

SOME INFLUENCES ON THE ATTITUDES OF PARENTS OF MENTALLY HANDICAPPED CHILDREN

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INTRODUCTION

Several authors (e.g., Shearer and Shearer 1972; Smith *et al.* 1977; Revill and Blunden 1979) have reported upon the effectiveness of using parents to train their own pre-school developmentally delayed children. Though there is clear evidence that this form of early intervention will result in an increase in the rate of the child's development, there has been a lack of data concerned with effects of such intervention programmes upon the attitudes of the parents. This could be an important oversight for the following reasons.

Firstly, it has been suggested (Cowen and Brenton 1975) that the feelings of rejection and difficulty in coming to terms with their child's handicap, often reported by parents of handicapped children may in part be due to a feeling of inadequacy as to how to deal with their child. The implication of this is that an early intervention programme that went some way to providing parents with these skills would produce a positive change in parent's attitudes and this has been suggested by Judson and Burden (1980).

Secondly, early intervention in the home is usually only provided until the child goes to school. If the parent is then to continue to work with the child, to, say, teach necessary self-help skills and to deal with problem behaviours, they must continue to do this without professional advice as immediately available. To do this they must have the confidence to use, say, the techniques they learned during the time they were having their home advisory service. However, it has been found in other fields of study, in which new skills have been taught to individuals, that the individual's confidence to use the skills he has been taught is an important factor in determining whether or not he uses them (e.g., Meichenbaum 1977; Schwartz and Goggman 1974). Thus if parents are to be taught new skills to deal with their child it may also be important to assess whether or not they have the confidence to use them.

At present the only measure readily available specifically designed to look at the changes in the attitudes of parents of young handicapped children over time is the Judson Self Rating Scales (JSRS), (Judson 1975; Burden 1978; Judson and Burden 1980). This measure, having the form of a semantic differential, consists of twenty-two bi polar seven pint scales which broadly speaking can be divided up into those that look at the following aspects of the parents' attitudes: (a) the mother's own feelings, (b) her feelings about how she interacts with the child, (c) her perception of the child's progress, and (d) her relationship with others, specifically experts.

The present article reports on the use of this scale with a group of parents who had this scale with a group of parents who had been receiving a home advisory service for varying lengths of time; the data being taken from an unpublished study (Whitaker 1982) which attempted to evaluate the effect on the parent's attitudes of a series of seminars on the principles of behaviour modification.

METHOD

The mothers of 28 pre-school children, receiving a home advisory service were used as subjects. The children had been receiving the service from between 1 and 45 months and ranged in age between 21 and 49 months. When the children began to have the service they were assessed on the Griffiths Mental Development Scales (Griffiths 1934; 1970) and were then re-assessed at approximately six monthly intervals; based on the assessment immediately prior to this study their developmental quotient ranged between 100 and 29.

The parents were administered the JSRS together with a questionnaire designed to sample their knowledge of the principles behind the teaching of their children at home (see Whitaker 1982 for further details). To obtain further information about how the scales related to one another and to other variables of interest, they were intercorrelated together with the following variables (using a Spearman rank correlation co-efficient)

- 1 The parents score on the knowledge questionnaire.
- 2 The child's developmental quotient (DQ) on the Griffiths Developmental Scales when the child was last assessed (within the last six months prior to this study being conducted).
- 3 The age of the child at the time the study was conducted.
- 4 The length of time for which the child had been having the service.
- 5 The social class of the parents based on the Registrar General's classifications on the basis of the father's occupation.

RESULTS

There was a tendency on the part of the parents to rate themselves in a positive direction on the JSRS. When the scores were adjusted so that seven was highly positive and one negative, it was found that ten of the twenty two scales had mean scores of more than six and none had a mean score of less than four

This tendency seems particularly strong in scales that ask about how the mother feels about and interacts with her child. For example, "Find it hard to show affection to N v Find it easy to show affection to N", and "Ashamed of N v Proud of N". However, on scales that ask about how the parents see the child's abilities and future such as "Don't know how much to expect of N v Optimistic about N's future"; there was not the same strong basis as on the above scales. The less positive feelings that the parents show on these scales could be because (i) Parents are more prepared to admit to negative feelings that are not so emotional in nature; and or (ii) they may genuinely feel uncertainty about the child's abilities and future. Those items which ask about how the parents relate to medical people and experts are also relatively less positively scored than the majority of items. Whether this is due to a genuine feeling of apprehension or to the less emotional loading of the questions is uncertain.

Data derived from the intercorrelation analysis are presented in Tables 1 and 2. Table 1 shows those scales on the JSRS that account for more than 5% of the data variances. Table 2 shows the percentage of common variance between the additional 6 variables included in the intercorrelation and the whole of the JSRS, thus suggesting the relative degree to which each of these variables determined a parents general attitude.

Limited space makes it impossible to present the matrix of intercorrelations, however, several points of interest do seem to emerge from the data concerning the influence of the 5 additional variables. As can be seen from Table 2, none of their variance in common with the JSRS as a whole, which suggests that they do not have a great influence upon parents attitude as a whole. However, there were positive correlations ($P < 0.05$) between them and some of the individual scales on the JSRS and between each other.

Table 1

The percentage of data variance accounted for by the scale of the Judson Self Rating Scale accounting for more than 5% of the variance.

	Percentage of Variants
In control of things v Helpless	7.11%
N and I have a lot of fun together v N and I don't have any fun together	7.80%
Enjoying N v Not enjoying N	6.48%
Cold v Warm	5.16%
Active v Passive	5.89%
Confident v Unsure of myself	5.88%
Depressed about N v Happy about N	10.52%
Alone with my worries about N v Able to share my worries about N	5.92%

Table 2

The percentage of common data variance for each of the five external variables with the JSRS as a whole.

Knowledge Score	1.22%
D. Q.	4.43%
Child's Age	2.48%
Length of Service	2.20%
Social Class	1.76%

It would be expected that, if having the service resulted in a change in parents attitudes over time, this would be reflected in terms of the correlation between measures of attitude this variable. As can be seen from Table 2, it only had 2.20% at its variance in common with the JSRS and consequently it would seem that parents attitudes change little during the time they had the home advisory service.

However, there were two significant correlations with scales on the JSRS; the parents who had had the service the longest, rated themselves as more confident and also as finding it more difficult to show affection towards their child. There was also a significant positive correlation between the parents score on the knowledge questionnaire and the time for which they had the service, suggesting that knowledge about the principles involved in teaching is gained by parents even though the service was not explicitly designed to teach this.

Of the other four variables, the child developmental quotient (DQ) had the most of its variance in common with the JSRS (4.43%), although again this is a very small percentage of the total variance, it did significantly correlate with the following 7 out of the 22 scales on the JSRS.

"Helpless v In control of things". The higher the DQ of the child, the more in control the parents felt.

"Enjoying N v Not enjoying N". The higher the DQ the more the parents enjoyed the child.
"Calm v Worried". The higher the DQ the more calm the parents were.

"Know how much to expect of N v Don't know how much to expect of N". The higher the DQ the more likely they were to know how much to expect of their child.
"Comfortable with medical people v Ill at ease with medical people". The higher the DQ the more comfortable they felt.

"Depressed about N v Happy about N". The higher the DQ, the happier the parents felt about their child.

"Alone with my worries about N v Able to share my worries about N". The higher the DQ the more able the parent felt to share their worries about their child.

DISCUSSION

Although one should exercise a certain degree of caution before drawing conclusions from correlational data, some points of interest do seem to be suggested. There appears to be little systematic change in parents attitudes over time, as a result of having the home advisory service. Thus there is little support for the suggestion by Judson and Burden (1980) that a positive change in parents attitudes as measured on the JSRS would occur as a consequence of having a home advisory service.

This could be for at least two reasons. Firstly, the JSRS, is not a sensitive enough measure to detect any change that does occur. Secondly, it may be that, the particular style of home advisory service the parents were being given, did not produce a change in their attitude. On the one hand this could be because the service actually fails to produce a positive change in the children; though from the regular developmental assessments of the children this would not seem to be the case. On the other hand the service may be producing this positive change in the most appropriate way.

The home advisory service provided was based on the Portage Project (Shearer and Shearer 1972) which involves a home adviser, in this case a community nurse, taking the lead in decision making, on what to teach the child and how it should be taught. The service therefore does not explicitly attempt to teach parents, but rather relies on them picking up the principles involved at an incidental level.

This aspect of Portage style advisory services has come in for some criticism by several authors (e.g., Berry and Wood, 1981; Gath, 1979; Sandow, 1979 and Sandow et al. 1980).

Thus, although it seems from this study that the parents do acquire a certain degree of knowledge as a result of having the home advisory services, they may not actually acquire the necessary skills at a behavioural level or may not have the confidence to apply these skills. This in turn may be reflected in the failure to show a positive change in attitude over time. The implication of this being that once the home adviser is withdrawn from the family, the parents will stop applying directly the principles involved in the home advisor services. Therefore, if the service is to have a continuing effect, it should aim to explicitly teach parents the necessary principles and skills to help their own child and see that they will use them independently.

The factor that did seem to have the most influence upon the parent's attitude was the degree of the child's handicap as measured by their Developmental Quotient. At present there appears to be very little work being done on the mechanics by which the degree of a child's handicap can affect his parent's attitudes (see Crnic et al. 1983 and Beckman 1983) it is therefore worthy of further investigation. For example, it could be that parents of a severely handicapped child feel particularly under stress and/or isolated and in need of special help, both practical and psychological.

Finally, some mention should be made of the usefulness of the JSRS as a clinical tool. Firstly, as noted above, there was a strong tendency for parents to make very positive

ratings on many of the scales, which must severely limit the capacity of the scale to show a positive change in attitude over time in an individual. Secondly, many of the scales are very emotional in nature. For example, one scale asks whether the parent is ashamed of their child; in general, it would be a very honest parent who would be prepared to admit to this even if this was how they felt. Consequently, one must question whether the JSRS actually taps genuine feelings. An alternative approach may be to use a technique such as Repatory Grids which would enable the parent to rate themselves on their own supplied constructs. Thus there may be less conflict between giving a response which reflects a genuine feeling and giving one that is felt to be socially acceptable.

On the whole, from the above study it does seem that further research needs to be done into what influences parents attitudes towards their handicapped child, and how in turn these attitudes affect how they work with their child.

SUMMARY

An attitude self rating scale was administered to parents of mentally handicapped children who were receiving a Home Advisory Service. The scores on this scale were then intercorrelated together with five other variables. It was found that having the Home Advisory Service did not seem to influence parents' attitudes over time. One factor that did seem to have an influence was the degree of handicap of the child. The results were discussed in relation as to how the Home Advisory Service may be altered to become more effective.

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