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Competency level of parents of children with special needs in providing assistance for acquiring self-care skills

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Abstract: This research aimed to determine the competency level of parents of children with special needs in providing assistance for acquiring self-care skills, the challenges they face, and their demographic profile. The study utilized a descriptive research design, including both survey questionnaires and focus group discussions. The participants consisted of 50 parents of children with special needs, ages 7 to 14, residing in Ilocos Norte, Philippines. The results showed that mothers played a significant role in providing direct assistance to their children. Secondly, parents in the age group of 35-54 may face additional challenges in managing caregiving responsibilities. Moreover, parents with low levels of education and limited financial resources may face additional barriers in accessing resources to support their child's development. The competency assessment revealed that parents may need additional support in some areas, particularly in growth and development and toileting practices. The study recommends that policymakers, educators, and healthcare professionals collaborate to create and implement programs that provide parents with the support and resources they need to care for their children. This research highlights the need for more support and resources for families of children with special needs.

Keywords: parents, children with special needs, self-care skills, special needs education

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INTRODUCTION

Children with special needs face unique challenges in their daily lives, including difficulties with self-care tasks such as feeding, grooming, and dressing themselves (Akhmetzyanova, 2014). Developing these skills is essential for their independence and well-being, as well as their ability to socialize and participate in educational and community activities. Parents play an important role in assisting their special-needs children in developing these abilities, although it is unknown to what degree they are qualified to do so effectively.

Researches has shown that parental involvement in a child's education can have a significant positive impact on their academic performance and social skills (Garcia & Thornton, 2014; and Lara & Saracosti, 2019). For children with special needs, this involvement is even more important as parents often serve as primary advocates and caregivers for their children. However, there is limited research on the competency level of parents of children with special needs in providing assistance for acquiring self-care skills, despite the importance of these skills for the well-being of both children and their families. Especially in the Philippines, the policy guidelines on the adoption of the K to 12 transition curriculum framework for learners with disabilities was only released in 2020 (Department of Education, 2020) and was caught by the Corona Virus-19 Pandemic when schools were closed and teaching of care skills among children with special needs lied much on parents.

While the curriculum's goal and the special needs education program itself is to prepare not only students but also parents to become companions of their children with special needs, the implementation of said curriculum framework during a time when many are not ready will likely result in a gap in

implementation that is crucial for the growth and transition of children with special needs.

Therefore, this study sought to fill this gap in the literature by determining the competency level of parents of children with special needs in providing assistance for acquiring self-care skills as well as identifying areas where parents may need additional support and training.

This research will inform the development of tailored interventions and support programs that can help parents better support their children's development.

METHODS

This section provides an overview of the study's research design, participants, instruments, data gathering procedures, and data analysis methods.

Research Design

This study employed a descriptive research design utilizing both survey questionnaire and focus group discussions. The study was conducted both online and face-to-face.

Participants

The participants of this study consisted of parents of children with special needs, ages 7 to 14, residing in Ilocos Norte, Philippines. A purposive sampling technique was utilized to select participants for this study. An online invitation was sent to parents of children with special needs in Ilocos Norte through special education teachers. A total of 50 parents responded and participated in the study.

Instruments

Two instruments were used in this study: (1) a survey questionnaire form developed based on the Care Skills Package included in the K to 12 Transition Curriculum for Learners with Disabilities by the Department of

Education, and (2) guide questions for the conduct of focus group discussions.

Data Gathering Procedure

Data was collected through both online and face-to-face survey questionnaire and focus group discussion. The survey questionnaire was distributed both online and in print format. The focus group discussions were conducted face-to-face.

Data Analysis

The data collected from the survey questionnaire were analyzed using frequency and mean. The data collected from the focus group discussions were analyzed thematically.

RESULT AND DISCUSSION

This section provides the results of this study.

Demographic Profile of the Parent-Participants

In this study, a total of 97 parents of children with special needs responded. According to the United Nations Educational, Scientific and Cultural Organization-Institute for Statistics (2018), a child is considered to be aged 0-18 years old. However, for the purposes of this study, the parent-participants were ensured to have a child with special needs within the school age range of 5-18 years old. Additionally, the parents included in the study were those who provided direct assistance to their child and did not heavily rely on a caregiver. Out of the 97 respondents who accepted the online invitation to participate in the study, only 50 were considered for data analysis.

Table 1 provides a summary of the demographic profile of the 50 parents who were included in the data analysis for a study on the competency level of parents of children with special needs in assisting them to acquire self-face skills. The majority of the respondents were female (86%) and

belonged to the age group of 35-54 years old (70%). In terms of educational attainment, the highest percentage of parents had completed high school (48%) and were currently employed (76%). The most common category of special needs reported by the parents was intellectual disabilities (44%), followed by physical disabilities (36%). The majority of the children were enrolled in public schools (94%) and attended special education centers or inclusive education centers (60%).

TABLE 1. Summary of the demographic profile of the parent-respondents.

Biological Sex				
Female		Male		
43		7		
Age				
Below 18 y.o	18-34 y.o	35-54 y.o	55-74 y.o	75 y.o and above
4	8	35	2	2
Highest educational attainment				
Elem.	HS	Voc.	Col.	GS
10	24	3	10	3
Status of employment				
Unemployed	Self-employed		Employed	
12	19		19	
Category of special needs				
PD	ID	LD	CD	EBD
18	22	8	0	2
Age of the child				
5-8 y.o	9-11 y.o	12-15 y.o	16-18 y.o	
9	24	16	1	
Type of school where the child is enrolled				
Public		Private		
47		3		
Regular Classroom/ Mainstreamed		Special Education Center/ Inclusive Education Center		
20		30		

Abbreviations used in the table:
 Years Old (y. o)
 Elementary (Elem.)
 High School (HS)
 Vocational Course (Voc)
 College (Col.)

Graduate Studies (GS)
 Physical Disabilities (PD)
 Intellectual Disabilities (ID)
 Learning Disabilities (LD)
 Communication Disorder (CD)
 Emotional and Behavioral Disabilities (EB)

These findings have several implications. First, the high percentage of female respondents highlights the significant role of mothers in providing direct assistance to their children with special needs. This finding confirms Carpenter's (2003) findings that mothers are primarily responsible for meeting the needs of families with children with special needs. Carpenter explored the significant increase in survival rates of children born with disabilities reported over the past decade. This may have implications for the distribution of caregiving responsibilities within the family and may also impact the parent-child relationship.

Second, the fact that the majority of parents were in the age group of 35-54 years old suggests that they may be facing additional challenges such as managing other responsibilities or dealing with their own age-related health issues while caring for their child with special needs. In their individual studies, Pale, Lester, and Mogil, (2013), Grant and Whittell (2000), and Sparud-Lundin, Hallström, & Erlandsson (2013) arrived at comparable findings concerning the challenges encountered by elderly parents who are still responsible for caring for their special-needs relatives. Among the issues highlighted by the parents in their respective research were the need for long-term planning for accommodations and continued emotional and social support, as well as opportunities for their loved ones to participate in various activities.

Third, the high percentage of parents with high school education or below (58%) suggests that these parents may face additional challenges in understanding the needs of their

children and accessing resources that could help them better support their child's development.

In terms of the category of special needs, the higher percentage of parents reporting intellectual disabilities suggests that this group of parents may require additional support in addressing the specific needs of their child. This may include specialized training, counseling, or access to resources that cater specifically to the needs of children with intellectual disabilities. Finally, the fact that the majority of children were enrolled in public schools and attended special education centers or inclusive education centers suggests that there is a need for more support and resources for these schools to provide better services for children with special needs.

Overall, the demographic profile of the parent-participants in this study provides important insights into the challenges faced by parents of children with special needs and highlights the need for more resources and support for these families.

Competency level of parents of children with special needs in providing assistance for acquiring self-care skills

After describing the demographic profile of the parent-participants, I asked them to respond to a survey questionnaire that was developed based on the Care Skills Package included in the K to 12 Transition Curriculum for Learners with Disabilities by the Department of Education. The survey questionnaire was made available online and in print, depending on the parent-participant's preference. Additionally, some of the parent-participants had the survey questionnaire read to them. To ensure a full understanding of the survey questionnaire, it included examples and illustrations. Furthermore, a translation to Ilokano of the survey questionnaire

was made available. I provided my mobile number and email address to the participants to ask for clarifications. I made sure to respond fully to their satisfaction to the questions asked to clarify matters in the survey questionnaire.

Table 2 presents the results of a survey conducted to assess the competency level of parents of children with special needs in providing assistance for acquiring self-care skills. The survey questionnaire was developed based on the Care Skills Package included in the K to 12 Transition Curriculum for Learners with Disabilities by the Department of Education. The survey covered six areas: personal hygiene, toileting practices, good grooming, growth and development, health habits and nutrition, and personal and community safety.

TABLE 2. Parents competency level of parents of children with special needs in providing assistance for acquiring self-care skills.

Self-Care Skills	Mean	Descriptive Interpretation
Personal Hygiene	3.01	SI
Cleaning and taking care of different body parts	3.16	SI
Toileting Practices	2.86	MI
Good Grooming	4.00	C
Good Grooming Practices	4.00	C
Growth and Development	1.27	EI
Changes during Puberty	1.54	MI
Puberty-related Health issues and concerns	1.00	EI
Health Habit and Nutrition	2.76	SI
Healthful and less healthful foods	3.48	SI
Good eating habits	3.46	SI
Food Safety	2.40	MI
Balance Diet	3.00	SI
Food labels	1.46	EI
Healthcare	1.60	EI
Healthcare Habits	1.54	MI
Health Lifestyle	2.82	SI

Prevention and Control of Diseases	1.04	SI
Substance use and abuse	1.00	EI
Personal and Community Safety	2.95	SI
Safety Procedures at Home, School and Community	3.56	C
Road Safety	2.80	SI
Safety guidelines during disasters/situational events	2.80	SI
First Aid	2.64	SI
Overall Mean	2.60	SI

Legend:

- 1.0 - 1.49: Extremely Incompetent (EI)
- 1.5 - 2.49: Moderately Incompetent (MI)
- 2.5 - 3.49: Slightly Incompetent (SI)
- 3.5 - 4.49: Competent (C)
- 4.5 - 5.0: Highly Competent (HC)

The mean score for each area and the overall mean score are presented in the table, along with a descriptive interpretation of the score based on a 5-point scale. The scale ranges from extremely incompetent to highly competent, with the following descriptive interpretations: extremely incompetent, moderately incompetent, slightly incompetent, competent, and highly competent. Below are their extended descriptions:

1. **Extremely incompetent:** Parenting skills are severely lacking, and the child is consistently at risk due to inadequate supervision or care. The parent is unable to provide the necessary level of support to the child to acquire self-care skills and meet their daily needs.
2. **Moderately incompetent:** Parenting skills are below average, and the child is at risk at times due to inconsistent supervision or care. The parent has difficulty providing the necessary level of support to the

child to acquire self-care skills and meet their daily needs.

3. Slightly incompetent: Parenting skills are adequate, but may need improvement in certain areas. The parent may struggle with providing consistent support to the child in acquiring self-care skills or adapting to the child's specific needs.
4. Competent: Parenting skills are average, and the child is receiving adequate care and attention. The parent is able to provide consistent support to the child in acquiring self-care skills and adapting to the child's specific needs.
5. Highly competent: Parenting skills are exceptional, and the child is thriving and well-cared for in all areas. The parent is able to provide consistent, high-quality support to the child in acquiring self-care skills and adapting to the child's specific needs, which has contributed to the child's overall well-being and success.

In terms of personal hygiene, the mean score is 3.01, which falls under slightly incompetent. Cleaning and taking care of different body parts received a mean score of 3.16, which is also slightly incompetent. For toileting practices, the mean score is 2.86, which is categorized as moderately incompetent.

Good grooming practices received the mean score of 4.00, which indicates that parents are competent in this area.

In the growth and development area, the mean score is 1.27, which falls under extremely incompetent. Changes during puberty received a mean score of

1.54, which is categorized as moderately incompetent. Puberty-related health issues and concerns received a mean score of 1.00, which falls under extremely incompetent.

In terms of health habits and nutrition, the mean score is 2.76, which is categorized as slightly incompetent. Healthful and less healthful foods received a mean score of 3.48, which falls under slightly incompetent. Good eating habits received a mean score of 3.46, which is also slightly incompetent. Food safety received a mean score of 2.40, which is categorized as moderately incompetent. Balance diet received a mean score of 3.00, which is slightly incompetent. Food labels received a mean score of 1.46, which falls under extremely incompetent.

For healthcare, the mean score is 1.60, which falls under extremely incompetent. Healthcare habits received a mean score of 1.54, which is categorized as moderately incompetent. Health lifestyle received a mean score of 2.82, which is categorized as slightly incompetent. Prevention and control of diseases received a mean score of 1.04, which falls under slightly incompetent. Substance use and abuse received a mean score of 1.00, which falls under extremely incompetent.

In terms of personal and community safety, the mean score is 2.95, which is categorized as slightly incompetent. Safety procedures at home, school, and community received the highest mean score of 3.56, which indicates that parents are competent in this area. Road safety received a mean score of 2.80, which is slightly incompetent. Safety guidelines during disasters/situational events and first aid both received mean scores of 2.64, which are categorized as slightly incompetent.

The mean score of 2.60 is considered slightly incompetent, indicating that

parents of children with special needs may require improvement in certain areas of self-care skills to better assist their children. In light of this, Rogers-Adkinson, Ochoa, and Delgado (2003) underscored the significance of parental involvement in special education programs, which should be a fundamental component of any program tailored for individuals with disabilities.

Challenges of Parents in assisting their children with special needs in acquiring care skills

After the survey questionnaire was all retrieved and interpreted, a focus group discussion was conducted not only to validate the result of the survey-questionnaire but to also know their other challenges as they assist their children with special needs in acquiring care skills.

Based on the focus group discussion conducted with parents of children with special needs, several themes emerged that shed light on their competency in assisting their children with special needs acquire care skills, as well as their challenges and needs.

In terms of competency, many parents reported feeling confident in providing care for their children with special needs. For example, one parent shared, "*Komportableak a mangpakan ken mangdigus iti anakko, ngem no maipapan kadagiti medikal a pamayan a kas iti panangsukat iti feeding tube, agpannurrayak iti nars a kaanakak a tumulong kaniak* (I feel comfortable with feeding and bathing my child, but when it comes to medical procedures like changing a feeding tube, I rely on a relative who is a nurse to help me)." Another parent stated, "*Ammok nga aramiden dagiti therapy exercises a kaduak ti anakko, ngem no dadduma diak masigurado no umiso ti ar-aramidek dagitoy, isu a dumawatak iti panangiwanwan iti therapist diay STAC. Napia lang a makapankami maysa a beses tunggal lawas.* (I know how to do therapy

exercises with my son, but sometimes I'm not sure if I'm doing them right, so I ask the therapist at STAC for guidance. Fortunately, we can go at least once a week)."

However, when it comes to medical care and therapy exercises, some parents reported feeling less competent. For instance, one parent said, "*Mariknak a kasapulak ti ad-adu a pannakasanay no kasano nga umiso ti panangted iti agas iti anakko wenno panangtaming kadagiti medical emergency.*" (I feel like I need more training on how to properly give my child medication or handle medical emergencies)." Another parent expressed, "*No dadduma marigatanak a mangtarus kadagiti therapy exercise ken no kasano nga ibagay dagitoy para kadagiti espesipiko a kasapulan ti anakko.* (Sometimes I struggle to understand the therapy exercises and how to adapt them for my child's specific needs)."

Time constraints emerged as a significant challenge for many parents of children with special needs. For instance, one parent shared, "*Agtrabahoak iti full-time ken addaanak iti dadduma nga annak nga aywanak, isu a narigat ti agsapul iti tiempo a mangaramid iti amin a kasapulan a maaramid para iti anakko nga addaan iti special needs* (I work full-time and have other children to take care of, so it's hard to find the time to do everything that needs to be done for my child with special needs)." Another parent stated, "*Sapay koma ta ad-adu koma ti oras iti aldaw tapno maitedko ti anakko iti atension ken panangaywan a kasapulanda* (I wish there were more hours in the day so that I could give my child the attention and care they need)."

Financial barriers were also identified as a challenge for some parents. One parent expressed, "*Narigat ti marigrigat nga addaan iti anak nga adda special needsna. No awan ti kuarta, awan pagtherapy, ipampusposan lattan ti ammo a pamayan. No korek man wenno wrong ti pampamayak ket diak ammo*

payen no dadduma (It's hard to be poor with a child with special needs. If you don't have money, no therapy, just try the known method. I don't even know if I'm right or wrong sometimes)." Another parent shared, "Sapay koma ta ad-adu koma ti pagsapulan a makatulong iti gastos. Narigat ti agsapul kadagiti makabael ken mangayat a mangay-aywan (I wish there were more resources to help with the cost. It's hard to find caregivers who are willing to do the job)."

Lack of support was another challenge identified by many parents of children with special needs. For example, one parent said, "*Masansan a mariknak a kinaagmaymaysak ken kasla awan ti makaawat iti mapaspasaranko kas maysa a nagannak ti ubing nga adda special needsna* (I often feel isolated and like no one understands what I'm going through as a parent of a child with special needs)." Another parent stated, "*Madanaganak no siasino ti mangaywan iti anakko no adda mapasamak kaniak* (I worry about who will take care of my child if something happens to me)."

Communication barriers were also highlighted by some parents. For instance, one parent shared, "My child has trouble communicating, and I struggle to understand what they need or want." Another parent expressed, "It's hard to find resources to help me learn how to communicate better with my child."

Some parents expressed concerns about whether their children with special needs would be able to learn to take care of themselves independently in the future. One parent shared, "I worry about my child's future when they become an adult. Will they be able to live on their own and take care of themselves?" Another parent expressed, "I want my child to be able to do things on their own, but I'm not sure if they'll ever be able to. It's a constant worry."

These concerns were particularly heightened when parents considered their own futures and what would happen to their children with special needs when they were no longer around to care for them. One parent shared, "I worry about what will happen to my child when I'm gone. Who will take care of them? Will they have the support they need?" Another parent expressed, "It's a scary thought to think about what will happen to my child when I'm not here anymore. I hope there will be resources and support available for them."

These worries reflect the emotional and practical burdens that many parents of children with special needs face, as they navigate their own futures and the futures of their children.

Ultimately, the focus group discussion highlights the competency of parents of children with special needs in providing assistance for acquiring self-care skills, as well as the challenges and needs they face. While many parents feel confident in providing care, they also identify areas where they feel less competent and express the need for additional training and support. Time constraints, financial barriers, and lack of support are significant challenges that can impact their ability to provide adequate care. The findings suggest the importance of providing resources and support to parents of children with special needs to enhance their competency and ensure that they can meet their children's needs effectively. The recommendations made are consistent with the findings of Matthews and Hudson (2001) and Cavkaytar (2007), who emphasized the importance of parent trainings for supporting families with children or adults who have special needs. These trainings should be tailored to the unique needs and challenges of each parent, taking into account their specific characteristics and circumstances.

CONCLUSION

In conclusion, this research has shed light on the crucial role of parents of children with special needs in providing assistance for acquiring self-care skills, and the challenges they face in doing so. The study has shown that parents, particularly mothers, play a significant role in caring for their children with special needs, but may face additional challenges in managing caregiving responsibilities, particularly those in the age group of 35-54. Moreover, parents with low levels of education and limited financial resources may face additional barriers in accessing resources to support their child's development.

The competency assessment revealed that parents may need additional support in some areas to better provide assistance for acquiring self-care skills, particularly in growth and development and toileting practices. Furthermore, the focus group discussion highlighted the importance of addressing time constraints, financial barriers, lack of support, and communication barriers for parents of children with special needs to ensure that they can provide the best care for their children.

In light of these findings, it is recommended that policymakers, educators, and healthcare professionals collaborate to create and implement programs that provide parents with the support and resources they need to care for their children with special needs effectively. These programs should focus on addressing the challenges faced by parents, particularly those related to time constraints, financial barriers, lack of support, and communication barriers, as well as providing training and education on how to assist their children with self-care skills. Furthermore, it is essential to increase awareness among parents of the available resources and support services, particularly for those with low levels of education and limited financial resources.

Additionally, the Care Skills Package included in the K to 12 Transition Curriculum for Learners with Disabilities by the Department of Education can play a crucial role in supporting parents of children with special needs. This package should be carefully developed to provide parents with the necessary knowledge and skills to assist their children with self-care activities. Policymakers and educators should work together to ensure that the Care Skills Package is widely accessible to all parents, particularly those with low levels of education and limited financial resources. By providing parents with the necessary tools and resources, we can ensure that children with special needs receive the care and assistance they need to develop their self-care skills and achieve their full potential.

Overall, the findings of this research provide important implications for parents, policymakers, and healthcare professionals to improve the lives of children with special needs and their families. By addressing the challenges faced by parents and providing them with the necessary support and resources, we can ensure that children with special needs receive the care and assistance they need to develop their self-care skills and achieve their full potential. As mentioned by Bailey, Hebbeler, Spiker, Scarborough, Mallik, and Nelson (2005) parents felt competent in caring and advocating for their children with special needs gain access to formal and informal supports.

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