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Parental Coping in Filipino American Caregivers of Children with Intellectual and/or Developmental Disabilities

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PARENTAL COPING IN FILIPINO AMERICAN CAREGIVERS OF CHILDREN WITH
INTELLECTUAL AND/OR DEVELOPMENTAL DISABILITIES

A Clinical Dissertation Presented to
The University of San Francisco
School of Nursing and Health Professions
Department of Integrated Healthcare
PsyD Program in Clinical Psychology

In Partial Fulfillment of the Requirements for the Degree
Doctor of Psychology

By:
Kathrynn M. Mabalot, M.S.

July 2018

PARENTAL COPING IN FILIPINO AMERICAN CAREGIVERS

PsyD Program Signature Page

This dissertation, written under the direction of the candidate's dissertation committee and approved by members of the committee, has been presented to and accepted by the faculty of the PsyD Program in Clinical Psychology in partial fulfillment of the requirements for the degree of Doctor of Psychology. The content and research methodologies presented in this work represent the work of the candidate alone.

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Dedication

This endeavor is dedicated to my beloved parents, Ramon and Marlene, who sacrificed to provide my sister and me the opportunity to pursue our American dreams and inspired me to go above and beyond.

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Nothing great was ever achieved without enthusiasm- Ralph Waldo Emerson.

Abstract

The coping mechanisms of Filipino American caregivers of children with intellectual and/or developmental disabilities are explored using an interpretative phenomenological analysis (IPA). This study aimed to comprehend the subjective experience of caregivers and how they operationalize the established constructs of resilience. Particular focus is paid to the subjective experience of coping in Filipino American caregivers of children with special needs. The participants' parenting experience and how they manage parenting stress are documented and analyzed using an interpretative phenomenological framework. Seminal studies on resilience, family resilience, and Filipino American psychology are discussed. The results yielded five broad domains (clarity of parenting roles, extended family as a support system, acceptance of child's disability, self-fulfillment as a parent, and community involvement). Eight themes were found, which included: defined parenting roles, teamwork in parenting, reliability and dependability of extended family members, expressions of altruism among extended family members, coming to terms with child's disability, modification of parental expectations in response to the child's disability, enjoyment of being a parent, and sense of belonging. The results of this study provided meaningful information in understanding the caregiving experience of Filipino American caregivers. It is a foundation for future studies in understanding the coping mechanisms of Filipino American caregivers to better serve this population, as well as provide interventions that are meaningful to them.

Statement of the Problem

The purpose of this study is to understand the parental coping factors of Filipino American caregivers of children with intellectual and/or developmental disabilities. There is limited research on positive parental coping strategies in the Filipino American population and no research has been performed, to this writer's knowledge, on resilience in Filipino American caregivers of children with special needs. This clinical dissertation aimed to comprehend the subjective experience of caregivers and how they operationalize the established constructs of resilience.

Literature Review

Review of the Resilience Literature

Resilience has been defined as a dynamic developmental process in which an individual achieves positive adaptation within the context of adverse experience(s) (Cicchetti, 2010). Cicchetti (2010) conceptualized resilience as the exposure to trauma or a significant threat and the achievement of positive adaptation despite the presence of adversity affecting the developmental process. Various studies have examined the behavioral and psychological correlates of resilience. Cicchetti (2010) stated that an individual's path to psychopathology or resilience is determined by interrelated factors involving one's biological and psychological organization, experiences, active choices, the social context, the timing of adverse events, and one's developmental history. Examples of common factors found in individuals exhibiting resilient behaviors are: positive social relationships, self-regulation abilities, self-esteem, self-efficacy, and social services. The following is a review of the early and contemporary studies of human resilience.

Early research on resilience focused on studies with individuals diagnosed with schizophrenia, exposure to parental mental illness, extreme stress, and extreme poverty. Longitudinal studies have investigated how these adverse experiences affected functioning. Previous research discovered that individuals with schizophrenia with the least severe course of illness were characterized by a premorbid history of relative competence at the work environment, had good social relationships, had the ability to maintain marriages, and had the capacity to fulfill responsibility (Cicchetti, 2010). With regard to behavioral and psychological correlates, Cicchetti stated that individuals who are resilient to adverse events exhibit an array of resilient functioning, which include: close relationships with caring adults in the family and community, self-regulation abilities, positive views of self, self-efficacy, self-determination, healthy relationships, healthy attachments, problem-solving skills, foresight in planning, active coping strategies, and perceiving stressful events in less threatening ways.

In the early studies of resilience, researchers from the University of Minnesota, pioneered by Norman Garmezy, examined 150 psychiatrically “normal” individuals with 178 individuals with schizophrenia to test the hypothesis that normal individuals would reveal little to no trauma, deprivations, frustrations, and conflict. The study found that normal individuals and individuals with schizophrenia reported that relationships between themselves and their parents were predominantly affectionate and healthy (Hanson & Gottesman, 2012). In recognition that both groups experienced affectionate and healthy relationships with parents, Garmezy began to explore the reasons for this disparity. Garmezy’s seminal work on resilience focused on children with a higher risk of developing schizophrenia. According to Hanson and Gottesman (2012), resilience encompasses different systems in that if a child is maltreated, the negative outcome is not due to the child’s lack of capacity for building resilience. Instead, a lack of resilience may be

due to a failure of systems in supporting the child ranging from: stress in the family, a lack of nutritional supplies, unjust or inconsistent law enforcement, a lack of social services, disadvantaged schools, challenges with religious groups, and all other systems that safeguard an individual from extreme or chronic stress. Thus, systems of resilience have the ability to anticipate, to perceive, and to respond to changing circumstances across the lifespan. Additionally, strong social support may serve as a buffer to adverse experiences. (Hanson & Gottesman, 2012).

In a seminal study conducted by Garmezy, Masten, and Tellegen (1984), the researchers presented a 3-model approach to stress resistance in a multivariate regression framework that included: compensatory, challenge, and protective factors against the risk for psychopathology in children due to adversity. This study was part of the Project Competence longitudinal research program that examined the risk for psychopathology in children based on their maternal diagnosis of schizophrenia. The researchers also examined the effects of stressful life events on the functional competence of children, as well as the protective factors in stress resistance. The researchers found that the competence level of children to cope with adversity served as a protective factor against the expression of a behavior disorder (Garmezy, Masten, & Tellegen, 1984). They found that some children did not show any signs of developing psychopathology despite their adverse developmental experiences (Garmezy, Masten, & Tellegen, 1984).

Furthermore, Garmezy, Masten, and Tellegen (1984) examined 200 children from an urban school setting. The researchers conducted parent interviews, interviews with the children, and administered measurements of stress and competence. They collected data on life events, socioeconomic status, academic achievement, classroom behavioral competence, and social competence. The first factor described “engaged” students or students who are academically

oriented, psychologically minded, have a broad range of interests, and have healthy close relationships. The second factor described the “disruptive” children. These children were described as children who frequently got into trouble in school or at home, tend to be irresponsible, aggressive, selfish, and not very conscientious. Garmezy and colleagues (1984) stated that positive personal qualities could affect or impact “immunity” against stress. In their study, the authors found that there is a strong relationship among variables with engaged classroom behavior, achievement, and intellectual ability. Overall, this study suggested that individuals with positive personal qualities are better able to manage stressful situations and one can assume that caregivers or families with these similar qualities are better able to cope with adversity.

The literature on resilience states that an individual’s capacity to cope during situations of adversity is related to the individual’s biological and social context. Research has shown that familial support, nutritional availability, and supportive social systems safeguard individuals from the negative psychological effects of an adverse situation. Additionally, the literature on resilience states that children who possess a more positive outlook are more resilient to stressful situations. The seminal studies by Garmezy found that resilience factors (i.e., self-regulation abilities, positive views of self, self-efficacy, self-determination, healthy relationships, healthy attachments, problem-solving skills, foresight in planning, and active coping strategies) safeguard at-risk children from developing future psychopathology. For instance, children with mothers who have schizophrenia are more able to utilize positive coping when supportive social systems are in place. The literature suggests that individuals who are resilient to adversity hold a more positive attitude regarding the adverse situation, hold an optimistic mentality, are able to positively regulate their emotions, and have good external supports.

Resilience is a dynamic concept in which there is heterogeneity in individual's responses to environmental adversity (Rutter, 2012). Rutter's work on resilience is based on studies conducted by Norman Garmezy. Resilience, according to Rutter, is a process and not a fixed attribute found in a person (2012). For example, the steeling effect, according to Rutter, happens when an individual who has experienced a brief period of stress prepares the individual to overcome future adversity. A medical example of the steeling effect can be seen in the role of vaccinations in building immunity to disease. When an individual is exposed to a mild version of a pathogen, the person's immune system will recognize the pathogen to protect the individual from future insults from that particular pathogen. Various studies have shown that certain animals as well as humans were strengthened by their experiences of adversity. Rutter stated that resilience involves personal agency, self-reflection, and self-efficacy in that resilience is not a trait; rather it is an individual's biological pathway along with certain environmental circumstances that determines resilient behaviors.

Similarly, Ann Masten (2001), from the University of Minnesota, described two models of resilience: variable-focused and person-focused. The variable-focused approach tests for a link among the degree of risk, outcome, and qualities of the individual or environment that compensate for or protect the person from adversity (Masten, 2001). Alternatively, the person-focused approach identifies groups of individuals with patterns of "good" versus "poor" adaptive functioning. The researchers found that children with competent parents were exposed less adversity. Additionally, parenting qualities, intellectual functioning, socioeconomic status, and positive perceptions were positively correlated with multiple domains of adaptive behaviors (Masten, 2001). Conversely, under conditions of adversity, poor cognitive skills and parenting increased the risk for antisocial behaviors in adolescents. Through the person-focused approach,

research on resilience has found resilient individuals had better parenting resources, had better cognitive test scores, positive self-perceptions, and greater conscientiousness in comparison to their maladaptive peers (Masten, 2001).

Overall, the research conducted by Rutter (2012) and Masten (2001) suggest that personal agency, self-efficacy, supportive systems, socioeconomic status, and intellectual functioning contribute to adaptive behaviors during adverse situations. Rutter's study suggests that individuals who have experience with stressful situations learn to cope and are better equipped to manage subsequent adverse experiences. Rutter stated that personal-agency, self-efficacy, and self-reflections are factors of resilience. Similarly, Masten's models of resilience showed that parental qualities, intellectual functioning, socioeconomic status, and a view of the self as positive are key factors that determine the quality of resilience.

With regard to the biological bases of resilience, individuals who experience social rejection or do not have a supportive social network in times of adversity, show deleterious changes to the hypothalamic-pituitary-adrenal axis or HPA axis. Chronic stress provokes inflammatory factors that disrupt central nervous system signal transduction cascades that normally allow for neuronal plasticity. In other words, chronic stress disrupts the plasticity that supports the body in adapting to certain stressors. Studies have also found that children exposed to adversity manifest neurobehavioral problems, such as depression, and also have high rates of age-related physical maladies, such as diabetes or cardiovascular disease (Hanson & Gottesman, 2012).

Research on the biological bases on resilience suggests that individuals who face adversity in their daily lives experience changes in their biological regulatory systems, in that chronic exposure to stress negatively affects the body's ability to cope. The literature also

suggests that individuals who are found to have positive ego strength are better able to manage the biological aspects of stress, such as the increase of cortisol and other biological chemicals that are related to stress. Further, the study by Cicchetti (2010) suggests that certain biological defenses, such as an increase of cortisol along with ego strength, contribute to resilience in children who experience chronic stressful situations.

Overall, resilience is a dynamic process in which individuals adapt positively to adverse situations. The literature on resilience suggests multifactor variables in the mechanisms of coping. For instance, the belief in one's ability to succeed in or to accomplish a task (self-efficacy) along with good problem solving skills, are factors of resilience that would aid individuals in managing adverse events. Individuals who have healthy interpersonal relationships and good social support are also better able to manage adversity due to help from external support systems. The studies also suggest that socioeconomic status and the level of intellectual functioning are resilient factors in that individuals are better able to manage a difficult situation when they have the resources to cope with the situation and are able to prepare for and to predict adversity. Further, the literature on resilience also suggests that resilient behaviors are not innate traits, but a process based on the individual's style of coping and support systems. Generally, the studies indicate multiple biological, psychological, and environmental factors contribute to resilient behaviors. Individuals who hold these factors of resilience are better able to manage or to prepare for stressful situations when proper circumstances are in place.

Review of the Literature on Family Resilience

Family resilience focuses on diverse factors that contribute to a family's wellbeing and family functioning in times of adversity. Parents or caregivers of children with an intellectual and developmental disability face many challenges. Depending on the severity of the disorder,

caregivers may consistently change daily routines or make changes to their lifestyle to adequately care for their child. In caring for a child with a disability, parents may experience or perceive a lack of control over the situation. Not only do caregivers experience stress, but also many caregivers have experienced other challenges that are affected by caring for a special needs child. For instance, intimate relationships or marriages and finances may be negatively affected. Also, many families have sacrificed social activities, such as family vacations, due to difficulties with caring for a child with special needs.

However, a number of families have built the capacity to manage the various challenges that come with caring for a child with a developmental disability. Various studies indicate that caregivers who make positive meaning of their child's disability, have knowledge of mobilizing or acquiring resources, acceptance of having a child with special needs, parental wellbeing, quality external supports, healthy social relationships, self-efficacy, family sense of coherence, and family problem solving skills are factors in family resilience. This review of the literature surveys research on family resilience, in particular, parents of children with intellectual and/or developmental disabilities.

Ylven and colleagues (2006) examined the resilience model of family stress, adjustment, and adaptation in the family. They identified intervention methods based on problem solving, family sense of coherence (FSOC), positive coping, and positive adaption in families. According to the Ylven and colleagues, the process of problem solving consists of problem orientation and problem solving abilities. In other words, an individual's motivation to solve a problem and an individual's response to a problem are factors in successful problem solving abilities. Important problem-solving skills involve: understanding the source of the problem, the ability to seek professional assistance to manage problems, identifying future obstacles, implementing a plan,

and flexibility with revising a plan. Lastly, the authors argued that promoting a positive attitude about the problem is an imperative factor (Ylven, Bjorck-Akesson, & Granlund, 2006).

According to Ylven and colleagues a sense of coherence incorporates three primary dimensions, which are comprehensibility, manageability, and meaningfulness. These concepts contribute to understanding the stressors, learning to manage the stressors, and finding motivation to engage in these challenging processes. A strong sense of FSOC predicts the family quality of life and it acts as an intermediary in reducing stress in the family (Ylven, Bjorck-Akesson, & Granlund, 2006). Additionally, a problem-focused coping style is effective in situations perceived as likely to change. The authors stated that positive adaptation (reciprocal affection between child and family members), emotional development of the child, and “social climate” (the attitude, beliefs, and emotional functioning) of the family, improves family wellbeing (Ylven, Bjorck-Akesson, & Granlund, 2006). A family’s sense of cohesion in terms of positive adaptation to stress, reciprocal affection between child and caregivers, the emotional development of the child, and the family’s social environment contribute to the family’s response to adversity. Families are also better equipped in situations of adversity when they have a positive attitude towards difficult situations, problem-solving skills, preparedness for future adversity, and flexibility for problem-solving (Ylven, Bjorck-Akesson, & Granlund, 2006).

Additionally, strong marital and parent-child relationships have been found to buffer the impacts of parental stress among families of children with intellectual disabilities. Gerstein and colleagues (2009) conducted a study that examined 115 families of 3-year-old children with intellectual disability (ID). This project was a longitudinal study of families of both typically developing children and children with ID. The aim of this research was to study the stability and the compensatory factors associated with the stress of having a child with ID. The study involved

mothers and fathers of children with ID across the ages of 36-60 months. Gerstein and colleagues examined familial risk and resilience factors, psychological wellbeing of caregivers, marital relationship, and positive caregiver-child relationships. The study found that daily parenting stress increased over time; however, father's parenting stress remained more stable over time. The researchers concluded that a decrease in the mothers' daily parenting stress was associated with both mother and father's psychological wellbeing and their perceived marital relationship or adjustment. Positive father-child relationship was also found to be an important factor in resilience. Moreover, the researchers found that a decrease in a father's daily parenting stress was affected by the mother's wellbeing and both partner's perceived marital relationship. This study found that parents' psychological wellbeing, perceived marital adjustment, and the parent-child relationship are important factors of overcoming adversity in families raising a child with ID (Gerstein, Crnic, Blacher, & Baker, 2009).

Similarly, Bayat (2007) conducted a study on the resilience in families raising a child with Autism Spectrum Disorder (ASD). Previous research on family resilience indicated three core factors: making meaning of adversity, affirming strength and keeping a positive outlook, and spirituality or belief system. This study surveyed 175 parents and other primary caregivers of children with ASD, ages 2-18, to examine family resilience. The results identified specific resilience processes: making positive meaning of disability, mobilization of resources, and becoming united and closer as a family, finding greater appreciation of life and other people, and gaining spiritual strength (Bayat, 2007). Bayat stated that in families dealing with adversity, "resiliency in these families possess certain organizational qualities such as flexibility, connectedness, and communication and being able to utilize resources" (pg. 2). These parents are found to have successful marriages and are emotionally well adjusted. Additionally, these

parents perceived the child's disability as a "growing experience in learning humility, patience, compassion, acceptance of and respect of others."

Gerstein and colleagues (2009) and Bayat (2007) stated that psychological wellbeing is an important factor in family resilience. In particular, Gerstein and colleagues stated that the parents' psychological wellbeing, perceived marital adjustment, and the parent-child relationship influence resilience. Similarly, Bayat stated that a positive outlook, mobilization of resources, family wellbeing, an appreciation of life and others, and spiritual strength are core factors in family resilience. Both Gerstein and Bayat argued that families of children with special needs are more resilient when common factors, such as parental wellbeing, emotional flexibility and adjustment, and optimism are in place.

The literature on family resilience suggests that external and internal factors contribute to family resilience. External factors may include family and community support. Internal factors to resilience include positive outlook over the stressful situation and positive self-regulating skills, as well as healthy family conditions. The combination of external and internal factors creates a mechanism of resilience in families facing stress.

Review of the Literature on Parenting Stress and Coping

Various studies have shown that parents of children with special needs face greater stress than parents of typically developing children. Parents of children with a disability may feel guilt or blame themselves, and experience sorrow of having a child with special needs. In addition, there is added stress in caring for a special needs child. For example, caring for a child with an intellectual disability requires more demanding parenting and attention, which may affect the family climate, relationship with partner, psychological wellbeing of the caregiver(s), and family finances. Further, children with added behavioral challenges pose a more significant stressor for

parents in comparison to parents of children with special needs without behavioral challenges. Research suggests that certain coping styles and the availability of positive support systems alleviate stress in caregiving. For instance, the literature suggests that cognitive reframing, quality social support, socioeconomic status, parent educational level, sense of coherence, and parenting self-efficacy contribute to lower levels of parenting stress. The following is a review of various studies examining parental stress and coping of parents of children with intellectual/developmental disability.

The nature of Autism Spectrum Disorder (ASD) and its associated behaviors, as well as emotional challenges contribute to long-term parenting stress. Research on the different strategies of coping in parents of children with ASD has shown that there are various coping styles that fit under two categories: adaptive and maladaptive coping strategies. Adaptive coping consists of cognitive reframing and seeking social support; whereas, maladaptive coping strategies include avoidance and disengagement. Specifically, research among parents of children with ASD has found that the use of adaptive coping strategies is connected to positive mental health outcomes (Lai, Goh, Oei, & Sung, 2015). Generally, emotion-focused coping (the emotional reaction to a stressful situation) is thought to be psychologically maladaptive and problem-focused coping is connected to more adaptive adjustment. In terms of parenting coping strategies in the Asian population, the Asian ideology of “saving face,” may influence Asian parents to internalize stressful events, and do not seek external support to avoid the social stigma of having a child with ASD or developmental disability, thus saving face may interfere with parents’ capability to appropriately engage in problem-focused coping.

A study by Lai and colleagues (2015) examined the psychological wellbeing and coping strategies in parents of children with ASD in comparison to parents of typically developing

children. Seventy-three parents of children with ASD and 63 parents of typically developing children in Singapore participated in this research. The study found that parents of children with ASD more often engaged in more Active Avoidance Coping or maladaptive-emotion-focused coping than parents of typically developing children (Lai, Goh, Oei, & Sung, 2015).

Furthermore, parents of children with ASD experience higher overall parenting stress, more negative views of themselves as parents, and less satisfaction in the parent-child bond, in comparison to their counterparts (Lai, Goh, Oei, & Sung, 2015). Overall, the authors found that parents of children with ASD reported significantly more parenting stress symptoms, more depression symptoms, and more frequent use of Active Avoidance coping.

Moreover, in a study examining stress among Malaysian mothers of children with Down Syndrome found that behavioral problems in children impacts parental stress. A study conducted by Norizan and Shamsuddin (2010) examined the level of parenting stress experienced by Malaysian mothers of children with Down Syndrome. The participants consisted of 147 mothers with children with Down Syndrome between the ages of 2- to 12-years-old. The study found that parenting stress was significantly higher among mothers who reported having children with behavioral problems; however, they found that positive coping styles and levels of maternal psychological wellbeing were moderators for parental stress (Norizan & Shamsuddin, 2010). Additionally, lower levels of parenting stress are correlated with frequent use of acceptance of having a child with the disability, religious and optimist coping styles. On the other hand, higher levels of parenting stress are associated with maternal depressive, anxiety, and stress symptoms.

Furthermore, research has shown that parental stress is associated with the severity of deficits of a child with an Intellectual Disability (ID). Studies indicate that individuals with more effective coping strategies tend to have marital happiness and healthier family social climate, and

have positive interpersonal relationships among family members. In the realm of parenting stress and coping strategies, the cognitive model of stress and coping by Lazarus and Folkman (1984) is often used as the foundation of research on parental stress and coping in families of children with disabilities. The cognitive model of stress and coping highlights the importance in the individual's appraisals of stressors that are affecting his or her adaptation to a stressful event. Mash and Johnston's (1990) model of parental stress and coping conceptualizes child characteristics, parent characteristics, and environment characteristics. These three variables interact in multiple ways to influence the parent-child interactive stress. Mash and Johnston suggests that the parent-child interactive stress may manifest from a combination of difficult child characteristic and parental cognitions. In relation, parental self-esteem or efficacy represents the levels to which parents view themselves as effective in their parenting roles. Additionally, self-efficacy mediated the effects of child behavior problems on anxiety and depression in mothers of children with ASD (Hastings et al., 2005).

Research on stress and coping in parents of children with intellectual disability has shown the importance of cognitive appraisals in impacting parents' levels of stress and adaptations to stressful situations. Participants of a study, conducted by Hassall, Rose, and McDonald (2005), were mothers of children with ID and recruited through special education schools in a rural middle-class region in England. A total of 46 mothers participated in the study along with 25 boys and 21 girls ranging from ages six to sixteen. The researchers found that mothers of children with ID had higher levels of behavioral difficulties and experienced higher levels of parenting stress in comparison to mothers of children with ID with fewer behavioral difficulties (Hassall, Rose, & McDonald, 2005). Furthermore, Mothers who reported higher levels of social support experienced lower levels of parenting stress. The levels of parenting stress in mothers are

inversely related to their sense of parenting effectiveness satisfaction in that higher levels of perceived effectiveness and satisfaction were associated with lower stress level. Lastly, the study found that mothers with an external locus of control for parenting showed higher levels of parenting stress (Hassall, Rose, & McDonald, 2005).

Parents of children with a developmental disability experience more stress than parents of typically developing children. For instance, Asian parents of children with Autism Spectrum Disorder (ASD) experience higher overall parenting stress, more negative views of themselves as parents, and less satisfaction in the parent-child bond (Lai, Goh, Oei, & Sung, 2015). As a result, these parents experience more depression and utilize active avoidance coping. Similarly, Norizan and Shamsuddin (2010) found that parenting stress was significantly higher among mothers who reported having children with behavioral problems. However, both studies indicate that active coping, acceptance, and optimism are important factors to parental coping. Similarly, the subjective levels of parenting effectiveness and satisfaction were related to lower self-reported parenting stress (Hassall, Rose, & McDonald, 2005). Overall, the literature suggests that an external locus of control among caregivers have higher levels of parenting stress in comparison to caregivers with an internal locus of control. This suggests that caregivers who have a subjective sense of control over an adverse situation are more resilient than caregivers who perceive situations as out of their control.

Furthermore, various studies have shown that parenting stress is strongly correlated with aggressive behavior in the child and that parenting stress is related to poor treatment response in parenting interventions. The literature on parental stress states that parent and child psychological stress are related, which suggests that parent and child coping methods in response to stressful situations may be associated (Moreland, Felton, Hanson, Jackson, & Dumas & 2016).

Parents who have a high internal locus of control (LOC) believe that their parenting behaviors have a significant effect on their child's development. On the other hand, parents with a low internal LOC believe that external forces are out of their control in terms of their child's development. The likelihood that a parent will engage in more positive parenting practice is believed to be influenced by the belief that one can positively affect the child's behavior rather than external factors and child variables (Moreland, Felton, Hanson, Jackson, & Dumas & 2016). Furthermore, research has found that the older the age of the child and higher externalizing behavior predicts lower levels of LOC. Moreover, parents with less internal LOC are more likely to report behavioral problems in their child in comparison to those with a higher internal LOC. The literature suggests that parental self-blame or lower levels of LOC may be associated with problems with acceptance and positive coping strategies. In other words, when parents attribute their child's externalizing behaviors to themselves, these parents tend to have a lower level locus of control and are likely to have difficulties coping with stressors.

A study was conducted to examine the experiences of parenting-related stress and the perception of parenting locus of control. Researchers examined the association between latent changes in parenting stress and LOC in an 8-week parenting intervention that was created to improve parenting skills, child coping competence, and to improve disruptive behavior in children (Moreland, Felton, Hanson, Jackson, & Dumas & 2016). A total of 610 subjects were recruited from the Parenting Our Children to Excellence (PACE) program. More specifically a total of 566 mother and 44 fathers participated in this study. The intervention through the PACE program consisted of parent groups that met for 2 hours a week working on eight topic areas: increasing child self-esteem, developing children thinking skills, effective praise, setting limits, sleep hygiene, promoting good behavior, increasing school readiness, and improving parent-

support. The study found that a decrease in parenting stress decreases the child's disruptive behavior and it also increased child competence (Moreland, Felton, Hanson, Jackson, & Dumas & 2016). The study found that higher levels of internal locus of control in parents are correlated with decrease behavior problems in children and an increase in parental coping skills. This study suggests that a reduction in parental self-blame or an increase in LOC affects parenting stress.

Similarly, various studies have shown that behavioral problems associated with Attention/Deficit Hyperactivity Disorder (ADHD) and other developmental disorders in children are related with higher levels of parenting stress (Solem, Christophersen, & Martinussen, 2010). Parenting stress influences the emergence or exacerbation of behavioral problems in children. Previous studies have linked parenting stress to negative outcomes, such as a decrease in marital quality, which in turn may influence child outcomes. Studies have shown that in demanding parenting situations, parents make cognitive appraisals about their situational control. For example, parents make cognitive appraisals in which they can influence a specific stressful encounter with their child. There are differences between coping resources and coping strategy. Parent resources in coping are used to buffer against stress. Parent coping strategies are defined as the adaptive ways parents manage their stress. Further, studies have found that socioeconomic status (SES) plays a factor in determining parental stress. A study found that disease severity and family income are one of the variable pairs with the greatest predictor of parental stress (Solem, Christophersen, & Martinussen, 2010). Additionally, the level of maternal education was found to be the strongest of the SES indicators in predicting how mothers interacted with their children in such that more highly educated parents better organize their resources and pursue goals. Research studies have shown that seeking social support is a coping strategy that may reduce the effects of stress. Further, quality social support aids an individual's ability to perceive stimuli as

predictable and structured (comprehensibility), enhance confidence that the resources available are adequate (manageability), increase motivation to engage with challenges (meaningfulness), and a sense of optimism and control (Sense of Coherence (SOC)) (Solem, Christophersen, & Martinussen, 2010).

Overall, studies indicate that behavioral difficulties in children with intellectual/developmental disability increase parental stress (Moreland, Felton, Hanson, Jackson, & Dumas & 2016; Solem, Christophersen, & Martinussen, 2010). In particular, Moreland and colleagues (2016) found that decreasing parenting stress decreases disruptive behaviors in children. Moreover, higher levels of parental internal locus of control are correlated with a decrease in the child's externalizing problems and an increase in parental coping skills. Likewise, Solem and colleagues (2010) found that comprehensibility, manageability, meaningfulness, and sense of coherence impact the way parents manage their stress. Marital happiness, family social climate, healthy interpersonal relationships, educational level, socioeconomic status contributes to parents' perception of parenting stress. In addition, in terms of locus of control, it is important to consider the cultural and/or spiritual values of the parents. Depending on the parents' cultural values, external locus of control, such as spiritual beliefs, may affect parenting sense of stress in that believing in external forces, such as spirituality, may reduce the sense of stress that is associated with caring for a child with special needs. Overall, both studies indicate that factors such as parental perception of locus of control, an ability to manage the difficult situation, and finding meaning of the situation positively impacts perceived stress in parents of children with a disability and behavioral challenges.

Filipino Americans

In order to understand the coping styles of Filipino American caregivers of children with intellectual and/or developmental disabilities, it is important to understand Filipino American culture and values. Filipino American mental health and psychology are influenced by their immigration history and cultural values. In addition, levels of acculturation, assimilation, biculturalism, enculturation affect Filipino American psyche and personality. There are various factors that contribute to the development of coping strategies within the Filipino American community and this section aims to examine the different factors that may contribute to Filipino American coping behaviors.

Filipino American Demographics

According to the 2010 United States Census, there are 3.4 million Filipino Americans currently living in the United States. Filipino Americans are the second largest population of Asian Americans and the largest population of Overseas Filipinos. The Filipino American population has increased threefold between 1980 and 2000 (U.S. Census Bureau, 2010). More than half of Filipinos are located on the West Coast and Hawaii. Over 25% of Filipino Americans live in Southern California, about 13% of Filipino Americans live in the San Francisco Bay Area, and roughly 23% of Hawaii's population is Filipino American. Filipino American statuses are similar to those of the general Asian American population: 32.3% are native born Americans, 41.6% are foreign-born citizens, and 26.1% are foreign born non-citizens (U.S. Census Bureau, 2010).

In terms of Filipino American households, Filipino American Families are likely to have two parents who are the heads of households. Around 61.7% of families are two-parent households while 61.8% of the general Asian American population and 52.5% of the general

American population have two-parent households (Nadal, 2011). The lower divorce rates among Filipino American families may not necessarily imply successful marriages; rather many Filipino American couples may feel unable to divorce due to religious or cultural stigmas (Nadal, 2011).

In terms of English proficiency among Filipino Americans, Filipino Americans have a rate of 75.9% of English proficiency, compared to the general Asian population, which is likely due to the prevalence of the English language taught in the Philippine school systems (Nadal, 2011).

Experiences of Mental Health in Filipino Americans

There is limited research on Filipino American mental health and there is an underutilization of mental health care services by Filipino Americans and other Asian American groups. Various literature have reported that Filipino Americans have lower rates of treatment of mental illness than the general population, but those who sought mental health services had more severe psychological disorders, which supports the idea that Asian Americans in general have lower utilization rates of mental health services and higher rates of more severe mental illness when they do seek treatment (Nadal, 2011). In terms of Filipino mental health help seeking behaviors, “saving face” (an individual’s sense of dignity or prestige in a social context) is negatively associated with help seeking behaviors for mental health professionals or general medical professionals and it is positively associated with help-seeking behaviors in lay or folk systems (Gong, Gage, and Tacata, 2003). Additionally, individuals with more English proficiency are more likely to seek care from professional for emotional problems than monolingual Filipinos. On the surface, it may seem that Filipino Americans have fewer mental health issues, but the literature suggests that Filipino Americans are more likely to seek treatment when their problems are unbearable. Moreover, many Asian Americans may not seek mental

health services due to various stigmas, such as cultural or religious stigmas; therefore, the underutilization of mental health care services among Asian Americans, in general, does not indicate better mental health in this population (Nadal, 2011; Gong, Gage, and Tacata, 2003). Further, there are a limited number of Filipino American psychologists or academics interested in Filipino American issues (Nadal, 2011). Most research on Asian Americans tends to homogenize Asian American groups or mainly focus on East Asian groups and because few Filipino Americans are in academia, there may be few individuals who advocate for Filipino American mental health (Nadal, 2011).

There are very few studies on Filipino American psychology and most studies on Filipino mental health involve Filipinos in the Philippines. According to a study that investigated the prevalence of depression in Filipino Americans, 27% of the sample had a major depressive episode or clinical depression of varying severity, which is significantly higher than that of the general United States population (Nadal, 2011). In addition, a study found that Filipino Americans who experienced racial/ethnic discrimination over a lifetime is associated with increased levels of depressive symptoms. Ethnic identity alleviates the stresses of racial/ethnic discrimination, which suggest that individuals with high levels of ethnic identity are better able to manage their stress and overcome depressive symptoms (Nadal, 2011).

In a study on Filipino American mental health help seeking behaviors in San Francisco, Filipino Americans in San Francisco had low utilization rates of health services, which was likely a result of limited health care access (Ziguras, Klimidis, Lewis, & Stuart, 2003). The same study also found that the lack of Filipino American staff members or culturally and linguistically competent providers may have been a barrier to services for Filipino Americans (Ziguras, Klimidis, Lewis, & Stuart, 2003). In addition, the lack of Filipino American clinicians or the lack

of culturally and linguistically competent providers may be reasons why Filipino Americans do not utilize mental health treatment (Nadal, 2011). The literature cites that cultural stigma is the main reason why Filipino Americans underutilize mental health services. Filipinos and Filipino Americans avoid shame or *hiya* to themselves or to their families. Seeking mental health treatment may be seen as disgraceful and therefore may prevent many Filipino Americans from seeking mental health treatment (Nadal, 2011). Many Filipino Americans may be afraid to seek help for their psychological problems out of fear that others in their community or extended family may discover their struggles. As a result of this shame, many Filipino Americans may not seek mental health treatment but find alternative resources, such as general practitioners, religious leaders, or other folk healers (Nadal, 2011). In addition, it is common for Filipino Americans to present their primary care physicians with physical complaints or psychosomatic symptoms, such as headaches and muscle pains. Further, due to the strong presence of Catholic and Christian values, Filipino Americans may believe that it is less shameful to utilize prayer or the church for their problems, rather than going to a therapist (Nadal, 2011).

Overall, several factors play into the difficulties of families of children with intellectual and/or developmental disabilities in finding or utilizing support. As the literature states, there is an underutilization of mental health services in the Filipino American population. There is a high rate of individuals with symptoms of depression in this population; however, individuals in this population are underutilizing mental health services due to cultural and/or religious stigmas, as well as racism or discrimination. Many Filipinos and Filipino Americans may be hesitant to seek help for psychological problems out of fear of being stigmatized or shamed (*hiya*) and to save face; therefore, there may be lower instances of help-seeking behaviors in Filipino American families of children with intellectual and/or developmental disabilities.

Filipino American Psychology

In Filipino psychology, there are four main values that are fundamental to many Filipinos. These values include: *Kapwa* (fellow being), *utang ng loob* (debt of reciprocity), *hiya* (shame), *pakikasama* (social acceptance) (Nadal, 2011; Gong Gage and Tacata, 2003; Enriquez, 1992). *Kapwa* is the core construct of Filipino psychology in which all individuals feel a sense of togetherness or connectedness to each other and it implies a personal as well as emotional bond. *Kapwa* is similar to the American notion of collectivism, which emphasizes the interdependence and the importance of community (Nadal, 2011; Enriquez, 1992). *Utang ng loob* translates to debt of reciprocity, which means that individuals are generous with each other and are expected to return favors or compensate others in some way whether it was asked or needed. This value illustrates that many Filipinos expect to rely on one another in any situation and hope that by being charitable, others will help them in time of need and it is expected that family members will put other family members before themselves (Nadal, 2011; Enriquez, 1992). *Hiya* is translated as shame or loss of propriety. It is the notion that the goal of the individual is to represent oneself or one's family in the most honorable way. Through this value, individuals may avoid shame by acting respectably in the community and avoiding anything that would bring the family shame. However, *hiya* can often lead to stigma and an inability to recognize and deal with problems in one's life or family (Nadal, 2011; Enriquez, 1992). For instance, someone who is experiencing negative mental health symptoms may avoid seeking mental health care services due to the fear of bringing *hiya* (shame) to the family (Nadal, 2011; Enriquez, 1992). Lastly, *pakikasama* is translated to social acceptance or conformity. Through this value, Filipinos strive for harmony and avoid conflict and are most likely to choose what is best for the collective than for the individual in order to please everyone (Nadal, 2011; Enriquez, 1992).

There are other Filipino values that are important to consider in terms of Filipino psychology and personality development. *Bahala na* (fatalistic passiveness) is translated to “Leave it up to God.” Individuals who live by this value tend to live without worry, have a low locus of control, and accept things as they are (Nadal, 2011; Enriquez, 1992). This value is similar to the concept of “external locus of control” in that individuals who subscribe to this value believe that their circumstances are controlled by external forces or by environmental factors. As stated previously, depending on the individual’s cultural beliefs or values, an external locus of control may contribute to either positive or negative coping strategies. For instance, individuals who have strong spiritual or religious beliefs, external locus of control may contribute to lower perception of stress in comparison to individuals who may not utilize spirituality as a coping mechanism. *Lakas ng loob* (inner strength) is translated as being courageous in the midst of adversity. Individuals, who subscribe to this value, may have a higher locus of control in which they believe that by being resilient they can overcome struggle (Nadal, 2011; Enriquez, 1992). Due to the value of *kapwa* (fellow being) and *utang ng loob* (debt of reciprocity), it is expected that Filipinos place their families first before anything else. In the Filipino culture, immediate families consist of parents, siblings, grandparents, uncles, aunts, and cousins. It is often that family members will be consulted for major decisions, regardless of the closeness of their blood relation and therefore many Filipino Americans may consult with other family members before considering professional help (Nadal, 2011). It is important to note that many Filipinos adhere to the collectivistic values. *Bayanihan* (community) is a term that is often used to describe the ability for Filipinos and Filipino Americans to work together for a common good (Nadal, 2011).

Filipino values such as debt of reciprocity (*utang ng loob*), or the expectation that family is placed first before anything else, fellow being (*kapwa*), or the emphasis of interdependence and the importance of community, and inner strength (*lakas ng loob*), or being courageous in the midst of adversity are themes that can contribute to overall positive parenting functioning. These traditional Filipino values may also be factors of resilience in Filipino American families in coping with adverse situations.

Acculturation, Assimilation, Biculturalism, and Enculturation in Filipino Americans

The first wave of Filipino immigrants to the United States was in the 16th century and was credited to be the first Asian Americans in the United States. These immigrants were slaves or indentured servants, many of whom jumped shipped in Moro Bay, California, brought by the Spanish galleon trading ships (Nadal, 2011). The Immigration Act of 1965 abolished the Asian Exclusion Act of 1924 and the Walter-McCarran Immigration and Naturalization Act of 1952. The Immigration Act of 1965 led to the final wave of Filipino American immigrants, which consisted mainly of Filipino professionals (Nadal, 2011).

Filipino American beliefs and values are influenced by many factors, such as immigration and generation status, English language proficiency, income level, educational level, age, gender, political beliefs, geography, and socioeconomic status (Berry, 1997). These factors influence the process in which an individual experiences culture. According to the literature, the concept of acculturation is a bilinear approach. The bilinear model of acculturation is conceptualized as a two dimensional process: acculturation and enculturation (Berry, 1997; Kim, 2006; Du & Wei, 2015). Acculturation is defined as the cultural socialization to the mainstream culture or the systematic process where one's cultural group comes into contact with another group and experiences change in attitudes, values, and beliefs as one adheres to the

values of the dominant culture (Nadal, 2011; Du & Wei, 2015). Enculturation is defined as the cultural socialization or retention of cultural norms, values, behaviors, attitudes, or worldviews of one's indigenous culture (Berry, 1997; Kim, 2006; Du & Wei, 2015; Alamilla, Kim, Walker, & Sisson, 2017). According to the literature, acculturation and enculturation are two independent processes that may happen simultaneously (Kang, 2006; Du & Wei, 2015). Assessment of the concepts of acculturation and enculturation focus on several dimensions including: values, adherence to cultural traditions, and social relationships. Based on a combination of either high or low levels of acculturation and enculturation, individuals can be characterized as having one of the following attitudes: integration or bicultural (individuals who are able to effectively function in both the dominant and heritage cultures (i.e., high acculturation and high enculturation)), assimilation (individuals who effectively function within the adopted dominant culture, but have difficulty with their heritage culture (i.e., high acculturation, low enculturation)), separation (individuals who have difficulty navigating the norms outside their heritage culture (i.e., low acculturation, high enculturation)), and marginalization (individuals who have little affinity to both the dominant and heritage cultures (i.e., low acculturation, low enculturation)) (Berry, 1989; Park, Kim, Chiang, & Ju, 2010; Kim, 2008).

Furthermore, there are two dimensions between acculturation and enculturation: behavioral and values. The behavioral dimension may include language use, choice of food, music, and participation in cultural activities. The values dimension reflects important beliefs or world views, relational style, and beliefs about human nature (Kim & Abreu, 2001; Alamilla, Kim, Walker, & Sisson, 2017). Furthermore, research indicates that enculturation may benefit individuals with indigenous social and familial support systems. These individuals have access to their heritage culture, a shared sense of cultural identity, and protective traditional values

(Alamilla, Kim, Walker, & Sisson, 2017). These protective traditional Asian cultural values consist of collectivism, adherence to cultural norms, emotional self-control, respect for authority, humility, and maintenance of interpersonal harmony (Kim, Atkinson, & Yang, 1999; Alamilla, Kim, Walker, & Sisson, 2017). Studies suggest that enculturation (behavioral and values dimensions) is beneficial to mental health and may buffer against the effects of discrimination for Asian Americans through increased access to effective coping resources, increased social support, collective self-esteem, and inoculation against a negative self-concept (Alamilla, Kim, Walker, & Sisson, 2017). According to the literature, knowing the enculturation level of Filipino Americans is important for mental health providers because it is a necessary step for providing effective psychological services (del Prado, & Church, 2010). The literature suggests that understanding the process and degree of enculturation in Filipino Americans could inform clinicians about culturally sensitive interventions, as well as understanding acculturative stress and how the level of one's process of enculturation impacts adapting to another culture, and psychopathology (del Prado & Church, 2010). Studies also indicate that acculturation can be beneficial to mental health in some contexts. For instance, higher acculturation is associated with English language proficiency, which is found to be further associated with reduces stress and symptoms of depression among Asian Americas. However, studies have also found acculturation to cause stress in individuals adapting to the mainstream culture (Berry, 2006; Koneru et al., 2007; Nguyen, 2006; Alamilla, Kim, Walker, & Sisson, 2017).

There are other processes in which individuals experience culture. As mentioned previously, assimilation refers to a process in which members of one's cultural group abandons their beliefs, values, and behaviors to fully adapt to the dominant culture. For Filipino Americans, the acculturation and assimilation process are unique to the individual's immigration

status and experiences (Nadal, 2011). Filipino Americans who immigrated to the United States, or first generation Filipino Americans, experience a change in cultural values, beliefs, and language. Filipino immigrants may adjust to the dominant cultural norms and standards or they may reject their heritage and accept the norms of the dominant group (assimilate) (Nadal, 2011). Second generation Filipino Americans may experience these processes differently. For instance, when Filipino American children attend school for the first time, they can adjust to the dominant American cultural norms while still participating in Filipino customs and traditions at home (acculturation) or they can choose to accept dominant cultural norms and make an effort to reject any Filipino cultural practices at home (assimilation) (Nadal, 2011). Due to the conflicting processes of negotiating between acculturation and assimilation, many Filipino Americans experience “acculturative stress,” or the psychological impact/stressors of adaptation to a new culture. To balance the two conflicting cultural value sets, many Filipino Americans may learn to be bicultural, which is the ability for an individual to maintain beliefs, values, and behaviors of both cultural groups (Nadal, 2011).

Values are important and lasting principals or ideals shared by the members of a cultural group about certain beliefs, ideologies, or practices. Values have major influence on a person’s behavior and attitude. They are learned and are transmitted and inculcated through social agents, as well as interactions (Frey, 1994). Furthermore, since values are a set of ideals or attitudes that individuals strive for, people are more likely to incorporate their own values or beliefs into their everyday lives without consciously naming those values. In terms of Filipino American caregivers, successful coping caregivers may implement coping styles that are culturally informed as a way of coping with parenting stress. For instance, successful coping caregivers

may have a network of social support and a good sense of parental self-efficacy that aid in their coping and these coping mechanisms are culturally informed based on their indigenous heritage.

As mentioned previously, despite the prevalence of mental health issues within the Filipino American population, Filipino Americans underutilize mental health care services due to various barriers to health care. It is to no surprise that there are very limited studies on the coping styles of Filipino Americans, in particular, Filipino Americans of children with intellectual and/or developmental disabilities. Certain cultural values prevent many Filipino Americans from seeking professional help for their problems. According to the literature, the level of acculturation, assimilation, or biculturalism may affect an individual's willingness to seek mental health care services. In other words, depending of the individual's level of adherence to more traditional cultural beliefs and attitudes, the more or less likely the individual will utilize mental health care services. Further, collectivistic values or *kapwa* may be a mediator in Filipino coping styles in that a sense of community and belonging may deter the stresses in caregiving. In addition, certain Filipino ideologies, such as *bahala na* (fatalistic passiveness) or *utang loob* (debt of reciprocity) may affect the way Filipino Americans view adversity and ways of coping.

The Purpose of the Study

As stated previously, the purpose of this study is to understand the parental coping factors in Filipino American caregivers of children with intellectual and/or developmental disabilities. There is limited research on positive parental coping strategies in the Filipino American population and no research has been performed, to this writer's knowledge, on resilience in Filipino American caregivers of children with special needs. This clinical dissertation aimed to comprehend the subjective experience of caregivers and how they operationalize the established constructs of resilience.

In exploring the coping strategies that are commonly found in Filipino American caregivers of children with intellectual and/or developmental disabilities, a qualitative approach was utilized. More specifically, interpretative phenomenological analysis was conducted to determine themes of coping in a sample of Filipino American caregivers. This approach provided an in-depth analysis of how Filipino American caregivers of children with intellectual and/or developmental disabilities perceive and manage adversity. This study was qualitative in nature in that the subjective narrative in parenting behaviors was determined by how Filipino American caregivers uniquely operationalize existing factors of resilience. The findings of this study may be useful as a psychoeducational intervention to help caregivers with less successful coping styles to better manage parenting stress or to provide them access to coping supports by incorporating the subjective experiences of successful coping caregivers.

Research Question and Hypothesis

This study is aimed at examining the successful coping strategies found in Filipino American caregivers of children with intellectual and/or developmental disabilities. Through the use of an interpretive phenomenological analysis, this study aims to comprehend the subjective experience of caregivers and how they operationalize the established constructs of resilience. In other words, the research question for this study is as follows: How do Filipino American caregivers of children with intellectual and/or developmental disabilities successfully cope with parenting stress? Based on the aforementioned studies, one can assume that social support, healthy family relationships, problem solving abilities, and meaning making of the challenging situation allow parents to better cope for and manage stressful situations.

Clinical and Theoretical Relevance

The results from this study could have implications for psychologists or other health service providers working with Filipino American caregivers of children with intellectual and/or developmental disabilities. The data from this study could be used in assessing parenting stress and helping caregivers to better manage or to cope with the challenges of raising a child with special needs. This study could also provide a foundation to learning more about the coping mechanisms and resilience of Filipino American caregivers of children with intellectual and/or developmental disabilities.

Methods

The purpose of this study was to examine successful coping strategies found in Filipino American caregivers of children with intellectual and/or developmental disabilities by using interpretive phenomenological analysis (IPA). According to the literature, successful coping strategies are defined as coping mechanisms that successfully alleviate perceived parental stress. This study was aimed at identifying common successful coping mechanisms used by caregivers with low parental stress. The study intended to differentiate “successful” and “less successful” coping caregivers. Successful coping caregivers are defined as caregivers who have established and consistent methods of coping and a lower self-reported stress level. Whereas, the less successful coping caregivers are caregivers who have limited positive coping strategies in dealing with adversity and are predicted to have a higher self-reported level of stress.

Participants completed online questionnaires that included measures assessing parental stress, coping mechanisms, parenting sense of competence, and support system. The second phase of the study involved a semi-structured interview with parents who met criteria for “successful” coping caregivers. The interviews were approximately 50-90 minutes long and were conducted either through Skype, online communication software, in-person, or via telephone.

The Institutional Review Board (IRB) at the University of San Francisco approved the recruitment of participants for this study.

Procedures

Sampling

Smith and colleagues (2009) suggests a sample size of 4 to 11 participants for a doctoral level interpretative phenomenological analysis study. A total of five participants participated in the study. Four of the five subjects participated in a semi-structured interview and completed the second set of questionnaires via Survey Monkey, an online survey platform.

Selection Criteria

To be eligible for the study, participants in this study had to be primary caregivers of Filipino descent and have at least one child diagnosed with an intellectual and/or developmental disability. Eligible participants of this study had to demonstrate English language proficiency and literacy. Demonstration of English language proficiency and literacy is defined by the ability to converse and read the English language as the study is conducted in English.

Recruitment

Participants were recruited through several avenues. A flyer about the study was distributed to various organizations for children with disabilities, public schools in the San Francisco Bay Area, the Regional Center of the East Bay, and the Filipino American Mental Health Initiative. The flyer was sent through list-serves and was passed down among members of these organizations.

Informed Consent

Subjects who were interested in the study responded to this writer via email. This writer described the research project, including its aims, benefits and risks to obtain written consent

before moving forward with sending the first online survey. The researcher then explained the nature of the study, interview process, associated risks, and the measures taken to protect confidentiality. Each subject provided their written consent that they understood the research procedure and were informed of the possibility that extracts from their interview might appear verbatim in this report. The researcher made a copy of the consent form for each participant to keep.

Protection of Confidential Materials

Interviews were recorded and stored in a password-protected electronic file. Confidentiality of personal material was rigorously maintained. With the exception of the consent forms, all identifying information was omitted from records and stored securely on a password-protected electronic file.

Data Collection

A total of 5 subjects participated in the study. Four subjects qualified and completed the interview portion of the study. Each participant reviewed and consented to participate. The other participant also qualified for the interview, but opted out in participating. Prior to the interview, less successful and successful coping caregivers were differentiated through the use of empirically validated measures (further explanation of this process is discussed below). It is of note that due to the specificity of the population being studied and due to the restricted area in which data was collected, only five participants were involved in this study and therefore were all included in the data (further explanation will be discussed in the limitations section). All five participants were qualified to participate on both sections of the study; however, one of the five opted out in participating in the interview portion. The empirically established measures, which

were meant to differentiate the less successful and successful coping caregivers, were distributed to participants via Survey Monkey.

In order to proceed on to the interview process, participants had to be considered “successful coping” caregivers. The caregivers had to meet a certain criteria for the Parenting Stress Index/Short Form (PSI/SF), Parental Stress Scale (PSS), Brief Cope, and Parenting Sense of Competence Scale (PSOC). For instance, caregivers must have a low stress score on the PSI/SF or PSS, endorse adaptive coping on the Brief Cope, a high parenting competence score on the PSOC, and a self-report of quality social report to qualify for the interview process. This process discerned the less successful and successful coping caregivers. A Survey Monkey was created and sent via email to each participant and each participant was compensated with an Amazon gift card upon receipt of the completed survey. Those who qualified for an interview were invited to participate via email.

The four participants underwent a semi-structured interview to examine how caregivers operationalize existing constructs of resilience. The Enculturation Scale for Filipino Americans (ESFA) was given to the participants who completed the interview to determine whether the degree to which the caregivers adhere to the values and behaviors of Filipino culture affect coping in any way. Additionally, the Parental Locus of Control Scale (PLCS) was given in order to determine the locus of control in the successful coping parenting group. The ESFA and the PLCS were made into a survey through Survey Monkey and was sent via email. Participants received a gift card from Amazon after completing the interview and the second questionnaire.

In order to obtain detailed, descriptive accounts of the caregiver’s subjective experience of parenting, a semi-structured interview with each participant was conducted. The interview process identified themes that are found consistently in this group of participants. The constructs

found in the measures used are known to be factors of resilience, which are: adaptive coping strategies, parental locus of control, parental sense of coherence, and parental stress level. In addition, interview questions included questions regarding: family (culture, traditions, beliefs, values), caregiver's educational status, experience with caretaking, experiences with acquiring services for child, relationship with child, perspectives of how caretaking impacts self and impacts family as a whole, and methods of coping. All interviews were transcribed in verbatim and coded. A coding system for the interview data was utilized to differentiate themes and the themes that emerge were clustered into groups of common themes.

A beta test was conducted prior to the actual study and initial interview questions for the study were developed. The interview was structured such that each construct of resilience can be operationalized through the participant's narrative and are flexible enough for participants to elaborate their narrative further.

Interview Procedure

A semi-structured interview with each participant who qualified for the interview was conducted. The interview was semi-structured; therefore, participants had the opportunity to elaborate on their experience. Each interview lasted between 50-90 minutes. Two of the four interviews were conducted through Skype, online telecommunication software, and were video/audio recorded. One of the interviews was conducted in person and was audio recorded. One of the interviews was completed via telephone and was not video recorded due to participant choice. All interviews were transcribed in verbatim.

Qualitative Analysis

This study used interpretative phenomenological analysis (IPA), which attempts to understand the individual's perceptions, perspectives, and understanding of a particular situation

(Stark & Trinidad, 2007). Through examining the subjective multiple perspectives of an objectively similar situation, generalizations can be made of the experiences of an individual that are shared by others in similar circumstances, as well as highlight unique features of each individual. Analysis of the data involved coding and categorizing emerging themes.

Through interpretive phenomenological analysis, this study utilized a thematic analysis to collect data, which is a method for identifying, analyzing, and reporting patterns (themes) within data (Braun & Clarke, 2006). Six phases were involved in the thematic analysis. Phase one was generalizing initial codes, which involved transcribing interview data and noting down initial ideas by searching for initial semantic and latent themes (Braun & Clarke, 2006). This involved reading each interview and listening to the audio recordings multiple times in order to understand each participant and their experience, which also encourages a slower more thoughtful process. In this case transcripts were also read by Shannon Dillon, M.S and Brent Richard Ferm, Ph.D. Phase two involved generating initial codes by coding interesting features of the data in a systemic fashion across entire data set, collecting data relevant to each code and organizing data into meaningful groups. This writer consulted with Brac, Selph in the coding of transcripts and procedures of data analysis. This can be the most time-consuming aspect of this method, as notes are made on the transcripts that appeared relevant or interesting in respect to their parenting experience or coping. The notes come in a number of forms, some are summaries of what the interviewee had stated, others were associations, some were questions, and some were attempted interpretations. This stage allows the researcher to understand what is most important to the participant. During this stage, close attention is paid to the language used. Phase three involved searching for themes by collecting codes into potential themes, gathering all data relevant to each potential theme, and creating a thematic map. Phase four involved checking if the themes work

in relation to the coded extracts and the entire data set, generating a thematic map of the analysis. Phase five involved refining the specifics of each theme, and the overall story the analysis tells, generating clear definitions, and names for each theme. The last phase of thematic analysis was creating a report that illustrates the data found (Braun & Clarke, 2006). Patterns across cases were grouped together as salient themes. As a validity check on the process, Dr. Ferm and Ms. Dillon, audited the data, examining the themes that had been extracted and the summary documents produced.

The Researchers

The interviews and initial analysis were conducted by Kathryn Mabalot, M.S., a doctoral candidate in clinical psychology at the University of San Francisco and principal investigator. Secondary analyses were conducted by Shannon Dillon, M.S. and Brent Richard Ferm, Ph.D. Ms. Dillon is a doctoral candidate in clinical psychology at the University of San Francisco. Dr. Ferm is a clinical psychologist and dissertation chair for this research. This writer consulted with Ms. Dillon, Dr. Ferm and Dr. Brac Selph, clinical psychologist and an expert in the use of interpretative phenomenological analysis, over an 18-month period regarding interview procedure and analysis of transcripts.

Measures

The following measures were used to collect data for the study:

The Parenting Stress Index/Short Form (PSI/SF) is a 36-item self-report questionnaire that measures parenting-related stressful behaviors and feelings based on three subscales: parental distress, parent-child dysfunctional interaction, and difficult child. The PSI/SF is rated on a five-point Likert scale (ranging from 1= “Strongly Disagree” to 5 = “Strongly Agree.”). The PSI/SF has a Cronbach’s alpha coefficient of 0.93 (Total) (Abidin, 1990).

The Parental Stress Scale (PSS), which is used to measure parenting stress, is an 18-item tool that was developed as an alternative to the Parenting Stress Index (PSI). The PSS is scored on a 5-point Likert scale that measures the level of agreement to statements in which total scores may range from 18-90. The higher the PSS score, the higher the parenting stress. The PSS has a Cronbach's alpha coefficient of 0.83 and the test-retest reliability was 0.81 (Berry & Jones, 1995).

The Parenting Sense of Competence Scale (PSOC) is a self-report six-point Likert Scale (ranging from "Strongly Disagree" to "Strongly Agree"). The total score is used as a measure of parenting self-esteem. The PSOC also provides measures of parenting satisfaction and efficacy. The Parenting Sense of Competence Scale has a Cronbach's alpha coefficient of 0.79 for the satisfaction factor and 0.76 for the efficacy factor (Hassall, Rose, & McDonald, 2005).

The Brief COPE is a 28-item self-report tool that measures the frequencies of broad-based maladaptive and adaptive coping strategies. The items are rated on a four-point Likert Scale (ranging from 1 = "I haven't been doing this at all" to 4 = "I've been doing this a lot"). The Brief COPE consists of four domains: Active Avoidance coping, Problem-Focused coping, Positive coping, and Religious/Denial coping. The Brief COPE has a Cronbach's alpha coefficient of 0.92 for Brief COPE total (Carver, 1997).

The Family Support Scale is a measure of social support available. The scale provides an overall score for the total level of social support, which includes five subscale scores. The five subscale scores measure parents' perceptions of helpfulness of partner/spouse support, informal kinship support, formal kinship support, social organizations, and professional services. Additionally, the tool incorporates a measure of the total number of sources of support available to parents. The Family Support Scale has an alpha coefficient of 0.79, has a test-retest reliability

over a one-month interval of 0.91 for the entire scale, and a 0.75 for the average for each subscale (Hassall, Rose, & McDonald, 2005).

The Parental Locus of Control Scale (PLOC) consist of five subscales that measure parent efficacy, parent responsibility, child control of parent life, parent belief in fate/chance, and parent control of child's behavior. The items on the PLOC are rated on a 5-point Likert scale (ranging from 0 = "Strongly Disagree" to 4 = "Strongly Agree"). The higher the score on the PLOC indicate a less internal locus of control. The PLOC has a Cronbach's alpha coefficient of 0.77 (Campis, Lyman, & Prentice-Dunn, 1986).

The Enculturation Scale for Filipino Americans (ESFA) is a 30-item measure of enculturation specifically for the Filipino American population. It is a self-report Likert scale measure (ranging from "Strongly Disagree" to "Strongly Agree"). The construct validity of the ESFA was examined by relating its scores to immigration variables, generational status, self-reported ethnic identification, and acculturation/enculturation instruments for Asian Americans. The ESFA has a Cronbach's alpha of 0.89 for total score. The short form subscales also correlated highly with the corresponding ESFA subscales from the long version (r range = .91-.97, $p < .01$) (del Prado & Church, 2010).

For construct validity, the ESFA was related to immigration and generational status variables, alternative measures of acculturation and enculturation, and measures of subjective wellbeing. The sample of participants included Filipino Americans (N= 281) and non-Filipino Americans (N=84) and were recruited from various organizations in California, Washington, Texas, and New York. The sample of Filipino Americans and non-Filipino Americans ranged in age, education level, occupations, and socioeconomic status and among the Filipino American sample, were 1-4th generation Filipino Americans. Content themes included Connection with

Homeland, Interpersonal Norms, and Conservatism. The ESFA was validated using other measures of acculturation and enculturation, such as: Suinn-Lew Asian Self-Identity Acculturation scale (SL-ASIA), Asian Values Scale-Revised (AVS-R), Asian American Multidimensional Acculturation scale (AAMAS), Satisfaction with Life Scale (SWLS), and Positive and Negative Affect Schedule (PANAS). Construct validity was supported by the pattern of relationships with alternative, but less culture-specific, enculturation/acculturation measures (mentioned above), as well as immigration, generational status, and cultural identity variables (del Prado & Church, 2010). For instance, the ESFA subscales exhibited moderate positive correlations with the AVS-R (participants with higher Filipino enculturation also exhibited higher Asian values enculturation). The number of number of items and internal consistency reliability estimates for the ESFA total score and subscales were as follows: ESFA total score ($\alpha = 0.89$); Connection with Homeland ($\alpha = .95$); Interpersonal Norms ($\alpha = .91$); and Conservatism ($\alpha = .83$) (del Prado & Church, 2010).

Results

Participants

Participants of this study were five mothers of children with intellectual and/or developmental disabilities. All women were identified as ethnically Filipino and were all born in the United States. All participants were between the ages of 29-48. All participants have at least one child with a diagnosed intellectual and/or developmental disability. In addition, all participants reported that English was their primary language; therefore, an interpreter was not used for this study.

Two of the four subjects who participated in the semi-structured interview were interviewed via Skype. One of the subjects was interviewed in-person and the fourth interview

was interviewed via telephone. The interviews lasted approximately 50-90 minutes and were audio recorded for data collection (except for the fourth participant). The four subjects who participated in the interview are described below, listed in the order in which they were interviewed. Information on the subject who did not participate in the interview portion is also provided below. Participants' names have been changed to preserve anonymity.

Rose was a 42-year-old Filipino American woman who works as a Registered Nurse and has a 13-year-old son diagnosed with Autism Spectrum Disorder and 5-year-old daughter who is typically developing and has no known intellectual and/or developmental disability. Rose shared parenting responsibilities with her husband who works as a physical therapy assistant. The couple has been together for 27 years and resides in San Francisco Bay Area. Rose's self-reported household income was over \$100,000.

Erica was a 29-year-old Filipino American woman who works as an engineer and has an 8-year-old daughter diagnosed with Down Syndrome. At the time of the interview, Erica was pregnant with her second child. Erica shared parenting responsibilities with her husband who is also an engineer and identifies as African American. The couple has been together for 10 years and resides in the San Francisco Bay Area. Erica's self-reported household income was over \$100,000.

Julia was a 46-year-old Filipino American woman who works as an entrepreneur and has one son diagnosed with Intellectual Disability. Julia recently remarried and shared parenting responsibilities with her new husband who works as a Special Education teacher. The couple has been together for 2 years and resides in the San Francisco Bay Area. Julia's self-reported income was \$100,000.

Trisha was a 35-year-old Filipino American woman who works as a merchandizer and has a daughter who is 3-years-old and diagnosed with epilepsy and a 1-year-old daughter who is typically developing. Trisha shared parenting responsibilities with her husband who works as a Planner. The couple has been together for 8 years and resides in the San Francisco Bay Area. Trisha's self-reported household income was over \$100,000.

Susan, who did not participate in the interview, is a 48-year-old Filipino American woman who works as a case manager and has a 19-year-old son with a developmental disability (speech and auditory disorder). Susan shares parenting responsibilities with her husband who works as a driver for a carrier company. The couple has been together for 27 years and resides in the San Francisco bay Area. Susan's self-reported household income was over \$100,000.

Questionnaires

Five participants completed the first questionnaire via Survey Monkey. The first questionnaire included the following measures: The Parenting Stress Index/Short Form (PSI/SF), The Parental Stress Scale (PSS), The Parenting Sense of Competence Scale (PSOC), The Brief Cope, and The Family Support Scale (FSS). A more detailed description of the data is illustrated on Table 1 below. Four of the five participants scored below the threshold of Total Stress Score (below the 65th percentile), not including Rose, a participant who was invited to participate in the interview. All five participants scored "Somewhat Low-Average" scores on the Parental Stress Scale, a measure used in lieu of the PSI/SF, which indicates that all five participants were endorsing low levels of parental stress. It is of note that Rose who scored highly (95th percentile) on the PSI/SF scored within the "Somewhat Low-Average" range of parental stress on the PSS, which is on par with the other participants. Studies have indicated that the PSS is often used a single measure to assess parental stress in replacement of the PSI/SF (Norizan & Shamsuddin,

2010; Berry & Jones, 1995). On the Parenting Sense of Competence Scale, all four of the five participants scored within the “Somewhat Competent” to “Strongly Competent,” which indicates that the four participants have at least some sense of competency in their parenting. However, Rose, who was invited to the interview portion scored within the “Somewhat Not Competent” range. It is of note that her score is in the borderline between the “Somewhat Competent” to the “Somewhat Not Competent” range. Due to the participant’s score of the PSS and her Parental Efficacy score on the PLOC, this writer decided to include this participant as part of the data. For the Brief COPE, participants endorsed similar positive coping skills (a more detailed description of the coping skills endorsed are illustrated on Table 2 below). In terms of the Family Support Scale, participants identified friends, professionals, and family to be part of their support system (a more detailed description of the coping skills endorsed are illustrated on Table 3 below). All five participants were invited to participate in the interview; however, only four participated in the interview and completed the second questionnaire.

Table 1: Description of First Data Set

<u>Parenting Stress Index-Short Form</u>	Rose	Erica	Julia	Trisha	Susan
Total Stress Score (Raw)	99	57	65	76	70
Total Stress Score (Percentile)	95%	15-20%	40-45%	70%	55%
<u>Parental Stress Scale</u>					
Total Score	50	37	37	39	36
Descriptor	Somewhat low-Average	Somewhat low-Average	Somewhat low-Average	Somewhat low-Average	Somewhat low-Average
<u>Parenting Sense of Competence Scale</u>					
Total Score	57	73	94	61	66
Descriptor	Somewhat Not Competent	Somewhat Competent	Strongly Competent	Somewhat Competent	Somewhat Competent

Table 2: Coping Skills Endorsed by the Participants

Brief Cope	Rose	Erica	Julia	Trisha	Susan
Category					
<i>Self Distraction</i>	4	0	2	2	1
<i>Active Coping</i>	4	0	6	5	2
<i>Denial</i>	0	0	0	0	0
<i>Substance Use</i>	0	0	2	0	0
<i>Use of Emotional Support</i>	3	2	6	4	1
<i>Use of instrumental support</i>	3	1	6	5	1
<i>Behavioral disengagement</i>	0	0	0	0	0
<i>Venting</i>	3	0	0	2	0
<i>Positive reframing</i>	4	0	6	3	1
<i>Planning</i>	5	0	6	3	0
<i>Humor</i>	2	0	2	0	0
<i>Acceptance</i>	6	0	6	6	6
<i>Religion</i>	2	0	4	1	0
<i>Self-blame</i>	3	0	1	1	0

Note: Total scores include 2 items per category or scale. Scores range from 1=I haven't been doing this at all; 2=I've been doing this a little bit; 3=I've been doing this a medium amount; 4=I've been doing this a lot. The two scales per category are added together for the total score.

Table 3: Family Support

Rose	Erica	Julia	Trisha	Susan
<ul style="list-style-type: none"> • Parents, partner • In-laws • Friends • Partner's friends • Other children • Co-workers • Physicians, • School • Therapists • Professional agencies 	<ul style="list-style-type: none"> • Parents, • Partner • In-laws • My relatives • Partner's relatives • Friends, • Partner's friends • Parent groups • Early intervention programs • Therapists • Professional agencies 	<ul style="list-style-type: none"> • Parents, • Partner • In-laws • Partner's relatives • Parent groups • Social groups • Physicians • School • Therapists 	<ul style="list-style-type: none"> • Parents • Partner • In-laws, • My relatives, • Partner's relatives • Friends • Partner's friends • Parent groups • Early intervention • Therapists • Professional agencies 	<ul style="list-style-type: none"> • Parents • Partner • Early intervention • Therapists

Four subjects completed the semi-structured interview and completed the second interview via Survey Monkey. The second interview included the following measures: The

Enculturation Scale for Filipino Americans (ESFA) and The Parental Locus of Control Scale (PLOC) (A more detailed description of the second data set is illustrated on Table 4 below). On the ESFA, all four participants were “disconnected,” which indicates that all four participants did not endorse being enculturated to the Filipino Culture. All four participants endorsed high parental efficacy scores, which indicates a belief of being able to perform their parenting role successfully, which implies a strong internal locus of control.

Table 4: Description of Second Data Set

<u>Second Questionnaire</u>	Rose	Erica	Julia	Trisha
<u>Enculturation Scale for Filipino Americans</u>				
Total Score	4	2	3	2
Total Score Descriptor	Disconnected	Disconnected	Disconnected	Disconnected
<u>Parental Locus of Control</u>				
Parental Efficacy Score	21	17	22	13
Parental Efficacy Descriptor	Agree	Agree	Agree	Strongly Agree

Domains

The five domains that emerged from the results include: clarity of parenting roles, extended family as a support system, acceptance of child’s disability, self-fulfillment as a parent, and community involvement. These domains highlight the main points of the interviews and depict the coping strategies of this population.

Themes

All four caregivers have unique experiences with parenting their child with special needs; however, there were similarities across all of them. A total of eight themes were obtained by using Smith, Flowers, and Larkin’s *Interpretative Phenomenological Analysis* (2009). These themes represented five main domains: clarity of parenting roles, extended family as a support

system, acceptance of child's disability, self-fulfillment as a parent, and community involvement. The themes that fell into these domains included: defined parenting roles, teamwork in parenting, reliability and dependability of extended family members, expressions of altruism among extended family members, coming to terms with child's disability, modification of parental expectations in response to the child's disability, enjoyment of being a parent, and sense of belonging.

A more detailed exploration of the themes is provided below (a table that illustrates themes and the number of participants who endorsed them is illustrated on Table 5 below). Specific quotes are used from the participants to demonstrate a more authentic and accurate representation of their experiences.

Table 5: Table of Domains and Themes

Domains and Themes	# of Participants
D1: Clarity of Parenting Roles.	4
T1: Defined Parenting Roles.	4
T2: Teamwork in Parenting.	4
D2: Extended Family as a Support System.	4
T3: Reliability and dependability of extended family members.	4
T4: Expressions of altruism among extended family members.	4
D3: Acceptance of Child's Disability.	4
T5: Coming to terms with child's disability.	4
T6: Modification of parental expectations in response to the child's disability.	4
D4: Self-Fulfillment as a Parent.	4
T7: Enjoyment of being a parent.	4
D5: Community Involvement.	4
T8: Sense of belonging.	4

Domain #1: Clarity of parenting roles

The clarity of parenting roles depicts that each parent has unique parenting responsibilities, but work as a team in providing childcare and problem solving during

challenging situations. Defined parenting roles for each caregiver provides an organized household routine as well as dependability on both parents.

Theme #1: Defined parenting roles. All four parents discussed having defined parenting roles. Parents discussed that each partner has distinct responsibilities and each partner rely on each other to fulfill those responsibilities. For instance, Erica described that she is responsible for getting her child ready for school in the morning and her husband is responsible for planning activities. Erica also mentioned that they also share responsibilities, such as cooking dinner. Participant Rose described a similar distinction of parenting responsibilities for each parent: *“He drives our son to school. I drive our daughter just because of location... After school, I'm responsible for and then getting them ready for dinner and stuff like that... He'll take care of the cooking... You know it's pretty even.”*

Other participants like Trisha and Julia described very similar parenting experiences in that each parent in the household is responsible for different parenting responsibilities that fit well into their daily routine. Across all four interviews, caregivers described having equal responsibilities with their significant others. For instance, Trisha explained, *“We both share equal responsibilities. We take turns doing the chores and what needs to be done.”* A perception of equality in parenting responsibilities appears to be important in the stability of the household. It appears that the distinct roles and equal responsibilities from both parents provide an organized functioning household.

The responses from these participants portray that both parents are highly involved in duties of parenting and household responsibilities. Each parent has a unique role in the parenting duties that complements the other parent's caregiving role. For instance, Julia stated, *“My husband fulfills the fatherly responsibilities. If Aaron needs to go somewhere,*

he'll drive him, he'll counsel him." There is structured dependability from each parent to fulfill the needs of the family and/or household. Across all four participants, there appears to be clear expectations of the parenting responsibilities that are assigned for each caregiver and it provides a stable, as well as functioning home environment.

Theme #2: Teamwork in parenting. Across all four interviews, each participant described working as a team with their significant other in child caring duties and accomplishing daily tasks.

Across all four interviews, caregivers described working as a team with their significant other. Teamwork appears to be an important aspect of the family dynamic and routine. For example, Rose stated, *"Any decisions that affect our kids. We talk about it. We always make decisions together... We're on the same page on what we want for our kids and how we want to approach it."* Similarly, Erica explained, *"We're very team oriented. Like, he'll take care of things and I'll take care of things."* Each participant described how she works as a team with her significant other. Participant Trisha described how her and her partner manage child caring duties through teamwork, *"We trade with each girl, every other day. My husband takes care of Emma's meds and other needs for a couple of days while I watch Sarah, and then we trade off for a couple of days."* Although Julia did not explicitly state that she and her husband work as a team in caring for their child, Julia described how her and husband work together to care for their child.

Teamwork for all participants is an important caregiving dynamic in that it allows for stability and efficiency in caregiving and completing household tasks. Both parents work together in making important decisions and solving problems. All four participants discussed the importance of teamwork and it how it helps maintain routine.

Domain #2: Extended family as a support system

Family as a support system domain encapsulates the dependability of extended family members in providing support for the family and for childcare. Families depend on extended family members, such as parents or siblings to provide support when needed.

Theme #3: Reliability and dependability of extended family members. All four participants relied on extended family members for support when needed. There is a shared expectation between extended family members and primary caregivers in providing support in caregiving when primary caregivers are unable to do so. Trish explained, *“My in-laws help a lot. Whenever Emma has had to be admitted to the hospital for a respiratory infection or for pneumonia, they help watch Sarah while my husband and I are in the hospital with Emma. I can count on my in-laws when we need them.”* Extended family members are an important aspect of the family’s support system. For instance, Julia stated, *“My Brother’s a huge support... he’s probably the next emergency contact after my [husband].”*

Not only do extended family members provided support during emergencies, but they also provide support in child caring duties when needed. Participant Rose described, *“On the weekends when I’m at work, [they] spend the day with my in-laws... If [we] have an appointment and or whatever, my dad will be responsible with watching them.”* Across all participants, caregivers talk about utilizing parents or siblings as a source of support for emergencies or child care duties. There is a sense of dependability and reliability of extended family members in stepping in to provide support when needed. Extended family members are also readily accessible to provide support whenever the primary caregivers make a request for it.

Theme #4: Expressions of altruism among extended family members. In discussing support systems, it appears that extended family members are readily accessible in providing support when needed. This appears to be a form of altruistic behaviors in supporting kin. Participant Rose discussed how her father takes on child caring duties when she is busy at work: *“I only work like two week days. So those are the two days that my dad will be responsible for. But if I ever need to like backup then he’s always there as well.”*

Extended family members provided support and support is expected from them. For example, Trisha described that her in-laws would take over child caring duties when her and her husband want to spend quality time with each other. She stated: *“They watch the girls if I need time to myself. My husband and my in-laws or nanny are all really supportive... My in-laws help to watch the girls when Aaron and I need some time to ourselves.”*

For Erica, her parents stayed in North Carolina when they moved to California for employment a few years ago. Erica’s parents provide emotional support and when the family visits North Carolina, her parents continue to provide support, as well as emotional nurturance. She stated, *“We moved to California so we don’t really have family in the area... but our parents are still supportive. In the last few summers, she (daughter) use to go there to bond with family, cousins, and her aunts and stuff.”*

For all four families, extended family plays an integral role in the family’s wellbeing. Extended family members are available when caregivers are in need of support. The overall tone from all four participants indicate that there is an expectation for extended family members to provide support when needed and it appears that the extended family members are readily available to provide that support. There appears to be a lack of resentment from the extended

family members in providing support and these altruistic behaviors are expected as being part of kin.

Domain #3: Acceptance of child's disability

Acceptance of child's disability domain is the acceptance of the child's disability and the challenges that come along with it. Across all four participants, caregivers have a sense of acceptance of their circumstance and they acknowledge that they are doing the best that they can with the situation that is given to them. They have also learned to modify their expectation as parents and expectations they have for their child.

Theme #5: Coming to terms with child's disability. Parents have come to terms or have accepted that their child has special needs. For Rose, her acceptance in raising a child with special needs is the recognition that it is beyond her control and responds to the challenges of parenting as they come. Rose stated, *"I mean it is what it is. I mean it's beyond our control. We'll just have to kind of see how it is and how he adjusts and how well... we'll just have to stay extra on top of it and just make sure that he's meeting his needs. And figure it out from there."*

For Erica, it is the recognition that her child may be different from other children, but also viewing her child as similar to those who are typically developing:

"I mean... she is different than other kids and I guess some of the challenges that we...even a typical kid they may have ... like she just have like an extreme number of doctors appointments and all these specialists and stuff to check on and a lot more school meetings. But you know the typical kid may have the same thing. Luckily her health has been pretty good and behaviorally I feel like I mean she has some challenges in her speech is delayed. But compared to like other kids I've seen like she's like typical kids, like behaviorally she's been fine. Like it could be worse. Even if she was a typical kid it could be worse than it is now."

Similarly, Trisha accepted that life is challenging and that it is important to find ways to cope in order to face those challenges. She exclaimed, *“I’ve learned that life isn’t easy and that you have to make the decision to continue to live everyday.”* For Julia, she recognizes the uniqueness of her child and the importance of not stereotyping children with special needs:

“I mean first and foremost don’t compare kids to anybody. Don’t think about the way that other kids are supposed to be. Of course, I would give that advice to anybody, who’s a parent. You know if a kid has a certain type of special needs or whatever, find out how you can best support them and don’t settle... Don’t let anyone tell you that your kid can’t or won’t or won’t be... Every person deserves, every kid deserves to. Don’t treat your kids as this different label... Support your kids whatever they want to do. Meet them where they’re at... He has changed me a lot and taught me that we’re all in this together.”

All four participants expressed acceptance of their child’s disability and have a positive view of their child. They do not see their situation or their child as helpless. They have found meaning in their child’s disability and have come terms with the uniqueness that their child possesses. The caregivers also do not view their situation as negative rather they normalize challenging parenting situations.

Theme #6: Modification of parental expectations in response to the child’s disability. All four caregivers described that they had preconceived views about the type of parent they wanted to be and aspirations they held for their child. However, parents had to modify their parenting expectations and the expectations they had for their child due to their child’s disability. Parents described flexibility in their beliefs in parenting and expectations for their child with special needs. For Rose, having a child with special needs meant that she had to be flexible with her expectations:

"If anything Nathan taught us... It's like we just have to learn to be more flexible because you know... like he's gonna go to a Catholic school he was going to do this, he's going to do that and then everything just fell out the window once you found out he was special needs... So, if anything it's like he's just taught us like we just have to kind of roll with it... and he adapts and we adapt and we kind of figure it out as we go along."

Similarly, for Erica, she learned to be more flexible and accepting that her child may not be able to achieve certain things because of her disability, but early intervention is necessary to teach special needs kids to learn skills. Erica stated:

"You have this vision of your kids and like oh he's going to be sports player or really athletic or really smart or whatever, but you kind of just have to realize that they're just a little different and they'll find something that they'll be able to contribute to society. They may not be like a physicist or something, but hopefully like early intervention stuff, they can pick up skills they can use." For Trisha, it's doing what's best for your child even though it may be emotionally challenging: *"Think about what's right for your child, and let the emotions about what the decision means to you come second... So I would say do what's best for your child even though it may be emotionally hard for you."*

For Julia, compassion and understanding is what drives her flexibility in being a parent of a special needs child. According to Julia, compassion and understanding of a person's disability allows for people to accept the circumstance they are given. She stated, *"We are all very vulnerable... we can all be disabled in a blink of an eye... I understand what he (child) needs so I can support him."* There is an understanding that anyone could have a disability or be disabled; therefore, compassion and understanding of your child's disability are important factors of acceptance and modifying your expectations to fit your child's needs.

All four parents have similar beliefs in that they accept their child for who he or she is. They accept the challenges that come with raising a child with a disability and are also flexible in modifying their parenting expectations to the needs of their child. For all four caregivers, acceptance and flexibility mediate the challenges of raising a child with special needs. It also appears that that being flexible with parenting beliefs modifies the perceived stress or challenges one faces in raising a child with a disability. Overall, the parents have taken on a new perspective about their role as a parent.

Domain #4: Self-fulfillment as a parent

Self-fulfillment as a parent domain describes the sense of self-fulfillment of being a parent despite the challenges with parenting a child with special needs. Across all four participants, parents described the happiness and joy they experience from their child and the feeling of fulfillment as a parent.

Theme #7: Enjoyment of being a parent. All four participants described feelings of happiness that their child brings. For all four parents, their child's happiness is their happiness. For Erica, it is seeing her daughter smile and seeing her daughter happy: *"Just knowing that she's happy and know that people usually say 'oh she's always so happy or she's so easygoing that must be because of your parenting style or something.' but it's pretty satisfying... Just seeing her smile and doing things she enjoys like we have a park by our house. I like taking her there."* For Trisha, she feels pride for both of her children and enjoys being present with them: *"I love being a mom. I am most proud of both of my girls and how individual and strong they are... I enjoy interacting with my girls, and watching them become who they are supposed to be, watching them grow."* For both Julia and Rose, fulfillment comes from their sons' personality. Julia stated, *"I love him so you know I want to him do well. I enjoy Aaron (son), I think he's a*

good kid and he'll grow up to be a nice young man... He's funny; he makes me laugh...

Advocating for him is a lot of work, it's rewarding but it's work... I mean I was really proud of him that he joined basketball." For Rose, it is understanding their world and perspective and being curious of her children's development: *"I just like seeing them like how they see things through their eyes. Kind of like how they see things so innocently... it's just a different perspective. You know it's just really sweet the way they look at these things."* All four parents experience happiness from parenting in different ways, but they all expressed how their child makes them happy.

To care for a child with special needs is a challenging task; however, participants in this study experience enjoyment, pride, and fulfillment of parenting in their own ways. Each caregiver experience parenting differently, but find qualities in their child that brings them joy.

Domain #5: Community involvement

The community involvement domain describes the involvement of each caregiver in communities where they find or receive support. Participants belong in communities where they share similar experiences with other parents or caregivers.

Theme #8: Sense of belonging. Across all four participants, the caregivers each described a sense of belonging to a community of other parents with children with special needs or find support in others who are going through the same life experiences. Erica is involved in local support groups for Down Syndrome where members communicate online. As Erica described, *"I'm on a bunch of listserves, but I'd say actively, it's mostly just the two local ones... I recently joined a Facebook group that someone invited me to and that's like worldwide mothers with kids with Down syndrome."* Erica also explained why she is an active member of the online communities of parents of children with Down Syndrome:

“I think it's nice that you all have a common bond and you know that kind of expectations because I find with other parents who don't really understand like our daughter is not another typical kid so they'll say ‘oh does she like doing this’ and it's like something that she's not doing right now. And so we're just like ‘oh not really she doesn't really like that.’ But with like these parents like they understand oh maybe your kid doesn't talk or ride a bike or whatever or do all this stuff yet. So it's kind of like a common thing and we say ‘oh my kid was like this this age when they start doing this and it's so normal for everyone around you.”

For Trisha and Rose, they find support from other parents who have direct experience with whatever situation they are going through. Trisha explained:

“We know a couple of parents with kids with special needs. One couple we have known for over 12 years from college. We support each other with information of services and with emotional support. The other couple, I met the wife via text through Emma's neurologist. We text every few weeks, just to catch up on each other's kids.”

Rose's son is in high school and she stated that as he grew older, she sought out less support from parents regarding his disability specifically, but finds support in other parents whose children are also going through the same life transitions of being a teenager. Rose explained, *“I talk to other parents like in general just about raising their kids not specifically related to autism or ADHD. Just like what they do in this situation. How they're handling high school. So nothing specific like I guess related to diagnosis, but just more just like what do like I'll ask them how do you deal with this.”* However, when Rose's son was younger, Rose found support for his disability through his medical providers: *“So we've done a lot of different therapies for Nathan over the last 10 years. He was in speech therapy for many years. So you know we would always talk to a speech therapist about like how to deal with just even his*

tantrums... His pediatrician we talked to as well.” Julia is an advocate for children with disabilities and has advocated for her son for many years:

“Through [Name of organization omitted for confidentiality] I’m very involved with parent groups there and networking and just getting together. So I have friends who happen to have kids with special needs and then also through each network... So as far as like support, I think I just need some moral support like people understand that this is personal. I’m not just doing something for charity. It’s a personal thing. It’s not just for Aaron, it’s for everybody like him.”

For Julia, being part of a community not only provides her with a sense of belonging, but also with a sense of purpose. Her advocacy work for her son not only benefits him, but for other children who also need the support and services.

For these parents, knowing other parents who share similar experiences and struggles provide them with security that they are not alone in their experience. To be part of a community of parents means feeling understood, validated, and supported. For all four caregivers, they value the groups they are involved in and they value the support that they receive or provide for one another.

Discussion

Review of Purpose

The purpose of this study was to have a foundational understanding of the coping strategies of parents of children with intellectual and/or developmental disabilities. There is limited research on parental coping mechanisms in the Filipino American population and no research has been performed, to this writer’s knowledge, on resilience in Filipino American caregivers of children with special needs. However, research exists on the coping mechanisms of parents of children with special needs and studies have shown that lower levels of parenting

stress are correlated with frequent use of acceptance of having a child with a disability (Norizan & Shamsuddin, 2010). Furthermore, previous research has indicated that social support reduces the effects of stress (Solem, Christophersen, & Martinussen, 2010). In other words, quality social support aids an individual's ability to perceive stimuli as predictable and structured, enhance confidence that the resources available are adequate, increase motivation to engage with challenges, and a sense of optimism and control. This current study aimed to understand the subjective experience of successful coping Filipino American caregivers of children with intellectual and/or developmental disabilities and how they operationalize the established constructs of resilience.

The five domains that resulted from the interviews included: clarity of parenting roles, extended family as a support system, acceptance of child's disability, self-fulfillment as a parent, and community involvement. The eight themes that were identified included: (1) defined parenting roles, (2) teamwork in parenting, (3) reliability and dependability of extended family members, (4) expressions of altruism among extended family members, (5) coming to terms with child's disability, (6) modification of parental expectations in response to the child's disability, (7) enjoyment of being a parent, (8) and sense of belonging. A discussion of these themes and how they relate to the literature are discussed below.

Domains

There were five domains identified by this researcher to organize the eight prominent themes: clarity of parenting roles, extended family as a support system, acceptance of child's disability, self-fulfillment as a parent, and community involvement. Clarity of parenting roles and extending family as a support system reflects the support structure in these families. Acceptance of child's disability and fulfillment as a parent reflect the meaningfulness and

optimism that parents have for their child with special needs. Sense of belonging also reflects the parents' support system.

Themes

The results uncovered eight themes that were endorsed by participants of this study. All eight themes: defined parenting roles, teamwork in parenting, reliability and dependability of extended family members, expressions of altruism among extended family members, coming to terms with child's disability, modification of parental expectations in response to the child's disability, enjoyment of being a parent, and sense of belonging. All four participants endorsed these themes. When working with this population, psychologists and other service providers could use these themes to better understand the coping mechanisms of Filipino American caregivers of children with special needs, as well as understand the challenges and barriers they may face.

Defined parenting roles. All four participants endorsed having defined parenting roles and a structured environment. This theme is congruent with research in family resilience. These families have developed adaptive ways to manage their home environment and this structure provides the family with manageability of everyday life and stress. According to Ylven, Bjorck-Akesson, and Granlund (2006), a sense of coherence incorporates three primary dimensions, which includes comprehensibility, manageability, and meaningfulness. These families have found a system that works for them in terms of the roles that they have developed for themselves. These defined parenting roles allows for structure and organization of the household. It also allows for manageability of stressors if they should arise. Each parent has an understanding of his or her role or duties, which affect their family structure and environment. This structure also provides a healthy family social climate. According to Moreland and colleagues (2016) and

Solem and colleagues (2010), a healthy family social climate contributes to the perception of parenting stress in that stress is mediated by the family's intrapersonal relationships. Designated roles for each caregiver allow caregivers manage their every life and to be better prepared to face stressors. In terms of Filipino values, the value of *kapwa*, or the sense of togetherness or connectedness to one another, is seen among the families of the four participants. Defined parenting roles create not only order in the household, but a sense of connectedness in that the organized family structure that these caregivers developed creates a sense of cohesiveness that allows for a healthy family climate and manageability of stressors.

Teamwork in parenting. All four participants endorsed that they work closely with their spouse in parenting, problem solving, and decision-making. This theme is supported in the research on family resilience. It appears that all four parents have a good relationship with their partners and that their relationship does not deter in their ability to parent or make important decisions for the family. According to research, marital happiness, family social climate, healthy interpersonal relationships all contribute to parents' perception of parenting stress (Moreland, Felton, Hanson, Jackson, & Dumas, 2016; Solem, Christophersen, & Martinussen, 2010). For these families, marital happiness, family social climate, and good interpersonal relationships alleviate stress in times of adversity. Further, parents' psychological wellbeing and perceived marital adjustment influence resilience, which impacts parents' ability to work as a team (Gerstein, Crnic, Blacher, & Baker, 2009). To work in a team also requires flexibility and openness which will in turn affect the family's problem-solving skills, the family's preparedness for future adversity, and the family's flexibility for problem-solving (Ylven, Bjorck-Akesson, & Granlund, 2006). Furthermore, the notion of *kapwa* also applies to this theme. As stated previously, *kapwa* is the sense of togetherness or connected among individuals. All four

participants endorsed a sense of *kapwa* in that closeness in the family or working as a team to solve problems creates a healthy family climate and fosters healthy relationships within the family. The factors of resilience that previous studies have indicated and the notion of *kapwa* are aspects of the family's ability to manage stressful situations.

Reliability and dependability of extended family members. All four participants endorsed relying and depending on extended family members for support. The reliability and dependability of others for support is known in the resilience literature. Various studies on resilience have indicated that strong and reliable support systems serve as a buffer to adverse experiences (Hanson & Gottesman, 2012; Rutter, 2012; Masten, 2001). Ample amounts of research studies have shown that having a social support system as a coping strategy reduce the effects of stress. In addition, the quality of social support aids an individual's ability to perceive stimuli as predictable and structured, it enhances confidence that the resources available are adequate, it increases motivation to engage with challenges, and it provides a sense of optimism and control (Solem, Christophersen, & Martinussen, 2010). All four participants indicated that they are able to mobilize and utilize their resources in an effective way. They use extended family members as a reliable support system. Family members for the participants provide dependable support, which helps alleviate perceive parenting stress and prepare for future stressors.

Furthermore, although all four participants endorsed a low enculturation level on the Filipino American Enculturation Scale, their extended family members may hold some traditional collectivistic views. For instance, the reliability and dependability of extended family members are common in the Filipino culture. *Kapwa* is the core construct of Filipino psychology in which all individuals feel a sense of togetherness or connectedness to each other and it implies

a personal, as well as emotional bond. *Kapwa* is similar to the American notion of collectivism, which emphasizes the interdependence and the importance of community (Nadal, 2011; Enriquez, 1992). The idea of *kapwa* in Filipino culture relies on kin or the Filipino community for support and it influences the subjective wellbeing of the community. For the four participants, family members may hold views like *kapwa* that drives them to provide that reliable and dependable support system when needed. Furthermore, the Filipino value of *utang ng loob* (debt of reciprocity), or the expectation of individuals to place family before anything else is a common theme among the four participants. Extended family members are willing to provide the support for their family whenever it is needed and all four participants expressed that they depend on their family members to provide parenting and/or emotional support. Overall, Filipino values such, as *kapwa* and *utang ng loob* are common themes among the four participants, which contribute to their manageability of stressors.

Expressions of altruism among extended family members. All four participants described altruistic behaviors among extended family members in providing support. Studies that support this theme fall in line with research on Filipino culture mentioned above. As stated previously, although none of the four participants endorsed a level of enculturation to the Filipino culture, extended family members may hold values and beliefs commonly found in traditional Filipino values. As mentioned above, *Kapwa* is similar to the American notion of collectivism, which emphasizes the interdependence and the importance of community (Nadal, 2011). The idea of *Kapwa* plays a factor in providing support for the family in that providing support for kin is expected in many collectivistic cultures. Furthermore, *Utang ng loob* translates to debt of reciprocity, which means that individuals are generous with each other and are expected to return favors or compensate others in some way whether it was asked or needed.

This value illustrates that many Filipinos expect to rely on one another in any situation and hope that by being charitable, others will help them in time of need and it is expected that family members will put other family members before themselves (Nadal, 2011; Enriquez, 1992). For many Filipino families, and as illustrated in all four interviews, providing support for family is an important aspect of kinship and for a healthy family climate. Family members rely on other family members for support, especially for emergency or in adverse situations. The participants' extended family members, which included parents, in-laws, and siblings, all provide support regardless of the situation and appeared to lack resentment in their willingness to offer support when needed.

Coming to terms with child's disability and Modifications of parental expectations in response to the child's disability. All four participants reflected that they have accepted their child's disability. The acceptance of one's circumstance is supported in various studies of resilience. Low levels of parenting stress are correlated with frequent use of acceptance of having a child with a disability (Norizan & Shamsuddin, 2010). Studies have indicated that active coping, acceptance, and optimism are important factors in parental coping. For instance, a study found that subjective levels of parenting effectiveness and satisfaction were related to lower self-reported parenting stress (Hassall, Rose, & McDonald, 2005). In other words, parents who have accepted their child's disability experience a lower sense of parenting stress, which suggest an adaptive way to cope with the challenges that involve raising a child with special needs. Parents who perceived their child's disability as a "growing experience in learning humility, patience, compassion, acceptance of and respect of others" are able to cope better with parenting stress (Bayat, 2007, pg. 2). In addition, all four participants have endorsed that they have changed their parenting beliefs and expectations to accommodate their child's disability.

This flexibility in parenting has also been supported through the literature of family resilience. According to Ylven, Bjorck-Akesson, and Granlund (2006), a family's positive attitude towards difficult situations, the family's problem-solving skills, the family's preparedness for future adversity, and the family's flexibility for problem-solving are better equipped in challenging situations. Hence, parents who are flexible and view the positive elements of the challenging circumstance are able to better manage adverse parenting situations. Additionally, flexibility of parenting beliefs and expectations allow parents to have a more realistic view of their situation and are better able to problem solve. Subsequently, these parents are more prepared for challenging situations. Resilient caregivers have come to terms with their child's disability and are able to accommodate their beliefs or expectations. They also have a better subjective sense of control over an adverse parenting situation (Ylven, Bjorck-Akesson, & Granlund 2006). In terms of Filipino values, individuals who hold the value of fatalistic passiveness (*bahala na*), or to accept things how they are, have a sincere acceptance of one's life's challenges and all four caregivers expressed acceptance of their child's disabilities. Additionally, the notion of *lakas ng loob* (inner strength), or the sense of being courageous in the midst of adversity is also a prominent theme endorsed by all four caregivers. These caregivers described the resilient behaviors that help them manage stress or challenging situations. Their sense of courageousness and optimism in the midst of a difficult situation are some factors of resilience in this population.

Enjoyment of being a parent. All four participants have endorsed that they find enjoyment in being a parent of a child with special needs. This sense of enjoyment is also supported in the literature of family resilience. The experience of enjoyment of raising a child with special needs is common in caregivers who are able to manage challenging situations. Parents who are considered resilient are able to look past adversity. Resilience according to the

literature entails: social support, sense of optimism and control, socioeconomic status, preparedness, parenting self-efficacy, acceptance, family social climate, and flexibility (Moreland, Felton, Hanson, Jackson, & Dumas 2016; Lai Goh, Oei, & Sung, 2015; Norizan and Shamsuddin, 2010; Solem, Christophersen, & Martinussen, 2010; Ylven, Bjorck-Akesson, & Granlund 2006; Hassall, Rose, & McDonald, 2005). Families are better equipped in situations of adversity when they have a positive attitude towards difficult situations, problem-solving skills, preparedness for future adversity, and flexibility for problem-solving (Ylven, Bjorck-Akesson, & Granlund 2006). For all four families, they were able to find enjoyment in parenting and have appreciation for their child. They have also found meaning in being a parent for a child with special needs. According to Bayat (20017), “resiliency in these families possesses certain organizational qualities such as flexibility, connectedness, and communication and being able to utilize resources” (pg. 2). With these factors of resilience, parents are better able to manage any stressor that may accompany raising a child with special needs and find room to appreciate and enjoy parenting. Similarly, the Filipino value of *bahala na*, or to accept things how they are, is also a theme among the four interviews. It appears that the caregivers have a sincere acceptance of their child’s disability. This acceptance allows for parents to find a sense of fulfillment and enjoyment in their parenting role. It provides them with a sense of optimism despite the stressors they face in parenting and they have a sense of assurance that it would be manageable.

Sense of belonging. All four participants endorsed being active members in communities where they find support from professionals or other parents who share similar experiences. Social support has been proven to be an important factor of resilience. As mentioned previously, studies on resilience have indicated that strong and reliable support systems serve as a buffer to adverse experiences (Hanson & Gottesman, 2012; Rutter, 2012; Masten, 2001). Research studies

have shown that having social support as a coping strategy reduce the effects of stress. In addition, the quality of social support supports aids an individual's ability to perceive stimuli as predictable and structured, it enhances confidence that the resources available are adequate, it increases motivation to engage with challenges, and it provides a sense of optimism and control (Solem, Christophersen, & Martinussen, 2010). All four participants indicated that they are able to mobilize and utilize their resources in an effective way. Participants have also sought out support and resources on their own. All participants belong to a community of parents with similar experiences and have utilized each other for support. All four participants have also utilized and benefited from professional support. The participants in this study endorsed value in being part of a supportive community and having accessible resources to support them with their parenting needs. Furthermore, the Filipino value of *bayanihan*, or community, is a theme found in all four interviews. *Bayanihan* is a term used to describe the ability of individuals to work together for a common good. The notion of *bayanihan* is endorsed from all four caregivers in that all four caregivers have an established external support system that consists of family members, professionals, and other resources in their communities.

Overall, the eight themes that the participants endorsed reflected common factors of resilience. All four participants have unique parenting experiences; however, the coping factors that rose from the interviews were common across participants. According to the literature, individuals who are resilient to adverse events exhibit an array of resilient functioning, which include: close relationships with caring adults in the family and community, self-regulation abilities, positive views of self, self-efficacy, self-determination, healthy relationships, healthy attachments, problem-solving skills, foresight in planning, active coping strategies, and perceiving stressful events in less threatening ways (Cicchetti, 2002). In addition, the levels of

parenting stress in mothers are inversely related to their sense of parenting effectiveness satisfaction in that higher levels of perceived effectiveness and satisfaction were associated with lower stress level (Hassall, Rose, & McDonald, 2005). The aforementioned studies on resilience support the finding of this research in that all four caregivers endorsed having a positive support system, a good sense of parenting self-efficacy, self-determination, and good problem solving abilities. Furthermore, various Filipino values were endorsed in all four interviews. The Filipino values of *kapwa*, *utang ng loob*, *bahala na*, *lakas ng loob*, and *bayanihan* were endorsed by all four participants and are factors of resilience in these families. In their own distinct way, all four parents endorsed commonly known factors of resilience that help manage the everyday challenges of being a parent, as well as the unique challenges that come with parenting a child with special needs.

Questionnaires

All five participants completed the first set of questionnaires, which included the following: Parenting Stress Index/Short Form (PSI/SF), Parenting Stress Scale (PSS), and the Parenting Sense of Competence Scale (PSOC). Four of the five participants, not including Rose, scored below the threshold of Total Stress Score (below the 65th percentile) on the PSI/SF. All five participants scored “Somewhat Low-Average” scores on the Parental Stress Scale, a measure used in lieu of the PSI/SF, which indicates that all five participants were endorsing low levels of parental stress. It was noted that Rose who scored highly (95th percentile) on the PSI/SF scored within the “Somewhat Low-Average” range of parental stress on the PSS, which is on par with the other participants. Studies have indicated that the PSS is often used to measure parental stress in replacement of the PSI/SF (Norizan and Shamsuddin, 2010; Berry and Jones, 1995). On the Parenting Sense of Competence Scale, four of the five participants scored within the

“Somewhat Competent” to “Strongly Competent,” which indicates that the four participants have at least some sense of competency in their parenting. However, Rose scored within the “Somewhat Not Competent” range. It was noted that her score falls within the borderline range between the “Somewhat Competent” to the “Somewhat Not Competent” range. Parental Efficacy is a parent’s belief in his/her parenting effectiveness in engaging with his/her child and coping with stressful and/or challenging situations. Rose’s score on the parental efficacy measure indicates that she perceives herself as an effective parent, which also implies an internal locus of control or that Rose has a perception of having good control of her parenting abilities. In the interview, Rose talked about wondering whether she was doing enough and providing enough for her children. She talked about wanting to be able to support and provide for her children as much as she possibly can. This is reflected on her competence score in that Rose questioned whether she is doing enough as a parent, but this does not mean she is not coping well with parenting stress. Therefore, due to Rose’s score of the PSS and her Parental Efficacy score on the PLOC, this writer decided to include her as part of the data.

All five participants endorsed active and positive coping skills on the Brief COPE. It is of note that Julia endorsed substance use on the Brief Cope. In her interview, Julia mentioned that she enjoys a glass of wine as part of her self-care practice. In addition, subjects who participated in the interview endorsed some positive coping skills in their interview, but may have not endorsed them on the questionnaire. All five participants also endorsed a variety of support systems on the Family Support Scale.

Four participants completed the interview section and the second questionnaire, which included: The Enculturation Scale for Filipino Americans (ESFA) and Parental Locus of Control Scale (PLOC). All four participants endorsed that they were “disconnected” on the ESFA, which

implies that that all four participants did not endorse being enculturated to the Filipino Culture. All four participants endorsed high parental efficacy scores, which indicates a belief of being able to perform their parenting role successfully, which implies a strong internal locus of control. As stated previously, the parental efficacy measures the perception of parenting effectiveness. Those who perceive themselves as being effective parents also have an internal locus of control, which implies that individuals have a sense of control over challenging situations.

Overall, the scores on these measures provide an objective view of the participant's stress level, coping style, support system, view of one's parenting competence, parenting locus of control, and enculturation level to the Filipino Culture. These scores helped informed the content for interpreting the data.

Clinical Implications

There are several notable clinical implications that have emerged from the results of this study. Firstly, this study found that having a structured and organized environment is an important factor in managing stress. Parents in this study have defined parenting roles, which organizes and routinizes their everyday life. Secondly, caregivers also work as a team in problem-solving and making important decisions, which contributes to turning challenging circumstances into situations, which can be both predicted and prepared for. Thirdly, parents in this study have a reliable and dependable support system, whether it is family members, friends, members of the community, or professionals. All four participants have a reliable source of support. Lastly, all four participants endorsed a good sense of parenting self-efficacy in that they have a belief in their effectiveness as a parent. The participants are able to respond to and engage with their child, as well as cope with stressful and/or challenging situations. All these factors have implications for psychologists or other health service providers working with this population.

These factors could be taken into consideration when assessing parenting stress and helping caregivers in this population to better manage and to cope with the challenges of raising a child with special needs.

The results of this study could inform the content for a psychoeducational group intervention for parents who are not coping as well with parenting a child with special needs. The information that emerged from this study can be utilized in assisting clinicians in conceptualizing the parenting experience of Filipino American caregivers. Additionally, the data that emerged from this study, such as having a family structure and dependable support system, could be used to teach other caregivers to better manage and cope with parenting stress. Although this study mainly focused on the coping mechanisms of Filipino American caregivers, the results of this study, in light of existing literature, could also be implemented in general with caregivers of children with special needs. Since there are limitations in the number of subjects who participated in this study and the homogeneity of the participant population, the results of this study may not be completely generalizable to all Filipino American caregivers, but may also benefit other parents regardless of ethnicity. The results of this current study could inform the content for a psychoeducational program for caregivers who may have difficulty coping or managing parenting stress by utilizing and emphasizing the themes that emerged from this current study.

Overall, the data that emerged from this study could be useful information for psychologists and other health service professionals working with this population. The information gathered in this research could also inform professionals about factors affecting coping and in turn help caregivers in this population increase their parenting efficacy and manage parenting stress.

Strengths

Several notable strengths exist in this study. Firstly, this study provided the opportunity for Filipino American caregivers of children with disability to share their experiences in an in-depth manner. As the interview questions were semi-structured, the participants had the opportunity to share as much or as little as they wanted, guiding the conversation to include information they themselves felt was important to share. Additionally, this study provided direct quotes from the participants, which captured their phenomenological perspectives, which will help healthcare professionals to better understand the authentic experience of clients in this population. Furthermore, this researcher employed three outside raters, a graduate student in the field of clinical psychology, a professor of clinical psychology, and an expert on Interpretative Phenomenological Analysis. The purpose of this additional step was to help minimize bias and maximize validity of the themes presented in this study.

Another notable strength of this study was the researcher's background as a Filipino American person. This may have helped participants feel more at ease knowing that they were sharing their experiences with someone with a similar cultural background. Although this researcher's subjective experience of being Filipino American undoubtedly influenced the framing of themes, rather than hindering the outcome of the study, the researcher believes that the additional emotional information deepened the capacity for understanding and accurately translating the experiences of these individuals into a narrative that will inform a greater community of practitioners.

Limitations and Recommendations for Future Research

There are several notable limitations that need to be taken into consideration when reviewing this study. Firstly, according to Seidman (2006), the inter-determinant processes

impact the results and findings of this study. In other words, researchers must allow tolerance for uncertainty in reporting research findings. It is possible that another researcher would identify different themes and similarities among the participants' experiences, thus it is imperative to note that the findings reported, including the narrative accounts, are part of a shared story between the participants and the researcher. Another limitation is the recruitment of participants was limited to the San Francisco Bay Area, an affluent city in the State of California. The findings of this study are related to the experiences of Filipino American caregivers with similar socioeconomic backgrounds; therefore, caregivers of lower socioeconomic status may have different socioemotional experiences with caring for a child with special needs. Additionally, all five caregivers who responded to the study and all four caregivers who participated in the interview were all women, second generation or more Filipino Americans, and heterosexual. The participants were similar in demographics and therefore may have limitations in generalizability to other groups within the Filipino American community, such as for male caregivers, first generation Filipino Americans, and/or caregivers who are homosexual.

The small sample size ($n=4$) also has limitations of generalizability to the wider population of Filipino American caregivers of children with intellectual and/or developmental disabilities. As in most qualitative studies, the interpretations must be considered as tentative and limited by the particular context of the work- including the structure of the procedures and the restricted sample of participants. A larger research theme and sample size would have increased confidence in consensus (Hill, Thompson, & Williams, 1997). The sample of participants was small and not necessarily representative of caregivers of children with intellectual and/or developmental disabilities. Further, the small sample size limited the distinction between successful coping and less successful coping caregivers as described in the procedure section of

this study. It is possible that if the study had interviewed a few more participants, the results might have obtained different themes. On the other hand, the strong commonality of themes within this group (who varied in age, occupation, and diagnosis of child), offer some assurance that many of the themes would appear in other samples. The researcher found that the sample size of four participants generated an adequate amount of qualitative data to capture a unique and intimate examination of the experience of the participants. The coping mechanisms in Filipino American caregivers, in this researcher's knowledge, have never been studied; therefore, this current study is a good understanding of the coping mechanisms in this population and this researcher found that the sample size of four participants to be an adequate amount of information for a study that is beginning to understand the coping factors of Filipino American caregivers of children with intellectual and/or developmental disabilities.

The initial intention of the study was that prior to the interview, less successful and successful coping caregivers are differentiated through the use of empirically validated measures. Inadvertently, five of the caregivers who participated were considered to be successful coping caregivers, which made it challenging to differentiate between successful and less successful coping caregivers. It appears that successful coping caregivers were more likely to respond and to participate in the study compared to less successful coping caregivers. It could be that successful coping caregivers actively find resources in the community and are more willing to participate in research that would benefit them. Caregivers who are successfully coping with parenting stress perhaps saw this as another opportunity to cope, to share their parenting experiences, and/or to network with others in the community. This could then suggest that less successful coping caregivers are not actively seeking help or services for parenting stress, which

also implies that these caregivers may not be coping as well. This finding is related to the studies that show that many Filipino Americans underutilize mental healthcare services.

All four participants endorsed strategies of coping that reflect a Filipino value; however, on the ESFA, all four caregivers were rated as “disconnected” or not enculturated to the Filipino culture. These outcomes were potentially due to a few factors. Firstly, it is probable that the level of identification of Filipino culture, values, or behaviors may not have been fully captured due to the nature of the statements on the ESFA. For instance, one of the items on the ESFA states, “I visit the Philippines often” and another item states, “I always celebrate Rizal Day (December 30th).” These statements may not necessarily reflect the cultural experience of participants in this study. In other words, identification of Filipino cultural values may not be behaviorally explicit in this particular group of participants. As stated previously, values are a set of ideals or attitudes that individuals strive for; therefore, it is possible that the caregivers in this study utilize culturally informed coping strategies that are not necessarily explicitly stated, but unconsciously practiced. In other words, caregivers in this study may not necessarily name the coping methods that are informed by their culture; rather it is implicit and is practiced out of their awareness. The ESFA asks for behaviors that is practiced or consciously practiced; however, it appears that for the caregivers in this study, their coping mechanisms are culturally informed but are not explicitly stated. Furthermore, the questionnaire only reflects behavioral practices of Filipino culture and does not reflect cultural ideals of how one aspires to practice culture. These statements also reflect behavioral practices of culture which is only one of the dimensions of a cultural process. The literature states that the assessment of the concepts of acculturation and enculturation focus on several dimensions that include values, adherence to cultural traditions, and social relationships. It appears that the ESFA focused mainly on Filipino cultural practices

and traditions. The literature also states that individuals can be a combination of either high or low levels of acculturation and enculturation based on varying attitudes: integration or bicultural, assimilation, separation, and marginalization (Berry, 1989; Park, Kim, Chiang, & Ju, 2010; Kim, 2008). Additionally within acculturation and enculturation, there are behavioral and values dimension that influence an individual's beliefs, attitudes, and behaviors. It appears that the ESFA failed to capture the cultural ideals and unconscious cultural practices of the caregivers in this study.

Secondly, it appears that the participants of this study expressed more bicultural values, in that the caregivers presented with both Filipino culture (in terms of certain values and as a way of coping) and American culture. It also appears that the caregivers are unconsciously practicing aspects of Filipino values in that they may not be expressing these values consciously and using the Filipino indigenous names of values to identify their behaviors, but are behaving in ways of coping that adhere to Filipino values mentioned in this study. As mentioned previously, assessment of the concepts of acculturation and enculturation focus on several dimensions that include cultural ideals, cultural traditions, and social relationships. Individuals could also simultaneously practice different combinations of cultural processes, such as being bicultural (high acculturation and high enculturation) or assimilated (high acculturation and low enculturation (Berry, 1989; Park, Kim, Chiang, & Ju, 2010; Kim, 2008). Again, the ESFA appears to measure one dimension of a cultural process, which does not fully capture the caregivers' overall cultural practice that includes not only behaviors, but values and cultural aspirations. Overall, the results generated from the ESFA for this group of participants did not add substantial information to the data and additional measures of culture should have been implemented in this study in order to better understand the participants' cultural processes. It is a

limitation of this study that other measures of culture were not included in addition to the ESFA in order to encapsulate the multiple dimensions of cultural processes and to have a more comprehensive understanding of how culture impacts coping styles in this population.

Although previously noted as a strength, this researcher's background as a Filipino American does not preclude bias. It was an active responsibility of this researcher to acknowledge and address her own bias that may have been influenced by her subjective experience as a child raised in a Filipino family who personally knows parents with children with special needs. While these limitations are important to consider, the overall results and subsequent themes of this study hold relevance to clinicians who would work with this population.

Recommendations for future research could include a larger sample size and a more diverse set of participants, which could have a better generalizability for the population in question. Future research should include a wider range of socioeconomic status, educational level, generational status, and recruitment of participants on a wider geographic range. The current study involved heterosexual parents; therefore, future studies should also include single parent households and LGBTQ families. Possible future work could also entail doing more interviews with a larger number of participants and a larger team of analysts, using an interview structure that builds on what is already known in this population with regard to coping.

The ESFA could be utilized for a larger sample of participants with more heterogeneity, to determine whether a person's enculturation level affects coping. For instance, immigration and general status, English language fluency, income level, educational level, age, gender, political beliefs, where a person resides, and socioeconomic status are variables that influence an

individual's value set, which would also influence an individual's level of acculturation or enculturation (Berry, 1997).

Future research should also include incorporating other measures that examine Filipino culture or values to further explore whether a person's adherence to certain Filipino cultural values affect coping. Since the literature indicates that the process of cultural values is multidimensional, it may be necessary to incorporate other measures that not only assess for cultural behaviors, but also cultural ideals, beliefs, or attitudes in order to capture a full understanding about how and individual fits within a cultural process (bicultural, assimilation, separation, or marginalization). Most measures of acculturation are one dimensional, such as the Short Acculturation Scale for Filipino Americans, in that they mainly look into behavioral practices and ignoring cultural ideals, aspirations, or beliefs. In addition to understanding cultural behaviors, cultural values are an important aspect to study in terms of how culture informs coping in Filipino American caregivers; therefore, it may be necessary to develop a measure that encapsulates the varying dimensions of culture in order to provide a comprehensive understanding of an individual's cultural practice. Additionally, interviews may be a good or even better methodology in examining a person's cultural process. This study used the IPA method in understanding parenting experience, which also aided in providing rich and meaningful data in how Filipino culture informs the caregivers' coping styles. Future research, should include a semi-structured interview, similar to the one used in this study, to assess how an individual's cultural process influence coping. One could include varying questions regarding where a person fits in a cultural process, cultural behavioral practices, and cultural beliefs or ideals in order to understand how a person's culture influences not only coping, but their overall functioning.

Additionally, future research should include an analysis of less successful coping caregivers and comparing this group to successful coping caregivers to study any similarities and/or differences in their parenting experiences and coping strategies. Overall, the results of future studies could further expand knowledge and content for a psychoeducational intervention for caregivers with high parenting stress. Furthermore, one could look at another homogeneous group. If similar themes emerge, this could provide additional convergent validity for the finding.

Future research could also involve finding ways to reach out to less successful coping caregivers to participate in research. Suggestions could include finding ways to access families who may not have the resources or knowledge to access information or help. Perhaps, creating programs in Filipino American communities or in health care centers to inform families of research involvement opportunities, as well as educating these families in the importance of research participation. Furthermore, providing incentives, such as providing free childcare during an interview, may be necessary to support families who wish to participate in research.

Summary of Discussion

The current study has provided rich and meaningful data with regard to the experiences of the four individuals who partook in this study. The data that emerged from this study could be useful information for clinicians working with Filipino American caregivers. There is limited research on Filipino American psychology and, to this researcher's knowledge, there has been no research done to date on the coping mechanism of Filipino American caregivers of children with intellectual and/or developmental disabilities.

This current study aimed at understanding the coping mechanisms of successful coping Filipino American caregivers. Eight themes emerged from the four interviews, which could be

useful information for a psychoeducational intervention for less successful coping parents.

Across all four interviews, participants endorsed having parenting roles that are defined for each primary caregiver; teamwork in parenting; reliability and dependability of extended family members; expressions of altruism among extended family members; coming to terms with child's disability; modification of parental expectations in response to the child's disability; enjoyment of being a parent; and sense of belonging. The stories of all four participants provide a detailed picture of their parenting experiences and how they cope or manage stressful situations. Traditional Filipino values also emerged in all four interviews and are important factors to resilient behaviors among the four families. Overall, the families' stories could benefit other parents who may not be coping as well with the stressors of caring a child with special needs.

An interesting finding about the data that emerged was that there was a strong connection of Filipino values in coping factors across all four caregivers. The interview did not specifically include questions regarding the connection of coping with Filipino values. It so happens that in all four caregivers, parents had very similar coping styles that strongly adhere to a Filipino value. These conclusions would not have emerged if questionnaires were solely given to the participants. The interview process provided a clear picture of how parents in this particular group cope and managed parenting stress.

Finally, the expansion of this research will allow for the continuation in understanding this population and to offer additional help for Filipino American caregivers in coping or managing parenting stress. The results of this current study could provide rich and meaningful information in understanding the caregiving experience of Filipino American parents and how cultural values play a role in the parenting experience. This study has provided a foundation for

future studies in understanding the coping mechanisms of Filipino American caregivers to better serve this population, as well as provide interventions that are meaningful to them.

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Appendix A**Filipino Parents and Caregivers Needed!**

Are you the parent or primary caregiver of a child with an intellectual or developmental disability?

We are seeking participants for our research study. Your involvement can help support the Filipino American community!

The purpose of the study is to learn how Filipino American caregivers cope with stressors of parenting a child with an intellectual or developmental disability. Participation involves filling out questionnaires and possibly an interview.

All participants will receive compensation of a Gift Card with value of **up to \$20!**

If you are interested, please contact:
Kathrynn Mabalot, M.S.

Appendix B



CONSENT TO PARTICIPATE

You have been asked to participate in a research study conducted by Kathrynn Mabalot, M.S., a graduate student in the Clinical Psychology (Psy.D.) program in the Department of Nursing and Health Professions at the University of San Francisco. The faculty supervisor for this study is Dr. Brent Richard Ferm, a professor in the Clinical Psychology (Psy.D.) program, and this study has been approved by the Institutional Review Board at the University of San Francisco.

Please read the following description of the procedures for participating in this study. An explanation of your rights as a participant is also discussed. Read this information carefully and ask me if you have any questions regarding the study or what is being asked of you. By signing this form, you are indicating that you understand the information on this form and agree to participate.

WHAT THE STUDY IS ABOUT:

The purpose of this research study is to examine the coping strategies of Filipino American caregivers of children with intellectual and or developmental disabilities.

WHAT WE WILL ASK YOU TO DO:

You will be asked to complete a series of questionnaires through paper and pencil format and you may be called back to complete an interview.

DURATION AND LOCATION OF THE STUDY:

Your participation in this study will involve completing a few questionnaires that may take 30 minutes or less to complete. If you are asked to participate in an interview, the interview process will take about one hour to complete. In the event that you are interviewed in person, the researchers will request an audio recording of the interview. Recordings are necessary for this research as it provide very useful information pertaining to the nature and purpose of the study.

POTENTIAL RISKS AND DISCOMFORTS:

We do not anticipate any risks or discomfort to you from participating in this research, though there is a risk of minimal psychological distress due to the nature of the topic. You may choose to withdraw your consent and discontinue your participation at any time during the study without penalty.

BENEFITS:

You will receive no immediate direct benefits from your participation in this study; however, information from this study may benefit other people who may be experiencing stress from caregiving duties. Further, by sharing experiences with caregiving, you may be able to better understand your strengths as a caregiver.

PRIVACY/CONFIDENTIALITY:

Any data you provide in this study will be kept confidential unless disclosure is required by law, such as in the event of suspected child abuse or neglect. We will not publically share information that will make it possible to identify you or any individual participant. We will take precautions to de-identify any personal information. Only the Principal Investigator and Supervisor will have access to personally identifying information. Any electronic data collected will be stored in a password-protected database, and other data will be stored in a locked file cabinet that can only be accessed by the researchers. Data that is collected from this study will be kept for a maximum of three years and will be destroyed after the three years.

All recordings from in-person interviews will be stored electronically, using password protected software. No personally identifying information will be linked to the recording. After completion of the study, recordings will be stored for three years and then destroyed.

COMPENSATION/PAYMENT FOR PARTICIPATION:

You will receive \$10.00-\$20.00 for your full participation in this study. If you choose to withdraw before completing the study, you will receive half of the full amount to participate in the study.

VOLUNTARY NATURE OF THE STUDY:

Your participation is completely voluntary and you may discontinue your participation at any time without penalty or loss of benefits. Furthermore, you may skip any task that makes you uncomfortable. In rare instances, the researcher may exercise the right to withdraw you from participation of the study.

OFFER TO ANSWER QUESTIONS:

Please contact me, the Principal Investigator, at any point if you have questions about the study: Kathryn Mabalot, M.S. If you have questions or concerns about your rights as a participant in this study, you may contact the University of San Francisco Institutional Review Board at IRBPHS@usfca.edu.

I HAVE READ THE ABOVE INFORMATION. ANY QUESTIONS I HAVE ASKED HAVE BEEN ANSWERED. I AGREE TO PARTICIPATE IN THIS RESEARCH PROJECT AND I WILL RECEIVE A COPY OF THIS CONSENT FORM.

PARTICIPANT'S SIGNATURE

DATE

Appendix C

Interview Questions

Support

1. Who lives with you at home?
2. Are you the primary caregiver?
3. If you have a partner how would you describe your relationship with your partner?
4. If you have a co-parent, how supported do you feel by your co-parent?
5. Is your co-parent someone other than your spouse or partner?
6. How do you share responsibilities as co-parents/caregivers?
7. Describe your support system.
8. What does your support system help you with?
9. During a time of need, whom do you contact?
10. Are you actively involved in any organizations?
11. Do you participate in any organizations that support your needs as a parent/caregiver? For instance, a parenting group.
12. Do you know any parents/caregivers who has a child with special needs?

Parenting

1. How satisfied are you as a parent?
2. Do you seek or use advice from others on how parent? If so, whom do you seek advice from and what advice do you use?
3. What can make parenting/caregiving challenging?
4. How do you handle challenging parenting situations?
5. How do you solve problems in the family?
6. How often do you spend "family time?" What does family time look like?
7. What do you enjoy about parenting?

Coping

1. What do you do to relieve stress?
2. How often do you relieve stress?
3. How do you know when you need to step back to relieve stress?
4. How has your support system helped you with relieving stress?
5. Do you use religion or spirituality as a way for coping? If so, what religion?
6. Do you ask people for help? If so, how?
7. Have you been to a professional for parenting advice?

Parenting style

1. Describe your parenting style.
2. How do you deal with challenging situations with you child?

Parenting

1. Do you find support in the Filipino Community?
2. What advise would you give to other parents of children with special needs?

Appendix D**Questions About Your Child with Special Needs**

1. How old is your child? _____
2. Are you the primary caregiver? _____
3. How old was your child when he/she was diagnosed? _____
4. How old were you when your child was born? _____

5. What services is your child currently receiving?

6. Did you know that your child had this disorder before he/she was born? If so, at what point in your pregnancy did you find out?

7. Does anyone else in your family have this diagnosis? If so, please identify the person's relationship to you.

Appendix E**Demographic Questions**

Name: _____ Age: _____ Sex/Gender: _____

1. Where were you born? _____

2. If you were not born in the United States, when did you emigrate to the United States?

3. What is your primary language? _____

4. What language do you speak at home? _____

5. What is your marital status? _____

6. If you have a partner, how long have you been with your partner? _____

7. How many children do you have and what are their ages?

8. What is your level of educational attainment? _____

9. If you have a partner, what is your partner's level of educational attainment?

10. What is your occupation? _____

11. If you have a partner, what is your partner's occupation?

Please provide an estimate of your yearly household income level. Please circle one:

\$10,000-\$25,000 \$25,000-\$50,000 \$50,000-\$75,000 \$75,000-\$100,000 \$100,000 +

Do you experience symptoms of anxiety? Please circle the level of anxiety you are currently experiencing.

MILD

MODERATE

SEVERE

Do you experience symptoms of depression? Please circle the level of depression you are currently experiencing.

MILD

MODERATE

SEVERE

Do you have a family history of mental health problems, such as anxiety or depression? If so, please describe.

Enculturation Scale for Filipino Americans

Instructions: The statements below describe values, attitudes, and behaviors that you may agree or disagree with. Please indicate the extent to which you agree or disagree with each statement by putting a check mark [✓] in one of the boxes next to each statement.

		Strongly Disagree	Somewhat Disagree	Slightly Disagree	Slightly Agree	Somewhat Agree	Strongly Agree
1.	I am in regular contact with my family in the Philippines through telephone calls, email, mail, or texting.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Failing to recognize some one's social status or family standing is offensive.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	I always listen carefully to those in positions of authority.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	I visit the Philippines often.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	When my doctor gives me treatments or recommendations, I tend to be afraid or ashamed to ask questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Children should give unquestioning respect and obedience to their elders and authority figures.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	I would like to retire in the Philippines.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Instead of confronting someone face to face, I would rather talk about this person behind his or her back.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Praying cannot help cure illnesses.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	I always celebrate Rizal Day (December 30th).	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	If I am unsure about how much I need to repay someone who has done me a favor, I keep trying to pay back the favor so that I do not look ungrateful.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Going to church is not very important to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	I am familiar with many important events in Filipino history.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	My behavior is determined by what others will say, think, or do.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Parents must teach children the importance of religion.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[illegible]

Appendix G

Family Support Scale

MODIFIED FAMILY SUPPORT SCALE

Listed below are people and groups that often are helpful to caregivers and to families of a child with cerebral palsy. This questionnaire asks you to indicate how helpful each of the following people or groups of people have been to you and your family.

Please circle the number that best describes how helpful how these people or groups of people have been to you and your family during the past 3 to 6 months. The higher the score, the more helpful the person has been. You may not find a number that exactly describes your feelings or opinions, so you need to circle the number that comes closest to describing how you feel. Your first reaction to each statement should be your answer.

If any of these people or groups of people are unknown to you and your family, then make a tick in the N/ A column.

No.	Person	N/A	Not all helpful	Sometimes helpful	Generally helpful	Very helpful	Extremely helpful
1	My parents		1	2	3	4	5
2	My partner		1	2	3	4	5
3	My partner's parents		1	2	3	4	5
4	My relatives		1	2	3	4	5
5	My partner's relatives		1	2	3	4	5
6	My friends		1	2	3	4	5
7	My partner's friends		1	2	3	4	5
8	My other children		1	2	3	4	5
9	Other parents		1	2	3	4	5
10	Co-workers		1	2	3	4	5
11	Parent groups		1	2	3	4	5
12	Social groups / clubs		1	2	3	4	5
13	Church members / minister		1	2	3	4	5
14	My family or child's physician		1	2	3	4	5
15	Early childhood intervention program		1	2	3	4	5
16	School / day-care centre		1	2	3	4	5
17	Professionals (therapists, social workers, nursing staff)		1	2	3	4	5
18	Professional agencies (hospital, clinic, social services)		1	2	3	4	5
19	Other _____		1	2	3	4	5

Appendix H

Brief COPE

These items deal with ways you've been coping with the stress in your life since you found out you were going to have to have this operation. There are many ways to try to deal with problems. These items ask what you've been doing to cope with this one. Obviously, different people deal with things in different ways, but I'm interested in how you've tried to deal with it. Each item says something about a particular way of coping. I want to know to what extent you've been doing what the item says. How much or how frequently. Don't answer on the basis of whether it seems to be working or not—just whether or not you're doing it. Use these response choices. Try to rate each item separately in your mind from the others. Make your answers as true FOR YOU as you can.

- 1 = I haven't been doing this at all
- 2 = I've been doing this a little bit
- 3 = I've been doing this a medium amount
- 4 = I've been doing this a lot

- 1. I've been turning to work or other activities to take my mind off things.
- 2. I've been concentrating my efforts on doing something about the situation I'm in.
- 3. I've been saying to myself "this isn't real."
- 4. I've been using alcohol or other drugs to make myself feel better.
- 5. I've been getting emotional support from others.
- 6. I've been giving up trying to deal with it.
- 7. I've been taking action to try to make the situation better.
- 8. I've been refusing to believe that it has happened.
- 9. I've been saying things to let my unpleasant feelings escape.
- 10. I've been getting help and advice from other people.
- 11. I've been using alcohol or other drugs to help me get through it.
- 12. I've been trying to see it in a different light, to make it seem more positive.
- 13. I've been criticizing myself.
- 14. I've been trying to come up with a strategy about what to do.
- 15. I've been getting comfort and understanding from someone.
- 16. I've been giving up the attempt to cope.
- 17. I've been looking for something good in what is happening.
- 18. I've been making jokes about it.
- 19. I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping.
- 20. I've been accepting the reality of the fact that it has happened.
- 21. I've been expressing my negative feelings.
- 22. I've been trying to find comfort in my religion or spiritual beliefs.
- 23. I've been trying to get advice or help from other people about what to do.
- 24. I've been learning to live with it.
- 25. I've been thinking hard about what steps to take.
- 26. I've been blaming myself for things that happened.
- 27. I've been praying or meditating.
- 28. I've been making fun of the situation.

Appendix I

Parental Stress Scale

The following statements describe feelings and perceptions about the experience of being a parent. Think of each of the items in terms of how your relationship with your child or children typically is. Please indicate the degree to which you agree or disagree with the following items by placing the appropriate number in the space provided.

1 = Strongly disagree 2 = Disagree 3 = Undecided 4 = Agree 5 = Strongly agree

1	I am happy in my role as a parent	
2	There is little or nothing I wouldn't do for my child(ren) if it was necessary.	
3	Caring for my child(ren) sometimes takes more time and energy than I have to give.	
4	I sometimes worry whether I am doing enough for my child(ren).	
5	I feel close to my child(ren).	
6	I enjoy spending time with my child(ren).	
7	My child(ren) is an important source of affection for me.	
8	. Having child(ren) gives me a more certain and optimistic view for the future.	
9	The major source of stress in my life is my child(ren).	
10	Having child(ren) leaves little time and flexibility in my life.	
11	Having child(ren) has been a financial burden.	
12	. It is difficult to balance different responsibilities because of my child(ren).	
13	The behavior of my child(ren) is often embarrassing or stressful to me.	

If I had it to do over again, I might decide not to have child(ren).	
I feel overwhelmed by the responsibility of being a parent.	
Having child(ren) has meant having too few choices and too little control over my life.	
I am satisfied as a parent	
I find my child(ren) enjoyable	

Appendix J

PARENTAL MEASURES

Parental Locus of Control Scale

Leslie Campis, Robert Lyman & Steven Prentis-Dunn (1986)

Developed in 1986, this scale targets parents of elementary school-aged children. It reliably measures several factors:

- Parental Efficacy
- Parental Responsibility
- Child Control of Parents' Life
- Parental Belief in Fate/Chance
- Parental Control of Child's Behavior

The developers of this scale aimed to address a proposition by Lefcourt that states the inability for Locus of Control scales to predict behavior is due to the inaccuracy of the measure being used. Further, it is generally thought that construct specific scales are more accurate than general Locus of Control scales. Thus this scale was developed as a more accurate measure for a specific population. The test is a 5-point Likert-type scale with responses ranging from strongly disagree (1) to strongly agree (5).

Parental Locus of Control Scale

Factor 1: Parental Efficacy

1. What I do has little effect on my child's behavior
2. When something goes wrong between me and my child, there is little I can do to correct it
3. Parents should address problems with their children because ignoring them won't make them go away
4. If your child tantrums no matter what you try, you might as well give up
5. My child usually ends up getting his/her way, so why try
6. No matter how hard a parent tries, some children will never learn to mind
7. I am often able to predict my child's behavior in situations
8. It is not always wise to expect too much from my child because many things turn out to be a matter of good and bad luck anyway
9. When my child gets angry, I can usually deal with him/her if I stay calm
10. When I set expectations for my child, I am almost certain that I can help him/her meet them

Factor 2: Parental Responsibility

11. There is no such thing as good or bad children- just bad parents
12. When my child is well behaved, it is because he/she is responding to my efforts
13. Parents who can't get their children to listen to them don't understand how to get along with their children
14. My child's behavior problems are no one's fault but my own
15. Capable people who fail to become good parents have not followed through on their opportunities
16. Children's behavior problems are often due to the mistakes their parent made
17. Parents whose children make them feel helpless just aren't using the best parenting techniques
18. Most children's behavior problems would not have developed if their parents had better parenting skills
19. I am responsible for my child's behavior
20. The misfortunes and successes I have had as a parent are the direct result of my own behavior

Factor 3: Child Control of Parents' Life

- 21. My life is chiefly controlled by my child
- 22. My child does not control my life
- 23. My child influences the number of friends I have
- 24. I feel like what happens in my life is mostly determined by my child
- 25. It is easy for me to avoid and function independently of my child's attempt to have control over me
- 26. When I make a mistake with my child I am usually able to correct it
- 27. Even if your child frequently tantrums, a parent should not give up

Factor 4: Parental Belief in Fate/Chance

- 28. Being a good parent often depends on being lucky enough to have a good child
- 29. I'm just one of those lucky parents who happened to have a good child
- 30. I have often found that when it comes to my children, what is going to happen will happen
- 31. Fate was kind to me- if I had had a bad child I don't know what I would have done
- 32. Success in dealing with children seems to be more a matter of the child's mood and feelings at the time rather than one's own actions
- 33. Neither my child nor myself is responsible for his/her behavior
- 34. In order to have my plans work, I make sure they fit in with the desires of my child
- 35. Most parents don't realize the extent to which how their children turn out is influenced by accidental happenings
- 36. Heredity plays a major role in determining a child's personality
- 37. Without the right breaks one cannot be an effective parent

Factor 5: Parental Control of Child's Behavior

- 38. I always feel in control when it comes to my child
- 39. My child's behavior is sometimes more than I can handle
- 40. Sometimes I feel that my child's behavior is hopeless
- 41. It is often easier to let my child have his/her way than to put up with a tantrum
- 42. I find that sometimes my child can get me to do things I really did not want to do
- 43. My child often behaves in a manner very different from how I want him/her to behave
- 44. Sometimes when I tired I let my children do things I normally wouldn't
- 45. Sometimes I feel that I do not have enough control over the direction my child's life is taking
- 46. I allow my child to get away with things
- 47. It is not too difficult to change my child's mind about something

The Parental Locus of Control Scale, as found in [Campis, Lyman and Prentis-Dunn \(1986\)](#)

The test was validated by its authors ([Campis, Lyman & Prentis-Dunn, 1986](#)). It was also found reliable by [Hagekull and colleagues \(2001\)](#).

[Lloyd and Hasting \(2009\)](#) found the reliability of the scale to be unacceptable for their study, but after removing certain items from each subscale they reported the shortened version to be acceptable. [Lovejoy and colleagues \(1997\)](#) question the validity of the study, stating their belief that results may also be influenced by response style (tendency to answer questions in a certain way) and current distress of the participant.

The following is a short list of studies that have used the parental Locus of Control scale.

Appendix K

Parenting Sense of Competence Scale (Gibaud-Wallston & Wandersman, 1978)

Please rate the extent to which you agree or disagree with each of the following statements.

Strongly Disagree 1	Somewhat Disagree 2	Disagree 3	Agree 4	Somewhat Agree 5	Strongly Agree 6
1. The problems of taking care of a child are easy to solve once you know how your actions affect your child, an understanding I have acquired.				1	2 3 4 5 6
2. Even though being a parent could be rewarding, I am frustrated now while my child is at his / her present age.				1	2 3 4 5 6
3. I go to bed the same way I wake up in the morning, feeling I have not accomplished a whole lot.				1	2 3 4 5 6
4. I do not know why it is, but sometimes when I'm supposed to be in control, I feel more like the one being manipulated.				1	2 3 4 5 6
5. My mother was better prepared to be a good mother than I am.				1	2 3 4 5 6
6. I would make a fine model for a new mother to follow in order to learn what she would need to know in order to be a good parent.				1	2 3 4 5 6
7. Being a parent is manageable, and any problems are easily solved.				1	2 3 4 5 6
8. A difficult problem in being a parent is not knowing whether you're doing a good job or a bad one.				1	2 3 4 5 6
9. Sometimes I feel like I'm not getting anything done.				1	2 3 4 5 6
10. I meet by own personal expectations for expertise in caring for my child.				1	2 3 4 5 6
11. If anyone can find the answer to what is troubling my child, I am the one.				1	2 3 4 5 6
12. My talents and interests are in other areas, not being a parent.				1	2 3 4 5 6
13. Considering how long I've been a mother, I feel thoroughly familiar with this role.				1	2 3 4 5 6
14. If being a mother of a child were only more interesting, I would be motivated to do a better job as a parent.				1	2 3 4 5 6
15. I honestly believe I have all the skills necessary to be a good mother to my child.				1	2 3 4 5 6
16. Being a parent makes me tense and anxious.				1	2 3 4 5 6
17. Being a good mother is a reward in itself.				1	2 3 4 5 6