



[www.rtc.pdx.edu](http://www.rtc.pdx.edu)

# Rewards and Concerns: Marital Role Quality and Child Mental Health Disorders

Anna M. Malsch, Julie M. Rosenzweig,  
Eileen M. Brennan,  
Lisa Stewart, & John Conley  
Portland State University

88<sup>th</sup> Annual Convention of the  
Western Psychological Association  
Irvine, California

April 12, 2008

# Children's Mental Health and the Family

---

- Approximately 11% of children and adolescents in the United States are diagnosed with mental health disorders (Corrigan & Miller, 2004; Levine & Ligenza, 2002; Marsh & Johnson, 1997).
- Family members constitute the first system of care for children with mental health needs, providing both social and instrumental support (Rosenzweig & Kendall, in press).
- Mental health disorders may have a profound and potentially demoralizing effect on the family as a whole as well as the individual members (Corrigan & Miller, 2004).
- Caring for a child with a mental health disorder can result in caregiver strain as well as objective burden (Marsh et al., 1996).

# Research is Limited

---

- ✎ The literature provides a theoretical basis for exploring ways in which families of children with physical illnesses and developmental disabilities manage a chronic condition.
- ✎ However, fewer theoretical explanations are available for how families experience and manage a child's mental health disorder.
- ✎ This is, in part, due to a lack of societal acceptance of mental health disabilities as real disorders with complex etiologies (Rosenzweig & Kendall, in press).

# Children's Mental Health and Marital Roles

- Studies on the effects of a child's general disability on marital quality and continuity have yielded conflicting results.
  - Caring for a child with a mental health disability often diverts time, energy, and resources away from other relationships (Karp & Tanarugsachock, 2000).
  - Findings of conflictual communication, lower marital satisfaction, and higher divorce rates among parents of children with mental health or chronic health disabilities have been reported (Hodapp and Krasner, 1995).
  - In contrast, a lack of significant differences in marital satisfaction and marital continuity has also been reported (Cappelli, McGrath, Daniels, Manion, & Schillinger, 1994).
- Marital role quality can also be influenced by the caregivers' other roles, such as parenting and employment (Rosenzweig & Kendall, in press).

# Children's Mental Health and Parenting Roles

- . . . . .
- ✎ In addition to typical parenting activities, parents of children with mental health disorders frequently:
  - Arrange for and participate in their children's ongoing physical and mental health treatment,
  - Face significant obstacles in locating and sustaining adequate child care, and
  - Respond to frequent health or mental health crises, sometimes requiring hospitalization of the child.
- ✎ Parents of children with mental health disorders may be blamed for inadequate parenting (Corrigan & Miller, 2004).
- ✎ The unpredictable and disruptive nature of many mental health difficulties often prevents normalization of parental responsibilities (Karp & Tanarugsachock, 2000).

# Children's Mental Health and Employment Roles

---

- ✎ Caring for a child with a disability often reduces opportunities for employment and advancement (Benzies et al., 2004; Hauenstein, 1990; Heiman, 2002).
- ✎ Managing ongoing crises can result in negative family-to-work spillover (Krouse & Afifi, 2007).
- ✎ Lack of affordable childcare and extraordinary caregiving responsibilities can make working fixed hours difficult (Rosenzweig, Brennan, Huffstutter, & Bradley, in press).
- ✎ Disclosure of a child's mental health disorder can lead to stigmatization and undue scrutiny in the workplace (Corrigan, Miller & Watson, 2006; Norvilitis, Scime, & Lee, 2002; Rosenzweig, Brennan, Malsch, Stewart, & Conley, 2007).

# The Interdependence of Roles

---

- Role boundaries are permeable, with role quality in one area having the potential to affect other areas.
  - Benzie et al. (2004) found a reciprocal relationship between marital quality and parental coping styles among couples caring for children with disabilities.
  - Among mothers caring for children with chronic illnesses, rewarding employment may increase relational quality (Major, 2003).
  - Among fathers, reducing work-related responsibilities may increase marital quality (Voydanoff, 2004).
  - Kersh et al. (2006) found that, among mothers of children with developmental disabilities, those who reported greater marital quality also reported less parental stress and greater parental efficacy.

# Research Question

---

- ✎ What is the relationship between marital role quality, parental role quality, and job role quality among parents of children with mental health disorders?

# Methods

---

- Self-identified parents of children with mental health disabilities were recruited through contacts made with parent support networks in three Western states and at national conferences on children's mental health.
- Participants were eligible for the study if they were a primary caregiver of a minor currently living in the home who had a mental health disorder and they were working at least 30 hours a week.
- The investigators and their research assistants conducted interviews with the participants by telephone.
- As part of an hour-long interview, parents were asked to report on their employment and family responsibilities, their children's mental health, and their marital, parental, and job role quality.

# Measures: Marital Role Quality

---

- ✎ Marital Role Quality Scale (Barnett et al., 1994).
  - Measured on a 4-point scale ranging from “Not at all” to “Extremely.”
  - 8 items measuring *rewards* ( $\alpha = .93$ )
    - e.g., “Having a partner who is a good friend.”
  - 7 items measuring *concerns* ( $\alpha = .89$ )
    - e.g., “Poor communication.”
- ✎ Rewards – Concerns = Total Marital Role Quality Score.

# Measures: Parental Role Quality

---

- ☞ Parental Role Quality Scale (Barnett, Brennan, & Marshall, 1994).
  - Measured on a 4-point scale ranging from “Not at all” to “Extremely.”
  - 21 items measuring *rewards* ( $\alpha = .91$ )
    - e.g., “The meaning and purpose they give your life.”
  - 23 items measuring *concerns* ( $\alpha = .90$ )
    - e.g., “Feeling tied down because of the children.”
- ☞ Rewards – Concerns = Total Parental Role Quality Score.

# Measures: Job Role Quality

---

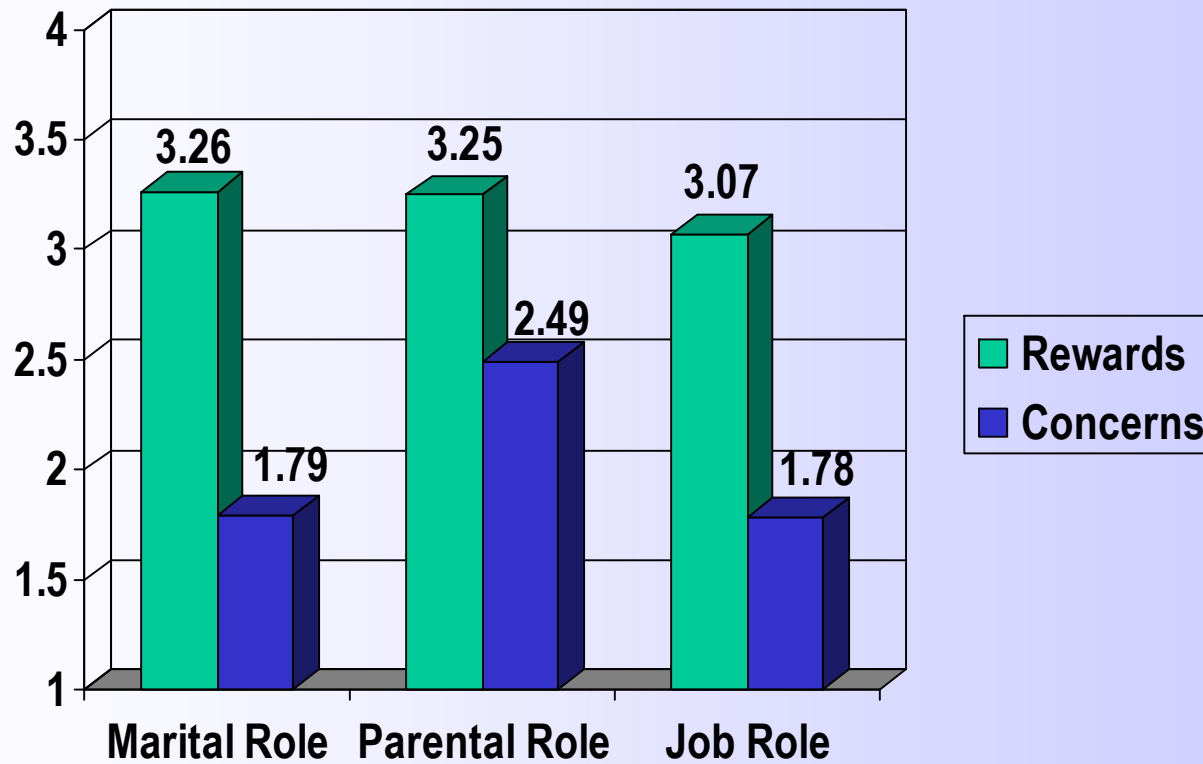
- ✎ Job Role Quality Scale (short form) (Barnett & Brennan, 1995).
  - Measured on a 4-point scale ranging from “Not at all” to “Extremely.”
  - 13 items measuring *rewards* ( $\alpha = .83$ )
    - e.g., “Being able to set your own schedule.”
  - 15 items measuring *concerns* ( $\alpha = .82$ )
    - e.g., “The job’s not using your skills.”
- ✎ Rewards – Concerns = Total Job Role Quality Score.

# Participants

---

- ✎  $N = 62$  parents caring for a child with a mental health disorder; subsample for this study was composed of the 36 parents who were either married or in a committed relationship.
- ✎ 92% of participants were women.
- ✎ Average time living with partner was 13 years.
- ✎ The majority of respondents had some college education (61%).
- ✎ The majority of participants were either employed in technical/professional (47%) or executive/managerial (25%) positions.

# Results: Mean Levels of Role Quality



# Results

---

- ✎ Job *concerns* were significantly related to both parental *concerns* ( $r = .42, p = .01$ ) and marital *concerns* ( $r = .45, p = .005$ ).
- ✎ When job and parental *concerns* were entered simultaneously into a regression analysis as predictors of marital *concerns* a significant regression equation emerged,  $F(2, 34) = 4.6, p < .05$ , accounting for 21% of the variance in marital *concerns*.
- ✎ Interestingly, no significant relationships were found between job, parental, and marital *rewards*.

# Discussion

---

- ✎ To date, no major studies have explored the marital quality and continuity of couples who care for children with mental health disorders.
- ✎ The results suggest the complexity of the issues facing couples who are parents of children with mental health difficulties.
- ✎ Identifying the direct and interactive effects of a child's mental health disorder on marital quality and continuity will allow for more effective couple-based services.
  - For example, if parents feel distress in their marriages or co-parenting partnerships, they need strategies that will guide them to respond with resilience.

# Future Research

---

- ✎ Not enough is known about the lived experience of the families with children who have mental health disorders, limiting the availability and applicability of services (Rosenzweig & Brennan, in press).
- ✎ Research agendas should aim to identify the experiences, needs, and services relevant to specific individual family members and family sub-systems (e.g., parenting couple).
- ✎ Further examination of relational quality in couples specific to those caring for children with mental health disorders is needed.
  - In addition to identifying systemic effects of both distress and adjustment, it is important to understand the social and community ecology that influences the couple (Kagan, Lewis, & Heaton, 1998) and how this context heightens and minimizes resilience.



Portland, OR



Center for Mental Health Services,  
Substance Abuse and Mental Health  
Services Administration, U.S. Department  
of Health and Human Services



National Institute on Disability and  
Rehabilitation Research, U.S.  
Department of Education

Funds to support this activity come from The Child, Adolescent and Family Branch, Center for Mental Health Services, Substance Abuse Mental Health Services Administration, U.S. Department of Health and Human Services; and from

The National Institute on Disability and Rehabilitation Research, U.S. Department of Education (Grant No. HI33B40038).