

# Parenting and family adjustment among parents of children and adolescents with intellectual disability and functional psychosis: A comparative study

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## ABSTRACT

**Background:** Parenting, a wonderful and rewarding experience, are often accompanied by high levels of stress, because of the difficulties, frustrations, and challenges that parents face in everyday life. This study examined the profile of Parenting and Family Adjustment among Parents of children and adolescents with Intellectual Disability and functional psychosis. **Methods:** This study was a cross-sectional hospital based study. The study samples were selected through purposive sampling technique. The sample size was 40 parent among which 20 parents of children and adolescent with intellectual disability and 20 parents of children and adolescent with functional psychosis taken from Erna Hoch Child and Adolescent Psychiatry Unit and Charak Outpatient Department, of the Central Institute of Psychiatry, Kanke, Ranchi. Parenting and Family Adjustment Scale used for the data collection. Data were analyzed using Statistical Package for Social Sciences (SPSS- 21 version). **Results and Conclusions:** The results indicated that parents of children and adolescents with functional psychosis reported higher mean in the subscales of parental consistency, corrective parenting, positive encouragement, parent child-relationship, family relationship and parents of children and adolescents with intellectual disability reported higher mean in the subscale of Parental teamwork.

**Keywords:** Parenting, family adjustment, psychosis, intellectual disability

## INTRODUCTION

Children with disabilities require much parental attention, which can increase parental stressors. Several researchers have focused on negative adjustment for caregivers raising children with disabilities and special health care needs<sup>[1-3]</sup>. Findings from these studies suggest that multiple-level factors such as internalized parental stress; socioeconomic status; family rules, rituals, and routines; lack of adequate insurance coverage; and inaccessible community resources can compromise quality of parenting for caregivers of children with

disabilities or who have special health care needs. While past studies have examined the negative impact of child's disability on parenting<sup>[4,5]</sup>, researchers more recently have examined the positive aspect on parenting and the family system<sup>[6,7]</sup>. For the purpose of this article, children with disabilities are inclusive of children with special health care needs, and the terms will be used interchangeably.

A growing body of research findings also suggest that parenting style, family dynamics, and environmental factors are important for understanding, assessing, and managing children's disabilities and/or special health care needs<sup>[8-14]</sup>. A number of studies have shown that poor parenting quality has consistently been found to be associated with negative outcomes of children with disabilities and special health care needs such as behavior problems<sup>[15-17]</sup>. Although much of the research findings provide data on risk factors for negative parenting among caregivers of children with disabilities, there is a major dearth of literature on factors for parenting success. Progress is needed, both in the understanding of the factors that contribute to or

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mitigate parenting success of caregivers of children with disabilities and in the development of intervention strategies that enhance parenting success. Such progress requires a comprehensive and integrative framework that examines factors for parenting success at various levels of the social ecology. The objective of this study is to examine factors that are associated with parenting success of children with disabilities within multiple contexts.

*Aim of the Study:* This study was planned to explore and compare the profile of Parenting and Family Adjustment among Parents of children and adolescents with Intellectual Disability and functional psychosis.

*Objective of the Study:* To assess and compare the Parenting and Family Adjustment among Parents of children and adolescents with Intellectual Disability and functional psychosis.

*Hypotheses:* There will be no significant difference between Parenting and Family Adjustment Among families of children and adolescents with intellectual disability.

#### METHOD AND MATERIALS

This study was conducted at the Erna Hoch Child and Adolescent Psychiatry Unit and Charaka outpatient department of the Central Institute of Psychiatry, Kanke, Ranchi. The present study was a hospital-based, cross-sectional study. The study samples were selected through purposive sampling technique. The sample size was 40 parents among whom 20 parents of children and adolescent diagnosed with intellectual disability and 20 parents of children and adolescent diagnosed with functional psychosis taken from Erna Hoch Child and Adolescent Psychiatry Unit and Charak Outpatient Department, of the Central Institute of Psychiatry, Kanke, Ranchi. In this study 32 children and adolescents with intellectual disability were screened on DST and VSMS and 29 children and adolescents with functional psychosis were screened on BPRS-C after considering inclusion and exclusion criteria 20 children and adolescents were selected in each group. Selected children's and adolescent's parents were assigned to two study groups.

*Inclusion and Exclusion Criteria:* In intellectual disability group, children and adolescents belonging to the age range of 6-17 years who diagnosed with Moderate to

Profound Mental Retardation as per ICD-10-DCR were included. Children and adolescents age below 6 years and more than 17 years, diagnosed with severe physical disability, addiction (except nicotine and caffeine) and problems in addition to mental retardation were excluded from the study. And in functional psychosis group, children and adolescents belonging to the age range of 6-17 years who diagnosed with schizophrenia/ bipolar disorder/acute and transient psychosis as per ICD-10-DCR were included. Children and adolescents age below 6 years and more than 17 years, diagnosed with co-morbid psychiatric diagnosis and mental retardation, severe physical disability, substance addiction (except nicotine and caffeine) and problems in addition to their primary diagnosis (psychosis).

Similarly parents belonging to the age range of 30-55 years and educated up to at least Class-8 and above who gave written informed consent for the study were included. Parents aged <30 or >55 years, education level less than Class-8 and not giving written informed consent for the study were excluded from the study in both groups.

#### *Study Tools:*

1. *Socio-Demographic & Clinical Data Sheet:* This data sheet was used to obtain information about various socio-demographic and clinical variables of the selected children and their parents like age, gender of children, education of children and parents, religion, ethnicity, domicile, psychopathology and behavioral problems, family history, etc.
2. *Development Screening Test<sup>[18]</sup>:* It consists of 88 items which represent the behavioral characteristics of respective age levels. At each age level, items are drawn from behavioral areas, like motor development, speech, language, and personal-social development. Appraisal of a child can be done in semi-structured interview with a parent or a person well acquainted with the child. Scores obtained on these items with IQ calculator are used to assess the level of development in the child.
3. *Vineland Social Maturity Scale<sup>[19]</sup>:* This scale consist 89 items. This scale is not only providing social age and social quotient measures but also indicate the social deficits and social assets in a growing child. It is for

age level from 0 to 15 years. It is good to locate mentally retarded.

4. *The Psychiatric Rating Scale for Children*<sup>[20]</sup>: The Brief Psychiatric Rating Scale for Children commonly abbreviated BPRS-C scale), is a 21-items clinician-based rating scale designed for use in evaluating psychiatric problems of children and adolescents. It was developed to provide a descriptive profile of symptoms applicable to a broad range of child and adolescent psychiatric disorders and is increasingly used as an outcome measure in research, managed care, and public sector child/adolescent clinical settings. Ratings are based on a 7 point Likert scale, from "Not Present" (scores 0) to "Extremely Severe" (scores 6 points).
5. *Parenting and Family Adjustment Scales*<sup>[21]</sup>: The Parent and Family Adjustment Scales (PAFAS) will be applied on the parents of the either group for assessing their adjustability with the stressor of having a child with mental retardation or functional psychosis. The PAFAS was designed as a brief outcome measure for assessing changes in parenting practices and parental adjustment in the evaluation of both public health and individual or group parenting interventions. The inventory consists of the Parenting scale measuring parenting practices and quality of parent-child relationship and of the Family Adjustment scale measuring parental emotional adjustment and partner and family support in parenting.

*Procedure:* Parents of the children and adolescents with diagnosis of Intellectual Disability and Functional Psychosis as per ICD-10 (DCR) criteria included in accordance with the inclusion and exclusion criteria taken for the study. At first, written informed consent were taken from each parent who was willing to participate in the study. After that socio-demographic profile was filled and later on Development Screening Test (DST) and Vineland Social Maturity Scale (VSMS) had been applied on children with intellectual disability and Brief Psychiatric Rating Scale for Children (BPRS-C) was applied on children with Functional Psychosis. Subsequently, Parenting and Family Adjustment scale was administered on parents of children with intellectual disability and functional psychosis.

*Statistical Analysis:* The raw data was analyzed statistically with aid of the computer program-SPSS (Statistical Package for Social Sciences - 21). Descriptive statistics was used to describe various sample characteristics. Chi square test was used for describing and comparing categorical data. Mann Whitney U Test was used for describing and comparing continuous data. Spearman's correlation and point bi serial correlation coefficient were computed to study the relationship for continuous and categorical variables, respectively.

## RESULTS

Table 1 Shows comparison of socio-demographic variables of patients and parents of children and adolescents with Intellectual disability and Functional Psychosis. Most of the patents were male and Hindu by religion in both groups. It was found that majority of the fathers were farmer by profession in functional psychosis group. Results also shows that most of the mothers were unemployed (51.3% & 48.7%) in the both groups respectively. It was also found that majority of the families with children and adolescent with intellectual disability, and functional psychosis were belonging to lower socio-economic status and nuclear family. There was no significance difference with regards to sex, religion, father's occupation, mother's occupation, marital status, family type and socioeconomic status in both the groups.

Table 2 shows clinical profile of the children and adolescent with intellectual disability and functional psychosis. There was a significance difference in the past history of mental illness of children and adolescents of intellectual disability and functional psychosis. No significance difference was found in the family history between intellectual disability and functional psychosis.

Table 3 shows the socio demographic and clinical profile in patients with Intellectual disability and Functional Psychosis. There was significantly higher in age ( $p < .000$ ), education ( $p < .000$ ), age of onset ( $p < .000$ ), and number of hospitalizations ( $p < .000$ ) in Functional Psychosis as compared to Intellectual disability. Results also found duration of illness ( $p < .000$ ) was significantly higher in Intellectual disability as compared to Functional Psychosis.

Table-1  
Comparison of socio-demographic variables of patients and parents with Intellectual disability and Functional Psychosis

Variables		Groups N=40		$\chi^2$ /Fisher's Exact Test#	df	p
		Intellectual Disability N=20, n (%)	Functional Psychosis N=20, n (%)			
Sex of the patients	Male	11(45.8)	13(54.2)	.417	1	.519
	Female	9(56.2)	7(43.8)			
Religion	Hindu	17(48.6)	18(51.4)	.230#	-	1.000
	Other	3(60)	2(40)			
Father Occupation	Farmer	5 (35.7)	9 (64.3)	8.744#	-	.090
	Labourer	6 (75)	2 (25)			
	Business	2 (28.6)	5 (71.4)			
	Private Job	5 (83.3)	1 (16.7)			
	Gov. Job	0 (0)	2 (100)			
	Unemployed	2 (66.7)	1 (33.3)			
Mother Occupation	Employed	0 (0)	1 (100)	1.412#	-	1.000
	Unemployed	20 (51.3)	19 (48.7)			
Parental Status	Both parents	18 (48.6)	19 (51.4)	1.204#	-	1.000
	Single parent	1 (50)	1(50)			
	Separated	1 (100)	0 (0)			
Family Type	Nuclear	12 (44.4)	15 (55.6)	2.553#	-	.301
	Joint	8 (66.7)	4 (33.3)			
	Extended	0 (0)	1 (100)			
Socio-economic Status	Lower	15 (53.6)	13 (46.4)	.476	1	.490
	Middle	5 (41.7)	7 (58.3)			

Table-2  
Comparison of clinical variables of patents with Intellectual Disability and Functional Psychosis.

Variables		Groups N=40		$\chi^2$ /Fisher's Exact Test#	Df	p
		Intellectual Disability N=20, n (%)	Functional Psychosis N=20, n (%)			
Past History	Present	0 (0)	12 (100)	21.949#	-	.000 ***
	Absent	20 (71.4)	8 (28.6)			
Family History	Present	5 (33.3)	10(66.7)	2.667	1	.102
	Absent	15(60)	10 (40)			

\*\*\*p<.001

Table-3

Comparison of patient's age, education, age of onset, duration of illness, number of hospitalization and duration of pharmacological treatment in patients with Intellectual Disability and Functional Psychosis.

Variable	Groups N=40		Mann Whitney U Test	P
	Intellectual disability (Mean Rank) N=20	Functional Psychosis (Mean Rank) N=20		
Age	13.12	27.88	52.500	.000***
Education	11.30	29.70	16.000	.000***
Age of onset	10.50	30.50	00.000	.000***
Duration of illness	29.98	11.02	10.500	.000***
Number of hospitalizations	12.60	28.40	42.000	.000***
Duration of pharmacological treatment	18.82	22.18	166.500	.340

\*\*\*p<.001

Table-4

Characteristics of father age, mother age and number of family members in families with Intellectual disability and Functional Psychosis.

Variable	Groups N=40		Mann Whitney U Test	P
	Intellectual disability (Mean Rank) N=20	Functional Psychosis (Mean Rank) N=20		
Fathers age	14.85	26.15	87.000	.002**
Fathers education (in years)	16.70	24.30	124.000	.035*
Mothers age	12.82	18.18	46.500	.000***
Mothers education (in years)	11.40	29.60	18.000	.000***
Number of family member	18.30	22.70	156.000	.229

\* p < .05 \*\*p<.01 \*\*\*p<.001

Table-5

Parenting and family adjustment in Parents of children and adolescent with Intellectual Disability and Functional Psychosis.

Variable (Parenting and Family Adjustment Scales)	Groups N=40		Mann Whitney U Test	p
	Intellectual disability (Mean Rank) N=20	Functional Psychosis (Mean Rank) N=20		
Parental consistency	19.12	21.88	172.500	.452
Corrective parenting	17.55	23.45	141.000	.109
Positive encouragement	17.30	27.70	136.000	.074
Parent child-relationship	17.48	23.52	139.500	.097
Parental Adjustment	19.78	21.22	185.500	.689
Family relationship	19.72	21.28	184.500	.656
Parental teamwork	22.58	18.42	158.500	.228

Table 4 shows socio demographic profile of parents and families of children and adolescents with Intellectual disability and Functional Psychosis. There was significantly higher in father's age ( $p < .002$ ) and mother's age ( $p < .000$ ), fathers education ( $p < .035$ ) and mothers education ( $p < .000$ ) Functional Psychosis as compared to Intellectual disability. No significant difference was found in the number of family member in Intellectual disability as compared to Functional Psychosis.

Table 5 shows the comparison of the Parenting and family adjustment in Parents with children and adolescent with Intellectual Disability and Functional Psychosis. No significant different was found in the domains of Parenting and family adjustment of parents with Intellectual Disability and Functional Psychosis.

## DISCUSSION

The present study was a hospital based cross sectional single contact study and it was conducted at the Central Institute of Psychiatry, Ranchi. The purpose of this study was to assess and compare the parenting and family adjustment among parent of children with intellectual disability and functional psychosis. This study was carried out on 40 parents of which 20 parents of children and adolescent with intellectual disability and 20 parents of children and adolescent with functional psychosis. From the descriptive statistics it can be seen that majority of the sample of either group were male, Hindu, by religious affiliation, hailing from lower socio-economic status and nuclear family background. In terms of age, education and occupation of parents of children and adolescents with intellectual disability were found to be younger and less educated than parent of children with functional psychosis. There was a significance difference observed between these two groups in fathers and mothers age. Descriptive statistics and inferential statistics e.g. Chi-square Test, Fisher Exact Test, Mann and Whitney U Test were applied to the sample characteristics. Explanation of these aforesaid observations could be that the majority of the clientele of this institute comes from the lower socioeconomic status from rural areas and they are Hindu by religious affiliations. Since in this part of people for the Hindu religious background are in majority than other religious groups<sup>[22]</sup>. In terms of literacy level the mean educational level of father's in these two groups were seen to 16.70% -24.30% and mean

educational level of mother's in these two groups were seen to 11.40-29.60 respectively, which is also an usual finding. In this institute majority of the people comes from rural areas where general literacy level is much lower than urban areas. Although after independence India has achieved significant mark in adult literacy but still this country has to do more to mark adult literacy level as per with developed world<sup>[22, 23]</sup>.

It is well acknowledged in literature that Parenting, a wonderful and rewarding experience, is often accompanied by high levels of stress, because of the difficulties, frustrations, and challenges that parents face in everyday life. In the present study parents of children and adolescents with functional psychosis reported higher mean in the subscales of Parental consistency (21.88), Corrective parenting (23.45), Positive encouragement (27.70), Parent child-relationship (23.52), Family relationship (21.28) and parents of children and adolescents with intellectual disability reported higher mean in the subscale of Parental teamwork (22.58). It might be, parents of children and adolescents increased knowledge over their children problems and due to that parents of children and adolescents with intellectual disability have to face more difficulties, frustration and challenges every day but their children's problem are permanent and almost same with everyone so they are able to deal with it as a team. But parents of children and adolescents with functional psychosis were not able to deal with their children problem as a team as their children problem related to the situation but it is a temporary disability so they had better parental consistency, corrective parenting, positive encouragement, parent child-relationship, family relationship in comparison to parents of children and adolescents intellectual disability. However, there was no significant was seen in the subscales of PAFAS but trend seen in the subscales of Positive Encouragement and Parent-child relationship. Therefore, if the sample size would increase, we could see the significant difference in the subscale of Encouragement and Parent-child relationship between these two groups. Early theory involving parental adaptation to child intellectual disability suggested that parents would experience "chronic sorrow"<sup>[4]</sup> or a series of crises<sup>[24]</sup> in response to discovering their child had intellectual disability.

## CONCLUSION AND LIMITATION

It was a hospital based study with small sample size which was the main limitation of this study as hospital based study, which dealt with referred patients which might not have been truly representative of the general population. Nevertheless, it has given us numerous insights into the problems of the patients who reach us but due to less sample size generalization of results could not possible. Future research with larger, less selective samples and longitudinal designs may provide a clearer picture of the multiple factors associated with family stress and dyadic adjustment.

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