

**Enrichment and Stress in Families Caring
for a Child with a Serious Emotional Disorder**

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ABSTRACT: We examined enrichment and stress in 214 families who had children with severe

emotional disorders. Caregivers' ratings of enrichment and stress were obtained through a newly developed instrument, the Effects of the Situation Questionnaire, which used parallel items covering 17 life areas. While ratings of stress were generally higher than enrichment, caregivers reported some enrichment in areas encompassing self concept and family relationships. Bivariate and multivariate analyses using various child, family, and service-system variables revealed that stress was notably associated with severity of the child's disorder, low empowerment, and a lack of coordination among service providers. Enrichment was unrelated to severity but associated with high empowerment and spiritual support. Our findings suggest that families' experiences of caregiving can have both positive and negative aspects and that a comprehensive approach to serving and studying families should take both into account.

According to the folk wisdom of many cultures, life events can paradoxically have both positive and negative aspects. Difficulties and hardships can bring satisfaction and growth in addition to pain and, conversely, joyful occasions may have less felicitous consequences. For parents of a child with an emotional disability, this dualistic notion can have special relevance. On the one hand, the normal demands of parenthood are magnified by additional needs that accompany the child's disability, not only influencing the immediate requirements of individual caregiving, but also involving families in a complex set of roles and relationships. On the other hand, these new circumstances may lend positive meaning to parents' lives and bring other benefits as well, sometimes in unexpected ways (Mullins, 1987; Turnbull, Guess, & Turnbull 1988).

Scientific efforts to study the impact of disabilities on families have been reported extensively in the literature on chronic illness, childhood disabilities, and adult psychiatric disorders, with a focus primarily on stress and burden (Cook, Pickett, & Cohler, 1997; Stein & Riessman, 1980; see also reviews by McCubbin et al., 1980; Patterson, 1988). In the field of children's mental health, attention to the impact of childhood emotional disabilities on families has been more limited, although the few studies that have been done point to wide-ranging effects. Friesen (1989) reported that parents of children with emotional disabilities felt that their family life was worse in areas such as: effects on siblings; parents' opportunity to have time away from children; amount of attention parents provided to other children; the family's relationships with extended family, friends and neighbors; the family's ability to participate in social activities as a family; parents' relationship with their spouse or partner; and the mother's health. However, about a quarter of caregivers in the study rated their family life as better in the involvement of both parents in caregiving. More recently, Messer et al. (1997) found that caregivers from a clinical sample of children with serious emotional disorders commonly reported general worries, depression, tiredness, feelings of incompetence, and restrictions on personal activities, while parents from a general population sample reported some of the same burdens, but with considerably less frequency.

Empirical studies of positive effects of caring for children with serious physical disabilities have found higher levels of marital satisfaction (Kazak & Marvin, 1984) and marital closeness (Hare, Laurence, Paynes, & Rawsley, 1966), while parents of children with developmental disabilities have indicated that they became stronger individuals as a result of their experiences (Wilder, Wasow, & Hatfield, 1983). In a more recent study, Behr and Murphy (1993) found that family members of children with special needs perceived their children to make positive contributions to their families' happiness and fulfillment, strength and family closeness, and knowledge about and compassion for special problems.

Efforts to identify circumstances that may mitigate the impact of having a child with a disability have identified child characteristics and needs as important (Angold et al., in press; McDonald, Poettner, & Pierpont, in press; Pahl & Quine, 1987). Social or material characteristics of families have also been identified, in particular social support, religious involvement and financial resources (Asarnow & Horton, 1990; McDonald et al., in press; Pahl & Quine, 1987; Sloper & Turner, 1993; Trivette & Dunst,

1992). Furthermore, caregivers' belief in their capacity to influence life events has been associated with higher levels of satisfaction with family functioning (Failla & Jones, 1991), and empowerment has received much recent attention as a theoretical influence on how caregivers manage difficulties (Heflinger & Bickman, 1996; Koren, DeChillo, & Friesen, 1992; Singh et al., 1995). Finally, formal services and supports have been linked to a decrease in caregiver stress (Murray, 1992). Taken together, these studies identify a number of possible influences on families who are caring for a child with an emotional disorder.

We examined both positive and negative aspects of living with and caring for a child with an emotional disability. Positive aspects of the situation were conceptualized as "enrichment," reflecting the notion that parenting such a child may enhance the quality of experiences in different aspects of daily life. Negative aspects were conceptualized as "stress," a construct that has had widespread and varying use in previous research (see reviews by McCubbin et al., 1980; Monat & Lazarus, 1991). In our study, stress refers to caregivers' internal experiences of difficulty or distress. Both constructs were viewed as reflecting the broad circumstances in which parents' lives are embedded, including day-to-day experiences directly related to parenting as well as attendant issues such as coordinating services or developing ties with other parents. To capture this complexity, parents were asked to report on enrichment and stress with respect to a wide range of areas, including practical matters, emotional and personal issues, and social relationships. We first examined parents' ratings across life areas and compared the level of stress and enrichment in each area. Second, we attempted to identify individual variables that might be associated with parents' experiences of stress and enrichment. These variables included child and family characteristics, social and family support, material resources, empowerment, and key service system characteristics. Last, we applied multivariate procedures in an effort to identify combinations of variables that were most strongly associated with stress and enrichment.

METHOD

Setting

Data were collected from families who participated in an evaluation designed to examine the impact of the Robert Wood Johnson Foundation's Mental Health Services Program for Youth in Multnomah County, Oregon (Beachler, 1990). Multnomah County is the major metropolitan county in the state and includes the city of Portland. The evaluation involved three intervention conditions, with multiple data collection points at admission to the project and at six-month intervals thereafter. In the analyses reported here, data from only the first measurement occasion were used. Since no intervention had yet taken place, families from the three evaluation conditions were pooled into a single sample.

Participants

Families were eligible for inclusion in the evaluation if their child was between 5 and 18 years of age, had been identified by a child-serving system as having a serious emotional disorder, and had experienced substantial limitations in major life areas (e.g., school performance, relationship development, family life and self care). Participation in the evaluation was voluntary and involved both the child and her or his parent or other caregiver.

The sample for the study was comprised of 214 biological or adoptive families. Foster families were excluded because the impact of having and caring for a child with an emotional disorder was considered to be substantially different for foster parents than for biological and adoptive parents. Most of the respondents were women (88%). The mean age of children in the sample was 11.9 years ($SD = 3.02$), and boys outnumbered girls by a ratio of approximately 3:1. Almost three quarters of the children were

identified as Caucasian (72%), with smaller percentages identified as African American (16%), Native American (8%), Hispanic (1%), and Asian (1%). About half the sample (55%) reported either full- or part-time employment as the primary source of income. Reported income ranged from less than \$10,000 to more than \$55,000, with 63% of respondents indicating that their family income was less than \$20,000.

When asked about diagnoses or names that they had been given for their child's disability, parents' most common responses were attention-deficit hyperactivity disorder (41%), emotional disorder/seriously emotionally disturbed (30%), and learning disability (25%). Eighty-six percent of the children scored within the clinical or borderline-clinical ranges for the Total Behavior Problem Score of the Child Behavior Checklist (Achenbach, 1991).

Data Collection Procedures

Data for the evaluation were collected through structured interviews with parents or other caregivers and through questionnaires completed at the time of the interview. Interviewers were graduate-level social work students who attended eight hours of initial training in data collection procedures and who were provided regular supervision and follow-up training. The entire interview process took from two to two and a half hours and was generally conducted in the parent's or caregiver's home. At the completion of each interview process, the respondent was paid \$25.

Measures

The study reported here included measures of family or child demographic characteristics obtained through interview questions, as well as measures of stress, enrichment, empowerment, social support, spiritual support, and child problem severity obtained through questionnaires. Measures obtained through the interview were: age and gender of the child; duration of the child's disability, defined as the number of months since the disability first became known; income and employment of the caregiver, both used as indicators of material resources; and the presence of someone to share parenting, used as an indicator of informal support.

Stress and enrichment were assessed with the Effects of the Situation Questionnaire, an instrument that asked parents or other caregivers to rate the amount of stress and enrichment they attributed to their situation of caring for a child with a serious emotional disorder. The items in the questionnaire were based in part on instruments used in previous studies of child care (Emlen & Koren, 1984, 1990) and children's mental health (Friesen, 1989). For each of 17 areas, respondents rated the level of stress on a four-point scale (from "caused no stress or limitations in this part of my life" to "caused a lot of stress or limitations in this part of my life"); in addition, the parent also rated enrichment for the same questions on a parallel four-point scale ("did not make this part of my life better" to "made this part of my life a lot better").

Several constructs were assessed with well-established instruments. Family empowerment was assessed with the Family Empowerment Scale (Koren et al., 1992) and was included because it was considered the type of empowerment most likely to be associated with parental stress or enrichment. The alpha coefficient obtained in this study for this score was .89. Social support from friends and neighbors, from extended family, and from spiritual sources were each measured with the Family Crisis Oriented Personal Evaluation Scale (F-COPES) (McCubbin, OJson, & Larsen, 1991), an instrument designed to assess various problem solving approaches used by families. The alpha coefficients obtained in this study for these three scores were .74, .84 and .83, respectively. Child problem severity was assessed with three subscores from the Child Behavior Checklist or CBCL (Achenbach, 1991): internalizing problem behaviors, externalizing problem behaviors, and total problem behavior. Published alpha coefficients on these subscales, which are reported separately by gender and age group, range from .89

to .96.

Several measures were used to assess characteristics of the services received by children and their families. One measure, Service Complexity, was based on the total number of formal services, including those provided by health and mental health agencies or practitioners, child welfare agencies, schools or other educational institutions, and day treatment centers. Coding of services into categories was accomplished by three independent coders who classified caregivers' reports of services provided to their child. Inter-observer reliability was assessed by calculating a Kappa coefficient (Fleiss, 1981) on a 20% sample overlap, randomly selected. The coefficient was .87, indicating a high degree of reliability.

A second service system characteristic, Family Participation in Planning, was measured with a series of six questions asking parents to rate their level of involvement, how much their ideas were valued, their agreement with the plan for their child, their role in planning, how much their whole family's needs were considered, and their level of influence in the planning process. Ratings were based on a four-point scale with possible scores ranging from six to 24. The alpha coefficient obtained for this score with this sample was .87.

A third service system characteristic, Service Coordination, was measured with an 18-item questionnaire (Koren et al., 1997) that assessed the occurrence of different events or conditions that might indicate that agencies or organizations were working together to coordinate services. A nine-item subscale of this instrument, focusing specifically on the degree to which providers work together on behalf of the family, was used in this analysis. Scores were based on summing responses from five-point rating scales on each item with possible scores ranging from nine to 45. The alpha coefficient obtained for this score with this sample was .86.

RESULTS

We began our analysis with an examination of the distribution of the 17 individual item responses for stress and enrichment. Item stems (paraphrased) and mean item responses are presented in Table 1. As expected, parents reported considerable stress in a number of areas. The areas with the highest stress pertained to emotional well-being and outlook on life, health, relationships between children in the home, social activities or hobbies, and sense of order or structure. For all of these areas, mean stress ratings were slightly more than 3.0, suggesting that, on average, respondents experienced "some" stress in each area. The least stress occurred in the areas of religious or spiritual life, relationships with friends, and involvement in organizations or groups.

Although the experience of enrichment was more limited, with consistently lower means compared to corresponding means on stress, caring for a child with an emotional disorder appeared to contribute positively to families' lives in some areas. The highest mean enrichment ratings occurred in how parents viewed themselves, their relationships with other children, religious or spiritual life, relationships with partners, and sense of order or structure. Means on these individual items were close to 2.0, indicating that, on average, respondents reported "a little" enrichment in these areas. Virtually no enrichment was found in the areas of family finances, health, and job.

In order to examine the relationship between stress and enrichment, Pearson product-moment correlations were calculated for individual stress and enrichment item pairs (shown in Table 1). Only those correlations that achieved a significance level of $p < .01$ were interpreted. Significant negative correlations were found for 8 of 17 items, suggesting that for these areas high stress was associated with low enrichment. The highest correlations were found in areas pertaining to relationships with a spouse or partner, relationships between children, social activities or hobbies, and up-keep of the home. However, none of these correlations was particularly strong, providing support for viewing stress and enrichment as distinct and separate aspects of families' experiences.

Table 1. Stress and Enrichment Means and Correlations ($N = 214$)¹

| Item | Stress | | Enrichment | | |
|---|----------|-----------|------------|-----------|----------|
| | <i>M</i> | <i>SD</i> | <i>M</i> | <i>SD</i> | <i>r</i> |
| Emotional well being and outlook on life | 3.15 | .86 | 1.67 | .91 | -.22** |
| Health | 3.15 | .97 | 1.39 | .77 | -.12 |
| Relationships between children ¹ | 3.08 | .99 | 1.66 | .92 | -.27*** |
| Social activities or hobbies | 3.01 | 1.03 | 1.39 | .73 | -.25*** |
| Sense of order or structure in your life | 2.99 | 1.03 | 1.80 | .85 | -.14 |
| Relationship with your partner ¹ | 2.96 | 1.05 | 1.80 | 1.07 | -.29** |
| View of yourself as a parent | 2.96 | 1.02 | 1.96 | 1.08 | -.20** |
| Job ¹ | 2.86 | 1.08 | 1.39 | .76 | -.19 |
| Family social activities | 2.78 | 1.05 | 1.67 | .92 | -.22** |
| Keeping your home up | 2.76 | 1.13 | 1.49 | .80 | -.25*** |
| Family finances | 2.67 | 1.17 | 1.27 | .66 | -.15 |
| Relationships with other children ¹ | 2.62 | 1.07 | 1.98 | 1.02 | -.18 |
| Time for day-to-day activities, such as preparing meals or shopping | 2.62 | 1.07 | 1.50 | .83 | -.20** |
| Relationships with family members not living with you | 2.38 | 1.09 | 1.68 | .96 | -.17 |
| Involvement in organizations or groups | 2.29 | 1.13 | 1.58 | .88 | -.03 |
| Relationships with friends | 2.28 | 1.06 | 1.75 | .94 | -.08 |
| Religious or spiritual life | 1.96 | 1.11 | 1.82 | 1.04 | .05 |

Ratings were made on four point scales (for stress, 1 = no stress or limitations in this part of respondent's life, 2 = a little, 3 = some, and 4 = a lot; for enrichment, 1 = did not make this part of respondent's life better, 2 = made it a little better; 3 = somewhat better; 4 = a lot better.

¹Sample sizes vary on items that were not applicable to all respondents.

** $p < .01$, *** $p < .001$.

Relationship of Stress and Enrichment to Potential Mediators

As an initial step toward considering the relationship of stress and enrichment to other variables of interest in the study, single composite measures of stress and enrichment were derived. Items not applicable to all respondents were eliminated, specifically those pertaining to job, spouse or partner, other children in the home, and sibling relationships. Next, principal components analysis without rotation was performed separately for stress and enrichment to determine if additional items could be eliminated due to low covariance with the major underlying factor for each construct. Since all 13 items

correlated .45 or higher with the first unrotated principal component for both stress and enrichment, all were retained in calculating respective stress and enrichment summary scores. These scores were based on summing item responses.

For stress, summary scores ranged from 13 to 52, with a mean of 34.99 ($SD = 8.68$). For enrichment, summary scores ranged from 13 to 46 with a mean of 20.97 ($SD = 7.12$). Internal consistency reliability was high, with alpha coefficients of .88 and .86 for stress and enrichment respectively. Test-retest reliability was also moderately high. Correlations were .75 for stress and .78 for enrichment, based on a subsample of 44 families who completed the questionnaire again three weeks later.

Pearson product-moment correlations were used to examine whether these overall measures of enrichment and stress were associated with the following child, family, and service system characteristics: CBCL Internalizing, Externalizing, and Total Problem Behaviors; Duration; Income; Employment; Social Support from Friends and Neighbors; Support from Extended Family; Spiritual Support; Empowerment; Service Complexity; Family Participation in Planning; and Service Coordination. A significance level of .01 was used for interpretation (See Table 2).

Child Characteristics and the Experience of Stress and Enrichment

Enrichment and stress were not significantly associated with gender or age of the child; however, a moderate and statistically significant positive correlation was found between stress and all three CBCL scores. Externalizing behavior ($M = 69.61$, $SD 10.04$) and internalizing behavior scores ($M = 66.09$, $SD 11.21$) were equally linked with stress ($r = .46$ for both). For this reason, the total problem behavior score ($M = 70.88$, $SD 9.28$), which reflects both externalizing and internalizing behaviors, is reported in the table and was used in subsequent analyses. None of the CBCL scores was significantly correlated with enrichment. Likewise, Duration of the child's disorder ($M = 6.67$ months, $SD 3.41$) was not associated with enrichment, but was weakly correlated with stress ($r = .22$, $p < .01$).

Material Resources and Social Supports

No relationship was found between either income or employment and stress or enrichment. However, Support from Extended Family ($M = 12.28$, $SD = 4.58$) had a negative correlation with stress ($r = -.18$, $p < .01$), while Social Support from Neighbors and Friends ($M = 20.84$, $SD = 5.47$) was positively correlated with enrichment ($r = .21$, $p < .01$), as was Spiritual Support ($M = 12.73$, $SD = 4.35$, $r = .21$, $p < .001$). Thus families who tended to seek help from extended family also reported lower stress, and those who tended to seek help from friends and neighbors or who turned to their religious faith or the church were likely to report higher enrichment. Having someone in the home to share parenting, reported by 63% of the sample, was not significantly correlated with either dependent variable.

Family Empowerment and Stress/Enrichment

A positive relationship was found between enrichment and Family Empowerment ($M = 44.58$, $SD = 7.95$, $r = .25$, $p < .001$), and a negative relationship was found between Family Empowerment and stress ($r = -.31$, $p < .001$). Thus higher empowerment was associated with greater experience of enrichment and with lower levels of stress.

Table 2. Correlations of Enrichment and Stress with Family, Child, and Service System Variables ($N = 214$)

| | Enrichment | Stress |
|--------------------------------|------------|---------|
| <i>Child Characteristics</i> | | |
| Gender | -.08 | -.02 |
| Age | -.16 | .06 |
| Total Problem Behaviors | -.11 | .54*** |
| Duration | -.14 | .22** |
| <i>Material Resources</i> | | |
| Income | -.11 | .02 |
| Employment | -.13 | .01 |
| <i>Informal Supports</i> | | |
| Shared Parenting | -.02 | -.02 |
| Spiritual/Religious | .21** | .00 |
| Friends and Neighbors | .21** | -.13** |
| Extended Family | .11 | -.18** |
| Empowerment | .25*** | -.31*** |
| <i>Service Characteristics</i> | | |
| Coordination ¹ | .09 | -.29*** |
| Participation | .07 | -.05 |
| Complexity | -.03 | .11 |

¹Families with two or more services, $n = 194$. ** $p < .01$, *** $p < .001$.

Service System Characteristics

Service Coordination ($M = 31.45$, $SD = 7.83$) was negatively correlated with stress ($r = -.29$, $p < .001$), an indication that greater coordination among providers, as seen by parents, was associated with lower levels of stress. However, service coordination was not associated with enrichment. No association was found between Service Complexity (the total number of formal services reported by caregivers, $M = 4.01$, $SD = 1.9$) or Family Participation ($M = 17.61$, $SD = 4.92$) and either enrichment or stress.

Multivariate Relationships

We conducted a final set of analyses to examine the multivariate contribution of these variables to enrichment and stress. The analyses were based on least-squares multiple regression procedures with enrichment and stress analyzed separately as dependent variables. Because of the importance of severity

(measured here by the Total Problem Behaviors score and by Duration) in potentially influencing families' experience, the severity variables were entered first in each analysis to examine and control for their effects before looking at the influence of other variables. Following this procedure, variables found to be associated with either stress or enrichment were allowed to enter stepwise. These included Social Support from Friends and Neighbors, Support from Extended Family, Spiritual Support, Empowerment, and Service Coordination. Tables 3 and 4 present a summary of the final models.

Looking first at stress, the CBCL score for Total Problem Behaviors and Duration, when entered first as a block, yielded a Multiple R of .53 and jointly accounted for 28% of the variance ($p < .01$). Empowerment entered next, with an increase in R square of .04 ($p < .001$), followed by Service Coordination, with a small increase in R square of .02 ($p < .01$). Social Support from Friends and Neighbors, Support from Extended Family, and Spiritual Support failed to enter the equation. The final Multiple R was .59, indicating that 34% of the variance in stress was accounted for by the model. The standardized regression coefficients, or beta weights, indicated that the CBCL score contributed the most unique variance (.42, $p < .001$), while the beta weights for Service Coordination and Family Empowerment (-.15 and -.18 respectively, $p < .05$ and $p < .01$) suggested that these variables provided approximately equal contributions to the model. The beta weight for Duration was .10 (*ns*), indicating that it did not make a unique contribution.

With enrichment as the dependent variable, Duration and Total Problem Behaviors were again entered as a block to control for their influence. Jointly, these variables yielded a Multiple R of .17 and explained approximately 3% of the variance in enrichment. Spiritual Support entered next, resulting in a 6% increase in explained variance ($p < .001$), followed by Family Empowerment, with another small increase of 3% ($p < .01$). The final Multiple R for the model was .36, indicating that approximately 13% of the variance in enrichment could be explained. The beta weights in the final model suggest that Spiritual Support and Family Empowerment have approximately equal relationships to enrichment (.22 and .19 respectively, $p < .01$ for both). Service Coordination, Social Support from Friends and Neighbors, and Support from Extended Family failed to enter the equation.

Table 3. Regression of Stress on Total Behavior Problems, Duration, Service Coordination, and Empowerment ($n = 194$)

| Variable | Multiple R | ΔR^2 | F for Δ | β | t for β |
|--------------------------------------|--------------|--------------|------------------|---------|---------------|
| Duration of Disorder ¹ | | | | .10 | 1.69 |
| Total Problem Behaviors ¹ | .53 | .28 | 35.23*** | .42 | 6.64*** |
| Empowerment ² | .57 | .04 | 12.41*** | -.18 | -2.93** |
| Service Coordination ² | .59 | .02 | 6.09** | .15 | -2.47* |

Note. Multiple $R^2 = .34$; Adjusted $R^2 = .33$; $F(4, 189) = 24.71$, $p < .001$.

¹Forward entry as a block.

²Stepwise entry.

* $p < .05$, ** $p < .01$, *** $p < .001$.

Table 4. Regression of Enrichment on Total Problem Behaviors, Duration, Spiritual Support and Empowerment (n = 194)

| Variable | Multiple <i>R</i> | ΔR^2 | <i>F</i> for Δ | β | <i>t</i> for β |
|--------------------------------------|-------------------|--------------|-----------------------|---------|----------------------|
| Duration ¹ | | | | -.11 | -1.62 |
| Total Behavior Problems ¹ | .17 | .03 | 2.93 | -.06 | -.82 |
| Spiritual Support ² | .30 | .06 | 13.17*** | .22 | 3.21** |
| Empowerment ² | .36 | .03 | 7.38** | .19 | 2.72** |

Note. Multiple $R^2 = .13$; Adjusted $R^2 = .11$; $F(4,189) = 6.86$, $p < .001$.

¹Forward entry as a block.

²stepwise entry.

$p < .01$, *** $p < .001$.

DISCUSSION

Our findings underscore the complexity of the experiences of families in which there is a child with a serious emotional disorder. Stress was evident across many aspects of respondents' lives. Enrichment, though to a lesser extent, was also present, especially in areas encompassing self concept and relationships. Furthermore, stress and enrichment occurred together for some families in some life areas.

Summary measures of stress and enrichment allowed us to examine possible correlates of positive and negative impact. In line with prior research (McDonald et al., in press; Pahl & Quine, 1987), we found that the severity of the child's disorder (as measured by total problem behaviors and duration) was associated with stress: the longer the child had been affected with the disability, the more stress was reported by the parent; the higher the child's score on the total problem behavior measure, the greater the reported stress. On the other hand, the amount of enrichment experienced by the caregiver was not associated with these measures of severity. The caregiving experience thus had a positive impact on some families, irrespective of how severely the child was affected by emotional disorder.

In our sample, neither income nor employment were related to stress and enrichment. This does not necessarily indicate that material resources are not important to families in dealing with the many challenging aspects of their situations. Rather, the lack of findings here may reflect the fact that few families in this study had more than low-moderate income, not enough perhaps to make a meaningful difference on dimensions likely to be associated with stress or enrichment.

Our findings were consistent with prior research (Koeske & Koeske, 1990; Sloper & Turner, 1993; Trivette & Dunst, 1992) in suggesting that friends, neighbors, and extended family can make a meaningful difference to families who are dealing with difficult or stressful situations. In our sample, caregivers who reported higher utilization of extended family for assistance also experienced lower stress. Those who were more likely to turn to neighbors and friends for assistance experienced greater enrichment.

The use of spiritual support to alleviate difficulties or problems in families' lives was also associated with enrichment. Other studies have found a similar link (see, e.g., Friedrich, Cohen, & Wilturner, 1988). The measure of spiritual support we used tapped some but not all dimensions of this area, so our finding may reflect a number of possible influences. It may be that religious beliefs and teachings provide a framework for family members to view their situation more positively. Also, the social nature of a religious community may afford positive benefits to families, including moral and material support, that contribute to enrichment.

Of the service system characteristics examined in this study, only one was found to have a significant relationship to either stress or enrichment. Caregivers who viewed services as more coordinated also reported less stress, a finding that supports recent calls for improving the way that services from separate providers work together.

The lack of a relationship between stress or enrichment and the other service system characteristics—complexity and family participation—has implications for how these characteristics are conceptualized and measured. While it seems likely that the sheer number of formal services would contribute to family stress because of the strategic difficulties in dealing with multiple service providers, this relationship may be complex and idiosyncratic to specific family circumstances. For some families, the demands of managing a package of services may indeed cause stress; for others, the presence of multiple services may absorb a portion of caregiving responsibility and thereby relieve stress. Both influences may conceivably occur within the same family, concurrently or at different times. By the same token, the lack of a relationship of family participation to stress or enrichment here may point to the need for a more refined view of its role in service delivery. Participation may indeed affect how families feel about services and ultimately how well services meet their children's needs. However, the experiences of stress and enrichment may be influenced directly only by more immediate circumstances or factors.

Family empowerment, the degree to which caregivers express a sense of competence and confidence in their ability to deal with problems, was the only variable in the study linked to both enrichment and stress. More empowered caregivers reported less stress and more enrichment, and they did so to essentially the same degree. These findings provide support for program development efforts (e.g., Koroloff, Elliott, Koren, & Friesen, 1996) that promote personal or internal feelings of efficacy on the part of family members. Furthermore, because of the relationship of this variable to both positive and negative impact on the family, empowerment represents a particularly promising direction for future research.

Our efforts to model multivariate influences on stress and enrichment suggested that negative effects were more readily explainable than positive effects. The severity of the child's emotional disorder alone accounted for approximately 28% of the variance in stress, with service coordination and empowerment each making small but unique contributions to the model. The strength of the severity variable suggests that thoughtful efforts to assist families should be predicated first of all on an understanding of the realities that caregivers face in managing the difficult circumstances of their child's disability. In contrast to stress, the statistical explanation of enrichment was quite limited. Only two measures, empowerment and spiritual support, provided significant contributions to the model, together accounting for 11% of the variance. These are promising findings, however, since they reflect variables that have not received much attention in previous research. Because much of the variance in enrichment remains unexplained, however, there is clearly a need for additional research to consider other possible influences.

In evaluating the results of our study, several limitations should be kept in mind. First, the study was based on data from a single measurement occasion, thereby limiting conclusions to correlational or associative interpretation. The causal direction of influence is unclear and must wait for more controlled studies. A further limitation involves the restricted nature of the sample, which was obtained in a single urban community and which consisted of a relatively small number of biological or adoptive caregivers. More research is needed with larger and more heterogeneous samples before the findings can be generalized. Third, the measurement procedure used in this study spanned a rather large time interval and asked caregivers to generalize across specific events in their day-to-day experiences. A more molecular procedure based on measuring daily caregiving tasks (Akin & McDonald, in press; Delongis, Coyne, Dakof, Folkman, & Lazarus, 1982) might provide a different perspective on stress and enrichment and could be used to supplement the broader approach exemplified by this study. Finally, we considered only the experiences of primary caregivers; the views of other directly-affected family members, such as siblings and grandparents, are also important to take into account.

Our findings demonstrate that the effects of living with and caring for a child with a serious emotional disorder are complex and are not easily deconstructed. The concurrent presence of both positive and negative effects and the suggestion of multiple and widely varying influences all underscore the importance of understanding and attending to the individual circumstances and needs of families. At heart, this is the central principle behind family-centered practice, a principle that has been widely discussed but which poses major challenges to traditional methods of practice and research (Friesen & Huff, 1996; Koroloff & Friesen, 1997; Singh, 1995). Efforts that not only feature families as the primary source of information, but also explicitly address the idiosyncratic and sometimes paradoxical nature of their experiences, can move us closer to actualizing this principle.

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ACKNOWLEDGMENTS

This research was supported by National Institute of Mental Health grant #5 R24MH52930-02. The authors wish to thank the family members whose participation in the evaluation of the Oregon Partners Project made this study possible, and to acknowledge the contributions of Neal DeChillo, Robert Paulson, Denise Stüntzner-Gibson and Patricia McCullough to the larger evaluation project. We also wish to dedicate this paper to the memory of one of the authors, our friend and colleague Ronald F. Kinney, who was killed in a tragic bicycle accident in September of 1997.

NOTE: This manuscript was originally published in 1998 in *The Journal of Child and Family Studies*, 7(2) 129-145. The official copy of record is available at www.springerlink.com.