

Nurturing Parenting Resilience: Supporting Families of Children with Developmental Disorder

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Abstract—Raising a child with developmental disorders entails significant challenges, often leading to heightened parental stress and emotional strain. Recognizing the critical role of parental adaptation, clinicians prioritize fostering parenting resilience as a key intervention goal. This article reviews existing research on parental resilience and mental health in this context, proposing a construct of parenting resilience tailored to families of children with developmental disorders. Our framework defines parenting resilience as the process of positively adapting to the unique challenges of nurturing such children, encompassing internal factors like positive perception, adaptive skills, coping strategies, and external factors such as social support.

Moreover, we discuss future directions for applying parenting resilience interventions to support parents effectively. Additionally, we explore the phenomenon of seeking counselling during critical life events, particularly in families with children having neuro-developmental disorders. Objectives include assessing family resistance and attachment levels and evaluating parental quality of life post-intervention. This holistic examination aims to provide insights for clinicians and researchers to better support families facing the complexities of raising children with developmental disorders.

Index Terms— counselling, developmental disorders, mental health, parenting resilience.

I. INTRODUCTION

Rearing children with developmental disorders, such as autism spectrum disorder (ASD) or attention deficit hyperactivity disorder (ADHD), imposes substantial psychological and physical demands on parents, necessitating significant effort, time, and energy. These experiences present unique challenges that may lead to stress or mental illness among caregivers (Kogel et al., 1992; Breen & Barkley, 1988). However, it is noteworthy that not all parents of children with developmental disorders are adversely affected by these challenges; indeed, many adapt well to their roles as caregivers.

Within therapeutic contexts, adaptation to the demands of raising children with developmental disorders often emerges as a primary intervention goal. Consequently, it becomes imperative for interventions to elucidate the process of adaptation and its associated characteristics. This process of adaptation is frequently conceptualized as resilience, a construct extensively studied in various domains, including experiences such as poverty, disaster, or the death of a partner (Fergus & Zimmerman, 2005; Masten & Obradovic, 2006).

The objective of this article is to extend the concept of resilience to the realm of parenting, specifically focusing on parents of children with developmental disorders, a construct we term "parenting resilience." We commence our exploration by providing a succinct overview of the construct of resilience. Subsequently, we propose a refined construct of parenting resilience tailored to the unique circumstances faced by parents of children with developmental disorders.

II. RESILIENT PARENTHOOD: THRIVING AMIDST THE CHALLENGES OF RAISING SPECIAL CHILDREN

Parenting special children poses significant challenges due to their high level of dependency and the presence of behaviour and health issues (Johnston et al., 2003). Upon receiving a diagnosis, most parents experience despair (Turnbull et al., 1993 as cited in Seltzer et al., 2001), with mothers of intellectually disabled children exhibiting poorer psychological health compared to mothers of typically developing children (Al-Kuwari, 2007; Singer & Floyd, 2006). Elevated risks of depression have been noted among these mothers (Olsson & Hwang, 2008). Studies have shown that a majority of parents of severely disabled children report high levels of stress, with mothers experiencing more stress than fathers (Mullins, 1987; Seltzer et al., 2001). Additionally, high parenting stress has been linked to worsening behaviour problems in children with intellectual disabilities (Baker et al., 2003).

Resilience, as defined by Luther et al. (2000), encompasses exposure to adversity and the achievement of positive adaptation. Pioneering resilience research, including studies by Rutter (1976, 1985), Garmezy et al. (1984), and Werner (1989), identified "resilient" children who successfully adapted to adverse conditions. Since then, resilience research has expanded to various domains, including investigations into adult resilience following traumatic events (Bonanno et al., 2005, 2006). However, there is a weak relationship between resilience studies in different domains, with Bonanno (2005) suggesting differences in resilience between adults and children due to

varying adversities and environments. Despite the challenges, domain-specific approaches to resilience prove more practical, acknowledging the diversity of experiences within similar risk groups (Kathleen & Dyer, 2004; Luthur et al., 2001). This review proposes a definition of parenting resilience in the context of developmental disorders, focusing on the interplay between adversity and adaptation.

III. ADVERSITY

In caring for children with developmental disorders, parents often face heightened levels of stress, depression, and various negative emotions compared to parents of typically developing children (Koegel et al., 1992; Breen & Barkley, 1988). This journey of raising a child with developmental challenges can indeed be seen as a form of adversity. However, it's noteworthy that the severity of symptoms associated with these disorders doesn't consistently dictate parental emotional well-being. Research indicates that it's the general behaviour problems exhibited by these children that significantly correlate with negative parental emotions rather than the specific symptoms of the disorders (Hasting et al., 2005; Harrison & Sofronoff, 2002). This suggests that the challenges parents face in raising children with developmental disorders are primarily linked to their behavioural difficulties, thereby contributing to heightened levels of stress, depression, or distress. Consequently, navigating through the complexities of parenting children with behaviour problems is considered an adversity for parents in this situation.

Various studies have highlighted that receiving a diagnosis of developmental disorders often triggers a parental crisis, characterized by impacts, denial, grief, outward focus, and eventually closure (Fortier & Richard, 1984). Even after adapting to the diagnosis, many parents continue to endure chronic sorrow, and in extreme cases, some regress to the point of denying the diagnosis altogether (Olshansky, 1961; Nakata, 2002). Despite enduring chronic sorrow, some parents may still adapt to the challenges of raising children with developmental disorders. This suggests that parenting resilience can exist independently of chronic sorrow.

Moreover, the parenting experience is significantly influenced by contextual factors such as socio-economic status (SES) and social support. Higher SES can offer some protection against the detrimental effects of stress by providing more control over the situation, leading to a sense of perceived control (Lachman & Weaver, 1998). Conversely, financial constraints can limit access to resources such as therapists and quality educational facilities, exacerbating parental stress (Sloper & Turner, 1993). Social support plays a crucial role in mitigating the impact of stressors, with positive relationships—especially within the marital context—acting as protective factors against stress (Johnston et al., 2003; Middleton, 1995). Marital conflict or perceived marital adjustment also influence parental stress levels (Gallagher & Mechanic, 1996; Gerstein et al., 2009).

Additionally, contextual factors like the availability of social services, access to specialized schools, and professional therapists, as well as transportation services, further shape the parenting experience (Blacher & Hatton, 2007).

IV. ADAPTATION

Despite experiencing high levels of stress, parents of children with developmental disorders often do not report fewer positive perceptions (Hasting & Taunt, 2002). In fact, some parents describe very positive feelings associated with their experience of raising children with developmental disorders. Hasting & Taunt (2002) suggest that these positive perceptions serve as a mechanism to help parents adapt to the challenges of raising their child.

Adaptation is frequently achieved through intervention. When addressing child behaviour problems, clinicians often intervene not only with the children but also with the parents. Parent training programs are among the most established and widely used interventions designed to reduce child behaviour problems and enhance parental competence in managing challenging behaviours. Pisterman et al. (1992) noted that the benefits of parenting training extended to parental mental health, indicating that the skills acquired enable parents to adapt to the challenges of raising their child. In our operational definition, we consider "adaptation" to signify stable mental health, influenced by both internal factors such as positive perceptions and skills gained through parenting training, as well as external factors like social support. In the subsequent section, we explore additional factors that contribute to adaptation.

Some parents and families, despite facing stressors, demonstrate remarkable resilience in the face of challenges (Luthar, 2006). The presence of both parents (Upadhyay & Havalappanavar, 2007) as well as personality has been found to play a significant role (Taanila, Syrjälä, Kokkonen, & Järvelin, 2002); for instance, a mother's optimism can alleviate stress when caring for children with cerebral palsy (Bhan, Mehta, & Chhaproo, 1998). Family cohesiveness has been shown to contribute to better coping (Mink, Nihira, & Meyers, 1983), with coping families often differing from non-coping families in their proactive approach of seeking information, accepting the child, cooperating as a family, and receiving social support (Taanila et al., 2002). Additionally, religious affiliation has been identified as another factor that helps alleviate stress and enhance coping (Bhan, Mehta, & Chhaproo, 1998; Skinner, Correa, Skinner, & Bailey, 2001).

V. RESILIENCE FACTORS IN PARENTS OF CHILDREN WITH DEVELOPMENTAL DISORDERS

Resilience is a multifaceted concept encompassing both internal and external elements. Werner (1989) explored resilient children exposed to various adversities and found that resilience was linked to internal factors such as activity level and sociability, as well as external factors like family and external support systems. While the understanding of

resilience in parents of children with developmental disorders is still evolving, previous research has identified numerous variables influencing parental mental health. Drawing from existing findings, we speculate on factors contributing to parental resilience in this context.

In addition to positive perceptions and skills acquired through intervention, previous studies have highlighted several internal factors relevant to parental mental health. For instance, *Dabrowska and Pisula (2010)* discovered that emotion-oriented coping strategies increased stress levels in mothers of children with autism. Additionally, the severity of autistic behaviour's impact on parental pessimism was mitigated by parental beliefs regarding intervention effectiveness (*Hasting & Johnson, 2001*). Similarly, *Harrison & Sofronoff (2002)* observed that mothers of children with ADHD who felt they had control over their child's behaviour exhibited lower levels of parental stress and depression.

External factors, such as social support, are also closely linked to parental mental health. Lack of social support has been associated with increased depression and stress among parents of children with autism (*Konstantareas & Homatidis, 1989; Sanders & Morgan, 1997*). Particularly, informal supports like spouses, relatives, and other parents of children with developmental disorders have been identified as valuable resources for parents (*Boyd, 2002*).

Therefore, it's imperative for parents of children with developmental disorders to possess both internal and external resilience factors. While this article does not directly investigate these factors in parents of children with developmental disabilities, future research on resilience should aim to validate these factors and explore their significance in this population.

VI. SUMMARY

The review paper "Nurturing Parenting Resilience: Supporting Families of Children with Developmental Disorder" (Fig. 1) delves into the challenges faced by parents raising children with developmental disorders and highlights the importance of parental adaptation and resilience. It proposes a construct of "parenting resilience" tailored to these families, encompassing both internal and external factors that contribute to parental well-being and adaptation. The paper explores internal factors such as positive perception, coping strategies, and external factors like social support, identifying them as critical components of parenting resilience. Furthermore, it discusses the application of parenting resilience interventions and the significance of seeking counselling during critical life events for families with children with neuro-developmental disorders. By evaluating family resistance, attachment levels, and parental quality of life post-intervention, the paper aims to provide insights for clinicians and researchers to better support these families. Through a holistic examination, it underscores the importance of resilience factors in helping parents navigate

the complexities of raising children with developmental disorders.

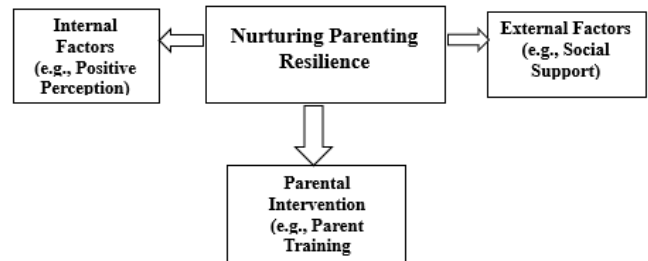


Fig. 1. A possible construct of resilience for parents of children with developmental disorders

VII. FUTURE DIRECTIONS

- i. **Assessment of Family Resistance and Attachment Levels:** Future research should focus on developing comprehensive assessment tools to measure family resistance and attachment levels in families with children with developmental disorders. These assessments can provide valuable insights into the resilience of families and help tailor interventions to meet their specific needs.
- ii. **Evaluation of Parental Quality of Life Post-Intervention:** There is a need for longitudinal studies to evaluate the long-term effects of parenting resilience interventions on parental quality of life. Understanding how these interventions impact parental well-being over time can inform the development of more effective support strategies for families.
- iii. **Exploration of Coping Strategies and Counselling Services:** Further research is warranted to explore the effectiveness of different coping strategies and counselling services in promoting parental resilience. Comparative studies can help identify the most beneficial approaches for parents of children with developmental disorders.
- iv. **Integration of Resilience Factors into Clinical Practice:** Clinicians should integrate resilience factors into their clinical practice when working with families of children with developmental disorders. This can involve incorporating resilience-focused assessments, interventions, and support services into existing clinical protocols to better meet the needs of these families.
- v. **Culturally Sensitive Approaches:** Research should also explore culturally sensitive approaches to promoting parenting resilience in diverse populations. Understanding how cultural factors influence parental adaptation and resilience can help develop more culturally competent interventions and support services.
- vi. **Longitudinal Studies on Parenting Resilience:** Longitudinal studies tracking parental resilience over

time can provide valuable insights into the dynamic nature of resilience in families of children with developmental disorders. These studies can help identify key factors that contribute to resilience trajectories and inform the development of targeted interventions.

- vii. **Collaborative Research Efforts:** Collaborative research efforts involving researchers, clinicians, and families can help bridge the gap between research and practice. By actively involving families in the research process, researchers can ensure that the voices and experiences of parents are central to the development and implementation of resilience-promoting interventions.

Overall, future research directions should focus on developing and evaluating interventions that enhance parenting resilience and support families of children with developmental disorders in navigating the challenges they face. By addressing these gaps in research, we can better support families and promote positive outcomes for both parents and children.

REFERENCES

- [1] Al-Kuwari, M. G. (2007). Psychological distress among parents of mentally retarded children. *Journal of the Pakistan Medical Association*, 57(10), 504-507.
- [2] Baker, B. L., McIntyre, L. L., Blacher, J., Crnic, K., Edelbrock, C., & Low, C. (2003). Pre-school children with and without developmental delay: Behaviour problems and parenting stress over time. *Journal of Intellectual Disability Research*, 47(4-5), 217-230.
- [3] Bhan, S., Mehta, M., & Chhaproo, S. (1998). Correlates of stress in mothers of children with cerebral palsy. *Journal of the Indian Academy of Applied Psychology*, 24(1-2), 85-89.
- [4] Blacher, J., & Hatton, C. (2007). Families in context: Influences on coping in parents of children with intellectual disabilities. In J. L. Matson (Ed.), *Handbook of Autism and Pervasive Developmental Disorders*, Vol. 2: Assessment, Interventions, and Policy (3rd ed., pp. 893-912). John Wiley & Sons.
- [5] Boyd, B. A. (2002). Examining the relationship between stress and lack of social support in mothers of children with autism. *Focus on Autism and Other Developmental Disabilities*, 17(4), 208-215.
- [6] Breen, M. J., & Barkley, R. A. (1988). Child psychopathology and parenting stress in girls and boys having attention deficit disorder with hyperactivity. *Journal of Pediatric Psychology*, 13(2), 265-280.
- [7] Dabrowska, A., & Pisula, E. (2010). Parenting stress and coping styles in mothers and fathers of pre-school children with autism and Down syndrome. *Journal of Intellectual Disability Research*, 54(3), 266-280.
- [8] Fortier, S., & Richard, M. (1984). Impact of the diagnosis of mental deficiency on the mother-child relationship. *Revue Française de Psychanalyse*, 48(6), 1491-1497.
- [9] Gallagher, K. E., & Mechanic, D. (1996). Living with the mentally ill: Effects on the health and functioning of other household members. *Social Science & Medicine*, 42(12), 1691-1701.
- [10] Gerstein, E. D., Crnic, K. A., Blacher, J., & Baker, B. L. (2009). Resilience and the course of daily parenting stress in families of young children with intellectual disabilities. *Journal of Intellectual Disability Research*, 53(12), 981-997.
- [11] Harrison, C., & Sofronoff, K. (2002). ADHD and parental psychological distress: Role of demographics, child behavioural characteristics, and parental cognitions. *Journal of the American Academy of Child & Adolescent Psychiatry*, 41(6), 703-711.
- [12] Hastings, R. P., & Taunt, H. M. (2002). Positive perceptions in families of children with developmental disabilities. *American Journal on Mental Retardation*, 107(2), 116-127.
- [13] Hasting, R. P., & Johnson, E. (2001). Stress in UK families conducting intensive home-based behavioural intervention for their young child with autism. *Journal of Autism and Developmental Disorders*, 31(3), 327-336.
- [14] Johnston, C., Hessel, D., & Blasey, C. (2003). Factors associated with parenting stress in adoptive mothers of children with developmental disabilities. *Journal of Autism and Developmental Disorders*, 33(2), 143-150.
- [15] Koegel, R. L., Schreibman, L., Loos, L. M., Dirlich-Wilhelm, H., Dunlap, G., Robbins, F. R., & Plienis, A. J. (1992). Consistent stress profiles in mothers of children with autism. *Journal of Autism and Developmental Disorders*, 22(2), 205-216. 2)
- [16] Konstantareas, M. M., & Homatidis, S. (1989). Assessing child symptom severity and stress in parents of autistic children. *Journal of Child Psychology and Psychiatry*, 30(3), 459-470.
- [17] Lachman, M. E., & Weaver, S. L. (1998). The sense of control as a moderator of social class differences in health and well-being. *Journal of Personality and Social Psychology*, 74(3), 763-773.
- [18] Luthar, S. S. (2006). Resilience in development: A synthesis of research across five decades. In D. Cicchetti & D. J. Cohen (Eds.), *Developmental Psychopathology: Risk, Disorder, and Adaptation* (2nd ed., pp. 739-795). John Wiley & Sons.
- [19] Masten, A. S., & Obradovic, J. (2006). Competence and resilience in development. *Annals of the New York Academy of Sciences*, 1094(1), 13-27.
- [20] Middleton, T. M. (1995). Marital adjustment and the process of parenting stress in families of children with disabilities: A decade in review. *Research in Nursing & Health*, 18(4), 333-342.
- [21] Mink, I. T., Nihira, K., & Meyers, C. E. (1983). Parental attitudes toward mental retardation: The need for coping behaviour. *American Journal of Mental Deficiency*, 87(4), 363-370.
- [22] Olshansky, S. (1961). Chronic sorrow: A response to having a mentally defective child. *Social Casework*, 42(4), 190-193.
- [23] Sanders, J. L., & Morgan, S. B. (1997). Family stress and adjustment as perceived by parents of children with autism or Down syndrome: Implications for intervention. *Child & Family Behaviour Therapy*, 19(4), 15-32.
- [24] Skinner, E. A., Correa, T., Skinner, J., & Bailey, K. (2001). Role of psychological variables in the relationship between urban stressors and parenting in low-income single mothers. *Journal of Research on Adolescence*, 11(3), 341-375.