THE ATTITUDE TOWARDS PARENTING PROGRAMMES INVOLVING CHILDREN WITH DISABILITIES

Iolanda TOBOLCEA, Camelia SOPONARU

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Iolanda TOBOLCEA[1], Camelia SOPONARU[2]

Abstract

The rapid evolution of today's social life, the alteration of family status, and the women's growing attributions lead to a more pregnant role of the educational institutions concerning not only the education of children, but also of adults. Thus, the parenting programmes promoted in our country by nongovernmental organizations and by educational institutions have turned useful in providing support to parents. The objective of our study was to explore the attitude of the teaching staff/educators and parents towards the parenting programmes for children with disabilities. We believe that the type of educational body (parents and educators), the home environment (rural and urban), and the presence or absence of a disabled child in the family influence the attitude towards the parenting programmes concerning children with disabilities. In order to reach this objective, we conducted a study on the attitude of educators (61 subjects) and parents (123 subjects) towards the parenting programmes involving disabled children, relying on an attitude questionnaire developed to this purpose. The results of our research highlight the fact that the attitude towards the parenting programmes concerning disabled children is more favourable in educators than in parents, in urban parents than in rural parents and in parents with disabled children.

Keywords: parental education; parenting programmes; disability; attitude; recovery.

[1] „Alexandru Ioan Cuza" University, Faculty of Psychology and Education Sciences, Iasi, ROMANIA. Email: itobolcea@yahoo.com

[2] „Alexandru Ioan Cuza" University, Faculty of Psychology and Education Sciences, Iasi, ROMANIA. Email: camellia.soponaru@yahoo.com

Introduction

The evolution of the European thinking and realities concerning the person with disabilities has been marked by a change in the strategies. Current strategies elaborated in the light of the European Convention on Human Rights – with a great influence on the realities within the fields of education and social protection – are based on three great concepts: normalization, integration, and inclusion. Presently, the disabled person is a citizen with full rights, who should benefit, just like his fellow citizens, from the results of the economic and social development, and who should live a dignified life within his family and community.

The World Health Organization (WHO, 1980) defines disability as any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being. Family and child development are inseparable; hence, the family environment, the relationships between family members, the activities and events carried on within the family have a special impact on all fields involving child development. Parental education programmes aim at helping parents develop knowledge and strategies in order to build positive behaviours in their children, to promote positive intra-familial relationships and a warm/authoritative parental style (Shulruf B, Wang, 2011). Additionally, they are designed to provide information on the most adequate ways to manage inappropriate behaviour, to develop the feeling of personal effectiveness in the relationship with the child (Coleman and Karraker, 1997) and to better manage one's own existence, as well as the child's interests (Kellaghan, Sloane, Alvarez and Bloom, 1993). Parental education includes a great variety of programmes, approaches, and target-groups. (Fine and Lee, 2000) The benefits of parental education – proven in countries where these programmes were validated and developed – aim at reducing the socio-economic disadvantages on education (Cheadle, 2008; Guo & Stearns, 2002).

The complexity of the attitudes towards disabled persons and the sublimation of these attitudes have created a variety of perspectives and theories, ranging from how people develop and change their attitudes, to the impact of those attitudes on their behaviour in interactions with other people. An individual's environment includes home environment as well as the community in which the person lives. These attitudes may be negative, stereotypical beliefs which can lead to social exclusion or even worse. Family involvement in therapy has proven to be an effective tool in achieving communication success (Mallard, 1998).

Disability – new approaches

The realities in the field of disabled persons arise from the general evolution of the society, the foundations of social policies on the social philosophy of human rights, from the principles of social solidarity, from the equality of chances, and, from community involvement. The scientific world has brought important contributions to the positive evolutions in the social and educational field, in changing the mentalities on the disabled person. Social acceptance and equal treatment of disabled persons is the ideal we hope for within our communities; we are especially concerned with providing them with health care services. The total acceptance of a protection social model and its inclusion in the education and training of specialists are essential in the process of attitude change. The impairment leads to the maladjustment or to the incomplete adjustment of the individual, to the limitation or the complete loss of communication abilities and, thus, to important alterations of the behaviour.

The term *disability* has a generic use and it includes all intellectual and physical impairments that may affect the life of an individual to a greater or lesser degree. The impairment is seen as a medical condition, while disability represents the social disadvantage resulting from the impairment (Barnes et al., 1999). The defect determines the impairment when it alters substantially the individual's relations with the social environment, when the defect prevents him from reflecting in a sufficiently exact manner the objective reality – the psychic phenomena do not develop and function normally. The defect also determines the impairment when the individual is not able to carry out – on a normal level, together with other normal members of the community – activities characteristic to the age, the role of the psychosocial status of his peers (playing, studying in mainstream educational units, a profession accessible to the majority). Hence, unlike the defect (an organic phenomenon), the impairment is, par excellence, a psychological and social phenomenon.

This is why several authors rightly believe that the specific object of special psychopedagogy is not the defect as such (or, more precisely, a more or less impaired organ), but the person (the child, respectively) who presents a certain impairment. In the impaired person, the social relations precisely are substantially altered or insufficiently development (below the lower limit of normality). Hence, the defect expresses through the more or less serious, long-term (even definitive) reduction (even total absence) of the functional capacities of an organ or system of the human body, thus affecting (altering or preventing) the development and normal evolution of psychic functions, of the relations between the individual and the social environment. From this perspective, the impairment is a direct consequence of the defect. However, the relation between defect and impairment should

not be perceived mechanically, as designed according to a scheme: a cause always produces a certain effect, while a phenomenon-effect can never emerge outside the action of a certain phenomenon-cause.

Hence, the impaired person is not clinically ill or abnormal, but an individual with a specific personality within the great and varied sphere of normality, who aims towards complete normalization, with great chances to achieve it through specialised education. The impaired individual has to be considered a person who, although no longer benefitting from biopsychic integration, is not pathologically ill, but who, because of the impairment, tends to build a decompensated personality.

The United Nations Convention on the Rights of Persons with Disabilities (2006), which came into effect in 2008, is an important step towards abolishing the institutionalization and forced treatment of disabled persons. Its purpose is to „protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity" (Art. 1). The convention also states that „the persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments" (Art. 1) and that the persons „with disabilities enjoy legal capacity on an equal basis with others in all aspects of life" (Art. 12). If they need help exercising their legal capacity, it will be provided to them. As far as healthcare is concerned, they will enjoy the highest attainable standard of health without discrimination based on disability, „including on the basis of free and informed consent" (Art. 25).

The role of family in the development of the disabled child

Disability affects especially the family, as it assumes a readjustment and redistribution of family roles. Numerous studies reached the conclusion that the parents of disabled children are more stressed than the parents of non-disabled children, and that this represents a risk for the mental health of both parents and children (Hastings and Beck, 2004). The socio–familial tolerance towards the disabled child is highly variable – studies have shown that it is higher in the rural environment and in the less developed countries and lower in the highly industrialized and urbanized countries, and in families with few children. Family oscillates between the tendency to reject the child and that of excessively monitoring him/her, thus going through periods of distrust, culpability, rejection, shame, denial, or helplessness.

Over the past few years, there has been an unprecedented development of the educational–informative activities carried on within families, thus limiting the institutionalisation of children or their placement in other families or institutions.

Socio–educational intervention represents a set of measures that support the family and intervene in the mechanisms favouring the intrafamilial relationships, supporting family education and the education of children (Hassall, Rose, & McDonald, 2005). Among these forms of support, it is worth mentioning the educational counselling for families or family counselling, as well as parents' (parental) education.

The development of family policies varies from one country to another. Currently, there is a considerable development of the actions supporting the family in order to limit the placement of children in family-replacing institutions. In the past few years, there have been discussions on deinstitutionalization as a complex action that involves keeping the child in the family of origin, supporting the families to cope – from a socio–educational and economic perspective – with the education and upbringing of children. It has also involved transforming residential institutions into support centres (open, flexible as regards the duration, access, and orientation), developing support services for children depending on the diversity of risk and difficult situations.

Raising and educating a disabled child has become a matter to solve with professionals (together with the family), not involving the placement in a specialized institution. Never before has the family been more solicited and never has it had a more important role. Hence, the necessity arises to optimize the family-centred policies for child upbringing and education. The contemporary society underlines the idea of supporting the parents, not of replacing them.

The parenting programmes

The parenting programmes are designed to help parents successfully fulfil their parental tasks in raising their child, in order to prepare the child to fully use his/her potential as a human being. These programmes support the parents in developing their skills related to the perception (ability to see what happens around the child, including the impact of parental behaviour), response (the degree to which parents interact with their children, including their capacity of being sensitive towards the child, to be warm and affectionate, and to adapt their behaviour to the child's needs), and flexibility (the ability to react differently depending on the demands of each specific situation, including with a series of answers).

Parental education programmes can be divided into two main categories: relationship-based approaches and behavioural approaches (Barlow & Parsons, 2004) The relationship-based approaches use active techniques such as listening, understanding, and accepting the child's feelings (Systematic Training in Effective Parenting (STEP), Parent Effectiveness Training (PET), TIPS (Tips and Ideas on

Parenting Skills) and discussion groups with the parents. Parents are encouraged to use the natural and logical consequences to control children's behaviour. The relationship-based approaches include the observation of child's behaviour and the environmental circumstances that maintain his behavioural models. These programmes use various techniques to consolidate the child's desirable behaviour and to control the undesirable behaviour (Triple P – Positive Parenting Program and the Incredible Years). As concerns the target–group, there is a great variety of programmes; the most frequently used selection criteria for the parents' inclusion in these programmes are the type of difficulty faced by the parents or by their children, children's age, or ethnic group of the family, etc. As regards the participation of the family to the recovering intervention for disabled children, there are some principles to observe: family should be supported in their choice of alternatives and in the decision-making process; the programme should focus on the family values and priorities; the programme should meet the various and ever-changing requirements of the family; a partnership with all persons providing services to the family should be supported.

The fundamental requirement for the application of the principles is that of creating a healthy environment within the family, as well as within the counselling centres, between professionals and the family members attending the programme. Our suggestions would be: require attendance from all the families; help families with similar concerns contact each other; acknowledge all forms of participation. We also believe that families should be included in the information exchange, and that they should work together with the personnel. Similarly, the activities carried out within the programme should be presented to the parents; the staff will always make sure they have gained the parents' trust; any change in the personnel should be reported to the parents; there should be a welcoming and counselling committee for the families; families and personnel should attend together „training classes"; circumstances should be created to allow the families, the staff, and the therapeutic intervention programmes boards interact with each other.

The study of the family conditions and relationships, as well as of their influence upon the children is a relatively new research field. Most studies underline the positive effects of supporting the family at the right time, because the family, as a system that goes through intense periods of stress, can learn from this experience and grow stronger (Singer and Powers, 1993). There are studies and programmes that suggest activities to stimulate and support the parents, regardless of their social and economic situations. The existing programmes deal with all the parents, with the educational function of the family, and with training parents as responsible educators. The professionals interested in supporting the educational function of the family are concerned with finding the best way to solve the multiple issues present, without any doubt, in all the families. There is not just one model or just one programme, but numerous solving models and multiple programmes, as there are so many issues caused by the differences between

people and by the uniqueness of the human being. There has been a growing emphasis on training the parents in the decision-making process and in the formal/ professional actions regarding their children. This is why we should also look for new ways to facilitate the connections between parents and school, community and family, parents and children.

Currently, there is a variety of studies and ideas in the field, which leads to the identification of numerous problems requiring thorough analysis. These have mainly emphasized the intrafamilial educational processes meant to clarify the relations between the adaptation issues or disorders in children and the functioning of family groups.

The families' attitude

Attitudes represent memorized and stored responses to people, events, and situations; they are the briefest way to elaborate our response to the environmental stimuli. Attitude is a predisposition to react favourably or unfavourably to some-body or something. When we say that we do not like a person's attitude, what we actually say is that we do not like that persons' tendency to think or behave in a certain way. Attitude is an internal state which – given the uniqueness of human psyche – can be influenced by other internal states. As with other internal states, the others cannot know it directly and it is necessary to find indicators (considering that, by measuring them, one can identify the state). From a psychological per-spective, attitudes have three components: the affective component (made of emotional states and assessing preferences), the cognitive component (opinions and beliefs), and the behavioural and conative component (behaviour and beha-vioural intentions). Attitudes are closely connected to the values, ethics, moral reasoning, and choice regarding the development of an individual's affectivity; they may determine a feeling for or against a person, object, belief, or event and they can be general or specific (Gething, 1991). Attitudes towards disability may reflect the stigma and negative perceptions of society, lack of social exposure to disabled persons, and the influence of stereotypes, as well as the frequency of contacts. Historical, experiential, social, visual, demographic, and personality factors combine to contribute to attitude development (Dobson et al., 2001). Several studies, many based on clinical populations, conducted by specialists in disability and family researchers over the past few decades have examined the challenges families face when raising a child with a disability. Many of these studies focus on the stress associated with the child's disability. According to these studies, parents raising a disabled child experience more stress compared to parents raising a normal child of the same age. Social isolation is another problem experienced by some families with children with disabilities because of financial,

time and respite limitations, as well as a loss of previous social networks and stigma (Patterson, 2002).

The social, work-related, financial factors, together with other stressful situations, can affect the family members' mental health. Parents who have a child with a disability are likely to experience more stress, lower levels of marital satisfaction, poorer mental health and lower levels of well-being than other families. Other family members' lives may also be affected. If support is inadequate, parents may have less time and energy for other family members and siblings may be expected to share some of the caretaking responsibilities. A number of families have difficulties in coping with these stressful circumstances. Parents of children with disabilities are more likely to be divorced or separated than those of normal children (Mauldon, 1992). Family relationships can either have a positive impact, providing support and positive guidance in assisting these people, or they can have a negative impact, hindering the development of positive management. This also means that the family's attitudes can either support the management of a disability or delay the effective management of the disorder. Ultimately, the family plays a crucial role in children's development, and it is therefore critical that clinicians understand and take into account the positive or negative impact home environment plays in the evolution of a disability. We are now aware of the fact that „we cannot isolate the individual from his/her environment when we discuss about disability and we need to observe the interaction between the disabled child and his/her family in order to understand the evolution of the problem, as well as the way in which it is affected by and it affects the family" (Bergstrom, 2001, p. 141).

The attitude towards the parenting programmes – a comparative study

Research objective

In the contemporary Romanian society, the participation of parents to parenting trainings has become a stringent need in preventing and improving the dysfunctional behaviours in children. This is why, in order to cope with the education system, parents need to be informed and trained regarding the education of their own children, especially when the child has development, school adjusting, or learning difficulties. Our research is exploratory and it suggests an analysis of the teaching staff/educators and the parents attitude towards parenting programmes involving disabled children depending on factors such as the type of educational body (parents or educators), home environment (rural/urban), and presence or absence of a disabled child in the family.

The objectives of the study were: (1) to analyse the attitude of educators and parents towards the parenting programmes involving disabled children; (2) to analyse the way in which the home environment and the presence or absence of a disabled child in the family influence the parents' and educators' attitude towards the parenting programmes; (3) to use the data obtained through this study in order to shape an overall image of the parents' and educators' attitude towards the parenting programmes involving disabled children; these results are useful in developing strategies for parental co-interest/collaboration and involvement in order to support families with disabled children.

Results and discussions

General hypothesis. The attitude towards the parenting programmes involving disabled children is influenced by the type of educational body (educators/parents), by the home environment (rural /urban), and by the presence or absence of a disabled child in the family.

Research variables. Within this study, we have considered the following variables:

- Dependent variable: attitude towards the parenting programmes involving disabled children;
- Independent variables: (Iv 1) type of educational body: parents/educators; (Iv 2) presence or absence of a disabled child in the family.

Methods. The research comprised two phases: (1) elaborate the Attitude scale towards the parenting programmes involving disabled children; (2) investigate the attitude of rural and urban parents (with or without a disabled child in their care) and educators towards the parenting programmes involving disabled children.

The experimental group. The research comprised 164 subjects: 123 parents (mothers, with high school and higher education) and 61 teaching staff (mostly higher education graduates). According to the variable *type of educational body*, the sample comprised 123 parents (61 parents with one disabled child and 62 parents without disabled children) and 61 female educators. According to the *home environment*, the sample comprised 31 urban female educators and 30 rural female educators, as well as 62 urban parents and 61 rural parents.

Instruments used. In order to develop this instrument, we organized a focus group, where we asked the attendants to specify five characteristics or behaviours expressing positive attitudes towards the parenting programmes involving disabled children and five characteristics or behaviours expressing negative attitudes towards the parenting programmes involving disabled children. The discussions within the focus group were focused on defining the concepts of parenting and

disability, on identifying the objectives of the parenting programmes, the parents' motivation in attending these programmes, the expected benefits for parents and children, the rural/ urban parents' accessibility to information related to child education in general, and to the education of disabled children, in particular.

After centralizing the data, we developed a questionnaire starting from the most frequent answers which support positive or negative attitudes towards the parenting programmes involving disabled children, formulated as assertions for which the respondent chose the degree of agreement or disagreement on a scale from 1 to 5, where 1 means total disagreement, and 5 means total agreement. In our research, we used a direct attitude measurement method: Likert's summated attitude scale. After elaborating the items (15 items), we applied the questionnaire on 30 subjects, parents, and educators. After reversing the items contrary to the majority, we conducted the statistical analysis of outcomes. The analysis revealed an internal consistency coefficient alpha (Cronbach) of **.83**, after eliminating 4 items. This means that the scale is highly reliable and the items measure diverse aspects of the same psychological variables.

Analysis and interpretation of the results

Specific hypothesis 1. The attitude towards the parenting programmes concerning disabled children is influenced by the type of educational body (educators/parents). In order to assess this hypothesis, we used the Independent Samples T-Test. The hypothesis was confirmed; the value of the significance threshold was $p = .00$ ($p < .05$).
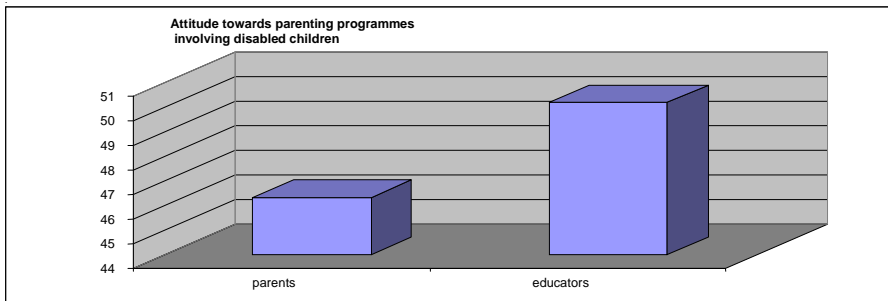

Fig 1. *Differences between the means obtained by educators and parents.*

The result obtained can be explained, on one hand, by the educators' awareness of the role played by the collaboration between family and educators in the integration of disabled children and, on the other hand, by the access of the teaching staff to vocational training or lifelong learning courses. In the units with no therapeutic activities or psychopedagogical counselling, the activity of the

educators who work with disabled children is more demanding, more intense, and often, with lower results. This is why the recovery and integration of disabled children is facilitated by an interdisciplinary collaboration within the school, by therapeutic programmes, as well as by a functioning partnership between parents and kindergarten/school. Educators are responsible of ensuring transparency as regards the family's awareness of the child's development level, the methods to be used, or the educational priorities in the family. Despite the statistically significant differences between the educators' sample and the parents' sample, it is worth mentioning the presence in both groups of a favourable attitude towards the parenting programmes concerning disabled children (M parents= 46.35; M educators= 50.2). This result may mean that parents acknowledged the necessity and benefits of these programmes, though some research has shown a certain reluctance of the parents (mostly parents of children with behavioural issues) to attend these classes (Cojocaru S., Cojocaru D. 2011.)

Specific hypothesis 2. The attitude towards the parenting programmes concerning disabled children is influenced by the home environment (rural /urban). We obtained the following results:

a. there are differences between the rural parents and the rural educators, the educators expressing a more favourable attitude (p = .01);

b. there are significant differences between the urban educators and the urban parents, the educators expressing a more favourable attitude (p = .026);

c. there are no significant differences between the rural educators and the urban educators;

d. there are significant differences between the rural parents and the urban parents, the urban parents expressing a more favourable attitude (p = .05);
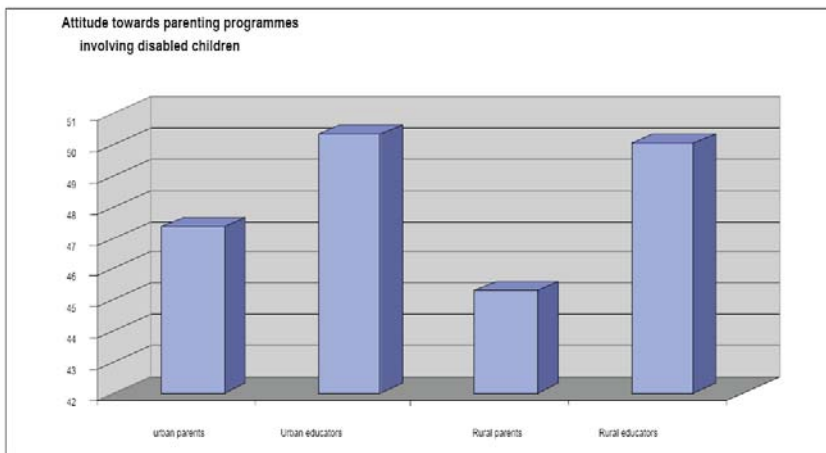

Fig. 2. *Differences between the means obtained by rural and urban educators and parents*

The first three results explain the fact that both urban and rural educators attended psychopedagogical training, acquiring information and knowledge specific to the recovery and integration of children with special needs. At the same time, practice and experience have proven the importance of the collaboration with the parents in the education of children. Specialized studies confirm that, presently, the teaching personnel is trained for an "inclusive education" and for schooling adapted to the individual particularities, characteristic to each child, an aspect also covered by the UNESCO Law of 1995. Though the urban parents express a more favourable, statistically significant attitude compared to the rural parents, the latter have a more favourable attitude (Mâ45.3) towards the parenting programmes concerning disabled children. This result is determined, on one hand, by the development of information means, such as various TV programs, newspapers, journals, books, the Internet, etc, easier to access regardless of the environment. On the other hand, it could be the result of the efforts made by the rural teaching staff to inform and integrate them in the children's activities or within institutional or national programmes.

Specific hypothesis 3. The attitude towards the parenting programmes concerning disabled children is influenced by the presence or absence of a disabled child in the family. In order to assess this hypothesis, we used the Independent Samples T-Test. We obtained the following results:

a. the parents (both rural and urban) with a disabled child have a more favourable attitude compared to those with no disabled child (p=.01);

b. there are no statistically significant differences between the urban parents with a disabled child and the rural parents with a disabled child;

c. the urban parents with no disabled child have a more favourable attitude compared to the rural parents with no disabled child (p=.01).
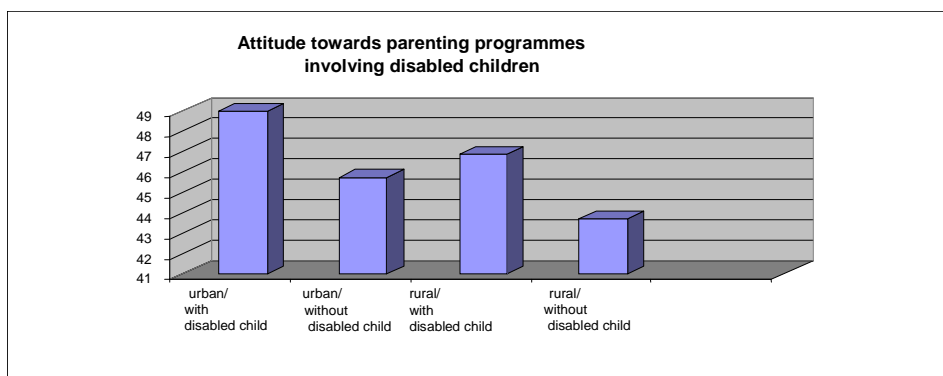

Fig. 3. *Differences between the means obtained by the parents (rural/urban, with or without a disabled child)*

The first two results are determined by the needs of support and specialized training that the parents with disabled children feel, considering the difficulties in accessing medical and psychopedagogical services (specific therapies, medical services, etc.), in integrating the children within an educational structure. We also consider here the lack of financial resources, even more apparent in the rural environment, at least in our country.

The differences between the attitude of parents with disabled children and those without disabled children can be correlated with the differences in the perception, information, and understanding of the disabled persons by those who interacted or not with the disabled persons. The fact that, in the urban environment, the parents' involvement and competitiveness in school is more prominent can explain the more favourable attitude of urban parents towards the parenting programmes. Research has underlined that, in general, parents tend to see themselves as good parents, which makes them less motivated to attend a parenting class (Cojocaru S., Cojocaru D., Ciuchi 2010). The favourable attitude of the parents with disabled children towards the parenting programmes can be explained by the psychological effects of a disabled child upon the entire family, especially upon the parents: culpability, low self-esteem, isolation tendency, etc (Hassall R., Rose J.,&McDonald J., 2005). If, a couple of years ago, parents were sceptical concerning the parenting programmes in our country, recent studies point to aspects related to the benefits discovered by parents after attending them. These include: investments in personal development, the need to socialize and learn, the clinical of attending these programs, and escaping from the internal routine (D. Cojocaru, 2011). Even more, the parents with disabled children, especially rural mothers who carry out their activities in the household (childcare and household management) can have a stronger personal motivation to attend the parenting programmes in order to improve the education and mental health of their own children.

Conclusions

Several aspects can be emphasized from the results of our research: (1) the attitude towards parenting programmes involving disabled children is favourable especially in case of the rural and urban teaching staff; (2) the urban parents have a more favourable attitude towards the parenting programmes involving disabled children compared to the rural parents; (3) the rural and urban parents with a disabled child have a more favourable attitude towards the parenting programmes involving disabled children compared to the parents without disabled children.

There have been continuous changes in the educational potential of family and educators, depending on the economic, cultural, political, and social alterations. Over the past few years, the educational–informational activities underwent intense development, regarding not only the education of children, but also that of parents. As regards the education of disabled children in our country, it is worth mentioning, besides inclusive education, a certain evolution in the attitude towards the parenting programmes. The results show a reduction of the difference between urban and rural, due to the easier access to information means (a rapid and wide spread of the Internet and the media).

The study of the factors that influence the attitude towards the parenting programmes in case of parents and female educators contributes significantly to the development of programmes/ projects able to solve issues and difficulties related to the recovery of children with special educational needs.

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