disabilities and families of typically developing children. For example, Bower

and Hayes (1998) compared and contrasted perceptions of daily life of 14 mothers of children with Spina Bifida, 17 mothers of children with autism, and 38 mothers of typically developing children. The children in this study were school-age. Bower and Hayes explored mothers' psychological characteristics, including the utilization of coping resources and perceptions of resilience and vulnerability. They found no significant differences between the mothers in the three different groups. Similarly, Haldy and Hanzlik (1990) compared 121 mothers of children with Down syndrome and 222 mothers of children without disabilities. They found similarities between mothers, particularly in relation to mothers' efficacy in parenting their toddlers and pre-school aged children with or without a disability. Finally, Belchic (1995), in a study of 60 parents of typically developing children, 60 parents of children with autism, and 60 parents of children with Down syndrome found no significant differences related to parental reports of stress for parents in the three groups. Previous research reports similarities between families of children with disabilities and families of typically developing children.

Of the current study variables, parenting efficacy, parenting satisfaction, and social support, the most common researched in conjunction with parenting daily hassles, is parenting efficacy. Parental efficacy is a parent's thoughts and feelings in regards to the parent's perceptions of his/her ability to effectively parent a child (Mash & Johnston, 1990; Teti & Gelfand, 1991). A parent's sense of efficacy is subjectively determined by that parent (Gibaud-Wallston & Wandersman, 1978). Research on parents of typically developing children has found a negative relationship between parental efficacy and parenting daily hassles. For example, in their study of 74 mothers of five year old children, Crnic and Greenberg (1990) reported that mothers of typically developing children who felt overwhelmed by parenting daily hassles perceived themselves to be less efficacious in their parenting role than mothers who did not feel

overwhelmed by daily hassles. Based on the hypothesis established in samples of parents of typically developing children, the current study hypothesized a negative relationship between parenting daily hassles and parental efficacy perceived by mothers of children with disabilities.

Another variable, often examined in relation to parenting daily hassles, is parental satisfaction. Parental satisfaction is a parent's feelings of contentment, pleasure, and joy in parenting. Johnston and Mash (1989) state that parental satisfaction is an "affective dimension" of parenting, suggesting that satisfaction encompasses the subjective feelings that a parent has regarding his/her parenting role. Research on parents of typically developing children has also found a negative relationship between parental satisfaction and parenting daily hassles. For example, in a study of 79 parents of children between the ages of 9 and 36 months, frequent and intense parenting daily hassles were negatively related to feelings of satisfaction in the mothering role for mothers (Crnic & Booth, 1991). Again, based on the findings established in samples of parents of typically developing children, the current study hypothesized a negative relationship between parenting daily hassles and parental satisfaction.

Previous research demonstrates a strong positive relationship between parental efficacy and parental satisfaction (Johnston & Mash, 1989). A parent who feels efficacious in his/her parental role typically feels satisfied in that role. A parent who feels satisfied in his/her parental role typically feels efficacious about his/her abilities to perform/fulfill that role. Therefore, the current study of parents of children with disabilities also hypothesized a positive relationship between these two variables.

Lastly, social support has been researched in relation to parenting daily hassles. Social support plays a significant role in parents' perceptions of daily hassles when investigated in samples of parents of typically developing children. Social support is the quantity of available

social supporters (i.e., spouse, extended family members, social friends and/or neighbors, social groups, and/or colleagues) and the quality of support provided by those supporters (i.e., degree of encouragement, care, and reassurance offered) (Dunst, Jenkins, & Trivette, 1984). Research shows that social support buffers the negative relationship between parenting daily hassles and parental well-being variables, such as parental efficacy and satisfaction, in populations of parents of typically developing children (Crnic & Acevedo, 1995; Crnic & Greenberg, 1990). In order to replicate the findings from studies on parenting daily hassles in sample of parents of typically developing children, a similar moderating effect between social support and parenting daily hassles was proposed in the current study. It was hypothesized that social support would buffer the negative relationships between parenting daily hassles and parenting well-being variables. Adequate social support should allow parents to experience efficacy and satisfaction, despite frequent and intense daily hassles. Similar to previous research, the strength of the negative relationships between parenting daily hassles and efficacy and satisfaction was hypothesized to decrease when social support was available and adequate.

Individual difference variables often influence the relationships between parenting variables for parents of children with disabilities. Previous literature on the relationships between the current study variables in samples of typically developing children is inconclusive as to how demographic variables moderate and/or mediate those relationships. Therefore, although relationships between demographic variables and the study variables were examined in this study, formal hypotheses related to the relationships between demographic variables and the study variables were not proposed.

Mothers of children with disabilities were the target population in the current study. As mothers are often the primary caregivers of children with disabilities, the parenting daily hassles

construct may be more salient to their parenting experiences than to the parenting experiences of other family members. Also, the majority of research on parenting daily hassles primarily utilizes samples of mothers (Crnic & Greenberg, 1990). Similarly, the majority of past research on families of children with disabilities has mostly examined mothers and maternal well-being.

CHAPTER 2

Literature Review

As the *family systems theory* suggests, stress within the family system increases the entire system's vulnerability to negative outcome. The study of various types of parental stress is necessary because parental stress has implications for family life. For example, in a recent review of research on parenting stress, Deater-Deckard (in press) reported consistent and overwhelming evidence regarding the relationship between parental stress and poor parenting behaviors and attitudes. Deater-Deckard concluded that "parenting stress is clearly linked to adult functioning, quality of parent-child relationships, and child functioning" (p. 15). Likewise, Stoiber and Houghton (1994) and Abidin (1992) reported that heightened parenting stress can lead to aggressive, authoritarian parenting styles and negative parenting behaviors.

Belsky (1984) states that stress that is the result of a particular environment or context is significantly, negatively related to quality of parenting. For example, frequent and intense contextual stress in the parenting environment is related to poor parental and familial functioning, poor parent-child interactions and decreased child developmental potential (Crnic & Greenberg, 1990; Mash & Johnston, 1990). Likewise, a review article suggests that cumulative hassles are related to less competent, less responsive, and less satisfied parenting (Crnic & Acevedo, 1995). Less competent, less responsive, and less satisfied parenting results in both problematic parent-child relationships and problematic child development (Crnic & Acevedo, 1995; Jarvis & Creasey, 1991; Vaughn, Egeland, Sroufe, & Waters, 1979).

Parenting daily hassles have the potential to alter familial relationships. In their review article, Crnic and Acevedo (1995) reported that frequent and intense parenting daily hassles led to problems and conflicts between family members. Parenting daily hassles were positively related to problematic parent-child interactions (Crnic & Acevedo, 1995). The results of research by both Dumas (1986) and Patterson (1983) revealed that mothers displayed more negative interactions with children on days when they experienced increased levels of minor stressors. Additionally, Patterson found that minor daily stressors were related to frequency of mother-child conflict, such that minor daily stressors and mother-child conflict were positively related.

Parenting daily hassles are positively related to problematic child development. Belsky (1984) and Patterson (1983) note that contextual stress within the family system plays a role in determining child developmental outcome and adjustment. High levels of contextual stress are related to decreased developmental potential and negative adjustment. In a study of 74 mothers of five year old children, parenting daily hassles were associated with child behavior problems and decreased social competence for children (Crnic & Greenberg, 1990). Trute and Hiebert-Murphy (2002), state that reducing parenting stress is necessary in order to fully promote appropriate and adequate family life and development for children.

Similar to raising a child without disabilities, raising a child with a disability can be a stressful experience (Singer & Farkas, 1989). High levels of general stress in families of children with disabilities increase risks of deleterious parent-child relationships and problematic child development (Beresford, 1994; Tunali and Power, 1993).

Parenting Daily Hassles and Maternal Efficacy

Bandura's (1977, 1986a, 1986b) *self efficacy theory* suggests that perceptions of efficacy are an individual's interpretations of success or failure in regards to how he/she perceives

him/herself to function within the immediate environment. Specific to the parenting context, mothers' perceptions of their maternal efficacy are their interpretations of successes or failures in their interactions in the parenting environment.

Efficacy in parenting is related to parenting attitudes and behaviors. As Teti and Gelfand (1991) state, efficacy can be "a critical determinant of risk insofar as it affects the quality of mothers' behaviors toward their children" (p. 928). A mother's sense of maternal efficacy is related to how she relates to her child, the effort she puts towards child-rearing, and her feelings about parenting (Mash and Johnston, 1990). A mother who feels able, proficient, and successful in parenting, exhibits positive parenting behaviors and attitudes. Conversely, negative perceptions of maternal efficacy are associated with negative thoughts related to parenting information, low amounts of effort put toward parenting, and negative interpretations and reactions to child behaviors (Mash & Johnston, 1990; Teti & Gelfand, 1991). A recent review of literature cited a substantial number of articles containing evidence of relationships between maternal efficacy and parenting behavior and stress, such that, parents experiencing large amounts of stress exhibited less efficacy and more negative parenting behaviors than parents not experiencing large amounts of stress (Coleman & Karraker, 1997).

Mothers, who perceive their lives to be highly stressful or hassled, may perceive themselves to be less efficacious parents than mothers who perceive their lives to contain low levels of stress and hassles. An article, which examined stress within the parenting environment, concluded that maternal stress threatened a mother's perception of her efficacy in parenting (Mash & Johnston, 1990). In a study of 75 parents of clinic referred children with psychological disorders between the ages of 3 and 5, Scheel and Reickmann (1998) found that stress significantly negatively predicted maternal efficacy for mothers. Likewise, a comparative study

examining stress, social support, and parenting competence in a sample composed of 60 parents of typically developing children, 60 parents of children with Down syndrome, and 60 parents of children with autism, revealed that parenting stress was negatively related to parental efficacy for all parents of children in the three groups (Belchic, 1995).

Along with more general stress, stress stemming from parenting daily hassles is also negatively related to parental perceptions of efficacy. Heller (1993) reported that daily caregiving demands are related to decreased efficacy in parenting. In their review article, Crnic and Acevedo (1995) reported that hassles were related to less competent, less efficacious parenting in a number of previous studies.

Studying maternal efficacy is of great importance for mothers of children with disabilities. *Self-efficacy theory* states that performance attainment is related to perceptions of efficacy (Bandura, 1986a). More specifically, a mother's ability to completely and successfully perform, or carry out, a parenting task is related to perceptions of maternal efficacy. Because of the nature of disabilities, mothers of children with disabilities may struggle to feel successful at adequately completing parenting tasks. The inability to reflect on past successes is related to poor perceptions of efficacy (Bandura, 1986a). Parenting daily hassles are likely to impact mothers' abilities to successfully perform parenting tasks. Understanding how parenting daily hassles impacts perceptions of efficacy for parents of children with disabilities is necessary in order to understand the risks these parents face for subsequent negative interactions with their children. In a study examining the relationships amongst child behavior problems, efficacy, parental anxiety, and depression in a sample of 26 mothers and 20 fathers of children with autism, parental efficacy was related to maternal psychological health, such that the less efficacious a mother felt the more psychological health problems she encountered (Hastings &

Brown, 2002). Hastings and Brown comment that "self efficacy may be a particularly significant factor in understanding the effects of dimensions of childhood disability in parents" (p. 222).

Parenting Daily Hassles and Maternal Satisfaction

A parent's satisfaction in the parenting role is positively related to the quality of interactions with his/her children and indirectly related to child development. Mothers who are satisfied in their parental role have more positive and productive interactions with their children than mothers who are dissatisfied in their parental role (Johnston & Mash, 1989). For example, Mash and Johnston reported a relationship between satisfaction and maternal responsiveness. Mothers with low levels of maternal satisfaction had fewer and less responsive interactions with their child during play sessions than mothers with high levels of maternal satisfaction. Children who have negative and unproductive interactions with their mothers tend to exhibit poorer social, emotional, physical, and cognitive developmental outcomes than those who have positive and productive interactions with their mothers (Goodnow & Collins, 1990; McGillicuddy-DeLisi, 1982; Stoiber & Houghton, 1993).

Both stress and parenting daily hassles are negatively related to mothers' feelings of maternal satisfaction (Boyce & Behl, 1991; Crnic & Booth, 1991; Crnic & Greenberg, 1990; Koeske & Koeske, 1990). Crnic and Booth, in a study of typically developing children between the ages of 9 and 36 months, found a negative relationship between parenting daily hassles and parental satisfaction. Crnic and Greenberg also reported a negative correlation between parental satisfaction and daily hassles in a sample of 74 parents of 5 year old children. They stated, "Our findings indicate that parenting daily hassles are related to less satisfied parenting and less functional family status" (p. 1635).

Studying maternal satisfaction is of importance for mothers of children with disabilities. For example, the results of the study by Belchic (1995) which investigated parenting stress and parenting competence revealed a negative correlation between stress and parental satisfaction for parents of typically developing children, children with Down syndrome, and children with autism. Similarly, a study examining stress in 479 families of children with a mean age of 3.5, who had documented or suspected disabilities, found that mothers who perceived parenting to be highly stressful were significantly less satisfied with their parental role than mothers who did not perceive parenting to be highly stressful (Boyce & Behl, 1991).

Social Support as a Moderating Variable

Social support plays an important role in parenting (Teti & Gelfand, 1991). For example, mothers who have very little social support behave more negatively toward their children than mothers who have more adequate social support (Teti & Gelfand, 1991). Mothers who have available and adequate social support report less stress than mothers who do not have available and adequate social support (Boyce & Behl, 1991; Mulsow, Caldera, Pursley, Reifman, & Huston, 2002; Smith, Oliver, & Innocenti, 2001). Temperamentally difficult children, of mothers with adequate social support systems, display more secure attachment relationships than children whose mothers have less adequate social support systems (Crockenberg, 1981).

Social support may be conceptualized to be a protective factor against negative perceptions of parental well-being. Protective factors, "predict positive outcome in context of risk or adversity" (Masten & Reed, 2002, p. 76). Social support can consist of support provided by a spouse, support group, neighbor and friend, professional, and/or grandparent (Mirfin-Veitch, Bray, & Watson, 1997). Social support, which provides both emotional and informational support to parents, has a strong buffering effect on stress (Judge, 19998; Pal et al.,

2002). Parents, who are highly satisfied with the social support they receive from their support networks, are those least at-risk for negative parental well-being (Horton & Wallander, 2001).

Social support and efficacy. Social support is significantly related to efficacy in parenting (Bandura, 1982; Cutrona & Troutman, 1986; Haldy & Hanzlik, 1990; Teti & Gelfand, 1991). For example, Teti and Gelfand investigated the role of mothers' self-efficacy beliefs in the relationship between parenting behavior and various predictor variables, including social-marital support. They examined 86 depressed and non-depressed mothers of typically developing children. They found that social support and efficacy were significantly, positively related. In a study of mothers of children with Down syndrome and mothers of typically developing children, Haldy and Hanzlik reported that social support was positively related to mothers' feelings of their ability to parent their child. Mothers who felt adequately supported had increased perceptions of their ability to parent their child with a disability. Availability of supporters was more highly correlated with competence in parenting than was "acceptance and understanding of feelings" by supporters. Haldy and Hanzlik reasoned that it may be the case that daily parenting related chores and responsibilities of parents of children with disability are more immediately stressful, hassling, and frustrating than are complicated, emotional concerns. Stress related to necessary parenting chores must be dealt with, typically within a certain time frame, while emotional concerns can often be dealt with when time permits and when other duties are not pressing. Social supporters that are willing to help relieve the responsibilities of pressing chores and parenting tasks may be of extreme importance to parents of children with disabilities.

Bandura's (1977, 1986a, 1986b) *self-efficacy theory,* also illustrates how efficacy beliefs are developed, maintained, and related to social support. *Self-efficacy theory* assumes four major bases of self-efficacy beliefs including, performance attainment (previously mentioned),

physiological state, vicarious learning, and verbal persuasion (Bandura, 1977, 1986a, 1986b). Both vicarious learning (modeling) and verbal persuasion occur in social settings and are provided by social supports. Social situations provide mothers opportunities to observe and learn parenting tasks from other mothers. Learning through observation may help a mother to feel more knowledgeable and efficacious about her own ability to parent her child. The observation of the successful completion of parenting tasks by another mother may help a mother to feel more assured about her own parenting ability and future parenting success. A mother of a child with a disability, who may feel unsure of her mothering abilities, may learn and feel more efficacious about her ability to parent her child with a disability if she has opportunities to observe other mothers of children with disabilities taking care of their children. Social situations provide mothers with opportunities to be verbally encouraged, supported, and persuaded of their maternal abilities. Encouragement and support likely lead to increased perceptions of efficacy.

Stress and inadequate social support are related to negative perceptions of efficacy (Bandura, 1982). Social support has been found to moderate the deleterious effects of stress on parental and familial well-being (Cobb, 1976, 1979; Crnic & Greenberg, 1990; Crnic, Greenberg, Ragozin, Robinson, & Basham, 1983; Crockenberg, 1981, 1987). The *buffering hypothesis* of social support (Cobb, 1976, 1979) states that in the presence of stress, social support improves mental health. This hypothesis has been validated by research findings, which report that social support is a beneficial and reliable protective factor. Support for the *buffering hypothesis* can be found in the study of parenting daily hassles of mothers of young children by Crnic and Greenberg. The results of their study indicated that when frequent and intense parenting daily hassles are present, mothers with high quality social support systems exhibited more positive parenting behaviors than mothers with low quality social support systems.

Particularly, friendships and community social supports buffered the effects of daily hassles on negative maternal behavioral outcomes. Similarly, in the initial study on the Parenting Sense of Competence Scale, Gibaud-Wallston and Wandersman (1978) found that, although lack of social support was not significantly related to efficacy or satisfaction in parenting for mothers who perceived their babies to be "easy to manage", lack of social support was related to decreases in parenting efficacy and satisfaction for mothers who perceived their baby to be "difficult to manage". These findings suggest that social support acts as a buffer against stress for parental well-being variables, particularly, parental efficacy.

Social support and satisfaction. Social support is also positively related to parenting satisfaction, or affect (Crnic & Booth, 1991; Cnric & Greenberg, 1990; Mulsow, et al., 2002). In the study by Crnic and Greenberg, social support was indirectly related to decreased negative mood through its positive relationship to self-efficacy. Particularly, intimate (spousal) social support significantly moderated hassles and mothers' affect. Mulsow et al. found that social support, particularly partner support, was positively related to mothers' thoughts and feelings about parenting. In the study on the relationships between stress, social support, and parenting competence in the sample of parents of typically developing children, children with autism, or children with Down syndrome, results suggested that future studies should be conducted to further elucidate the ability of social support to buffer the relationship between stress and negative parental well-being for parents of children with disabilities (Belchic, 1995).

Examining social support in samples of mothers of children with disabilities is critical. Mothers of children with disabilities report decreases in social networks and supports upon the birth or diagnosis of a child with a disability. In a study of 63 mothers of children with disabilities between the ages of 5 and 21, mothers reported feelings of isolation (Cameron,

Snowdon, & Orr, 1992). Also, a large review of literature investigating research on parenting children with autism and social support found that a paucity of social support was particularly related to maternal depression and anxiety (Boyd, 2002).

Maternal Efficacy and Maternal Satisfaction

Parents who feel efficacious often feel satisfied (Frank, Hole, Jacobson, Justkowski, & Huyck, 1986; Johnston & Mash, 1989). S*elf-efficacy theory* asserts that efficacy is significantly related to, but not the same as, role satisfaction (Bandura, 1977). Efficacy and satisfaction were once thought to be two components of the "parental competence" variable. Empirical results suggest that efficacy and satisfaction are strongly related yet conceptually distinct (Mash & Johnson, 1990; Gibaud-Wallston & Wandersman, 1978).

A positive relationship between parental efficacy and parental satisfaction has been found in studies with parents of typically developing children. A study of parents of children with hyperactivity disorder found that parents who perceived themselves to be efficacious in parenting also felt satisfied as parents (Johnston & Mash, 1989). Belchic's (1995) comparative study of typically developing children, children with autism, and children with Down syndrome found that efficacy and satisfaction were positively related.

Relationships between Demographic Factors and Parental Variables

Some quantitative research supports relationships between demographic variables and parenting daily hassles, efficacy, satisfaction, and social support. For example, Smith, Oliver, and Innocenti (2001) in a study investigating stress in 880 parents of children with an average age of 2 years and 11 months with moderate to severe developmental delays found that family income and parental educational level were related to parental distress. Boyce and Behl (1991) reported negative relationships between stress and individual difference variables such as:

maternal age, maternal educational level, income, and marital status. They reported a positive relationship between the number of the children in the family and parental stress. Similarly, child gender and maternal employment outside the home have been related to the experience of fewer and less intense hassles (Crnic & Greenberg, 1990). Crnic and Booth (1991) found that in their study of parents of children between 9 and 36 months of age the experiences of parenting daily hassles were related to child age. Parents of older children reported greater parenting daily hassles than parents of younger children. Finally, maternal age, education, income, and experience in parenting have been related to parental confidence (a variable similar to efficacy) (Conrad, Gross, Fogg, & Ruchala, 1992; McGillicuddy-DeLisi, 1982).

While some researchers find that demographic variables are related to variable differences, some studies find the opposite. One study revealed that mothers' age and education was not significantly related to experiences of hassles (Crnic & Greenberg, 1990). Another study found that the age or gender of the child was not related to parental efficacy and satisfaction (Johnston & Mash, 1989). Conrad and colleagues (1992) reported that prior parenting experience was not related to confidence in parenting. Likewise, Smith, Oliver, and Innocenti (2001) found that the severity of disability was not related to parental distress. Finally, Belchic (1995) reported that the type of disability was not significantly related to differences in satisfaction or efficacy for parents of children with Down syndrome or autism. Boyce and Behl (1991) discovered that child age and gender were not related to experiences of parental stress for parents in their sample.

The purpose of analyzing demographic variables is to gain a clearer understanding of parenting processes and family environments for families of children with disabilities. Previous empirical results are inconclusive in regards to specific relationships between demographic

variables and the current study variables. Therefore, specific hypotheses related to demographic variables were not proposed. Demographic variables were examined to determine whether the proposed relationships between the study variables were experienced differently by mothers with different demographic backgrounds.

CHAPTER 3

Purpose of the Current Study

The purpose of the current study was to examine the relationships between parenting daily hassles, maternal efficacy, maternal satisfaction, and social support in a sample of mothers of children with disabilities. To date, there have been no studies which have investigated the relationships amongst these variables in families of children with disabilities. Particularly, previous research has not yet investigated the unique role that parenting daily hassles plays in relation to these variables. This study aimed to replicate previous findings on the relationships between these variables in a sample of mothers, who are characteristically different from mothers of typically developing children. Specifically, the current study was designed to test the following four hypotheses (see Figure 1 for the proposed model):

1. Parenting daily hassles are negatively related to maternal efficacy.
2. Social support perceived by mothers moderates the strength of the relationship between parenting daily hassles and maternal efficacy.
3. Parenting daily hassles are negatively related to maternal satisfaction.
4. Social support perceived by mothers moderates the strength of the relationship between parenting daily hassles and maternal satisfaction. When adequate social support is available, it will buffer the deleterious relationship between parenting daily hassles and maternal well-being variables. In other words, if a mother has adequate social support she will perceive herself to be an efficacious and satisfied parent, regardless of the hassles

that she is experiencing. However, if a mother is experiencing hassles and has little social support, efficacy and satisfaction will be negatively related to the level of hassles experienced.

5. Maternal efficacy and maternal satisfaction are positively related.

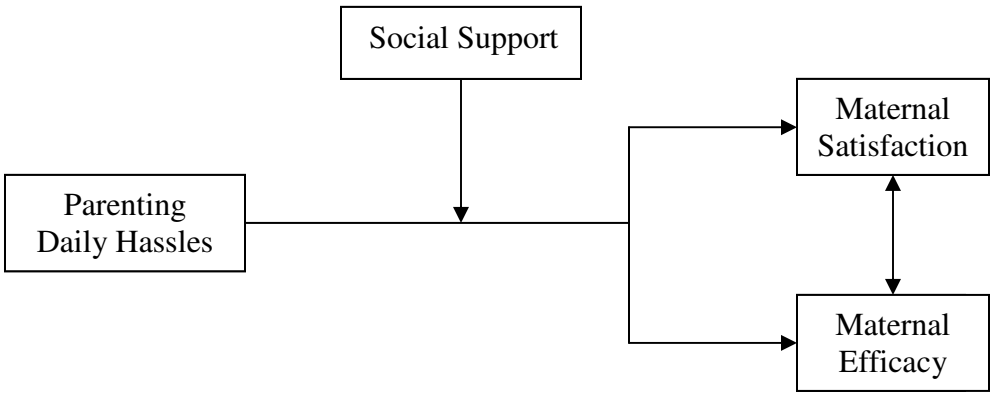

Figure 1

Model of Proposed Relationships

CHAPTER 4

Methods

Participants

The target population of the current study was mothers of children with developmental delays and/or disabilities. “Mother” was defined as the biological or adoptive mother of the child with the disability. The participants composed a convenient, nonrandom sample. The mothers within this sample represent different races, socio-economic statuses, educational levels, and family structures (see Table 1 for additional descriptive statistics). They were predominantly from the southeastern part of the United States. There were a total of 64 mothers of children with disabilities in the sample. For studies investigating moderating relationships, it is advised to have samples of at least 100 participants. However, because of the difficulty in locating and recruiting mothers of children with disabilities, researchers often must test moderating relationships in samples of less than 100. For example, in a study by Hastings and Brown (2002) investigating the moderating and mediating role of self-efficacy in the relationship between behavior problems of children with autism and parental mental health, the sample consisted of only 46 parents.

Of the mothers in the current sample, ninety-six percent were birth mothers and four percent were adoptive mothers. Each mother in the sample had a child between the ages of two and six years with a disability. The age of the child with a disability was restricted to decrease possible variance in the study variables and to decrease the possibility of confounding effects associated with child age and parenting experiences. The mean age of the mothers’ children was 4.39 years. The youngest child was 2.07 years old and the oldest child was 6.95 years old. The

mean age of the child at the time of diagnosis of disability was 16.91 months or about 1 year and 5 months. Ninety-three percent of the mothers were unaware of their child's disability prior to the child's birth. Only thirty-seven percent of the children were diagnosed with a disability at or before birth. Sixty-three percent of the children were diagnosed with a disability at some other time. Nearly 27 percent of the mothers in the study had children with Down syndrome. About 31 percent had children with autism. The remainder of the mothers (43 percent) had children with other disabilities. Other disabilities included, physical disabilities, visual and/or hearing impairment, cognitive/mental delay, language delay, Spina Bifida, Muscular Dystrophy, Cerebral Palsy, Fragile X syndrome, and multiple disabilities.

Mothers of more than one were included in the study, but these mothers were asked to complete the questionnaires in reference to only the child with the disability. If a mother had more than one child with a disability, she was asked to complete the questionnaire in reference to only one of her children with a disability. The mean number of children per mother was 2.19; forty-nine percent of mothers had two children. Mothers under the age of eighteen were not included in the sample, as they have not yet reached the age of consent. Mothers in the current study were between the ages of 20 and 47. The mean age of mothers was 35 years.

Procedures

After receiving IRB approval from the University of Georgia, permission was sought from various parent support, education, advocacy, intervention organizations, and schools that serve children between the ages of two and six with disabilities and their families. Potential participants were either contacted through individuals within their organization or through organizational newsletters advertising the study (see Appendix A). For mothers contacted through individuals within their organizations, questionnaire packets were either delivered or

handed out to mothers during organizational meetings or were mailed directly to mothers by their organization. These mothers were asked to complete the questionnaires at home. Each mother was given an addressed and pre-stamped envelope in which to return the packet. For mothers contacted through organizational newsletters, advertisements within the newsletters informed recipients of their opportunity to participate in the study. Mothers, who were interested in participation, emailed or called us to request questionnaire packets. Questionnaires were mailed directly to the addresses provided by these mothers. Mothers, who were mailed questionnaires packets, also returned the completed questionnaires in a provided addressed and pre-stamped envelope.

Approximately 200 questionnaires were sent to organizations and individual mothers. Approximately 37.5 percent, of the surveys were returned. This was a seemingly low return rate; however, it was not surprising given that large numbers of questionnaires were mailed to organizations for distribution amongst members. It is likely that not all of the questionnaires were dispersed to mothers, and it is likely that not all of the mothers who received questionnaires completed and returned them.

Questionnaire packets included an introductory letter (see Appendix B), which gave a short introduction of the study and described the purpose of the study, an implied consent letter (see Appendix C), which informed mothers that they could withdraw from the study at any time, a demographic survey (see Appendix D), and the research instruments (see Appendix E), a small postcard to be returned to the researchers for entrance into an incentive raffle, and a pre-stamped return envelope. After reading the introductory letter and the implied consent letter, mothers completed the questionnaires in the order they appeared in the packet. The questionnaires were self-report, forced choice surveys. The entire packet took approximately 45 minutes to complete.

The packets contained the instruments in a specific order, and the packets were to be completed in that order. Because the demographic measure was the easiest to complete, it was the first questionnaire in the packet. The efficacy/satisfaction measure was the second measure in the packet. The social support measure was the third measure in the packet, and the parenting daily hassles measure was the last measure in the packet. The intentional organization of the packet helped to prevent reactivity and any spurious correlations that could have occurred from a mother answering the parenting daily hassles measure directly before answering either the efficacy/satisfaction scale or the social support. It helped insure that a mother's reflections on her parenting daily hassles did not affect her reflections on her parenting efficacy and satisfaction.

The incentive of participation was a raffle. Each mother who chose to participate was given the chance of winning one of two fifty dollar checks. The last page in each of the packets was an unnumbered, addressed, pre-stamped postcard requesting the mother's name and address. The mother was asked to complete the postcard and mail it separately upon completion of the questionnaire packet. At the end of the study, each of the unnumbered postcards was put in a bowl. Two postcards were drawn out and each of the two mothers was mailed a letter and a fifty dollar check (see Appendix F). Thereupon, all of the postcards were destroyed.

Measures

A demographic survey was used to measure the variables of interest in the current study (see Appendix D). The Parenting Sense of Competence scale (PSOC), Parenting Daily Hassles scale (PDH), the Family Support Scale (FSS), measured the study variables (see Appendix E).

Demographic questionnaire. The demographic survey assessed general family information. It included questions inquiring about family structure, socio-economic status, maternal age, education, child's age, child's gender, child's birth order. Socio-economic status

was assessed by two questions. Similar to a question on a previous study, one question asked the mother to indicate her family's income range from a list of possible ranges; another question asked the mother to indicate how financially secure she perceived her family to be at the time she completed the survey (Aunola, Nurmi, Onatsu-Arvilommi, & Pulkkinen, 1999). Because of related medical and intervention costs, families of children with disabilities may face financial hardships despite income levels. Parental perceptions of economic stability may be influential in regards to how these families experience hassles, efficacy, and satisfaction. Finally, type and severity of disability, may be related to the ways in which mothers of children with disabilities experience stress, efficacy, and satisfaction. Therefore, to control for differences related to experiences with different disabilities, mothers were asked to name (if possible) and/or explain their child's disability.

Parenting Sense of Competence Scale. The *Parenting Sense of Competence Scale* (PSOC), created by Gibaud-Wallston and Wandersman (1978), measured a parent's perceptions of efficacy and satisfaction in parenting. The measure was originally constructed for use with parents of typically developing young children but works well in assessments of parents of high-risk children (Johnston & Mash, 1989). The measure was constructed for use with parents with young children. The psychometric properties of the scale were examined in a sample of 132 first-time parents of infant children. The PSOC consists of 17 items that are divided into two subscales, Skills/Knowledge (Efficacy) and Value/Comforting (Satisfaction). The majority of previous studies using this measure examined the subscales individually, as was the case in the current study.

The questions of the PSOC are answered on a five-point Likert scale. Answers range from strongly agree (1) to strongly disagree (5). Questions 1, 6, 7, 10, 11, 13 and 15 assess

efficacy. All of these questions are reversed scored allowing higher scores to represent higher levels of efficacy. An example of an efficacy item is question 7, “Being a parent is manageable, and any problems are easily solved”. Questions 2, 3, 4, 5, 8, 9, 12, 14, and 16 assess satisfaction. An example of a satisfaction item is question 2, “Even though being a parent could be rewarding, I am frustrated now while my child is at his/her present age”. Item 8 was originally part of the efficacy subscale, however, in an analysis of the questionnaire Johnston and Mash (1989) found that during a principal component analysis item 8 loaded empirically onto the satisfaction subscale. In the current study, item 8 was considered to be part of the satisfaction subscale. Also, item 17 was originally part of the efficacy subscale, however, Johnston and Mash discovered that item 17 did not significantly load above .40 on either subscale. This item was not used in the current analysis.

Raw scores of the PSOC are summed and the total scale scores range from 17 to 102. Total scores on the Efficacy subscale range from 7 to 35; total scores on the Satisfaction subscale range from 9 to 45. Higher scores represent high perceptions of efficacy and satisfaction. The mean scores for mothers in the PSOC psychometric study are 31.56 (Efficacy subscale), 40.23 (Satisfaction subscale), and 71.79 (total scale) (Gibaud-Wallston & Wandersman, 1978).

The PSOC is reliable and valid. In Gibaud-Wallston and Wandersman (1978) initial article, the PSOC efficacy subscale had a Cronbach’s alpha of .82 and the satisfaction subscale had a Cronbach’s alpha of .70. In a subsequent investigation of the scale, Johnston and Mash (1989) reported that Efficacy and Satisfaction subscales had Cronbach’s alphas of .76 and .75 respectively. Although, the two subscales are often used separately in data analyses, Cronbach’s alpha for the measure as a whole is .83. The PSOC has adequate test-retest reliability over a six-week period (Gibaud-Wallston & Wandersman, 1978; Johnston & Mash, 1989). The PSOC is a

relevant and representative measure of both efficacy and satisfaction individually (Johnston & Mash, 1989).

Parenting Daily Hassles Scale. The *Parenting Daily Hassles* (PDH) scale, created by Crnic and Greenberg (1990) measured a parent's perceptions of the frequency and intensity of the daily hassles in their life. The measure was constructed for use with parents with young children. The psychometric properties of the scale were examined in a sample of 74 parents of 5-year-old children. The PDH consists of 20 hassle items scored for frequency and intensity. The 20 items represent typical parenting hassles that may occur throughout a "normal" day. Some examples of items on this scale include item 1 "Continually cleaning up messes of toys or food" and item 13 "Having to change your plans because of an unpredicted child need".

The items on the PDH are answered on two separate five-point Likert scales. One scale measures the frequency of hassles. Answers range from hassle "never" occurs (1) to hassle occurs "constantly" (5). The other scale measures the intensity of hassles. Answers range from "no hassle" (1) to "big hassle" (5). Raw scores are summed for each scale and scores range from 20 to 100. Higher scores on the frequency scale represent more consistently occurring hassles. Higher scores on the intensity scale represent more intense hassles. In the original study mean scores for mothers was 37.3 (Frequency scale) and 41.8 (Intensity scale) (Crnic & Greenberg, 1990).

The PDH is reliable and valid. In Crnic and Greenberg's, (1990) original article the Frequency subscale had a Cronbach's alpha of .81 and the Intensity subscale had a Cronbach's alpha of .90. The frequency and intensity scales were correlated (r=.78). The PDH is a relevant and representative measure of parenting stress (Crnic & Booth, 1991).

Critics of the parenting daily hassles variable argue that by cognitively appraising their own hassles and then answering a questionnaire about those hassles, parents may begin to feel momentarily more "hassled" and thus report that they experience more frequent and intense hassles than they do in actuality (Dohrenwend & Shroud, 1985). However, the items on the PDH were carefully chosen to avoid confounds related to parents' temporary mood, and the importance of cognitive appraisal of hassles is established within daily hassles research (Lazarus et al., 1985). For example, the avoidance of effects of transitory mood is evident in that parents' reports of the frequency of parenting daily hassles are highly correlated with parents' assessment of the impact of those hassles (Crnic & Greenberg, 1990).

Family Support Scale. The *Family Support Scale* (FSS) created by Dunst, Jenkins, and Trivette (1984), measured a parent's perception of the degree of encouragement, care, and reassurance offered by social supporters (quality) and number and availability (quantity) of social supporters. The measure was constructed for use with parents with young children. The psychometric properties of the scale were examined in a sample of 139 parents of preschool age children with disabilities.

The FSS contains 18 items. The scale provides both a number of available supports, or quantity of available support, and a total scale score assessing value of social support, or quality of available supports. The scale contains a list of 18 possible social supporters including spouse, parents, spouse's parents, relatives/kin, friends, co-workers, professional helpers, other children, et cetera. Parents are asked to mark "NA" for listed supports which are unavailable to them. All supports marked "NA" are summed and subtracted from 18, the total number of items. This answer represents a parent's total number, or quantity, of available supports. The total score ranges from 0 (no social support) to 18 (lots of social support). In the original study of the scale,

the mean of quantity of available supports was 11.51 (Dunst, Jenkins, & Trivette, 1984). Quantity of social support scores ranged from 4.79 to 18.33. Standard deviation was 3.36. For all available social supports, parents are asked to rate the quality, of each support on a five-point Likert scale. Answers range from "not at all helpful" (0) to "extremely helpful" (4). Raw scores for the quality of social supports are summed and total scale score ranges from 0 to 72. Higher scores represent higher quality, social supports and higher perceptions of parental satisfaction with those social supports. In the original study of the scale, the mean of quality of social supports was 29.80 (Dunst, Jenkins, & Trivette, 1984). Quality of social support scales ranged from 8 to 50.74. Standard deviation was 10.47.

The FSS is reliable and valid. The FSS has a Cronbach's alpha of .85 for the overall scale score. The FSS has adequate test-retest reliability over a one-month period (Dunst, Trivette, & Jenkins, 1984). The FSS is a relevant and representative measure of both presence of social supports and satisfaction with social supports. The FSS also shows evidence of criterion validity, by its ability to predict "personal and familial well-being, number of parent-child interactions, and child progress" (Dunst, Jenkins, & Trivette, 1984, p. 48).

Table 1

Sample Characteristics

Characteristic		n	%
Race	American Indian or Alaska Native	1	1.5
	Black or African American	9	13.2
	Hispanic or Latina	2	2.9
	White	56	82.4
Family Income	Under $10,000	1	1.5
	$10,000 to $19,000	1	1.5
	$20,000 to $29,000	5	7.4
	$30,000 to $39,000	5	7.4
	$40,000 to $49,000	8	11.8
	$50,000 to $59,000	9	13.2
	$60,000 to $69,000	2	2.9
	$70,000 to $79,000	11	16.2
	$80,000 to $89,000	24	35.3
Perception of Adequacy of Income	More than adequate to meet all needs and wants	5	7.4
	More than adequate to meet needs and some wants	32	47.1
	Adequate to meet needs, but not wants	16	23.5

	Not adequate to meet all needs	12	17.6
	Much less than adequate to meet even basic needs	2	2.9
Marital Status	Single	2	2.9
	Married	61	89.7
	Divorced	1	1.5
	Live-in Partner	1	1.5
	Separated	1	1.5
	Widowed	1	1.5
Mothers' Education	High school diploma or GED	5	7.4
	Some college or technical school	18	26.5
	College degree	32	47.1
	Graduate degree	12	17.6
Mothers' Employment	Employed	26	38.2
	Unemployed	41	60.3
Child Gender	Male	44	64.7
	Female	24	35.3
Child Birth Order	Only Child	15	22.1
	First Born	14	20.6
	Middle Child	11	16.2
	Last Born	27	39.7
Difficult to Manage Behaviors	Yes	28	41.2
	No	39	57.4

CHAPTER 5

Results

Descriptive Statistics Analyses

Means, standard deviations, and ranges of responses on the independent and dependent study variables were computed (see Table 2). T-tests, ANOVAs, and correlations were used in preliminary investigations to examine the relationships between demographic variables and the study variables. T-tests were used to investigate differences in the means of parental well-being variables (maternal efficacy and satisfaction) related to the following three dichotomous demographic variables: gender of the child with a disability, maternal employment (employed or not employed), and child's difficult-to-manage behaviors (present or absent). There were no significant mean differences in maternal efficacy or maternal satisfaction related to these demographic variables.

ANOVAs were used to investigate differences in the means of parental well-being variables related to demographic variables which divided the sample into three or more groupings. Type of disability divided the sample into three groups; mothers of children with Down syndrome, mothers of children with autism, and mothers of children with a disability other than Down syndrome or autism. Mothers of children with multiple disabilities, not including Down syndrome or autism, were included in the third group. If a mother had a child with multiple disabilities in addition to either Down syndrome or autism, the mother was grouped according to the child's diagnosis of Down syndrome or autism. There were no children in this study diagnosed with both Down syndrome and autism. Child's birth order divided the sample

into four groups; mothers of only children with a disability, mothers of first born children with a disability, mothers of middle born children with a disability, and mothers of last born children with a disability. There were no significant mean differences in maternal efficacy or maternal satisfaction related to these demographic variables.

Finally, Spearman's Rho was used to examine the relationships between parental well-being variables and categorical demographic variables with six or more categories such as maternal education and family income. Pearson's correlations were used to examine the relationships between parental well-being variables and continuous demographic variables such as age of the child with a disability, number of children in the family, and child's age at diagnosis. There were no significant relationships found between the parental well-being variables of efficacy and satisfaction and any of the aforementioned categorical or continuous demographic variables.

Hypotheses Testing

Parental efficacy. It was hypothesized that parenting daily hassles and maternal efficacy would be significantly, negatively related. However, the correlational analyses did not reveal a direct, significant relationship between either the frequency of parenting daily hassles and maternal efficacy or the intensity of parenting daily hassles and maternal efficacy (see Table 3).

It was hypothesized that social support would moderate parenting daily hassles by buffering negative parental well-being, specifically decreased maternal efficacy. Hierarchical multiple regression analyses were used to examine the hypothesized moderating role of social support. Four hierarchical regression analyses were executed with maternal efficacy as the criterion variable. Parenting daily hassles, either frequency or intensity, was the first variable entered into the hierarchical regressions. Parenting daily hassles was followed by the social

support variable, either quality or quantity. Lastly, to test for the hypothesized moderating relationship, an interaction between the parenting daily hassles variable and the social support variable was entered into the hierarchical regression. Because there were no demographic variables related to differences in maternal efficacy, demographic variables were not entered into the hierarchical regressions. Thus, the order of entry of variables entered into the four regressions for the maternal efficacy criterion variable was as follows: parenting daily hassles and social support (step 1), parenting daily hassles x social support (step 2).

The regression model examining *quantity* of social support as the buffer against the negative effects of the frequency of hassles was significant in predicting maternal efficacy (see Table 4). The model using quantity of social support as the buffer against the negative effects of the intensity of hassles was marginally significant in predicting maternal efficacy (see Table 5). Both models contained interaction terms that accounted for significant variance. As recommended by Cohen and Cohen (1983), these significant interaction terms in the hierarchical regression models were examined by plotting two representative slope lines, one for a low value of the moderating social support variable (1 *sd* below the mean) and one for a high value (1 *sd* above the mean) (see Figures 2 and 3).

The two graphs reveal that the number of social supporters that a mother felt that she had buffered the negative effects of parenting hassles on perceived maternal efficacy, as measured by the Parenting Sense of Competence Efficacy subscale. When the frequency and intensity of parenting daily hassles were low, maternal efficacy was high regardless of the quantity of social supporters a mother reported that she had. For mothers with a lower quantity of social supporters, as the frequency or intensity of parenting daily hassles increased, maternal efficacy

decreased. For mothers who had a high quantity of available social supporters, maternal efficacy increased as the frequency and intensity of parenting daily hassles increased.

The regression models examining *quality* of social support as a buffer against the negative effects of daily hassles were not significant in predicting maternal efficacy (see Tables 6 and 7).

Parental satisfaction. Simple correlations were also used to investigate the hypothesized negative relationship between parenting daily hassles and maternal satisfaction. As hypothesized, the correlational analysis revealed significant negative relationships between the frequency of parenting daily hassles and maternal satisfaction and between the intensity of parenting daily hassles and maternal satisfaction for mothers of children with disabilities in this sample (see Table 3).

It was hypothesized that social support would moderate the negative effects of parenting daily hassles on maternal satisfaction. Four hierarchical regressions were executed with parental satisfaction as the criterion variable. These four analyses included variables in the same order as those described in the previous section predicting parenting efficacy. The order of entry of variables entered into the four regressions for the maternal satisfaction criterion variable was as follows: parenting daily hassles and social support (step 1), parenting daily hassles x social support (step 2).

Although three of the four models, predicting parenting satisfaction were significant, none of the models contained significant interaction terms (see Tables 8, 9, 10, and 11). When the frequency and intensity of parenting daily hassles were high, mothers reported that they were more dissatisfied in their role as a parent of a child with a disability than when parenting daily hassles were low.

Efficacy and satisfaction. Lastly, a significant positive relationship was hypothesized to exist between maternal efficacy and maternal satisfaction. As hypothesized, and similar to many previous studies, maternal efficacy and maternal satisfaction were significantly positively correlated (see Table 3).

Table 2

Means and Standard Deviations of Study Measures

Questionnaire	M	SD	Range
Parenting Daily Hassles Frequency (PDH-F)	60.83	11.08	16-35
Parenting Daily Hassles Intensity (PHD-I)	49.65	13.77	21-43
Parenting Sense of Comp. Efficacy (PSOC-E)	25.35	3.55	10-56
Parenting Sense of Comp. Satisfaction (PSOC-S)	33.03	5.05	5-18
Family Support Scale Quality (FSS-Qual)	30.98	11.07	37-84
Family Support Scale Quantity (FSS-Quan)	14.71	2.85	20-79

Table 3

Correlations between Study Measures

Measure	PDH-F	PDH-I	PSOC-E	PSOC-S	Qual	Quan
Parenting Daily Hassles Frequency (PDH-F)	---	.75**	-.09	-.34**	-.12	.32**
Parenting Daily Hassles Intensity (PHD-I)	---	---	-.03	-.44**	-.21	.25*
Parenting Sense of Comp. Efficacy (PSOC-E)	---	---	---	.50**	.18	.05
Parenting Sense of Comp. Satisfaction (PSOC-S)	---	---	---	---	.27*	-.09
Family Support Scale Quality (Qual)	---	---	---	---	---	.32**
Family Support Scale Quantity (Quan)	---	---	---	---	---	---

*$p < .05$; **$p < .01$

Table 4

Quantity of Social Support Moderating the Relationship between Frequency of Parenting Daily Hassles and Parenting Efficacy (N = 64)

Variable	B	*Beta*	F Change	R^2 Change	Model R^2	Adjusted R^2
Step 1			.28	.01	.01	-.02
Frequency of Daily Hassles	-.03	- .09				
Quantity of Social Support	.10	.08				
Step 2			7.13**	.10	.11	.07
Frequency of Hassles x Quantity of Social Support	.04	2.61**				

**p<.01
Model F (3, 61) = 2.58, p = .06

Table 5

Quantity of Social Support Moderating the Relationship between Intensity of Parenting Daily Hassles and Parenting Efficacy (N = 64)

Variable	B	*Beta*	F Change	R^2 Change	Model R^2	Adjusted R^2
Step 1			.08	.00	.00	-.03
Intensity of Daily Hassles	-.01	- .02				
Quantity of Social Support	.07	.05				
Step 2			10.20***	.14	.15	.10
Intensity of Hassles x Quantity of Social Support	.04	2.83***				

***p<.005
Model F (3, 61) = 3.46, p = .02

Table 6

Quality of Social Support Moderating the Relationship between Frequency of Parenting Daily Hassles and Parenting Efficacy (N = 64)

Variable	B	*Beta*	F Change	R^2 Change	Model R^2	Adjusted R^2
Step 1			1.02	.03	.03	.00
Frequency of Daily Hassles	-.01	- .04				
Quality of Social Support	.05	.17				
Step 2			.02	.00	.03	-.02
Frequency of Hassles x Quality of Social Support	.00	.09				

Model F (3, 61) = .67, p = .57

Table 7

Quality of Social Support Moderating the Relationship between Intensity of Parenting Daily Hassles and Parenting Efficacy (N = 64)

Variable	B	*Beta*	F Change	R^2 Change	Model R^2	Adjusted R^2
Step 1			1.00	.03	.03	.00
Intensity of Daily Hassles	.01	.03				
Quality of Social Support	.06	.18				
Step 2			.28	.00	.04	-.01
Intensity of Hassles x Quality of Social Support	.00	.26				

Model F (3, 61) = .75, p = .53

Table 8

Quantity of Social Support Moderating the Relationship between Frequency of Parenting Daily Hassles and Parenting Satisfaction (N = 64)

Variable	B	*Beta*	F Change	R^2 Change	Model R^2	Adjusted R^2
Step 1			2.91	.09	.09	.06
Frequency of Daily Hassles	-.13	- .29*				
Quantity of Social Support	.00	.00				
Step 2			1.17	.02	.10	.06
Frequency of Hassles x Quantity of Social Support	.02	1.06				

*$P<.05$
Model F (3, 61) = 2.33, p = .08

Table 9

Quantity of Social Support Moderating Relationship between Intensity of Parenting Daily Hassles and Parenting Satisfaction (N = 64)

Variable	B	*Beta*	F Change	R^2 Change	Model R^2	Adjusted R^2
Step 1			6.02***	.16	.16	.14
Intensity of Daily Hassles	-.15	-.41***				
Quantity of Social Support	.01	.01				
Step 2			3.24	.04	.21	.17
Intensity of Hassles x Quantity of Social Support	.03	1.54				

***p<.005
Model F (3, 61) = 5.24, p = .003

Table 10

Quality of Social Support Moderating the Relationship between Frequency of Parenting Daily Hassles and Parenting Satisfaction (N = 64)

Variable	B	*Beta*	F Change	R^2 Change	Model R^2	Adjusted R^2
Step 1			5.40**	.15	.15	.12
Frequency of Daily Hassles	-.12	- .26*				
Quality of Social Support	.12	.25*				
Step 2			1.43	.02	.17	.13
Frequency of Hassles x Quality of Social Support	.01	.69				

*p<.05, **p<.01
Model F (3, 61) = 4.10, p = .01

Table 11

Quality of Social Support Moderating the Relationship between Intensity of Parenting Daily Hassles and Parenting Satisfaction (N = 64)

Variable	B	*Beta*	F Change	R^2 Change	Model R^2	Adjusted R^2
Step 1			7.98***	.21	.21	.18
Intensity of Daily Hassles	-.13	-.36***				
Quality of Social Support	.10	.21				
Step 2			1.90	.02	.23	.19
Intensity of Hassles x Quality of Social Support	.01	.60				

***p<.005
Model F (3, 61) = 6.03, p = .001

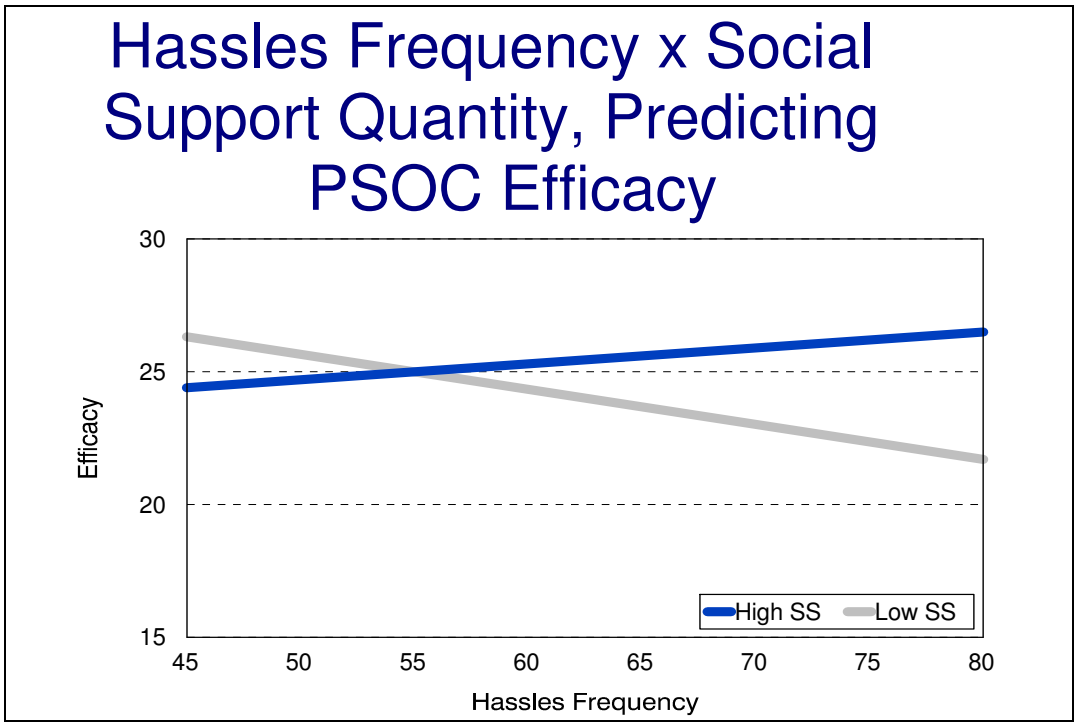

Figure 2

Quantity of Social Support Moderating the Relationship between Frequency of Parenting Daily Hassles and Parenting Efficacy

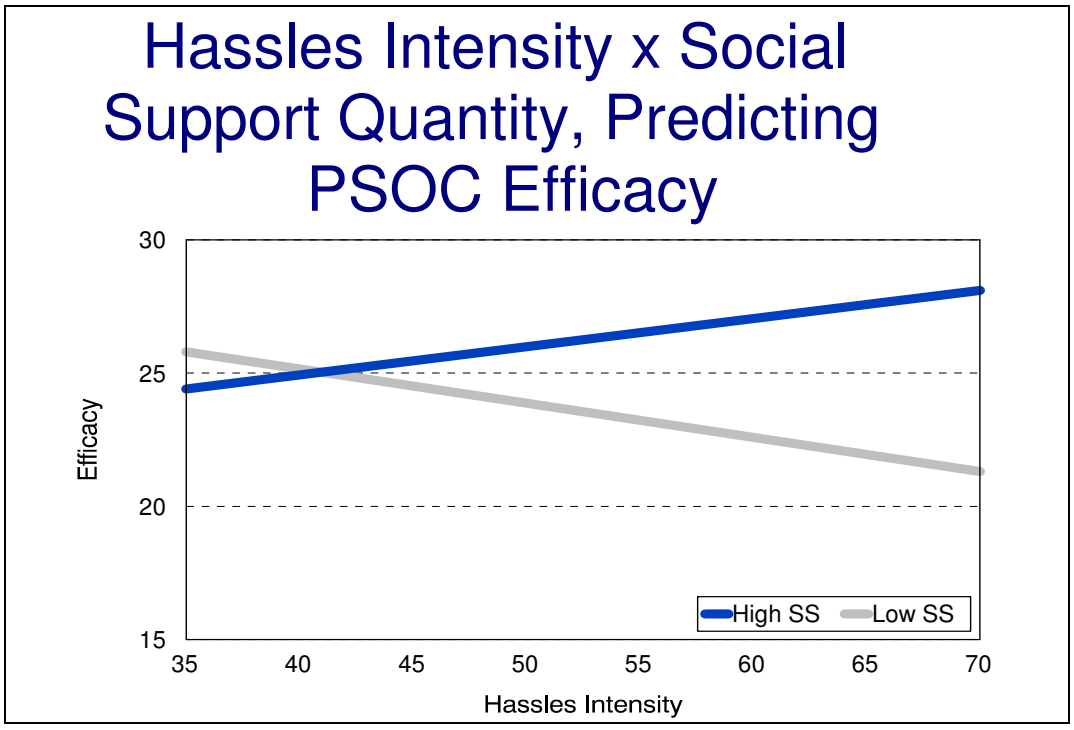

Figure 3

Quantity of Social Support Moderating the Relationship between Intensity of Parenting Daily Hassles and Parenting Efficacy

CHAPTER 6

Discussion

Conclusions

The purpose of this study was to examine the moderational role of social support in the proposed negative relationships between parenting daily hassles and maternal efficacy and parenting daily hassles and maternal satisfaction in a sample of mothers of children with disabilities. The most notable result revealed that the quantity of social support significantly moderated the relationship between parenting daily hassles and maternal efficacy for the mothers in this sample. Neither the quality nor quantity of social support significantly moderated the relationship between parenting daily hassles and satisfaction.

Maternal efficacy. The hypothesis that parenting daily hassles and maternal efficacy were significantly negatively related was not confirmed. This was an interesting finding considering that previous research typically reveals a significant negative relationship between these variables (Crnic & Acevedo, 1995; Heller, 1993). However, this particular sample of mothers perceived themselves to be efficacious regardless of the intensity and frequency of hassles that they reported to be experiencing. The unusual result may be a consequence of the lack of examination of other important family variables related to both perceptions of parenting efficacy and experiences of parenting stress. Relationships between a third variable and the study variables may have masked a relationship between parental stress and parental efficacy.

Child focused variables in addition to the parent focused study variables may be helpful to investigate. A review of research shows that child temperament is related to both parental

efficacy and stress (Mash & Johnston, 1990). Mothers of temperamentally difficult children reportedly experience more stress and lower levels of maternal efficacy than mothers of temperamentally easy children, who reportedly experience less stress and higher levels of maternal efficacy. Studies on child temperament and maternal stress and efficacy have examined general stress as opposed to parenting daily hassles. Hassles are considered to be characteristic of all families with young children. Therefore, regardless of the intensity and frequency of hassles experienced, mothers of temperamentally easy children may continue to feel efficacious in their ability to parent. The sample in this study may have been composed of a large number of parents of temperamentally easy children. The sample was drawn largely from pre-existing support groups. Mothers who have the time and energy to commit to involvement in a support group may be those who have temperamentally easy children. It is probable that the absence of a relationship between parenting daily hassles and parental efficacy may be a result of the fact that both of these variables were related to the uninvestigated third variable of child temperament.

The hypothesis proposing the moderational role of social support in the relationship between parenting daily hassles and maternal efficacy was supported. This finding is similar to previous research, which shows a moderational role of social support in the relationships between parenting daily hassles and self-efficacy (Crnic & Acevedo, 1995; Crnic & Greenberg, 1990; Crnic, Greenberg, Ragozin, Robinson, & Basham, 1983; Crockenburg, 1981, 1987; Haldy & Hanzlik, 1990) The interaction between the quantity of social supporters and the frequency of parenting daily hassles and the interaction between the quantity of social supporters and the intensity of parenting daily hassles were significantly related to maternal efficacy. The quantity of social support moderated the relationships between frequency and intensity of parenting daily

hassles and maternal efficacy. Mothers experiencing frequent and intense parenting daily hassles felt efficacious if they had an adequate amount of social supporters.

As stated in Bandura's (1977, 1986a, 1986b) *self-efficacy theory*, efficacy beliefs are related to experiences of vicarious learning and verbal persuasion, which take place in social situations. The unique results of the current study, that quantity of social support moderated the relationship between parenting daily hassles and maternal efficacy, may be due to the fact that regardless of the frequency and intensity of parenting daily hassles, having many (quantity) social supporters may have allowed mothers to have more opportunities to learn and to be encouraged by vicarious learning experiences and verbal persuasions.

Having many social supporters may allow mothers a wider range of places from which to draw help. It may allow mothers to derive certain types of help from many different support systems. For example, having many social supporters may allow mothers to gain emotional support primarily from their spouses and parents, informational support primarily from professionals, and child care support primarily from their friends. A mother with very little social support may be attempting to draw emotional, informational, and child care support from the same social supporter or from a small group of social supporters. This mother may not be getting the appropriate types of support from the most appropriate sources of support. She may therefore, feel under-supported. The ability to gain support from many supporters and the ability to get different types of support from the most appropriate supporters may help to promote feelings of efficacy, despite perceptions of hassles. Mothers with large social support networks have the advantage of receiving different types of social support from different types of social supporters.

The interactions between the quality of social support and both frequency and intensity of parenting daily hassles were not significantly related to maternal efficacy. Quality of social support did not moderate the relationship between frequency or intensity of parenting daily hassles and efficacy. There was no difference in either efficacy or satisfaction for mothers of high or low quality social support. This result is interesting because it reveals that for the mothers in this sample, parental well-being is more strongly buffered by the quantity of social supporters that a mothers has than by the quality of those social supporters. These findings are similar to Haldy and Hanzlik's (1990) findings. Haldy and Hanzlik reported that for the mothers of children with disabilities and for the mothers of children without disabilities in their sample the general availability of supporters was more highly correlated with parental competence than was "acceptance and understanding of feelings" by supporters. While this particular measure did not assess the meanings of quality of social support and quantity of social support for mothers, availability of social supporters was likely related to quantity of social supporters, while "acceptance and understanding of feelings" by social supporters was likely related to the quality of social supporters. Having a large group of social supporters may increase the availability of support. Haldy and Hanzlik concluded that daily hassles of parents of children with disabilities were more immediately disconcerting for parents than were emotional concerns. They deduced that a social supporter that could provide some support and aid in taking care of immediate needs may be more necessary for mothers of children with disabilities than a social supporter whose purpose is to spend time listening and empathizing with mothers. Having many supporters (high quantity social support) available to help take care of minor, daily duties may help to increase feelings of parental efficacy for a mother.

Maternal satisfaction. The hypothesis that parenting daily hassles were negatively related to the level of maternal satisfaction a mother experienced was supported. This finding is consistent with previous research on stress and satisfaction (Crnic & Booth, 1991; Crnic & Greenberg, 1990). It is understandable that a mother facing many minor, repetitive, parenting related challenges on a daily basis derives less enjoyment and pleasure from parenting than a mother who is not experiencing overwhelming hassles daily. A hassled mother may certainly be a less content mother. A mother experiencing frequent and intense parenting daily hassles likely has much less quality time to spend with her child and much less time to rest and renew. Less time to rest and renew may leave a mother feeling tired and unable to adequately parent her child. Less quality time to spend with the child may lead to feelings of dissatisfaction if a mother perceives this to be a way in which she is not fulfilling her parenting duty.

The hypothesis proposing the moderational role of social support in the relationship between parenting daily hassles and maternal satisfaction was not confirmed. The interactions between quantity of social support and the parenting daily hassles variables and the interactions between quality of social support and the parenting hassles variables were not significantly related to maternal satisfaction. Quantity and quality of social support did not protect mothers from negative feelings of dissatisfaction related to perceptions of frequency and intensity of parenting daily hassles. This may have been related to the fact that regardless of support offered by friends, family, and professionals, stress was strongly negatively related to how satisfying, enjoyable, and pleasurable mothers perceive parenting to be (Boyce & Behl, 1991; Crnic & Booth, 1991; Crnic & Greenberg, 1990; Koeske & Koeske, 1990).

Efficacy and satisfaction. As hypothesized, maternal efficacy and maternal satisfaction were significantly positively related. This result was not surprising. Many studies, including

those of samples of parents of children with and without disabilities, have found a positive relationship between these two variables (Bandura, 1977; Belchic, 1995; Gibaud-Wallston & Wandersman, 1978; Frank, Hole, Jacobson, Justkowski, & Huyck, 1986; Johnston & Mash, 1989; Mash & Johnston, 1990), and these variables were measured using subscales of the same measure. A mother who feels that she has the ability and competency to parent her child will likely experience more success and derive more joy out of doing so. A mother who feels that she cannot adequately parent her child will likely not experience pleasure in attempting to do so if she is anticipating feelings of failure. A mother who is satisfied as a parent likely feels more efficacious because she is more effortful and persistent in achieving parenting tasks. A mother who is dissatisfied as a parent is likely less responsive to her child's advances and needs. She likely feels less efficacious about her abilities because of her own existing conceptions of failure as a parent.

Demographics. Demographic variables were not significantly related to the outcome variables of efficacy and satisfaction. Research is inconclusive as to the relationships between demographic variables and parental well-being variables. Although some researchers report results of relationships between various demographic variables and parental well-being variables of efficacy and satisfaction (Conrad, Gross, Fogg, & Ruchala, 1992; McGillicuddy-DeLisi, 1982; Smith, Oliver, & Innocenti, 2001), other researchers report the opposite (Belchic, 1995; Conrad, 1992; Johnston & Mash, 1989). The findings of this study are consistent with findings from studies reporting no relationships between demographic variables and parental well-being variables (Belchic, 1995; Conrad, 1992; Johnston & Mash, 1989). It is interesting that despite the rather small sample size, demographic variables did not significantly change means of the study variables. However, it is highly possible that given the homogeneity of the sample in this study

(which was comprised of mostly white, middle class, educated mothers) relationships between demographic variables and parental well-being variables may have been masked.

Limitations

Like all studies, this study has some limitations. While the limitations do not invalidate the results, they serve as reminders to interpret the findings with caution. The small sample size in this study may have led it to suffer from a lack of statistical power. The sample size of sixty-four participants was low, particularly considering the statistical procedures being used. While this is not desirable, it was necessary because of the difficulty in locating, gaining access to, and recruiting mothers of children with disabilities. There is a possibility that if there had been more power (a larger sample) a stronger moderating ability of social support in the relationships between parenting daily hassles and parental well-being variables may have been found.

The sample for the study was gathered through a convenient strategy. The participants were volunteers and were involved in pre-existing groups. Those involved in pre-existing parenting support, education, advocacy, and intervention organizations often have more in common with one another than with those not involved in pre-existing groups. This particular sample is highly homogeneous in socio-economic status, maternal employment, race, maternal educational level, and marital status. Besides being similar to one another, the mothers in this sample may have been significantly different in regards to parenting daily hassles, efficacy, satisfaction, and social support, than those who chose not to participate. It is difficult to know for sure, since there is no available data on the mothers who chose not to participate. Although the sample was homogeneous, this sampling approach was appropriate because of the difficultly in recruiting members in this particular population.

This study only examined the relationships between the study variables for mothers of children with disabilities. The findings cannot be generalized to mothers of children without disabilities. Similarly, the results cannot be generalized to fathers or other family members. This study did not take into account other family members feelings and interpretations of experiences related to rearing a child with a disability. Although the *family systems theory* was utilized to ground this study and to understand the relationship between a child and a mother, in order for this theory to be fully utilized all family members must be investigated. This was not the case in the current study. Finally, single rater bias related to only the mother answering each questionnaire may present a limitation.

Finally, maternal behavior, mother-child interactions, and child developmental outcomes were not measured. As the literature provides evidence for relationships between the study variables and parent-child interactions and child development, these variables were not examined in the current study; this may limit the findings. Future studies should take the limitations of this study into consideration and attempt to incorporate them as study variables.

Implications

The results of this study contribute to the growth of theory and knowledge related to parenting children with disabilities. The results have the ability to help applied professionals develop and maintain support programs aimed at increasing maternal efficacy and satisfaction. This study reveals that one of the most important aspects of such a program is the number of participants. A high quantity of participants allows mothers to make more social contacts. As this study suggests, many social contacts may help reduce the negative relationship between parenting daily hassles and parental efficacy. In addition to a high number of participants, it may also be important that a program aimed at increasing parental efficacy for mothers of children

with disabilities also include many different types of individuals such as doctors, babysitters, mothers' spouses, et cetera. These different types of individuals would allow mothers to gain needed support from the most appropriate individuals. Increased quantity of social supports may help to buffer the negative implications of parenting daily hassles for mothers of child with disabilities.

The quality, or degree of encouragement, care, and reassurance offered by social supporters, is also be important be addressed. Although the quality of social support did not interact with parenting daily hassles to significantly predict parental well-being, quality of social support was positively related to parental satisfaction. Also, the lack of quality of social support may actually have deleterious effects on both hassles and parental well-being. Parents' perceptions of lack of social support were not examined in this study. Decreasing the implications of parenting daily hassles on parental well-being by increasing quantity and quality of social support may indirectly lead to more positive and productive parent-child relationships and child developmental outcomes.

Future Research

The study expands research on mothers of children with disabilities, a growing, yet understudied, population. The research results reveal that there are some similarities in the ways that parenting daily hassles function in families of children with disabilities and families of children without disabilities. However, these results also reveal that there are differences in the ways that hassles function in families of children with disabilities in comparison to families of typically developing children. The results help to continue the process of establishing parenting daily hassles as a valid variable worth of study within different populations. They also

demonstrate the importance of the quantity of available social supporters as a buffer against negative outcome.

Future researcher endeavors must look closely at the construct of parenting daily hassles for mothers of children with disabilities. It is important for researchers to continue to examine the differences and similarities of parenting daily hassles for mothers of children with and without disabilities. Researchers must continue to investigate the moderating and mediating variables in the relationship particularly between parenting daily hassles and maternal satisfaction. Other family members, particularly siblings, should be investigated, since they contribute to the daily hassles, maternal efficacy, and maternal satisfaction that a mother experiences. Interviews would be helpful in order to better understand hassles of mothers of children with disabilities. Mothers of children with disabilities may be hassled by events that are not present in the lives of mothers of typically developing children. For example, overcoming community hassles, such as the lack of environmental accommodation for wheelchairs, may be an event that is troublesome and frequently occurring for mothers of children with disabilities. However, hassles, such as these, did not appear in the instrument that was used to assess hassles. Therefore, much work needs to be done in order to advance the body of research on parenting daily hassles of mothers of children with disabilities.

REFERENCES

Abidin, R. R. (1992). The determinants of parenting behavior. *Journal of Clinical Child Psychology, 21*, 407-412.

Aunola, K., Nurmi, J. E., Onatsu-Arvilommi, T., & Pulkkinen, L. (1999). The role of parents' self-esteem, mastery-orientation and social background in their parenting styles. *Scandinavian Journal of Psychology, 40*, 307-317.

Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review, 84*, 191-215.

Bandura, A. (1982). Self-efficacy in human agency. *American Psychologist, 37*, 122-147.

Bandura, A. (1986a). *Social foundations of thought and action: A social cognitive theory.* Engelwood, Cliffs, NJ: Prentice-Hall.

Bandura, A. (1986b). The explanatory and predictive scope of self-efficacy theory. *Journal of Social and Clinical Psychology, 4*(3), 359-373.

Belchic, J. K. (1995) Stress, social support, and sense of parenting competence: A comparison of mothers and fathers of children with autism, Down syndrome, and normal development across the family life cycle. Dissertation Abstracts International, 57(02), 547A. (UMI No. 9618823)

Belksy, J. (1984). The determinants of parenting: A process model. *Child Development, 55*, 83-96.

Beresford, B. A. (1994). Resources and strategies: How parents cope with the care of a disabled children. *Journal of Child Psychology and Psychiatry, 35*, 171-209.

Bower, A. M., & Hayes, A. (1998). Mothering in families with and without a child with a disability. *International Journal of Disability, Development, and Education, 45*(3), 313-322.

Boyce, G. C., & Behl, D. (1991). Child characteristics, family demographics and family process: Their effects on the stress experienced by families of children with disabilities. *Counseling Psychology Quarterly, 4*, 273-289.

Boyd, B. A. (2002). Examining the relationships between stress and lack of social support in mothers of children with autism. *Focus on Autism and Other Developmental Disabilities, 17*(4), 208-215.

Cameron, S. J., Snowdon, A., & Orr, R. R. (1992). Emotions experienced by mothers of children with developmental disabilities. *Children's Health Care, 21*(2), 96-102.

Cohen, J., & Cohen, P. (1983). *Applied multiple regression/correlation analysis for the behavioral sciences.* Hillsdale, New Jersey: Lawrence Erlbaum.

Coleman, P. K., & Karrker, K. H. (1997). Self-efficacy and parenting quality: Findings and future applications. *Developmental Review, 18*, 47-85.

Conrad, B. Gross, D., Fogg, L., & Ruchala, R. (1992). Maternal confidence, knowledge, and quality of mother-toddler interactions: A preliminary study. *Infant Mental Health Journal, 13*, 353-362.

Crnic, K. A., & Acevedo, M. (1995). Everyday stress in parenting. In M. H. Bornstein (Ed.), *Handbook of Parenting,* (1st ed.) (pp. 277-297). Mahwah, NJ: Lawrence Erlbaum Associates.

Crnic, K. A., & Booth, C. L. (1991). Mothers' and fathers' perceptions of daily hassles of parenting across early childhood. *Journal of Marriage and Family, 53*, 1042-1050.

Crnic, K. A., & Greenberg, M. T. (1990). Minor parenting stresses with young children. *Child Development, 61*, 1628-1637.

Crnic, K. A., Greenberg, M. T., Ragozin, A. S., Robinson, N. M., & Basham, R. B. (1983). The effects of stress and social support on mothers of premature and full-term infants. *Child Development, 45*, 209-217.

Crockenberg, S. B. (1981). Infant irritability, mother responsiveness, and social influences on the security of the mother-infant attachment. *Child Development, 52*, 857-865.

Crockenberg, S. B. (1987). Predictors and correlates of anger toward and punitive control of toddlers by adolescent mothers. *Child Development, 58*, 964-975.

Cobb, S. (1976). Social support as a moderator of life stress. *Psychosomatic Medicine, 38*, 300-314.

Cobb, S. (1979). Social support and health through the life course. In M. W. Riley (Ed.). *Aging from birth to death: Interdisciplinary perspectives* (pp. 93-106). Boulder, CO: Westview.

Cutrona, C. E., & Troutman, B. R. (1986). Social support, infant temperament, and parenting self-efficacy: A meditational model of postpartum depression. *Child Development, 57*, 1507-1518.

Deater-Deckard, K. (in press). Parenting stress and child adjustment: Some old hypotheses and new questions. *Clinical Psychology: Science and Practice.*

DeLongis, A., Coyne, J. C., Dakof, G., Foldman, S., & Lazarus, R. S. (1982). Relationship of daily hassles, uplifts, and major life events to health status. *Health Psychology, 1*, 119-136.

Dohrenwend, B. P., & Shrout, P. E. (1985). “Hassles” in the conceptualization and measurement of life stress variables. *American Psychologist, 40*, 780-785.

Dumas, J. E. (1986). Indirect influence of maternal social contacts on mother—child interactions: A setting event analysis. *Journal of Abnormal Child Psychology, 14*, 205-216.

Dunst, C. J., Jenkins, V., & Trivette, C. M. (1984). The family support scale: Reliability and validity. *Wellness Perspective, 1*(4), 45-52.

Dyson, L. L. (1997). Fathers and mothers of school-age children with developmental disabilities: Parenting stress, family functioning, and social support. *American Journal on Mental Retardation, 102, 267-279.*

Frank, S., Hole, C. B., Jacobson, S., Justkowski, R., & Huyck. M. (1986). Psychological predictors of parents' sense of confidence and control and self- vs. child-focused gratifications. *Developmental Psychology, 22*, 348-355.

Gibaud-Wallston, J. C., and Wandersman, L. D. (1978). Development and utility of the Parenting Sense of Competence Scale. Paper presented at the annual meeting of the American Psychological Association, Toronto.

Goodnow, J. J., & Collins, W. A. (1990). *Development according to parents: The nature, sources, and consequences of parents' ideas.* Hillsdale, NJ. Lawrence Erlbaum Associates.

Haldy, M. B., & Hanzlik, J. R. (1990). A comparison of perceived competence in child-rearing between mothers of children with Down syndrome and mothers of children without delays. *Education and Training in Mental Retardation, 25*(2), 132-141.

Hastings, R. P., & Brown, T. (2002). Behavior problems of children with autism, parental self-efficacy, and mental health. *American Journal on Mental Retardation, 107*(3), 222-232.

Heller, T. (1993). Self-efficacy coping, active involvement, and caregiver well-being throughout the life course among families of persons with mental retardation. In A. P. Turnbull, J. M. Patterson, S. K. Behr, D. L. Murphy, J. G. Marquis, & M. H. Blue-Banning (Eds.), *Cognitive coping, families, and disability* (pp. 195-206). Baltimore: Brookes.

Horton, T. V., & Wallander, J. L. (2001). Hope and social support as resilience factors against psychological distress of mothers who care for children with chronic physical conditions. *Rehabilitation Psychology, 46*(4), 382-399.

Jarvis, P. A.., & Creasey, G. L. (1991). Parental stress, coping, and attachment in families with an 18-month-old infant. *Infant Behavior and Development, 14*, 383-395.

Johnston, C., & Mash, E. J. (1989). A measure of parenting satisfaction and efficacy. *Journal of Clinical Child Psychology, 18,* 167-175.

Judge, S. L. (2001). Parental coping strategies and strengths in families of young children with disabilities. *Family Relations, 47*, 263-268.

Kanner, A. D., Coyne, J. C., Scheafer, C., & Lazarus, R. S. (1981). Comparison of two modes of stress measurement: Daily hassles and uplifts versus major life events. *Journal of Behavioral Medicine, 4*, 1-25.

Koeske, G. F., & Koeske, R. D. (1990). The buffering effect of social support on parental stress. *American Journal of Orthopsychiatry, 60*, 440-451.

Lazarus, R. S.., DeLongis, A., & Gruen, R. (1985). Stress and adaptational outcomes: The problem of confounded measures. *American Psychologist, 40*, 770-779.

Mash, E. J., & Johnston, C. (1990). Determinants of parenting stress: Illustrations from families of hyperactive children and families of physically abused children. *Journal of Clinical Child Psychology, 19*(4), 313-328.

Masten, A. S., & Reid, M. G. J. (2001). Resilience in development. In C. R. Snyder, & S. J. Lopez (Eds.), *Handbook of Positive Psychology* (pp. 74-88). London: Oxford University Press.

McGillicuddy-DeLisi, A. V. (1982). Parental beliefs about developmental processes. *Human Development, 25*, 192-200.

Minnes, P. M. (1988). Family stress associated with a developmentally handicapped child. *International Review of Research in Mental Retardation, 15*, 195-226.

Mirfin-Veitch, B., Bray, A., & Watson, M. (1997). "We're Just That Sort of Family" Intergenerational relationships in families including children with disabilities. *Family Relations, 46*, 305-311.

Mulsow, M., Caldera, Y. M., Pursley, M., Reifman, A., & Huston, A. C. (2002). Multilevel factors influencing maternal stress during the first three years. *Journal of Marriage and Family, 64*, 944-956.

Ohan, J. L., Leung, D. W., & Johnston, C. (2000). The Parenting Sense of Competence Scale: Evidence of a stable factor structure and validity. *Canadian Journal of Behavioural Science, 32*, 251-261.

Pal, D. K., Chaudhury, T., Das, T., Sengupta, S. (2002). Predictors of parental adjustment to children's epilepsy in rural India. *Child: Care, Health & Development, 28*(4), 295-300.

Patterson, G. R. (1983). Stress: A change agent for family process. In N. Garmezy & M. Rutter (Eds.), *Stress, Coping, and Development in Children* (pp. 235-264). New York: McGraw-Hill.

Scheel, M. H., Riechmann, T. (1998). An empirically derived description of self-efficacy and empowerment for parents of children with psychological disorders. *American Journal of Family Therapy, 26*(1), 15-27.

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

Singer, L., & Farkas, K. J. (1989). The impact of infant disability on maternal perception of stress. *Family Relations, 38*, 444-448.

Stoiber, K. C., & Houghton, T. G. (1993). The relationship of adolescent mothers' expectations, knowledge and beliefs to their young children's coping behavior. *Infant Mental Health Journal, 14*, 61-79.

Teti, D. M., & Gelfand, D. M. (1991). Behavioral competence among mothers of infants in the first year: The mediational role of maternal self-efficacy. *Child Development, 62*, 918-929.

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*, 271-280.

Tunali, B., & Power, T. (1993). Creating satisfaction: A psychological perspective on stress and coping in families of handicapped children. *Journal of Psychology and Psychiatry, 34*(6), 945-957.

Vaughn , B., Egeland, B., Sroufe, L. A., & Waters, E. (1979). Individual differences in infant-mother attachment at twelve and eighteen months: Stability and change in families under stress. *Child Development, 50*, 971-975.

APPENDIX A

Potential Participant Newsletter

Research Opportunity for Mothers of Young Children with a Developmental Delay or Disability

Dear Families,

We are graduate students of the Department of Child and Family Development at the University of Georgia, and we are conducting a study on parenting children with disabilities. The study is being carried out under the supervision of Dr. Zolinda Stoneman at the Institute on Human Development and Disability. For participating in this study you will be given the chance of winning one of two $50.00 checks. We are looking for mothers between the ages of 18 and 50 that have a child between the ages of 2 and 6 with a developmental delay or disability. This study will involve answering some simple questionnaires, which can be mailed to you. Return, stamped envelopes are provided. If you would be interested in participating or have further questions, please contact us.

Gwendolyn Pugh
(205) 356-7111
gap1@uga.edu

Caroline Almand
(404) 861-2067
csalmand@uga.edu

APPENDIX B

Participant Introduction Letter

Dear Participant,

We are conducting this study in order to gain a better understanding of parenting children with developmental delays and disabilities between the ages of two to six years. We are particularly interested in learning more about what styles of parenting mothers use, how mothers feel about their ability to parent, how social support influences parenting, and about perceptions of stress related to parenting a child with a disability. The study is being conducted by the Department of Child and Family Development of the University of Georgia under the direction Dr. Zolinda Stoneman.

We would like our research to increase current knowledge of how mothers of children with developmental delays and disabilities parent their children and what factors influence this process. If you consent to participate in this research project, please fill out the following questionnaires. To participate in this study you must meet the following criteria: be a mother between the age of 18 and 50 and have a child between the age of two and six with a developmental disability or delay. If you have more than one child that meets the criteria, then fill out questionnaires for only one of your children. The questionnaires will be completely anonymous. The packet of questionnaires will take approximately 30 minutes to complete. Upon completion please return the questionnaires using the provided envelope.

In thanking you for your participation you will be given a chance of winning one of two fifty-dollar checks. Please fill out the postcard requesting your name and address. Mail the postcard separately from the packet of questionnaires. The postcard does not have any codes or numbers on it, the researchers will be unable to match your postcard with your questionnaire. At the end of the study each of these postcards will be put into a bowl. Two of the postcards will be drawn out and each of those two mothers will be mailed a fifty-dollar check.

If you have any questions please contact Gwendolyn Pugh at 205-356-7111, email: gap1@uga.edu or Caroline Almand at 404-861-2067, email: csalmand@uga.edu. We greatly appreciate your help and your time.
Sincerely,

Gwendolyn A. Pugh and Caroline S. Almand
Graduate Students

APPENDIX C

Participant Letter of Implied Consent

February 14, 2004

Dear Participant,

The research entitled, *The Relationship between Daily Hassles, Social Support, Sense of Competence, Impact of Childhood Disability on the Family, and Parenting Styles for Mothers of Children with Disabilities,* is being conducted by Gwendolyn Pugh (phone 706-543-1880) and Caroline Almand (phone 404-861-2067), through the Department of Child and Family Development at the University of Georgia. This research is being conducted under the direction of Dr. Zolinda Stoneman, Ph.D, the Institute on Human Development and Disability, The University of Georgia, 850 College Station Road, Athens, Georgia 30602, Telephone (706) 542-4827, Email address: zo@uga.edu[1]. If you choose to participate in this study the questionnaires that will be completed will be used for research that may be published.

The reason for this research is to gain information relating to the relationships between parenting styles, parent's sense of competence, social support, daily hassles, and impact of childhood disability on the family for a mother, who has a young child with a developmental disability. The benefits that will be obtained will allow professionals working with populations of children and their mothers to better understand various contributors to parenting satisfaction, efficacy, and parenting styles. The results will allow professionals to develop and implement beneficial educational and support programs for mothers of children with disabilities.

Participation in this study is entirely voluntary and you can withdraw your consent at any time without penalty, or skip any questions you may feel uncomfortable answering. By participating in this study you will complete the packet of questionnaires that is provided by the researchers. If you have more than one child between the age of two and six that has a developmental disability or delay, please fill out questionnaires for only one of your children. Completing the questionnaires should take approximately 30 minutes. The answers you give in this study will be completely anonymous. Please do not place your name on any of the questionnaires. This is to insure your anonymity. After completing the questionnaires you will mail or give the packets back to the researchers using the envelope and stamps that are provided. In thanking you for your participation you will be given a chance of winning one of two fifty-dollar checks. Please

[1] Additional questions or problems concerning your rights as a research participant should be addressed to Chris A. Joseph, Ph.D, Subjects Research Office, The University of Georgia, 606A Graduate Studies Research Center, Athens, Georgia 30602-7411, Telephone (706) 542-3199, Email address: IRB@uga.edu.

fill out the postcard requesting your name and address. These postcards will be stamped and addressed to the researchers. They will be mailed back separately from the packets of questionnaires. The researchers will be unable to match the postcards with the questionnaires. At the end of the study each of these postcards will be put into a bowl. Two of the postcards will be drawn out and each of those two mothers will be mailed a fifty-dollar check. The postcards will then be destroyed.

The researchers will answer any further questions about the research. Information about the research can be answered by calling Gwendolyn Pugh (phone 205-356-7111) or Caroline Almand (phone 404-861-2067). We greatly appreciate your help and your time.

Sincerely,

Gwendolyn A. Pugh and Caroline S. Almand
Graduate Students
Institute on Human Development and Disability
Department of Child and Family Development
College of Family and Consumer Sciences
University of Georgia Athens, Georgia 30602
gap1@uga.edu and csalmand@uga.edu

APPENDIX D

Demographic Survey

We would like some information about you. Please fill in the section below by either filling in the blank space or circling your choice.

Today's date ___/___/___

Age of Mother _____ Age of Father _____

Are you the child's biological mother? Yes No

If no, please indicate your relation to the child_____

Birth date of child with a disability ___/___/___

Gender of child with disability (please circle) female male

Number of children in the household _____

Ages of other siblings _____

How do you describe yourself? (Check all that apply)
____American Indian or Alaska Native ____Hispanic or Latino
____Asian ____Native Hawaiian or Other Pacific Islander
____Black or African American ____White

Marital Status:
____Single ____Divorced ____Separated
____Married ____Live-in Partner ____Widowed

My child that has a disability/disabilities is the:
____Only child ____Middle born ____First born ____Last born.

My Family's Total Income is between:
____Under $10,000 ____$30,000-$39,000 ____$60,000-$69,000
____$10,000-$19,000 ____$40,000-$49,000 ____$70,000-$79,000
____$20,000-$29,000 ____$50,000-$59,000 ____$80,000 and over

How adequate do you feel your income is in meeting your needs? (Place a check next to the statement that best describes your situation.)
____More than adequate to meet all of our needs and wants
____More than adequate to meet our needs and some of our wants
____Adequate to meet our needs, but no wants
____Not adequate to meet all of our needs
____Much less than adequate to meet even our basic needs

Are you currently employed outside your home? Yes No

If yes, how many hours per week do you typically work? _____ hours/week
Can you easily take time off during the day or rearrange you work schedule to attend to the needs of your child with a disability? Yes No

Mother's Educational Level:
____Less than 8th grade ____Some College or Technical school
____Less than 12th grade ____College degree
____High School diploma or GED ____Graduate degree

Father's Educational Level:
____Less than 8th grade ____Some College or Technical school
____Less than 12th grade ____College degree
____High School diploma or GED ____Graduate degree

Were you aware of your child's diagnosis with a disability prior to his/her birth?
____Yes ____No

Was your child's diagnosis made at birth?
____Yes ____No
If no, how old was your child when he/she was diagnosed with a disability?
Child's age_____

Please CHECK the item(s) that most accurately describes your child's diagnosis
____Down syndrome ____Language/Speech delay ____Autism
____Fragile X ____Cerebral Palsy ____Visual Impairment
____Hearing Impairment ____Physical Disability ____Developmental delay
____Cognitive/Mental delay ____Muscular Dystrophy ____Spina Bifida
____Pervasive Developmental Delay (PDD)
____Other (please describe) _____

Which of the following is your child involved in? (Please check all that apply)
____Early Head Start ____Pre-K
____Private Early Intervention Services ____Head Start
____Preschool Special Education ____Speech Therapy
____Physical Therapy ____Occupational Therapy
____Day Care or Child Development Center
____Babies Can't Wait or other Public Early Intervention Services

Does your child with a disability:
Sit without support ____YES ____NO Toilet independently ____YES ____NO
Stand without support ____YES ____NO Eat independently ____YES ____NO
Walk independently ____YES ____NO Use a wheelchair ____YES ____NO
Communicate using words ____YES ____NO
Communicate using several words in a phrase or sentence ____YES ____NO

Does your child have any difficult-to-manage behaviors (strong tantrums, biting, etc.)?

____Yes ____No

If yes, describe the behavior(s):

If a young child came up to you and asked you to explain your child's disability (Why does he/she act like that? Why does he/she look like that? etc.), what would you say to the child?

How would you explain your child's disability to an adult? What would you say to them?

APPENDIX E

Study Instruments

Parenting Sense of Competence Scale (PSOC)

Please *circle* how much you agree with each of the following statements related to parenting. Focus on your child with a disability or delay.

1. The problems of taking care of an infant are easy to solve once you know how your actions affect your child, an understanding I have acquired.

strongly agree agree neutral disagree strongly disagree

2. Even though being a parent could be rewarding, I am frustrated now while my child is at his/her present age.

strongly agree agree neutral disagree strongly disagree

3. I go to bed the same way I wake up in the morning, feeling I have not accomplished a whole lot.

strongly agree agree neutral disagree strongly disagree

4. I do not know why it is, but sometimes when I'm supposed to be in control, I feel more like the one being manipulated.

strongly agree agree neutral disagree strongly disagree

5. My mother/father was better prepared to be a good mother/father than I am.

strongly agree agree neutral disagree strongly disagree

6. I would make a fine model for a new mother/father to follow in order to learn what he/she would need to know in order to be a good parent.

strongly agree agree neutral disagree strongly disagree

7. Being a parent is manageable, and any problems are easily solved.

strongly agree agree neutral disagree strongly disagree

8. A difficult problem in being a parent is not knowing whether you're doing a good job or a bad one.

strongly agree agree neutral disagree strongly disagree

9. Sometimes I feel like I'm not getting anything done.

strongly agree agree neutral disagree strongly disagree

10. I meet my own personal expectations for expertise in caring for my child.

strongly agree agree neutral disagree strongly disagree

11. If anyone can find the answer to what is troubling my child, I am the one.

strongly agree agree neutral disagree strongly disagree

12. My talent and interests are in other areas, not in being a parent.

strongly agree agree neutral disagree strongly disagree

13. Considering how long I've been a mother/father, I feel thoroughly familiar with this role.

strongly agree agree neutral disagree strongly disagree

14. If being a mother/father of an infant were only more interesting, I would be motivated to do a better job as a parent.

strongly agree agree neutral disagree strongly disagree

15. I honestly believe I have all the skills necessary to be a good mother/father to my child.

strongly agree agree neutral disagree strongly disagree

16. Being a parent makes me tense and anxious.

strongly agree agree neutral disagree strongly disagree

17. Being a good mother/father is a reward in itself.

strongly agree agree neutral disagree strongly disagree

Family Support Scale (FSS)

Please *circle* the response that best describes how helpful the sources have been to your family during the past *3 to 6 months*.

		Not At All Helpful	Sometimes Helpful	Generally Helpful	Very Helpful	Extremely Helpful	Not Available
1	My parents….	0	1	2	3	4	NA
2	My spouse's parents….	0	1	2	3	4	NA
3	My relatives/kin……	0	1	2	3	4	NA
4	My spouse's relatives/kin..…	0	1	2	3	4	NA
5	Husband or wife……	0	1	2	3	4	NA
6	My friends…….	0	1	2	3	4	NA
7	My spouse's friends…..	0	1	2	3	4	NA
8	My own children…….	0	1	2	3	4	NA
9	Other parents…..	0	1	2	3	4	NA
10	Church….	0	1	2	3	4	NA
11	Social groups/clubs….	0	1	2	3	4	NA
12	Co-workers…..	0	1	2	3	4	NA
13	Parents groups…..	0	1	2	3	4	NA
14	My family or child's physician(s)	0	1	2	3	4	NA
15	Professional helpers (social workers, therapists, teachers, etc.)	0	1	2	3	4	NA
16	School/day care center	0	1	2	3	4	NA
17	Professional agencies (public health, social services, mental health, etc.)	0	1	2	3	4	NA

18	Specialized Early Intervention Services	0	1	2	3	4	NA
19	Other (specify:_____)	0	1	2	3	4	NA

Parenting Daily Hassles Scale (PDH)

The statements below describe lots of events that routinely occur in families with young children. These events sometimes make life difficult. Please read each item, and circle how often it happens to you (never, rarely, sometimes, a lot, or constantly) and then circle how much of a "hassle" you feel that has been for you FOR THE PAST FEW WEEKS. If you have more than one child these events can include any of all or your children.
BE SURE TO MAKE TWO RATINGS (CIRCLE TWO NUMBERS) FOR EACH QUESTION

		HOW OFTEN IT HAPPENS					NO				BIG
HASSLE		never	rarely	some-times	a lot	constantly	HASSLE				HASSLE
1	Continually cleaning up messes of toys or food.	1	2	3	4	5	1	2	3	4	5
2	Being ragged, whined at, complained to.	1	2	3	4	5	1	2	3	4	5
3	Mealtime difficulties (picky eaters, complaining, etc.)	1	2	3	4	5	1	2	3	4	5
4	The kids don't listen—won't do what they are asked without being nagged.	1	2	3	4	5	1	2	3	4	5
5	Babysitters are difficult to find.	1	2	3	4	5	1	2	3	4	5
6	The kid's schedules (e. g., preschool, school, naps, other activities) interfere with meeting your own or household needs.	1	2	3	4	5	1	2	3	4	5
7	Sibling arguments or fights, which require a "referee".	1	2	3	4	5	1	2	3	4	5
8	The kids demand that you entertain or play with them.	1	2	3	4	5	1	2	3	4	5
9	The kids resist or struggle over bedtime with you.	1	2	3	4	5	1	2	3	4	5
10	The kids are constantly under foot, interfering with other chores.	1	2	3	4	5	1	2	3	4	5
11	The need to keep a constant eye on where the kids are and what they're doing.	1	2	3	4	5	1	2	3	4	5

12	The kids interrupt adult conversations or interactions.	1	2	3	4	5	1	2	3	4	5
13	Having to change your plans because of an unpredicted child need.	1	2	3	4	5	1	2	3	4	5
14	The kids get dirty several times a day requiring changes of clothes.	1	2	3	4	5	1	2	3	4	5
15	Difficulties getting privacy (e.g., like in the bathroom).	1	2	3	4	5	1	2	3	4	5
16	The kids are hard to manage in public (grocery store, shopping center, restaurant).	1	2	3	4	5	1	2	3	4	5
17	Difficulties in getting kids ready for outings and leaving on time.	1	2	3	4	5	1	2	3	4	5
18	Difficulties in leaving kids for a night out or at school or daycare.	1	2	3	4	5	1	2	3	4	5
19	The kids have difficulties with friends (e.g., fighting, trouble getting along, or no friends available).	1	2	3	4	5	1	2	3	4	5
20	Having to run extra errands to meet kids' needs.	1	2	3	4	5	1	2	3	4	5

APPENDIX F

Raffle Winner Letter

December 8, 2004

Dear

I am writing to inform you that you won one of two fifty dollar checks through your participation in the research study entitled, *The Relationships between Daily Hassles, Social Support, Sense of Competence, Impact of Childhood Disability on the Family, and Parenting Styles for Mothers of Children with Disabilities*. This study was conducted by Gwendolyn Pugh and Caroline Almand, through the Department of Child and Family Development at the University of Georgia. This research was conducted under the direction of Dr. Zolinda Stoneman, Ph.D., the Institute on Human Development and Disability, The University of Georgia, 850 College Station Road, Athens, Georgia 30602.

Thank you so much for your help and participation in this study. The insight provided by each participant is invaluable. We look forward to continuing to learn more about families of children with disabilities. Please feel free to contact Gwendolyn Pugh (205-356-7111) or Caroline Almand (404-861-2067) if you have any questions.

Sincerely,

Caroline S. Almand and Gwendolyn A. Pugh
Graduate Students
Institute on Human Development and Disability
Department of Child and Family Development College of Family and Consumer Sciences
University of Georgia Athens, Georgia 30602
csalmand@uga.edu and gap1@uga.edu