

CALIFORNIA STATE UNIVERSITY, NORTHRIDGE

STRESS LEVELS AMONG LATINA MOTHERS OF CHILDREN WITH SPECIAL  
NEEDS

A graduate project submitted in partial fulfillment of the requirements  
For the degree of Master of Social Work

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## Abstract

### Stress Levels Among Latina Mothers of Children with Special Needs

By

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Master of Social Work

The rationale behind this study is to identify how effective parent support groups are in minimizing stress levels amongst mother caring for children with special needs. Chihiro (2011), states, parents of children with disabilities can be effectively educated through parent support groups, workshops, psychological intervention or counseling if right approach or channel were utilized. Additionally, our goal is to help bring awareness to the disparities with accessing services for Latino mothers. Furthermore, Hispanic families have reported they have experienced difficulties using services because of language, communication or cultural problems with providers (Ngui and Flores, 2006). This is why it is especially important to further study what services Latino mothers find most helpful and accessible.

## CHAPTER 1

### INTRODUCTION

Childhood is a critical developmental phase that can be a positive experience for many, however when a child has unmet milestones it can result in children having a learning disability, a cognitive impairment, a developmental delay, or even a terminal illness. These results can cause great devastations among families. It is estimated that around 15% of U.S children have developmental disabilities (Green & Baker, 2011). Moreover, parents having a child with special needs can mean special accommodations, non-acceptance by family members, lack of school and community support, adjusting to routines and high expectations of care. For parents this can be especially difficult to accept and is often referred to as “a mourning process” (Green & Baker, 2011).

As stated above, parents who are caring for children with developmental disabilities have a higher risk of undergoing a great deal of stressors throughout their lifespan. Also, parents who have children with disabilities have many additional hurdles to overcome compared to parents of neurotypical children, such as acceptance and adjustment of the child's disability, financial demands to meet necessary medical care, treatment and equipment, limited information and/or resources, time management conflicts, and appropriate respite care (Ainbinder, Blanchard, Singer, Sullivan, powers, & Marquis, 1998). Another important area of focus this paper will cover is among the Latino community, a population who is at high risk of having limited access to health and supportive services for children with disabilities (as cited in Arcia, Keyes, Gallagher, & Herrick, 1993). Interestingly, the vast majority of research focuses on mothers, who are often the primary caregivers for children with special needs. According to Long, Kao, Plante, Seifer, and Lobato (2015), mothers who identify as “Latina/o” show elevated stress levels and are at a higher risk of developing mental health issues (P.146). Thus, as a result, this paper will focus on maternal stress among

Latina mothers. For the purpose of this paper we will be using the terms, special needs, developmental delays, developmental disabilities, and intellectual delays interchangeably, as much of the research found uses these terms.

## CHAPTER 2

### LITERATURE REVIEW

#### **Parenting children with special needs**

Caring for a child with special needs comes with a wide range of demands and increased parental involvement. Caregivers' responses to the stresses of parenting a developmentally disabled child may depend on the individual strengths, resources, and social support (Lefley, 1997). It is common to experience parental pressure and heightened stress levels. Additionally, studies continuously show that parents of children with developmental disabilities experience higher levels of stress compared to parents of children who have a typical development (Dervishaliaj, 2013). Abidin (1995), states that much of the parental stress is based on the characteristics and behaviors of the child. For instance the child might display: distraction, hyperactivity, and low adaptation. Parental characteristics are also shown to induce higher stress levels among parents (parental competence, isolation, attachment, physical health, and spousal support). Additionally, parental stress and depression are also negatively associated with parenting self-efficacy, or parent's perceived feelings of competence in the parenting role (Coleman & Karraker, 1998). Kuhn and Carter (2006) discuss parental upbringing, past experiences, beliefs, and interactions, impact the way in which they interact with their developing child. Since children who have developmental delays tend to behave in ways that are difficult to predict, the manner in which parents interpret their child's behavior has an impact on the experience they have as parents (p.564).

Parents who have children with developmental disabilities tend to receive decreased levels of social support (Dunst, Trivette, & Cross, 1985). Their support network such as family members, are often unsure how to help and instead withdraw, leading to deterioration of relationships (Dunst et al., 1985). Many parents also report feeling lonely and/or isolated after the birth of their child with special needs since they

have less time and energy to make outside visits. Overall parental distress has many attributing factors that inhibit social interactions and cause parents many mental and physical illnesses.

### **Mothers**

Internationally, it is mothers who provide most of the care for their son or daughter with special needs in addition to many other responsibilities (McCkonkey, Truesdale-Kennedy, Ying Chang, Jarran & Shukri, 2008). Moreover, the stigma of having a child with disabilities has not lessened in cultures around the world. There is evidence showing these responsibilities impact on maternal well-being. Mothers tend to also have poorer health for instance; they tend to have more depressive symptoms or higher levels of malaise, depression, and anxiety compared to mothers of developmentally typical children (McCkonkey et al., 2008). Evidence continuously suggests that mothers experience higher rates of stress compared to fathers (Ainbinder et al., 1998). While the demands that mothers face can vary on the different stages of childhood, researchers have found high levels of maternal stress during the early childhood period (Lefley, 1997). According to Cho, Singer and Brenner (2000), it is during childhood that mothers feel shame and embarrassment due to their child's behavior when out in the community. It is common for these demands to continue into adulthood and require constant adaptation by the mothers to future stressors and recurrent crises (Floyd & Gallagher, 1997). The extra attention and support mothers provide their child with special needs exceeds their own self-care. Furthermore, older mothers experience a higher burden by the continuous care of their child and concerns about their future and well-being, while younger mothers are more worried about the child's negative behavioral problems and management results (Lefley, 1997).

As mentioned, mothers caring for children who have developmental disabilities tend to have more responsibilities, leading to higher levels of stress compared to mothers



of typically developed children (Boyce, Behl, Mortensen, & Akers 1991). Furthermore, a study focused on mothers with children who have developmental disabilities and found that the more family resources and unity within the family, the less stressed mothers were. Similarly, mothers expressed high stress related to the challenges of their children's incapacity to adapt to change in their physical and social environment.

The high demands that come with caring for a child with special needs often leads mothers to experience feelings of shame and shattered dreams. As cited by Todd and Shearn (1996), mothers who are lifelong care providers for children who have disabilities reported that they are prevented from employment in a profession for which they previously had aspirations for and were unable to achieve. Moreover, mothers who spend a lot of time providing childcare suffer the consequences of unpaid work and wage discrimination, which may result in divorce and poverty (Demo & Cox, 2000) leaving many children in Single parent households. Furthermore, single mothers take on multiple roles such as contributing to the emotional and financial needs of their families as well as having to cope with raising a child with a disability (Gottlieb, 1997).

### **Latina Mothers**

Latinas refers to the ethnicity of individuals who self-identify as being from a heritage, nationality group, lineage or country of birth of a Spanish speaking country including but not limited to: Cuba, Mexico, Puerto Rico, South or Central America, despite race (Long et al., 2015). Furthermore, Latinas who are mothers of children with special needs report elevated depressive symptoms, physical health problems and lower morale than mothers who are non-Latino white (NLW) (Long et at., 2015). Latina mothers are also more likely to continue caretaking responsibilities for their child with special needs well into their adulthood as many remain in the home for a longer period of time compared to their NLW peers (Blacher, Bengum, Marcoulides, & Baker, 2013). The role of Latina mothers for many years has been viewed as a dominant role as it is

comprised on making all the important decisions in matters affecting their children (McLoyd, Cauce, Takeuchi, and Wilson, 2000). Furthermore, Latina women are less likely to be married (in addition to being household heads), and are prone to becoming young mothers compared to White and Asian American women (McLoyd et al., 2000).

### **Latino culture**

Latina mothers find great importance in family functioning and are often times the predictors of overall family well-being (Cohen et al., 2014). Latino families also face many barriers when seeking mental health services. According to Sue and Sue, Latino families do not view mental illnesses as a medical problem; instead some Latino families intellectualize mental illness as a spiritual issue (Sue, D. W. & Sue, D., 2003). This conceptualization leads Latino families to underutilize mental health services and rely heavily on religious services for support (Organista, Manoleas, & Herrera, 2001). It has also been found that Latino Parents use a religious framework to interpret their child's disability. Furthermore, Studies have found that many Latina mothers who have migrated to the United States from Puerto Rico and Mexico still have the belief that their child's developmental disability is a result of a punishment for their sins (Skinner, Bailey, Correa & Rodriguez, 1999). Many mothers even take their child with special needs to churches or curanderos (spiritual healers) instead of medical doctors and strongly believe they will be "cured" from all illnesses.

Literature varies regarding Latina mothers and whether their strong family orientation is a risk factor, a protective factor, or both (Cohen et al., 2014). For instance, family can either be a protective or risk factor as many family members place judgment on children with special needs instead of offering support (Sue, D. W. & Sue, D., 2003). In contrast, higher levels of familism have been shown to be protective factors for a family's quality of life when there is a child with special needs. (Cohen et al., 2014).

Additionally, the Latino culture often places mothers in primary caretaking roles, making it difficult for them to tend to the rest of the family needs.

Aside from family support, Latina mothers can strongly benefit from outside social support. According to Kuhn and Carter (2006), social support for mothers who have children with special needs is a major resource to build stress resiliency (p.343). Furthermore, Social supports consist of support from friends, relatives, community, school, parent support groups, private organizations, or government services. Suarez and Barker (2012) state, “mothers perceptions of existing social support groups doesn’t only predict positive attitudes towards parenting, but also improves their mental health state.” Evidently, Latina mothers who have insufficient resources available to them can benefit from attending support groups.

Rawlins & Horner (1998) point out that Participation in a support group can allow parents to interact with those who share the same experiences and family stresses. Also, parents may seek support groups to gain emotional support in addition to that available from their family, to reduce their sense of isolation, and to obtain help with coping (Cohen et al., 2014). Parents can also gain a better understanding and information about their child’s disability, as well as learn about available resources in their community. Moreover, support groups can be led by parents themselves (self-help groups) or by healthcare professionals (parent support groups). Both of these types of support group focus on the following: (1) parent to parent support, (2) information sharing, and (3) advocacy for better services.

Advocacy is the third key function of support groups (Cohen et al., 2014). It has been suggested that empowerment achieved through self-help groups encourages parents' involvement in activities such as lobbying government agencies for funding, changing environmental barriers, or even in being strong advocates for their child who perhaps isn’t receiving sufficient services. Similarly, support groups can help mothers

acquire skills and positive feelings, which can empower them to deal with different aspects of their lives (Skinner et al., 1999). This empowerment is tied to parents' desire to gain control over circumstances in their lives and to become active agents in their child's care. In addition, it is likely that mothers may develop a greater sense of self-efficacy or mastery with respect to parenting their child with special needs.

CHAPTER 3  
METHODOLOGY

**Research Design**

The study was conducted using an exploratory design in which the data were collected through in-depth surveys. This particular design was chosen because there is limited research on the stress levels Latina mothers face. Conducting these surveys provided more detailed information on this subject and allowed the participants to respond to standardized questionnaires.

**Participants**

The participants were 10 Latina Mother of children between the ages 0-3 year old who exhibit a special need(s) and who attend a parent support group at Exceptional Children's Foundation. All mothers were literate, were verbally given the consent, benefits, and risks by the social work intern. Four mothers were bilingual and preferred the surveys in English while six mothers preferred the Spanish version.

**Measures**

The present study was administered using paper-and-pen standardized questionnaires. The demographics of the participants were not administered, as participants were anonymous. The following two measures were utilized for this study: Parenting Stress Index (PSI), which consisted of 33 items that covered a variety of possible stressors including: parental stress, parent-child dysfunctional interactions, and obstacles parents face with their child who has special needs. The PSI was scored on a 5-point Likert scale ranging from strongly agrees to strongly disagree, in which higher scores indicated higher parental stress and lower scores indicating less stress. Question items included, “ I find myself giving up more of my life to meet my children’s needs than I ever expected” and “My child doesn’t seem to learn as quickly as most children”.

This questionnaire can be utilized on parents of children as young as one month old.

Mothers took approximately 7 minutes to complete this questionnaire.

The second measure given was the Family Support Scale (FSS). This questionnaire consisted of 19 items and provided information on the levels of independent and family support including: Spousal support, parental support, spousal parental support (if applicable), professional support (psychologist, social worker, doctor, etc.), professional agencies (early intervention programs), friend support, and community support.

The mothers rated each source of support based on a 5-point Likert scale, ranging from “not at all helpful to extremely helpful with higher scores meaning more satisfaction with family/ social support. If an item did not apply to the participants they were instructed to respond with N/A (Not available).

### **Procedure**

Researchers focused the present study on one single agency, Exceptional Children's Foundation (ECF). Potential participants were located through the parent support group held at the agency (Arleta site) on Thursdays at 11:00 Am. All attendees are mothers who are currently caring for one or more child who have special needs (Down syndrome, Cerebral palsy, or Autism). The purpose of the study was explained by the social work intern who co-facilitated the parent support group and questionnaires were available in English and Spanish. Additionally, the Social work intern verbally explained consent to participate in the study. Participants were made aware that questionnaires were voluntary and participation of the support group would not be affected.

The data was collected in on December 17, 2015 at the end of parent group meeting. Every mother agreed to participate in the study and fully completed both

questionnaires. Participants were also given the option to take the survey in English or Spanish.

## CHAPTER 4

### DATA ANALYSIS

The researchers used Qualtrics survey software to analyze the data collected. The questions and responses from both standardized instruments (FSS and PSI) were transferred to Qualtrics. The PSI was scored on a 5 -point Likert scale that ranged from strongly disagree (1) to strongly agree (5) with higher scores indicating higher parental stress. Some of the questions included were, “I often have the feeling that I can’t handle things very well” and “I feel trapped by my responsibilities as a parent”. The FSS was scored on a 5-point Likert scale that ranged from not at all (1) to extremely helpful (5) with higher scores indicating helpfulness of existing family and/or social support. Support sources included, “my parents” and “professional agencies (learning centers, public health, social services, mental health).”

### **Results**

This exploratory study will focus on the stress Latina mothers face and the contributing factors that may be playing a role. Furthermore, the FSS examined the effectiveness of supportive services, family, friends, and community. Additionally, the PSI studied maternal stress and the relationship between maternal distress, child dysfunctional interaction, and difficulties of raising a child who requires extra attention and care.

The responses to the FSS and PSI were separated and subcategorized. The PSI responses were separated into four categories: maternal stressors, mother-child interactions, child’s behaviors, and maternal expectations of child. These categories were simply created to analyze responses more accurately. Similarly, the FSS responses were divided into four categories: maternal relatives/friends, spouse’s relatives/friends, community, and supportive agencies/professional personnel.



The PSI results had interesting findings; while two mothers agreed with this statement, “Since having this child I have been unable to do new and different things”, seven mothers disagreed. Additionally, two mothers agreed with, “Since having a child I feel that I am almost never able to do things that I like to do”, eight mothers disagreed. Moreover, one mother agreed with, “I don’t enjoy things as I used to”, while six mothers disagreed. These findings are very low percentages, indicating that mothers don’t particularly feel their children have affected their social and personal areas of functioning. In contrast, four mothers agreed with, “I find myself giving up more on my life to meet my children’s needs than I ever expected” And, “I feel trapped by my responsibilities as a parent.” Interestingly, six of the mothers agreed that, they often feel they cannot handle things very well. Clearly, the responses differ even though the statements are similar and within the same categorical group (maternal stressors).

Analyzing responses from the “mother-child dysfunctional interaction” categorical group demonstrates an interesting pattern. Three mothers agreed that they feel alone and without friends, while seven mothers disagreed with this statement. Similarly, three mothers agreed that they are not interested in people as they used to, while 6 disagreed. Both statements demonstrate low numbers in agreement with statements indicating feelings of loneliness and unwillingness to socialize. Only one of the mothers agreed with the statement, “Having a child has caused more problems than expected in my relationship with my spouse” and nine mothers disagreed with this statement. It appears that the majority of mothers disagreed with statements indicating their children have affected their relationships with friends or partners.

As seen in table B, six mothers agreed with, “I feel that my child is very moody and easily upset,” another question that mothers resonated with is, “my child reacts very strongly when something happens that my child doesn’t like”, with five mothers in agreement. Eight mothers disagreed with the statement “my child turned out to be more

of a problem than expected”, while two mothers disagreed. Moreover, six mothers stated that they are not able to do as much as they expected, while four mothers disagreed.

In analyzing the family support scale surveys, the survey was divided into four different categories for the purpose of analysis. The four support groups are as follows: Maternal family, Spouse’s relatives/ friends, community, and supportive agencies/ professional personnel. Seven mothers stated that they have supportive parents; while one of the mothers stated that her parents are not helpful. When it comes to older siblings, five mothers indicated that they were helpful. Furthermore, only three mothers stated that their relatives are helpful. Additionally, six mothers indicated that their friends are supportive. Participants appear to experience little support from family and/or friends. As shown in table A, seven participants said their spouse or partner's parents were helpful along with six indicating their spouse or partner's relatives were helpful. In regards to the helpfulness offered by “spouse or partner”, six mothers also said they found their partner’s helpful. Findings show that more than half of the mothers feel supported by their partners and their families.

While analyzing community helpfulness and supportive/professional agencies, findings demonstrate fairly low numbers with the exception of professional agencies. Seven mothers’ expressed no type of support from neighbors. Interestingly, seen in table A, eight mothers stated not having colleagues, possibly insinuating no college education. Half of the mothers stated feelings of helpfulness from family doctor and religious group. Surprisingly, all ten mothers expressed feeling the early childhood intervention program was helpful. Alike, eight mothers conveyed helpfulness from professional agencies and professionals. Lastly, six mothers communicated finding parent support group helpful.

## CHAPTER 5

### DISCUSSION

The present study illustrates maternal stress among Latina mothers caring for children with various special needs at Exceptional Children's Foundation. The small sample size captured perceptions of mothers who attend the weekly parent support groups held at the agency. In addition, mother's face an intersection of obstacles that may contribute to their high stress levels, which needs further exploration. Therefore, the present study will bring awareness to maternal stress Latina mothers endure and their sources of support.

#### **Key Findings**

1. Does having a child with special needs affect maternal positive interactions?

According to the findings, mothers' expressed having a child with special needs has caused little to no change in their lives. Given the responses, mothers' expressed experiencing a low degree of negative change or difficulties. Furthermore, the majority of participants indicate still being able to enjoy and engage in activities they did prior to having their child. A similar study conducted in urban India by John (2011), examined mothers who have children with intellectual disabilities and found that those who had positive maternal coping, experience less stress and were more likely to have a rewarding maternal experience raising their child. One of the most salient findings within this study was that of nine mothers who disagreed with "having a child has caused more problems than expected in my relationships with my spouse." Studies suggest that culture plays a role in mothers' perceptions and mothers may be reluctant to admit to personal or relational difficulties for fear of disrupting family harmony (Chen, 2001).

## 2. Is the child's disability impacting maternal stress?

As stated, mothers are often the sole and primary caregivers of children who have developmental disabilities and are faced with additional cultural responsibilities. Furthermore, their well-being is greatly impacted by the high demands presented such as; the child's maladaptive behaviors, extra energy and time, financial strains, inadequate emotions about their competence and possible feelings of loneliness and isolation. This study examined behaviors and how they contribute to maternal stress. Current findings showed that six mothers agreed that their child is very moody and easily upset. Also, half of the mothers indicated that their child reacts very strongly when something happens that they don't like. These findings are in line with a study by Kuhn & Carter (2006) stating that mothers of children with developmental disabilities face extra challenges because their children's response to specific stimuli are often atypical and hence difficult to interpret.

## 3. What sources of support tend to be more effective?

While analyzing the FSS results, findings reveal that seven mothers felt their parents were helpful; seven also indicated that their spouse's parents were helpful. This high number can be attributed to the Latino culture's strong emphasis on familismo, which is the importance of immediate and extended of family ties (Chen, 2001). In comparison, the community had significantly low numbers in regards to helpfulness. All mothers with the exception of one stated having little support from other parents in the community and/or neighbors. Additionally, it was found that almost all mothers chose the "N/A" option when "colleagues" was presented, possibly indicating lack of college or higher education.

Mothers were also asked to assess the level of support coming from supportive agencies/professional personnel. According to the findings, half of the mothers reported support from religious groups and family doctors. Conversely, a study conducted by

Blacher et al., (2013) found that religion could have positive and negative outcomes. Mothers will accept their child's disability and view it as a blessing, or in hindsight have negative views that can also add to the self-destructive beliefs that having a child with disabilities is a punishment or a result of karma. Amongst the highest sources of support were six mothers, who reported parent support group to be helpful, eight mothers expressed feeling support from professional/professional agencies, and all 10 mothers felt early childhood intervention was helpful. These findings coincide with findings from, Hammarberg et al., indicating that social support offers mothers the opportunity to engage with other families who are also experiencing similar difficulties (2014). Surprisingly not all ten mothers felt complete support or helpfulness from parent support groups, given that the group does not offer any caregiving supportive services for the children, mothers attend group with their child at hand. Mothers may not be able to fully concentrate and be present throughout the group, which doesn't allow mothers to receive full benefits of the support group.

### **Limitations**

The present study has various limitations that need attention. Primarily, the small sample size gave researchers insufficient data making it difficult to analyze parental stressors. A greater sample size may have had very different results and would have made the results more meaningful. A second limitation is that this study focuses on maternal stress and leaves out paternal stress, foster parental stress, grandparent stress or caregiver stress in general. Child-rearing a child who has special needs can be stressful for anyone, and studying different sources of caregivers can be extremely beneficial. Furthermore, participants were all primarily of Latino/Hispanic descent and don't include other racial groups. Studying a more diverse population can help bring awareness to the stress and struggles caregivers of different races and backgrounds face on a daily basis.

Lastly, another limitation is that this study focused on one parental support group. This study would have had more validity if more parental support groups from various agencies were examined.

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## Appendix A

### Charts

Family Support scale	Not	Not at all	Sometimes	Generally	Very	Extremely
	Available	helpful	helpful	helpful	helpful	helpful
helpful						
1. My Parents	20%	10%	0%	0%	20%	50%
2. My In-laws	10%	20%	0%	20%	0%	50%
3. My relatives/kin	10%	20%	20%	10%	10%	30%
4. My spouse's kin	20%	20%	30%	0%	10%	20%
5 My spouse	20%	20%	10%	10%	20%	20%
6. My friends	20%	60%	10%	0%	10%	0%
7. My spouse's friends	50%	30%	0%	0%	20%	0%
8. My own other (older) children	30%	20%	0%	10%	10%	30%
9. Neighbours	70%	20%	0%	0%	10%	0%
10. Other parents	50%	30%	10%	0%	10%	0%
11. Colleagues	80%	10%	0%	0%	10%	0%
12. Parent/support group members	30%	10%	20%	0%	20%	20%
13. Social/hobby groups/clubs	40%	0%	10%	0%	20%	30%
14. Religions groups leader/members	40%	10%	0%	0%	20%	30%
15. My family/child's doctor	20%	0%	30%	0%	10%	40%
16. Early intervention programme	0%	0%	0%	0%	20%	80%
17. School/day care	50%	10%	10%	0%	10%	20%
18. Professionals (e.g., social worker, psychologist, therapist, and teacher)	0%	0%	0%	0%	20%	80%
19. Professional agencies (e.g., learning centre, public health, social service, mental health)	0%	0%	10%	0%	10%	80%

Table B Parental Stress Index (PSI)	SA	A	NS	D	SD
1. I often have the feeling that I cannot handle things very well.	0%	60%	10%	20%	10%
2. I find myself giving up more of my life to meet my children's needs than I ever expected.	10%	30%	0%	40%	20%
3. I feel trapped by my responsibilities as a parent.	10%	30%	0%	40%	20%
4. Since having this child, I have been unable to do new and different things.	0%	20%	10%	40%	30%
5. Since having a child, I feel that I am almost never able to do things like to do.	0%	20%	0%	50%	30%
6. I am unhappy with the last purchase of clothing I made for myself.	0%	30%	0%	40%	30%
7. There are quite a few things that bother me about my life.	0%	20%	30%	30%	20%
8. Having a child has caused more problems than expected in my relationship with my spouse (or male/female friend).	0%	10%	0%	50%	40%
9. I feel alone and without friends.	0%	30%	0%	40%	30%
10. When I go to a party, I usually expect no to enjoy myself.	0%	30%	20%	30%	20%
11. I am not as interested in people as I used to be.	0%	30%	10%	20%	40%
12. I don't enjoy things as I used to.	0%	10%	30%	30%	30%
13. My child rarely does things for me that make me feel good.	0%	30%	10%	30%	30%
14. Some times I feel my child doesn't like me and doesn't want to be close to me.	0%	20%	10%	20%	50%
15. My child smiles at me much less than expected.	0%	30%	0%	40%	30%
16. When I do things for my child, I get the feeling that efforts are not appreciated very much.	0%	30%	0%	50%	20%
17. When playing, my child doesn't often giggle or laugh.	0%	40%	10%	20%	30%
18. My child doesn't seem to learn quickly as most children.	40%	30%	0%	10%	20%
19. My child doesn't seem to smile as much as most children.	10%	30%	0%	30%	30%
20. My child is not able to do as much as I expected.	10%	50%	0%	10%	30%
21. It takes a long time and it is very hard for my child to get used to new things.	30%	40%	10%	10%	10%
22. I expected to have closer and warmer feeling for my child than I do and this bothers me.	0%	30%	20%	20%	30%
23. Sometimes my child does things that bother me just to be mean.	10%	20%	20%	20%	30%
24. My child seems to cry or fuss more often than most children.	10%	30%	20%	20%	20%
25. My child generally wakes up in a bad mood,	0%	40%	10%	20%	30%
26. I feel that my child is very moody and easily upset.	30%	30%	20%	0%	20%
27. My child does a few things, which bother me a great deal.	0%	10%	30%	30%	30%
28. My child reacts very strongly when something happens that my child doesn't like.	10%	40%	10%	20%	20%
29. My child gets upset easily over the smallest things.	20%	50%	10%	10%	10%
30. My child's sleeping or eating schedule was much harder to establish than I expected.	0%	40%	0%	40%	20%
31. There are some things my child does that really bother me a lot.	10%	20%	20%	20%	30%
32. My child turned out to be more of a problem than I had expected.	0%	20%	0%	60%	20%
33. My child makes more demands on me that most children.	0%	50%	0%	20%	30%

**Appendix B**  
**Parental Stress Index**

instructions: Read the statement carefully and circle the response that best represents your opinion. You may not find a response that exactly states your feelings, but your first reaction to each question should be your answer.

**SA: Strongly Agree   A: Agree   NS: Not sure   D: Disagree   SD: Strongly Disagree**

1.	I often have the feeling that I cannot handle things very well.	SA	A	NS	D	SD
2.	I find myself giving up more of my life to meet my children's needs than I ever expected.	SA	A	NS	D	SD
3.	I feel trapped by my responsibilities as a parent.	SA	A	NS	D	SD
4.	Since having this child, I have been unable to do new and different things.	SA	A	NS	D	SD
5.	Since having a child, I feel that I am almost never able to do things that I like to do.	SA	A	NS	D	SD
6.	I am unhappy with the last purchase of clothing I made for myself.	SA	A	NS	D	SD
7.	There are quite a few things that bother me about my life.	SA	A	NS	D	SD
8.	Having a child has caused more problems than I expected in my relationship with my spouse (or male/female friend).	SA	A	NS	D	SD
9.	I feel alone and without friends	SA	A	NS	D	SD
10.	When I go to a party, I usually expect not to enjoy myself.	SA	A	NS	D	SD
11.	I am not as interested in people as I used to be.	SA	A	NS	D	SD
12.	I don't enjoy things as I used to.	SA	A	NS	D	SD
13.	My child rarely does things for me that make me feel good.	SA	A	NS	D	SD
14.	Some times I feel my child doesn't like me and doesn't want to be close to me.	SA	A	NS	D	SD
15.	My child smiles at me much less than I expected.	SA	A	NS	D	SD
16.	When I do things for my child, I get the feeling that my efforts are not appreciated very much.	SA	A	NS	D	SD
17.	When playing. My child doesn't often giggle or laugh.	SA	A	NS	D	SD
18.	My child doesn't seem to learn as quickly as most children.	SA	A	NS	D	SD
19.	My child doesn't seem to smile as much as most children.	SA	A	NS	D	SD
20.	My child is not able to do as much as I expected.	SA	A	NS	D	SD
21.	It takes a long time and it is very hard for my child to get used to new things.	SA	A	NS	D	SD
22.	I expected to have closed and warmer feelings for my child than I do and this bothers me.	SA	A	NS	D	SD
23.	Sometimes my child does things that bother me just to be mean.	SA	A	NS	D	SD
24.	My child seems to cry or fuss more often than most children.	SA	A	NS	D	SD
25.	My child generally wakes up in the bad mood.	SA	A	NS	D	SD
26.	I feel that my child is very moody and easily upset.	SA	A	NS	D	SD
27.	My child does a few things which bother me a great deal.	SA	A	NS	D	SD
28.	My child reacts very strongly when something happens that my child doesn't like.	SA	A	NS	D	SD
29.	My child gets upset easily over the smallest things.	SA	A	NS	D	SD
30.	My child's sleeping or eating schedule was much harder to establish than I expected.	SA	A	NS	D	SD
31.	There are some things my child does that really bother me a lot.	SA	A	NS	D	SD
32.	My child turned out to be more of a problem than I had expected.	SA	A	NS	D	SD
33.	My child makes more demands on me than most children.	SA	A	NS	D	SD

## Appendix C

### Family Support Scale

Listed below are people and groups that oftentimes are helpful to members of a family raising a young child. This questionnaire asks you to indicate how helpful each source is to you. Please circle the response that best describes how helpful the people, groups, agencies or schools have been to you during the past 3 to 6 months. If a source of help has not been available to you during this period of time, circle N/A (Not Available response).

*How helpful has each of the following been  
To you in terms of raising your child?*

*Extremely Helpful      Not available      Not at all helpful      sometimes      Generally      Very Helpful*

*Helpful      Helpful*

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1. My parents	N/A 5	1	2	3	4
2. My spouse or partner's parents (In-laws if married)	N/A 5	1	2	3	4
3. My relatives/kin	N/A 5	1	2	3	4
4. My spouse or partner's relatives/kin	N/A 5	1	2	3	4
5. My spouse or partner	N/A 5	1	2	3	4
6. My friends	N/A 5	1	2	3	4
7. My spouse or partner's friends	N/A 5	1	2	3	4
8. My older child(ren) (Siblings)	N/A 5	1	2	3	4
9. Neighbors	N/A 5	1	2	3	4
10. Other parents	N/A 5	1	2	3	4
11. Colleagues	N/A 5	1	2	3	4
12. Parent/support group members	N/A 5	1	2	3	4
13. Social/hobby groups/clubs	N/A 5	1	2	3	4
14. Religious group leader/members	N/A 5	1	2	3	4
15. My family (or child)'s doctor/physician	N/A 5	1	2	3	4
16. Early childhood intervention Program	N/A 5	1	2	3	4
17. School/day-care center	N/A 5	1	2	3	4
18. Professional (Social workers, Psychologist, therapist, and teachers	N/A 5	1	2	3	4
19. Professional agencies (e.g. Learning Center, Public health, social services, mental health)	N/A 5	1	2	3	4

**Appendix D**  
**ADDENDUM**

Stress Levels Among Latina Mothers Of Children With Special Need

**Stress Levels Among Latina Mothers of Children with Special Needs** is a joint graduate project between **Helen Escobar** and **Yvette Quevedo**. This document will explain the division of responsibilities between the two parties. Any additional information can be included in a separate document attached to this Addendum page.

**Helen Escobar** is responsible for all the following tasks/document sections:

- Researched previous studies involving stress levels among Latina mothers and the sources that are most helpful in decreasing their stress
- Performed Data analysis using Qualtrics software to analyze data and create charts. Moreover, we utilized Qualtrics to examine which support sources are most helpful to the mothers attending ECF parent support group and to measure stress level among those mothers
- Formulated limitations based on findings and improvements for future research among this population

**Yvette Quevedo** is responsible for all the following tasks/document sections:

- Formulated research questions based on previous experience at Exceptional Children’s Foundation (ECF), an early start agency that focuses on children who have developmental disabilities
- Composed abstract section based on previous research, the results in this study, and lack of studies targeting this population
- Formulated Discussion based on key findings of the study and results of the surveys

Both parties shared responsibilities for the following tasks/document sections:

- Developed two Surveys; Family Support Scale used to measure mothers’ support systems and Parental Stress Index, used to measure maternal stressors.
- Gathered and edited references used for research study
- Formatted and edited Graduate Project based on Research Graduate Studies (RGS) requirements.

<hr/> <b>Helen J. Escobar</b>		<hr/> <b>Yvette Y. Quevedo</b>	
<hr/> <b>Date</b>		<hr/> <b>Date</b>	
<hr/> <b>Dr. James T. Decker</b>		<hr/> <b>Dr. Amy C. Levin</b>	
<hr/> <b>Date</b>		<hr/> <b>Date</b>	
<hr/> <b>Dr. Jodi L. Brown</b>		<hr/> <b>Dr. Amy C. Levin</b>	
<hr/> <b>Date</b>		<hr/> <b>Date</b>	
<hr/> <b>Dr. Amy C. Levin</b>			
<hr/> <b>Date</b>			

