

# Parenting a Child With a Disability: The Role of Social Support for African American Parents

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This article examines (a) the impact of having a child with a disability on parents' mental and physical health among urban-dwelling African Americans and (b) the extent to which positive and negative social interactions with family members other than the spouse moderate the impact of child's disability on parental adaptation. Analyses are based on a probability sample of African Americans living in Milwaukee, Wisc. The analytic sample includes 48 parents of children with a disability and 144 comparison group parents of nondisabled children. Results showed that having a child with a disability is associated with more somatic symptoms. However, the negative consequences of the child's disability on parents' mental health are reduced when parents receive greater positive support from family.

## IMPLICATIONS FOR PRACTICE

- Findings highlight the importance of engaging other family members in positive interactions with parents of children with a disability.

**H**aving a child with a disability poses a significant risk to parents' physical and emotional well-being (Greenberg, Seltzer, & Greenley, 1993; Kling, Seltzer, & Ryff, 1997). However, this risk may vary across different racial and ethnic groups, given diverse cultural norms, resources, and support available to these parents (Magaña & Smith, 2006; Mary, 1990). Furthermore, within each minority population, different factors may account for the variability in the extent to which having a child with a disability leads to negative health and mental health consequences (Harry, 2002).

Although a handful of studies have examined racial differences in the impact of caring for a child with a disability (Magaña & Smith, 2006; Mary, 1990; Pruchno, Patrick, & Burant, 1997), relatively few studies have closely investigated the factors in an urban-dwelling African American population that may account for the influence of raising a child with a disability on parental well-being. The current study aims to address this gap in prior research by examining (a) the impact of having a child with a disability on parents' mental and physical health among urban-dwelling African Americans and (b) the extent to which positive and negative social interactions with family members other than the spouse moderate the impact of child's disability on parental adaptation. Findings from this study will allow for benchmarking of the stress that African American parents of children with a disability experience in light of previous research findings based on mostly White sample members. Furthermore, the findings will enhance understanding of the role of nonspousal family support in adjusting to this stress.

### Impact of Having a Child With a Disability on Parental Well-Being

Caring for a child with a disability brings multiple challenges to parents, such as additional financial burdens for treating their child's condition, dealing with the child's problematic behavior, and social stigma associated with disabilities (Baker & Heller, 1996; Lecavalier, Leone, & Wiltz, 2006). Consequently, parents of a child with a disability

often experience more physical health symptoms, negative affects, and poorer psychological well-being than parents with a child without a disability (Ha, Hong, Seltzer, & Greenberg, 2008; Seltzer, Greenberg, Floyd, & Hong, 2004; Singer, 2006).

However, previous findings were largely based on White samples, and little is known about how African American parents cope with the stress of raising children with a disability. A few existing studies suggest that there are both similarities and differences in parental adaptation to the stress of raising disabled children across different racial groups. For example, using a sample of African American and White mothers of children with a developmental disability or schizophrenia, Pruchno et al. (1997) found that race did not significantly influence caregiving burden or satisfaction. However, compared to White mothers, African American mothers were more likely to coreside with their disabled children and less likely to be married (Pruchno et al.). Another study conducted a within-group analysis comparing African American parents of disabled children with their African American peers with nondisabled children and found that, although the former group did not significantly differ from the latter in depressive symptoms, they reported more limiting health conditions (e.g., arthritis and diabetes) than noncaregivers in old age (Magaña & Smith, 2006).

The current study extends previous research by examining the impact of having a child with a disability among urban-dwelling African Americans who may face extra challenges of caregiving due to limited socioeconomic and environmental resources (Ceballos & McLoyd, 2002). Furthermore, by using a representative sample collected as part of a larger population-based study, this study aims to provide not only the within-race comparison of African American parents of children with a disability and parents of nondisabled children but also findings that can be compared with the results from our previous study based on a nationally representative, yet largely White, sample. Consistent with prior literature, we hypothesize that having a child with a disability is associated with negative mental health and physical health outcomes among urban-dwelling African Americans.

### Moderating Effects of Social Interactions With Nonspousal Family Members

The second objective of this study is to examine the role of positive and negative social interactions with family members other than the

spouse on African American parents' adaptation to raising a child with a disability. Nonspousal support has important implications for African Americans' well-being. Previous research suggests that extended families constitute a core social network for African Americans and provide important financial and instrumental support (Ellison, 1990). Furthermore, support from kin is related to happiness and life satisfaction among African Americans (Ellison).

The role of nonspousal family support may be especially salient among urban-dwelling African Americans given that many of them are not married and have low incomes (Jarrett & Burton, 1999; Wilson & Tolson, 1990). Furthermore, because of the lack of formal supports available in urban communities, the family may be a major, if not the only, source of support parents of children with disabilities can turn to (Ceballo & McLoyd, 2002). Support from families can have both positive and negative implications, however. Although families may be an important source of support, close relationships also involve negative interactions (Akiyama, Antonucci, Takahashi, & Langfahl, 2003), which can exert a negative effect on psychological well-being (Rook, 1997).

Previous studies have shown that positive and negative social interactions have distinct impacts on well-being and that negative social interactions tend to have more potent effects than positive social interactions (Ingersoll-Dayton, Morgan, & Antonucci, 1997; Newsom, Nishishiba, Morgan, & Rook, 2003). Furthermore, although empirical evidence is mixed, previous research has continuously raised the possibility of the stress-buffering effect of positive social interactions (i.e., negative consequence of a stressor is lessened in the presence of positive support) and the stress-exacerbating effect of negative social interactions (i.e., negative consequence is intensified in the presence of negative social interactions; Cranford, 2004; Rauktis, Koeske, & Tereshko, 1995).

In the context of raising a child with a disability, a few studies found that parents with greater social support show more positive parenting behaviors (Ceballo & McLoyd, 2002) and lower levels of parenting stress (Smith, Oliver, & Innocenti, 2001). One study showed that the presence of close social relationships helps parents cope with the stress of raising a disabled child (Knussen & Sloper, 1992). Rauktis et al. (1995) examined the moderating effects of both positive and negative social interactions among caregivers of mentally ill family members. They found that negative interactions had a significant impact on caregivers' distress and depression and that the relationship between caregiving demand and stress was exacerbated when the caregiver had greater negative interactions. However, they did not find a significant buffering effect of positive interactions.

In the current study, we build on prior literature by examining the extent to which the impact of parenting a child with a disability on African American parents' well-being differs depending on the level of positive and negative social interactions with family members other than the spouse. Consistent with previous literature, we hypothesize that positive interactions will enhance parents' ability to cope with the stress of having a child with a disability, while negative interactions with other family members would exacerbate the stress of having a child with a disability on parental well-being. The findings of this study will help both the affected individuals and the helping professionals who work with urban-dwelling African Americans better understand the consequences of parenting a child with a disability and the role of nonspousal support among this population.

## Methods

### Sample

Analyses are based on an African American sample collected in Milwaukee County, Wisc. (Almeida et al., 2009) as part of the Midlife in the United States study (MIDUS; Brim, Ryff, & Kessler, 2004). MIDUS is a national probability sample of English-speaking, noninstitutionalized adults. Respondents were first interviewed in 1995–1996 and followed up in 2004–2006. In order to oversample African Americans in the second wave of MIDUS data collection, a supplementary sample of African Americans was drawn in the Milwaukee area.

The sampling frame of the Milwaukee data consisted of U.S. Census tracts in which at least 40% of the population was African American. These tracts were stratified according to the proportion of African Americans; those areas with higher proportions of African Americans had a higher chance of being selected for data collection than the areas with lower proportions. Using area probability sampling methods, potential respondents were identified, and field interviewers screened households to determine if they contained any African American adults. The sample was further stratified by age, gender, and income. Respondents were interviewed in their homes using a computer-assisted personal interview (CAPI). After completing the in-person interview, respondents were asked to complete a self-administered mail-back survey. All measures in the Milwaukee data are identical to the ones administered in MIDUS I or II, although the mode of interview differed for some items (i.e., interviews vs. mail-back). Response rate for the Milwaukee sample was 70.7% for the in-person interview and 70.3% for the mail-back survey. A total of 592 individuals participated in the in-person interview and 416 of them completed self-administered questionnaires. The African American Milwaukee sample provides a unique opportunity to address within-racial group differences in the impact of having a child with a disability.

**Analytic sample.** Our analytic sample consisted of parents of children with a disability ( $n = 48$ ) and a comparison group of parents who did not have children with a disability ( $n = 144$ ) drawn from the Milwaukee data. In the MIDUS data, eight African American respondents had a child with a disability. However, because of the different sampling frame and mode of data collection between the Milwaukee and the MIDUS data, these respondents were not included in our analytic sample. The presence of a child with a disability was determined by asking the respondents whether each of their children had a developmental disability, such as autism, cerebral palsy, epilepsy, or intellectual disability (formerly referred to as mental retardation), or had ever had a long-term serious mental health problem. Among the 592 respondents in the Milwaukee data, a total of 48 individuals responded that they had a child with a disability with a confirmed diagnosis. The characteristics of these parents are presented in the Results section (see Table 1). The average age of the children with a disability was 27, and 38% of them were female. About 60% of them were living with their parent(s) at the time of the survey.

The comparison group was drawn from the original sample based on the following criteria: (a) the respondent has at least one living child, (b) the respondent does not have a child with a disability, and (c) the respondent has not provided care to others in the past 12 months. Out of the total sample of 592 respondents, 399 persons met these criteria. We then used stratified random sampling to select a matched comparison group. Sample members were matched on respondent's gender and coresidence status of children. These variables were selected because the proportion of mothers and coresident children

differed between parents of children with a disability and parents of nondisabled children in the original sample, and also because these factors may affect parental well-being and caregiving burden (Greenberg, et al., 1993). Specifically, we created four cells (i.e., mothers with a coresiding child, mothers without a coresiding child, fathers with a coresiding child, and fathers without a coresiding child) and drew a random sample of comparison group parents proportionate to the distribution of parents of children with a disability across these four cells. Instead of drawing the same number of parents of children with a disability and parents of nondisabled children, we selected three comparison group parents for each parent of a child with a disability in order to increase statistical power.

## Measures

**Dependent variables.** Three indicators of psychological and physical health are considered as dependent variables: positive affect, negative affect, and number of somatic symptoms. Positive ( $\alpha = .91$ ) and negative affect ( $\alpha = .86$ ) are each assessed with six items (Mroczek & Kolarz, 1998). For positive affect, respondents were asked, "During the past 30 days, how much of the time did you feel (a) cheerful, (b) in good spirits, (c) extremely happy, (d) calm and peaceful, (e) satisfied, and (f) full of life." Response categories ranged from 1 = *none of the time* to 5 = *all the time*. Higher scores represent greater positive affect. For negative affect, respondents were asked, "During the past 30 days, how much of the time did you feel (a) so sad nothing could cheer you up, (b) nervous, (c) restless or fidgety, (d) hopeless, (e) that everything was an effort, and (f) worthless?" The same response categories were used as in the positive affect items. Higher scores represent greater negative affect. The measures of positive and negative affect were calculated for a respondent when at least two thirds of the items for that scale had valid responses. When this criterion was met, missing values were imputed with the mean of available items in calculating the total score.

The measure of somatic symptoms ( $\alpha = .69$ ) is a count of the number of somatic symptoms reported by the respondent from a list of seven symptoms: headaches, backaches, sweating a lot, stiffness in joints, trouble getting to sleep or staying asleep, leaking urine, and pain or aches in extremities (arms, hands, legs, or feet). Respondents were asked how often they experienced these symptoms in the past 30 days. Response categories ranged from 1 to 6 (*not at all*, *once a month*, *several times a month*, *once a week*, *several times a week*, *almost every day*). Symptoms were counted toward the summary score if the frequency was several times a month or greater.

**Independent variables.** Our main independent variable assesses whether the parent had a child with a disability. Parents of children with a disability were coded 1, and parents of nondisabled children were coded 0.

**Moderating variables.** Positive and negative interactions with family are used as moderating variables in the model. *Positive interactions with family* ( $\alpha = .84$ ) was assessed with the following four questions: "Not including your spouse or partner, how much (a) do members of your family really care about you, (b) do they understand the way you feel about things, (c) can you rely on them for help if you have a serious problem, and (d) can you open up to them if you need to talk about your worries?" Response categories ranged from 1 = *not at all* to 4 = *a lot*.

Negative interactions with family ( $\alpha = .80$ ) was assessed with the following four questions: "Not including your spouse or partner, how often (a) do members of your family make too many demands on you, (b) do they criticize you, (c) do they let you down when you are count-

ing on them, and (d) do they get on your nerves?" Response categories ranged from 1 = *not at all* to 4 = *a lot*.

**Control variables.** Analyses controlled for sociodemographic variables that previous studies found to be important predictors of well-being or confounders of the relationship between having a child with a disability and parental well-being (Ha et al., 2008). These variables include parents' age (in years), gender (1 = female; 0 = male), marital status (1 = married; 0 = not married), education (in years), log household income, employment status (1 = employed; 0 = not employed), number of children, and number of coresident children.

## Analysis Plan

First, we provided descriptive statistics of dependent and independent variables separately for parents of children with a disability and parents who do not have children with a disability and used *t*-tests to compare the means between the two groups. Next, hierarchical regression models were used to examine the effect of having a child with a disability and the moderating effects of positive and negative interactions with nonspousal family members, controlling for potential confounding factors.

## Results

### Group Comparisons

Table 1 presents descriptive statistics comparing the means (or proportions) of the dependent and independent variables for the parents of children with a disability and the comparison group. The results of the *t*-tests show that the two groups differed significantly with respect to the number of somatic symptoms. Specifically, parents who had a child with a disability reported significantly more somatic symptoms than parents of nondisabled children. The difference in the level of negative affect between the two groups was marginally significant, with parents of a child with a disability showing slightly higher levels of negative affect. The two groups did not significantly differ in the mean level of positive affect. On average, parents of a child with a disability also reported having more children than parents in the comparison group. There were no significant differences between the two groups with regard to other demographic and socioeconomic characteristics.

Our sample consisted predominantly of women (85%). Because mothers and fathers may perceive the caregiving burden or parenting stress differently (Pruchno & Patrick, 1999), we conducted a supplementary analysis examining whether mothers and fathers within the disability and the comparison samples differed on independent and dependent variables. We found no significant gender differences; thus, a pooled sample is used for all subsequent analyses.

### Effect on Parents' Well-Being

The first objective of this article was to examine the effect of having a child with a disability on parents' well-being among urban-dwelling African Americans. Table 2 presents the results of three pairs of regression models, one for each dependent variable. For each dependent variable, Model 1 examines the main effects of parenting a child with a disability, and Model 2 examines the potential moderating effects of positive and negative interactions. As presented in Model 1 in Table 2 and consistent with the descriptive findings, the multivariate analyses showed that having a child with a disability was associated with a significantly greater number of somatic symptoms. The effect of having a child with a disability on positive affect was not significant, and the effect on negative affect was marginally significant.

Positive and negative interactions with family members exerted significant main effects on mental health. Positive interactions with family members were associated with significantly higher levels of positive affect and lower levels of negative affect. In contrast, negative interactions with family members were associated with significantly higher levels of negative affect. As for the effects of other variables, those who were older reported lower negative affect. Higher income was associated with marginally higher levels of positive affect. Those who had a job showed higher levels of positive affect and lower levels of negative affect.

**TABLE 1.** Descriptive Statistics of the Sample

	Parents of child with disability		Comparison Group		<i>p</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Dependent variables					
Positive affect	3.42	0.90	3.63	0.84	
Negative affect	2.05	1.05	1.73	0.83	≤ .10
Somatic symptoms	4.00	1.91	3.18	2.00	≤ .01
Interactions with non-spousal family members					
Positive interactions	3.29	0.81	3.47	0.55	
Negative interactions	2.21	0.87	2.21	0.76	
Sociodemographic variables					
Parent's age (years)	51.92	13.10	50.66	11.74	
Parent's gender (1 = mother; 0 = father)	0.85	0.36	0.85	0.35	
Marital status (1 = married; 0 = not married)	0.23	0.42	0.26	0.44	
Education (in years)	12.34	3.30	12.73	2.57	
Log household income	9.64	2.36	10.21	1.53	
Employment status (1 = employed)	0.46	0.50	0.56	0.50	
No. children	4.31	2.47	3.06	1.82	≤ .01
No. coresident children	1.46	1.47	1.27	1.10	

Note. T-tests were used to assess significant differences in means between the two groups.

**TABLE 2.** Effect of Having a Child With a Disability and Social Interactions With Family on Parental Well-Being

	Positive affect		Negative affect		Somatic symptoms	
	Model 1	Model 2	Model 1	Model 2	Model 1	Model 2
Constant	1.67	2.64	3.50	2.33	5.04	5.17
Child has a disability	-0.07	-1.60*	0.23*	2.07**	0.68*	0.26
Sociodemographic variables						
Parent's age (years)	0.01	0.01	-0.02*	-0.02*	0.00	0.00
Parent's gender (1 = mother; 0 = father)	-0.02	-0.04	0.05	0.07	0.18	0.18
Marital status (1 = married; 0 = not married)	-0.07	-0.08	0.01	0.01	0.24	0.25
Education (years)	0.02	0.02	-0.02	-0.02	-0.04	-0.04
Log household income	0.07*	0.05	-0.02	0.00	-0.07	-0.06
Employment status (1 = employed; 0 = not employed)	0.32**	0.34**	-0.57***	-0.60	-0.35	-0.38
No. of children	-0.02	-0.02	-0.01	-0.01	-0.02	-0.01
No. of coresident children	-0.12*	-0.12*	0.10	0.11*	0.10	0.10
Interactions with non-spousal family members						
Positive interactions	0.23*	0.04	-0.22*	0.01	-0.41	-0.40
Negative interactions	-0.11	-0.14	0.24***	0.27**	0.29	0.20
Interaction effects						
Child w/disability x positive family interactions		0.45*		-0.56**		-0.06
Child w/disability x negative family interactions		0.00		0.02		0.27
Adjusted <i>R</i> <sup>2</sup>	0.19	0.21	0.31	0.34	0.04	0.04

Note. Unstandardized coefficients are presented. \* *p* ≤ .10; \* *p* ≤ .05; \*\* *p* ≤ .01; \*\*\* *p* ≤ .001.

**Moderating Effects of Interactions With Family**

Model 2 in Table 2 shows the moderating effects of positive and negative interactions with nonspousal family members. As shown in the significant coefficients of interaction terms, positive interactions with family members significantly moderates the effect of having a child with a disability on positive as well as on negative affect. More specifically, the effects of having a child with a disability on positive and negative affect are mitigated for those who have higher levels of positive support. Figures 1 and 2 show these significant interaction effects. Positive interactions with family, however, did not affect the relationship between having a child with a disability and the number of somatic symptoms. Negative interactions did not significantly moderate the effect of having a child with a disability on any of the outcomes.

**Discussion**

This study examined the extent to which having a child with a disability affects African American parents' well-being and the role of positive and negative interactions with nonspousal family members in parental adaptation. Our study is unique in that it uses a probability sample of urban-dwelling African Americans, a population that has been rarely studied in the caregiving literature. The findings highlight the negative consequences that having a child with a disability brings to parents' physical health and underscores the importance of positive support from nonspousal family members in reducing the psychological distress of parents of children with a disability. In the following section, we summarize the main findings and discuss limitations and future directions as well as implications for practice.

**Summary and Interpretation of Findings**

Regarding our first hypothesis that having a child with a disability is associated with worse physical and mental health outcomes, our findings provided partial support. Consistent with our hypothesis and the findings from previous research based on the nationally representative, though largely White, MIDUS sample (Ha et al., 2008), having a child with a disability was associated with significantly more somatic

symptoms. However, the current study did not yield strong evidence that having a child with a disability is associated with worse mental health outcomes. Specifically, the main effect of having a child with a disability on positive affect was not significant, and the effect on negative affect was only marginally significant.

The significant association between children’s disability and parents’ physical health is consistent with the findings of Magaña and Smith (2006) and may be attributable to the heavy caregiving burden that many of these parents assume. Personal help with daily activities of children with a disability as well as the lack of time to take care of one’s own health may take a tangible toll on parents’ physical health. Future studies could further develop this line of research by examining various mechanisms by which having a child with a disability affects parents’ physical health. One possible mechanism may be changes in physiological functioning. Recent literature suggests that compared to parents of unaffected children, parents of children with a disability show different patterns of cortisol expression throughout the day (Seltzer et al., 2009). Whether these different physiological responses to the stress of parenting a child with a disability mediates the link between having a child with a disability and somatic symptoms warrants further investigation.

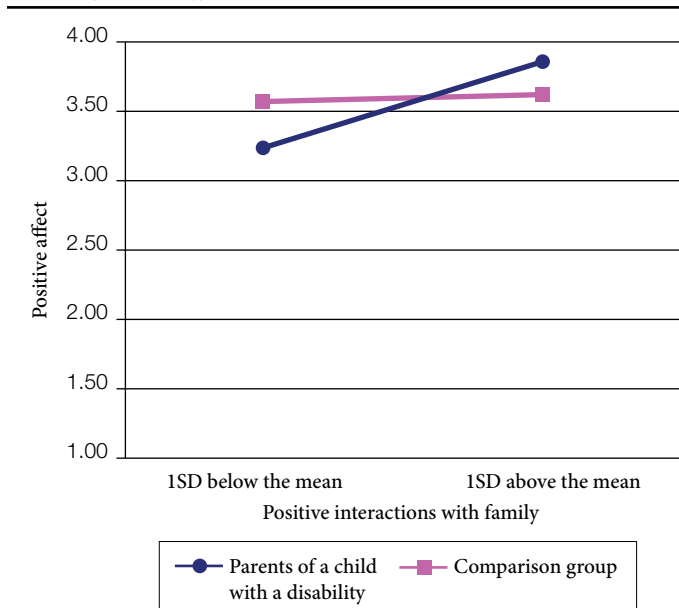
The lack of statistically significant effects of the child’s disability on parental mental health in the current study is also consistent with the results of Magaña and Smith (2006) and may signify that African American parents of children with a disability are no more psychologically distressed than their peers who raise nondisabled children in an urban environment. The scarcity of social or community support and resources (Green, Furrer, & McAllister, 2007; Kotchick, Dorsey, & Heller, 2005) as well as frequent experiences of discrimination (Murry, Brown, Brody, Cutrona, & Simons, 2001) may put urban-dwelling African American parents of unaffected children into a similar risk for psychological distress as parents of children with a disability. Alternatively, the children of comparison group parents, though not disabled, might be struggling with other challenges of urban-dwelling African American youth, and these could be just as stressful to parents as childhood disability.

However, given the small sample size of parents of children with a disability in the current study, the lack of significant effect could also be due to low statistical power. Although we tried to maximize the power by drawing a bigger comparison group sample, our statistical power to detect the significant differences in negative affect between the two groups was only .45. Replication of this study using a larger sample would help us better understand the impact of having a child with a disability among African Americans. Furthermore, examining racial differences using a pooled sample of different racial and ethnic groups would further clarify whether having a child with a disability exerts a differential impact across different racial groups.

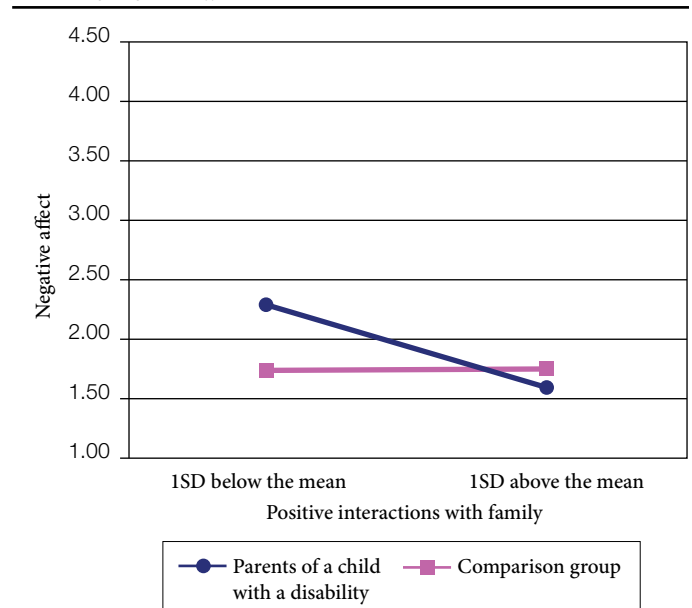
Partly supporting our second hypothesis, positive interactions with nonspousal family members had a significant moderating effect in predicting mental health but not physical health. Specifically, the detrimental impact of having a child with a disability on positive and negative affect is reduced for parents who had greater positive interactions. In other words, although on average, urban-dwelling African American parents who have a child with a disability are no more psychologically distressed than their peers who have nondisabled children, those parents who have lower levels of positive support from family members are more likely than the comparison group to have negative mental health profiles, and those who have higher levels of positive family support are more likely than comparison group parents to have positive mental health profiles. This finding highlights the importance of engaging other family members in positive interactions with parents of children with a disability. Providing information to the family members about the child’s disability and the needs of the parents who are caring for these children could enhance the family functioning and facilitate the exchange of support.

Unlike positive interactions, negative social interactions with family members did not exacerbate the stress of having a child with a disability. Thus, the findings suggest that the presence of positive interactions is more imperative than the absence of negative interactions in adjusting to the stress of having a child with a disability. Nevertheless, the main effect of negative social interactions was statistically significant for predicting greater negative affect, suggest-

**FIGURE 1.** Moderating effect of positive interactions with family in predicting positive affect.



**FIGURE 2.** Moderating effect of positive interactions with family in predicting negative affect.



ing that negative interactions with family is detrimental for mental health, although it does not aggravate the stress of caring for a child with a disability.

### Limitations and Future Directions

The current study has a number of limitations. First, the sample we used was limited to African Americans living in Milwaukee only and those who lived in racially nondiverse neighborhoods. Thus, the findings cannot be generalized to all African Americans in the United States.

Second, the measure of support from family members is limited in that we do not know whom the respondent was thinking about when rating positive and negative interactions with family. Children, siblings, and parents all count as family, yet they may be different in their functions of social support (Messeri, Silverstein, & Litwak, 1993). Examining the role of positive and negative social interactions with these different sources of support within the family as well as with neighbors and community members would provide deeper insights into the ways social support affects parental adaptation to children's disability.

Because of the small sample size, we included all parents of children with a disability into one group and did not distinguish between different types of childhood disabilities. Furthermore, the measure of children's disability used in the current analyses did not include those children who have physical disabilities. Given the differences in the symptoms as well as in the level of help required from parents, different disabilities may have different effects on parental well-being (Greenberg et al., 1993). Using more inclusive and sophisticated measures, future studies should examine the extent to which characteristics of children's disability (e.g., types of disability, severity, degree of behavioral problems, and age of onset) affect parental adaptation to stress among African American parents of children with a disability.

### Implications for Practice

Our findings provide several practical suggestions for mental health practitioners or social workers who work with African American families of children with a disability. First, the finding that raising a child with a disability has physical health consequences for parents suggests that programs for these parents should not be confined to relieving their emotional distress; the availability and access to tangible support such as day care and respite care facilities in the community may be as important as the provision of emotional support. Furthermore, this finding encourages health care providers to pay attention to caregivers' health as well as children's health. Health education for caregivers to take care of their own health may also be critical.

Second, the findings highlight the importance of engaging families in helping the parents of children with a disability. This can be done in two ways. One way is to assess whether the support system is in place and, if it is, to make a better use of and promote the existing support system. Previous research has shown that although grandparents provide significant emotional and instrumental support for parents of children with a disability (Trute, 2003), social workers rarely involve them in their services (Findler & Taubman-Ben-Ari, 2003). Given the consent of the parents as well as other family members, social workers and mental health practitioners can invite and help the extended family play a role in helping the child with a disability by providing the family with information regarding the child's disability (e.g., expected symptoms) and the areas in which the children or the parents need assistance (e.g., emotional or instrumental support). Another way to support the family is to address the emotional burden that other

family members may be experiencing. Previous studies have shown that siblings of children with a disability who participated in the afterschool programs designed to support them showed lower psychological distress and reported greater support from peers, schools, and center staff than their peers who did not participate in the programs (Phillips, 1999). Programs such as these may not only directly contribute to the well-being of the siblings but also indirectly lessen the burden of the parents who may feel overwhelmed to meet the needs of their child with a disability as well as the needs of their other non-disabled children.

Finally, the finding that positive interactions had a significant moderating effect in the relationship between having a child with a disability and parental well-being, and that negative interactions did not, suggests that the strengths-based approach (i.e., promoting positive interactions) may work better with families of children with a disability than reducing negative interactions. Future studies should examine what strategies may be useful in increasing the positive interactions among distressed family members and the role of a support group or supportive programs that could foster positive environment for caring for children with a disability.

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