

# Relationship Factors: A Study of Parents of Children with Down Syndrome

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## ABSTRACT

The current study contributes to the understanding of parental relationship satisfaction amongst parents of children with Down syndrome (DS), through both quantitative and qualitative data analysis using data from a large national sample. Results indicate differences between high relationship satisfaction and low relationship satisfaction groups on measures of hope, life satisfaction, and coping scores. Qualitative results also indicated group differences.

## INTRODUCTION & PRESENT STUDY

- Parents of children with an IDD diagnosis, such as Down syndrome (DS), may experience differences in their stress and coping (Roach, Orsmond, & Barratt, 1999; Woodman, 2014).
- Families with special needs often state they are content and see their lives as a mix of challenging and satisfying experiences (Nelson Goff et al., 2013; Hastings & Taunt, 2002).
- It is important for parents of children with an IDD diagnosis to understand the changes in coping, satisfaction, and relationship functioning that may occur due to the variations in well-being for parents of children overtime.
- This study sought to provide an understanding of the effects on relationship functioning reported by parents of children diagnosed with DS based on differences in relationship satisfaction levels.

## SAMPLE AND PROCEDURE

- In the current study, 459 participants (of the original 651 total sample) responded to an open-ended question that asked participants to describe their response to their child's Down syndrome diagnosis, as well as similarities and differences between partners both in their reactions and experiences at the time of diagnosis and currently in how they approach their child.
- Participants were divided into two groups based on HIGH ( $n = 287$ ) and LOW ( $n = 172$ ) relationship satisfaction scores.

## MEASURES

- Relationship Satisfaction Measures:
  - Couples Satisfaction Index-4 (CSI-4; Funk & Rogge, 2007) Distress Cut Score: 13.5
  - Revised Dyadic Adjustment Scale (RDAS; Busby, Christensen, Crane, & Larson, 1995) Distress Cut Score = 48
- Herth Hope Index (HHI; Herth, 1992)
- Satisfaction with Life Scale (SWLS; Diener, Emmons, Larsen, & Griffin, 1985)
- Family Crisis Oriented Personal Evaluation Scales (F-COPES; McCubbin, Olson, & Larsen, 1991)
- Open-ended qualitative questions

## DEMOGRAPHICS & QUANTITATIVE RESULTS

- Participants in the current study were predominately female (87%), European American/White (91%), from a higher SES level (38% reported >\$100,000 annual income), currently married (91%), with an average relationship length of 14.62 years ( $SD = 9.19$ ; Range = <1 - 51)
- Average age of participants = 41.98 ( $SD = 9.28$ ; Range = 16 - 70)
- Average age of child with DS = 7.95 ( $SD = 8.55$ , Range = <1 - 50)
- There were no significant demographic differences between the HIGH and LOW relationship satisfaction groups.
- Controlling for participant age, age of child with DS, and relationship length, MANCOVA results revealed significant differences between groups ( $F(3, 286) = 38.28, p < .000$ , partial  $\eta^2 = .69$ ) on measures of hope (HHI),  $F(4, 288) = 10.42, p < .000$ , life satisfaction (SWLS),  $F(4, 288) = 30.01, p < .000$ , and coping (F-COPES),  $F(4, 288) = 3.66, p < .01$ .

RESULTS	High Group ( $n=287$ )	Low Group ( $n=172$ )
Quantitative Data:	M ( $SD$ )	M ( $SD$ )
Herth Hope Index	43.33 (3.73)	40.11 (5.41)
Satisfaction With Life Scale	29.37 (4.16)	22.30 (6.96)
Family Crisis Oriented Personal Evaluation Scale	102.40 (15.71)	98.69 (16.73)
Qualitative Data:	$n$ (%)	$n$ (%)
Similar reactions of parents at diagnosis	111 (39%)	49 (28%)
Dissimilar Reactions of parents at diagnosis	96 (35%)	86 (50%)
Mothers more emotional (both groups)	40 (14%)	28 (16%)
Fathers strong for spouse (both groups)	28 (13%)	21 (12%)
Fathers suppressing emotions (both groups)	23 (8%)	21 (12%)
Both parents felt devastated (> HIGH)	24 (8%)	4 (2%)
Both parents felt acceptance (> HIGH)	37 (15%)	10 (6%)
Both parents felt significant meaning (> HIGH)	22 (8%)	3 (2%)
Both parents educated themselves at diagnosis	33 (12%)	16 (9%)
Mothers gained education initially (both groups)	23 (8%)	8 (5%)
Parents gained education together (> HIGH)	23 (8%)	4 (2%)
Both parents currently on the same page	118 (41%)	59 (34%)

## DISCUSSION & IMPLICATIONS

- The current study contributes to existing literature by describing potential similarities and differences between high and low relationship satisfaction groups of parents of children with DS:
  - High relationship satisfaction group reported more general life satisfaction, coping, and hope than the low satisfaction group
  - High relationship satisfaction group reported that their reactions at the time of the diagnosis were similar to their partner, with more parents in the low relationship satisfaction group reporting dissimilar reactions between partners
  - Parents in both groups reported engaging in education and gaining information at the time of the diagnosis, with more parents in the high relationship satisfaction group indicating they gained this education together.
- The results of the current study indicate that parents in relationships with higher relationship satisfaction may share their initial experiences together more than participants who reported lower relationship satisfaction. These initial experiences may contribute to later couple functioning in parents of children with DS.
- For helping professionals across disciplines working with families with a child with special needs, utilizing these results can help to better accommodate parents of children with an IDD diagnosis, like DS. Insight can be gained from examining parents' relationship satisfaction levels and their reactions to the diagnosis in order to aid professionals in understanding the most important experiences and needs of these families.
- Limitations of the study involve the demographics of the sample being predominately Caucasian, upper middle class women. Future research into this area should include a more diverse sample of parents of children with Down syndrome and other intellectual and developmental disabilities.

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