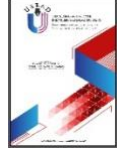




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## PERCEIVED SOCIAL SUPPORT, STRESS, COPING ATTITUDES OF PARENTS WITH SPECIAL NEEDS CHILDREN\*

ÖZEL GEREKSİNİMLİ ÇOCUKLARA SAHİP EBEVEYNLERİN SOSYAL DESTEK  
ALGILARININ, AİLE STRESİ VE STRESLE BAŞA ÇIKMA TUTUMLARINI  
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**Abstract:** This study aimed to investigate the capacity of the perceived social support of parents of special needs children to predict their family stress and stress coping attitudes. The sample consisted of 120 parents of special needs children aged between 3 and 6 years who were attending special education and rehabilitation centres. Parents' perceived social support, stress levels, and coping attitudes were determined using a "Personal Information Form", the "Revised Parental Social Support Scale", the "Questionnaire on Resources and Stress", and the "Inventory of Coping with Stress Attitudes". Stepwise linear regression analysis was used to analyse the variables. The study found that the family stress of parents of special needs children was predicted by their level of perceived social support and their level of satisfaction with the perceived social support; however, the level of perceived social support and the level of satisfaction with the perceived social support had no predictive effect on coping attitudes. The findings of the study were discussed in line with the relevant literature and suggestions were offered for further research and practices.

**Keywords:** Early Childhood Education, Special Education, Social Support, Stress, Coping With Stress

**Öz:** Bu araştırmada okul öncesi dönemde özel gereksinimli çocukların ebeveynlerinin sosyal destek algılarının, aile stresi ve stresle başa çıkma tutumlarını yordama gücünün incelenmesi amaçlanmıştır. Araştırmanın çalışma grubu, özel eğitim ve rehabilitasyon merkezlerine devam eden 3-6 yaş aralığındaki özel gereksinimli çocuğa sahip 120 ebeveynden oluşmaktadır. Araştırmaya katılan ebeveynlerin sosyal destek algıları, stres düzeyleri ve stresle başa çıkma tutumlarını belirlemek için "Kişisel Bilgi Formu", "Yenilenmiş Anne Baba Sosyal Destek Ölçeği", "Aile Stresini Değerlendirme Ölçeği" ve "Stresle Başa Çıkma Tutumları Ölçeği" kullanılmıştır. Araştırmaya ilişkin değişkenlerin analizinde doğrusal adımlı regresyon (stepwise) analizi uygulanmıştır. Araştırma sonucunda özel gereksinimli çocukların ebeveynlerinin Yenilenmiş Anne Baba Sosyal Destek Ölçeği'nin temel boyutları olan algılanan sosyal destek düzeyi ve algılanan sosyal destekten memnuniyet düzeylerinin aile stresini yordadığı, ancak sosyal destek ve sosyal destekten memnuniyet düzeyleri ile stresle başa çıkma tutumları üstünde yordayıcı etkisinin olmadığı belirlenmiştir. Çalışmadan elde edilen bulgular ilgili araştırmalar doğrultusunda tartışılarak ileri araştırmalar ve uygulamalar için önerilerde bulunulmuştur.

**Anahtar Kelimeler:** Okul Öncesi Eğitim, Özel Eğitim, Sosyal Destek, Stres, Stresle Başa Çıkma

## INTRODUCTION

Early childhood is a critical period in which children develop most quickly, form basic habits, and acquire the basic skills necessary

for primary education (Kanık, 1993). It is important to support the development of children in this period because the pace of learning and development in any other period of life is not as rapid as in early childhood. Research has demonstrated the importance of early childhood for children with special needs as well as children with normal development (Heward, 1996). Children who differ developmentally from their peers for any reason in early childhood may need more support than children with normal development. Parents are the most critical individuals in a child's life because they know their children best and support their development. Parents of children with special needs have more duties and responsibilities.

Becoming a parent is considered to be an important transition process in terms of social life due to the changes that it brings to people's lives. The addition of a new member to the family is a critical condition that affects the whole family and assigns new roles and responsibilities to each family member, thereby causing a change in relationships. Parents build all their expectations, plans and hopes for having a child on having a child with normal developmental characteristics; however, with the birth of a child with disabilities, they undergo major changes in parenting roles, social lives, expectations, and financial matters (Küçüker, 1993) and their feelings of happiness and joy are replaced by an intense sense of sadness and concern (Coşkun and Akkaş, 2009).

Parents of children with special needs have to assume different responsibilities and roles, such as adapting to the newborn and his or her problems and disabilities (Aydoğan Akıncı and Darıca, 2000). Compared to parents of children with normal development, parents of children with special needs may face more challenges in satisfying their children's needs, supporting them in their educational processes and ensuring their acceptance by the society and these challenges may cause them to suffer more stress. Several factors may cause parents to experience excessive stress (Bilal and Dağ, 2005) and to blame themselves, each other or those around them (Akkök et al., 1992), including economic and psychological burdens that arise from the moment parents learn that they will have a child with special needs, the lack of knowledge, concerns about their child's educational life, changing roles of family members, the type and degree of disability of the child, the perspective of the society towards special needs children, and difficulties in social settings. Other factors that

increase parents' stress include the lack of adequate information about the disability of their children and the difficulties that they encounter in explaining the specific situation of their children to others in the community (Hardman et al., 1996).

Parents of children with special needs have various feelings in the face of this unexpected situation, such as shock, sadness, guilt, denial, and helplessness. However, they need to cope with this new situation to meet their children's needs and be helpful to them. Parents of children with special needs resort to different ways to adapt to this stressful situation and cope effectively with their stress (Patterson, 2002). Research has shown that the ways that parents of children with disabilities most often deal with their situation include taking their time and accepting the situation, social withdrawal and isolation, smoking and drinking alcohol, seeking social support, resorting to humour, optimism, turning to religion, and focusing on the solution rather than the cause of the problem and how to satisfy their needs (Bilal and Dağ, 2005). Kaner (2001) emphasized that knowing the causes of stress that families experience and their ways to cope with stress is essential for effective support given to families.

Research has shown that parents' level of social support and their satisfaction with social support influence their family stress and coping styles (Kaner, 2004). Parents who do not receive adequate social support may face different causes of stress related to this particular situation and not be able to fully fulfil the roles that they have to assume in their marriage and social lives (Akçakın and Erden, 2001). Cohen and Wills (1995: 310-365) defined social support as social, psychological, and economic support in which individuals get love, care, trust, respect, information, and economic support from their environment. If individuals have someone whom they can trust and who care for them and love and value them, it indicates that these individuals are in a social support system (Bowlby, 1980).

No previous study has investigated the perceived social support of parents of special needs children in early childhood in relation to their family stress and coping attitudes and focused on the interrelations between their dimensions and the predictive capacity of the perceived social support. Against this background, this study aimed to examine the social support level of parents of special needs children in early childhood together with their family stress and

copied attitudes and explore their interrelations and the predictive capacity of the perceived social support.

It is thought that the findings of this study will enrich research conducted with parents of special needs children in early childhood and contribute to research on social support, coping attitudes, and family stress of parents of special needs children.

The study sought an answer to the question "Does the perceived social support of parents of special needs children in early childhood predict their stress levels and stress coping attitudes?". To this end, answers were sought to the following questions:

1. Is there a significant correlation between the perceived social support and stress levels of parents of special needs children?
2. Is there a significant correlation between the perceived social support and coping attitudes of parents of special needs children?
3. Does the perceived social support of parents of special needs children significantly predict their stress levels?
4. Does the perceived social support of parents of special needs children significantly predict their stress coping attitudes?

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While seeking answers to these questions, the study examined the correlation and prediction for all dimensions of the dependent variables (parents' stress level and stress coping attitudes) and the independent variable (parents perceived social support).

## **1. METHOD**

### **1.1. Research Design**

This study used a correlational research design. Correlational research aims to explore respondents' views on a topic or event or their interests, skills, abilities, and attitudes using larger samples (Büyüköztürk et al., 2008). Correlational research is usually based on answers to questions posed to respondents in the data collection process. Data is collected not from each individual of the population to be described but from only part of the population that represents the population, namely the sample (Fraenkel and Wallen, 2006).

### **1.2. Sample Group**

To determine the sample group, the parents of 120 children aged between 3 and 6 years who were attending three special education and rehabilitation centres of the Ministry of National

Education in the Manavgat district of Antalya during the 2018-2019 academic year were contacted. They were informed about the subject and purpose of the research, the importance of confidentiality, and how to fill in the data collection instruments. The study surveyed a total of 120 parents who volunteered to participate in the study and filled in the data collection instruments completely. Thus, the sample consisted of 120 parents of special needs children in the 3 to 6 age range.

Considering the demographics of the parents, 30% (n = 36) were in the 21 to 30 age group, 49,2% (n = 59) were in the 31 to 40 age group, and 20,8% (n = 25) were in the 36 to 45 age group. Among 120 parents, 53,3% (n = 64) were female and 46,7% (n = 56) were male. Considering the educational background of the parents, 37,5% (n = 45) had a high school degree, 27,5% (n = 33) had a university degree, and 42,1% (n = 44) had a middle school degree or less.

### **1.3. Data Collection Instruments**

The data were collected using a Personal Information Form and three measures including Revised Parental Social Support Scale, Questionnaire on Resources and Stress-FT, and Inventory of Coping with Stress Attitudes.

#### **1.3.1. Personal Information Form**

The form prepared by the researchers contains demographic information about the parents, child, and family structure (parents' age, marital status, educational background, and monthly income, child's disability, age, gender, and birth order, and the number of siblings).

#### **1.3.2. Revised Parental Social Support Scale (RPSS)**

The Revised Parental Social Support Scale (RPSS) was developed by Kaner (2010) to determine the quantitative and qualitative dimensions of perceived social support. The scale consists of two parts (scales): Perceived Social Support (PSS) (quantitative dimension) which measures the extent to which someone exists to provide different types of support and Satisfaction with Perceived Social Support (SPSS) (qualitative dimension) which assesses the level of satisfaction with each type of support. The construct validity of the RPSS-PSS was tested using exploratory factor analysis (EFA).

The analysis results yielded a 4-factor and 28-item scale. The factors are Social Companionship Support, Information Support, Emotional Support, and Caring Support. The internal consistency of the RPSSSS-PSS and RPSSSS-SPSS was using Cronbach's alpha and the Spearman-Brown prophecy formula. The Cronbach's alpha ranged from .83 to .95 for the RPSSSS-PSS and .85 to .96 for the RPSSSS-SPSS. The Spearman-Brown split-half reliability coefficient ranged from .86 to .92 for the RPSSSS-PSS and .84 to .96 for the RPSSSS-SPSS (Kaner, 2010). The RPSSSS items are scored in two separate ways. To determine what kind of support parents have, the items in the RPSSSS-PSS are rated on a 4-point Likert-type scale as follows: 4 = Always, 3 = Sometimes, 2 = Rarely and 1 = Never. To determine how satisfied parents are with these supports, the items in the RPSSSS-SPSS are rated on a 4-point Likert-type scale as follows: 4 = Very Satisfied, 3 = Satisfied, 2 = Slightly Satisfied, and 1 = Not at all satisfied.

As a result of the analyses, the following four factors that have appropriate psychometric properties on both scales were obtained: social companionship support, information support, emotional support, and caring support (Kaner, 2010). Social companionship support refers to the existence of someone who supports parents in their plans and accompanies parents in social activities. Information support refers to the informative support that provides parents with the information and services that they need while raising their children. Emotional support refers to the support that parents receive from someone trustworthy who can share parents' personal problems and issues, comforts them emotionally, and cares for them. Caring support refers to the presence of someone who provides the support that parents need while caring for their child (Kaner, 2010).

### **1.3.3. Questionnaire on Resources and Stress-FT (QRS-FT)**

The Questionnaire on Resources and Stress (QRS-F) was developed by Friedrich, Greenberg and Crnic (1983) to measure stress in families with children with disabilities. The validity and reliability of the Turkish version of the QRS were first tested by Küçüker (2001). A few years later, Kaner (2001) also tested the Turkish version of the QRS which is named QRS-FT using data from parents of children of a wide age range with various disabilities. The QRS-FT consists of three subscales: Physical Incapacitation (16

items), Pessimism (15 items), and Parents and Family Problems (8 items). The Physical Incapacitation subscale involves stress about the child's capacities in self-care, communication and motor, cognitive and affective domains. The Pessimism subscale involves parents' immediate and future concern and pessimism due to the child's disabilities. The Parent and Family Problems subscale involves family problems due to the presence of a child with a disability. The KR-20 internal consistency coefficient, the Cronbach's alpha coefficient, and the Spearman-Brown split-half reliability coefficient were found to be .92, .91, and .89, respectively for the total scale. The scale items are scored by selecting the options true or false. A high score indicates that parents have a high level of stress.

#### **1.3.4. Inventory of Coping with Stress Attitudes (ICSA)**

The Inventory of Coping with Stress Attitudes (ICSA) originally developed by Özbay (1993) was adapted to Turkish by Özbay and Şahin (1997) to measure individuals' coping efforts in different stress situations. The scale is a 5-point Likert-type scale consisting of 6 factors and 43 items. The factors are turning to religion, seeking external help, active planning, avoidance-isolation (emotional-behavioural), avoidance-isolation (biochemical), and acceptance-cognitive reconstruction. Turning to Religion (Resorting to Religion) consists of 6 items and involves resorting to divine power, praying, and taking strength from beliefs. Seeking External Help involves two forms of looking for social support. These are the search for external help towards a practical solution and the tendency to seek emotional external help. This subscale consists of 9 items aimed at measuring help-seeking attitudes in emotional, cognitive, and physical dimensions. Active Planning consists of 10 articles focusing on rational steps and methods which involve active engagement, increasing active efforts, designing action plans, focusing on the present moment, and systematic problem-solving. Avoidance-Isolation (Emotional-Behavioural) consists of 7 items and involves passively coping with stress by isolating oneself and escaping from the situation. Avoidance-Isolation (Biochemical) can be defined as a passive coping strategy in the form of a tendency to make physiological changes in metabolism. It consists of 4 items and involves smoking, drinking alcohol, using substances, and turning to drugs. Acceptance-Cognitive Reconstruction involves the acceptance of the problem and the cognitive search for new ways to solve it. This



subscale consists of 7 items and emphasizes one's point of view rather than a personal process of changing the situation to deal with it. The reliability of the inventory was measured using Cronbach's alpha. The Cronbach's alpha was found to be .81 for the total scale.

#### **1.4. Data Collection**

During the 2018-2019 academic year, special education and rehabilitation centres of the Ministry of National Education, located in the Manavgat district of Antalya were visited and children with special needs attending these centres were identified. By contacting the special education and rehabilitation centres in the Manavgat district of Antalya, the number of special children needs in the 3 to 6 age range was determined. The special education centres were visited two days a week. The parents of children with special needs were interviewed and informed about the research. The parents who volunteered to participate in the research were given the measures and asked to fill in them.

#### **1.5. Data Analysis**

The sociodemographic data were analysed using descriptive statistics such as mean, frequency, and percentage. The Pearson product-moment correlation coefficient (Pearson's correlation) was used to determine the relationship between the scores of parents of special needs children on the RPSSS, QRS-FT, and ICSA. Stepwise linear regression was used to determine the extent to which the scores of parents of special needs children on the RPSSS subscales predict their scores on the QRS-FT and ICSA. Before these analyses, the missing data were examined. The data lying beyond the z-score range of -3 to +3 were excluded from the data set. Then, the normality of the data was checked using skewness and kurtosis values. If skewness and kurtosis values are close to 0 within the range of -2 to +2 and the coefficient of variation, which is the ratio of the standard deviation to the mean, lies within the range of 20 to 25, it is indicative of normal distribution (Tabachnick and Fidel, 2013). Accordingly, the kurtosis and skewness values were 19,245 and 2,580 for the caring support subscale of the RPSSS-PSS and they were 13,508 and 1,663 for the turning to religion subscale of the ICSA; thus, the data obtained from these subscales were excluded from the analysis. The Durbin-Watson statistic was used to test autocorrelation.

## 2. RESULTS

Table 1 shows the descriptive statistics on the independent variable perceived social support (the level of perceived social support and the level of satisfaction with the perceived social support) and the dependent variables family stress and coping attitudes.

Table 1: Descriptive Statistics on the Independent Variable Perceived Social Support and the Dependent Variables Family Stress and Coping Attitudes

Variable	Mean	SD	Kurtosis	Skewness
Level of Social Companionship Support	28.48	6.092	-.353	-.488
Level of Information Support	18.32	4.406	.211	-.751
Level of Emotional Support	24.53	4.286	.435	-.824
Level of Caring Support	11.83	4.587	19.245	2.58
Level of Satisfaction with Social Companionship Support	27.81	6.753	-.709	-.338
Level of Satisfaction with Information Support	18.13	4.204	-.715	-.366
Level of Satisfaction with Emotional Support	23.68	4.684	-.161	-.581
Level of Satisfaction with Caring Support	11.30	3.219	-.989	-.218
Coping with Stress Attitudes-Turning to Religion	15.80	7.509	13.508	1.663
Coping with Stress Attitudes-Seeking External Help	21.91	6.794	-.379	-.465
Coping with Stress Attitudes-Active Planning	28.93	6.329	-.512	-.100
Coping with Stress Attitudes-Avoidance-Isolation (Emotional-Behavioural)	11.43	5.539	-.288	-.184
Coping with Stress Attitudes-Avoidance-Isolation (Biochemical)	3.15	3.738	-.046	1.059
Coping with Stress Attitudes-Acceptance-Cognitive Reconstruction	16.93	4.929	.358	-.251
Family Stress - Physical Incapacitation	4.72	3.706	.533	1.024
Family Stress - Pessimism	6.08	4.269	-.802	.459
Family Stress - Parent and Family Problems	2.03	1.847	-.765	.610

Given the mean scores for the dependent and independent variables in Table 1, the highest mean score ( $\bar{X} = 28.93$ ) was observed in the level of social companionship support of the RPSSS-

PSS, while the lowest mean score ( $\bar{X} = 11.83$ ) was observed in the level of caring support. As for the mean scores on the RPSSS-SPSS, the highest mean score ( $\bar{X} = 27.81$ ) was observed in the level of satisfaction with social companionship support, while the lowest mean score ( $\bar{X} = 11.30$ ) was observed in the level of satisfaction with caring support. As for the mean scores on the ICASA, the highest mean score ( $\bar{X} = 11.30$ ) was observed in the active planning subscale, while the lowest mean score ( $\bar{X} = 11.30$ ) was observed in the avoidance-isolation (biochemical) subscale. As for the mean scores on the QRS-FT, the highest mean score ( $\bar{X} = 6.08$ ) was observed in the pessimism subscale, while the lowest mean score ( $\bar{X} = 2.03$ ) was observed in the parent and family problems subscale.

Table 2 shows the results of the Pearson's correlation analysis used to identify the relationship between the RPSSS-PSS subscales and the QRS-FT subscales.

Table 2. Relationships Between the RPSSS-PSS Subscales and the QRS-FT Subscales

	1. LSoCoS	2. LIS	3. LES	5. FSPI	6. FSP
1. LSoCoS					
2. LIS	.506**				
3. LES	.759**	.429**			
4.FSPI	-.347**	-.388**	-.403**		
5. FSP	-.574**	-.270**	-.545**	.463**	
6. FSPFP	-.459**	-.328**	-.480**	.461**	.598**

\* p < .05; \*\* p < .01

**LSoCoS:** Level of Social Companionship Support, **LIS:** Level of Information Support, **LES:** Level of Emotional Support, **FSPI:** Family Stress Physical Incapacitation, **FSP:** Family Stress Pessimism, **FSPFP:** Family Stress Parent and Family Problems

Looking at the data in Table 2, there is a significant negative correlation between the independent variable perceived social support (RPSSS-PSS subscales) and the dependent variable family stress (QRS-FT subscales).

Considering the correlations between each subscale, a significant negative correlation was found between the level of social companionship support of the RPSSS-PSS and all the QRS-FT subscales, that is physical incapacitation ( $r = -.347$ ), pessimism ( $r = -.574$ ), and parent and family problems ( $r = -.459$ ).

A significant negative correlation was also found between the level of information support of the RPSSS-PSS and all the QRS-FT subscales, that is physical incapacitation ( $r = -.388$ ), pessimism ( $r = -.270$ ), and parent and family problems ( $r = -.328$ ).

A significant negative correlation was also found between the level of emotional support of the RPSSS-PSS and all the QRS-FT subscales, that is physical incapacitation ( $r = -.403$ ), pessimism ( $r = -.545$ ), and parent and family problems ( $r = -.480$ ).

Finally, a significant negative correlation was also found between the level of caring support of the RPSSS-PSS and all the QRS-FT subscales, that is physical incapacitation ( $r = -.192$ ), pessimism ( $r = -.303$ ), and parent and family problems ( $r = -.221$ ).

Table 3 shows the results of the Pearson's correlation analysis used to identify the relationship between the RPSSS-SPSS subscales and the QRS-FT subscales.

Table 3: Relationships Between the RPSSS-SPSS Subscales and the QRS-FT Subscales

	1. LSSoCoS	2. LSIS	3. LSES	4. LSCS	5. FSPI	6. FSP
1. LSSoCoS						
2. LSIS	.766**					
3. LSES	.784**	.654**				
4. LSCS	.698**	.417**	.591**			
5. FSPI	-.291**	-.263**	-.381**	-.295**		
6. FSP	-.549**	-.436**	-.534**	-.495**	.463**	
7. FSPFP	-.481**	-.435**	-.502**	-.337**	.461**	.598**

\*  $p < .05$ ; \*\*  $p < .01$

**LSSoCoS:** Level of Satisfaction with Social Companionship Support, **LSIS:** Level of Satisfaction with Information Support, **LSES:** Level of Satisfaction with Emotional Support, **LSCS:** Level of Satisfaction with Caring Support, **FSPI:** Family Stress Physical Incapacitation, **FSP:** Family Stress Pessimism, **FSPFP:** Family Stress Parent and Family Problems

Considering the correlations between the RPSSS-SPSS and QRS-FT subscales, as shown in Table 3, a significant negative

correlation was found between the level of satisfaction with social companionship support of the RPSSS-SPSS and all the QRS-FT subscales, that is physical incapacitation ( $r = -.291$ ), pessimism ( $r = -.549$ ), and parent and family problems ( $r = -.481$ ).

A significant negative correlation was also found between the level of satisfaction with information support of the RPSSS-SPSS and all the QRS-FT subscales, that is physical incapacitation ( $r = -.263$ ), pessimism ( $r = -.436$ ), and parent and family problems ( $r = -.435$ ).

A significant negative correlation was also found between the level of satisfaction with emotional support of the RPSSS-SPSS and all the QRS-FT subscales, that is physical incapacitation ( $r = -.381$ ), pessimism ( $r = -.534$ ), and parent and family problems ( $r = -.502$ ).

A significant negative correlation was also found between the level of satisfaction with caring support of the RPSSS-SPSS and all the QRS-FT subscales, that is physical incapacitation ( $r = -.295$ ), pessimism ( $r = -.495$ ), and parent and family problems ( $r = -.337$ ).

Table 4 shows the results of the Pearson's correlation analysis used to identify the relationship between the RPSSS-PSS subscales and the ICSA subscales.

Table 4: Relationships Between the RPSSS-PSS Subscales and the ICSA Subscales

	1. LSoCoS	2. LIS	3. LES	4. CSASEH	5. CSAAP	6. CSAAI-EB	7. CSAAI-B
1. LSoCoS							
2. LIS	.506**						
3. LES	.759**	.429**					
4. CSASEH	.171	.247**	.194*				
5. CSAAP	.204*	.176	.122	.551**			
6. CSAAI-EB	.174	.054	.173	.327**	.026		
7. CSAAI-B	.064	.004	.001	-.040	-.219**	.496**	
8. CSAACR	.135	.163	.228*	.433**	.426**	.306**	.039

\*  $p < .05$ ; \*\*  $p < .01$

**LSoCoS:** Level of Social Companionship Support, **LIS:** Level of Information Support, **LES:** Level of Emotional Support, **CSASEH:** Coping with Stress Attitudes Seeking External Help, **CSAAP:** Coping with Stress Attitudes-Active Planning, **CSAAI-EB:** Coping with Stress Attitudes-Avoidance-Isolation (Emotional-Behavioural), **CSAAI-B:** Coping with Stress Attitudes-Avoidance-Isolation (Biochemical), **CSAACR:** Coping with Stress Attitudes Acceptance-Cognitive Reconstruction

Considering the correlations between the RPSSS-PSS and ICSA subscales, as shown in Table 4, a significant positive correlation was found between the level of social companionship support and active

planning ( $r = .204$ ), between the level of information support and seeking external help ( $r = .247$ ), between the level of emotional support and seeking external help ( $r = .194$ ), and between the level of emotional support and acceptance-cognitive reconstruction ( $r = .228$ ).

Given the data in Table 4, there was no correlation between the RPSSS-PSS and most subscales of the ICSEA; thus, the ICSEA subscales which had no correlation with the RPSSS-PSS were excluded from the regression analysis.

Table 5 shows the results of the Pearson's correlation analysis used to identify the relationship between the RPSSS-SPSS subscales and the ICSEA subscales.

Table 5: Relationships Between the RPSSS-SPSS Subscales and the ICSEA Subscales

	1. LSSoCoS	2. LSIS	3. LSES	4. LSCS	5. CSASEH	6. CSAAP	7. CSAAI-EB	8. CSAAI-B
1. LSSoCoS								
2. LSIS	.766**							
3. LSES	.784**	.654**						
4. LSCS	.698**	.417**	.591**					
5. CSASEH	.084	.175	.131	-.061				
6. CSAAP	.131	.130	.100	-.074	.551**			
7. CSAAI-EB	-.214**	-.094	.241**	-.141	.327*	.026		
8. CSAAI-B	-.166	-.173	-.140	-.067	-.040	-.219**	.496**	
9. CSAACR	-.191*	-.172	-.247**	-.282**	.433**	.426**	.306**	.039

\*  $p < .05$ ; \*\*  $p < .01$

**LSSoCoS:** Level of Satisfaction with Social Companionship Support, **LSIS:** Level of Satisfaction with Information Support, **LSES:** Level of Satisfaction with Emotional Support, **LSCS:** Level of Satisfaction with Caring Support, **CSASEH:** Coping with Stress Attitudes Seeking External Help, **CSAAP:** Coping with Stress Attitudes - Active Planning, **CSAAI-EB:** Coping with Stress Attitudes-Avoidance-Isolation (Emotional-Behavioural), **CSAAI-B:** Coping with Stress Attitudes-Avoidance-Isolation (Biochemical), **CSAACR:** Coping with Stress Attitudes Acceptance-Cognitive Reconstruction

As shown in Table 5, a significant negative correlation was found between the level of satisfaction with social companionship support and avoidance-isolation (emotional-behavioural) ( $r = -.214$ ) and between the level of satisfaction with social companionship support and acceptance-cognitive reconstruction ( $r = -.191$ ).

A significant negative correlation was also found between the level of satisfaction with emotional support and avoidance-isolation (emotional-behavioural) ( $r = -.241$ ) and between the level of satisfaction with social companionship support and acceptance-cognitive reconstruction ( $r = -.247$ ).

A significant negative correlation was also found between the level of satisfaction with caring support and acceptance-cognitive reconstruction ( $r = -.282$ ).

A stepwise regression analysis was performed to determine the capacity of parents' level of perceived social support and level of satisfaction with the perceived social support to predict family stress (i.e. QRS-FT subscales). First, the relationship between the RPSSS-PSS subscales and the QRS-FT physical incapacitation subscale was analysed. Table 6 displays the results of the analysis.

Table 6: Stepwise Regression Analysis Results for the Prediction of Physical Incapacitation By Parents' Level of Perceived Social Support

Model	Predictors	B	SD	$\beta$	t	p	R	R <sup>2</sup>	Durbin Watson
1	(Constant)	13.268	1.814		7.314	.000	.403	.162	1.558
	TLES			-.403	-4.784	.000			
2	(Constant)	14.929	1.849		8.074	.000	.468	.219	
	TLES	-.251	.078	-.290	-3.205	.002			
	TLIS	-.222	.076	-.264	-2.916	.004			

**TLES:** Total Level of Emotional Support, **TLIS:** Total Level of Information Support

As seen in Table 6, in the first model, the level of emotional support accounted for 16% of the QRS-FT physical incapacitation subscale ( $R = .403$ ,  $R^2 = .162$ ). In other words, the level of emotional support was the strongest predictor of the physical incapacitation subscale. The negative (-) beta and t values indicate that the level of emotional support is a negative predictor of physical incapacitation.

When the level of information support was added to the model in the second step, the total variance explained rose to approximately 22% ( $R = .468$ ,  $R^2 = .219$ ). It thus seems that parents' level of perceived information support contributed 6% to the prediction of physical incapacitation. The negative (-) beta and t values again indicate that the level of information support is a significant negative predictor of physical incapacitation.

Table 7 displays the results of the stepwise regression analysis performed to test the prediction of pessimism by parents' level of perceived social support.

Table 7: Stepwise Regression Analysis Results for the Prediction of Pessimism by Parents' Level of Perceived Social Support

Model	Predictors	B	SD	$\beta$	t	p	R	R <sup>2</sup>	Durbin-Watson
1	(Constant)	17.547	1.538		11.411	.000	.574	.330	
	TLSocoS			-.403	-4.784	.000			
2	(Constant)	19.931	1.845	-.380	10.805	.000	.598	.358	2.074
	TLSocoS	-.266	.080	-.257	-3.335	.001			
	TLES	-.256	.113		-2.255	.026			

**TLSocoS:** Total Level of Social Companionship Support, **TLES:** Total Level of Emotional Support

As seen in Table 7, in the first model, the level of social companionship support accounted for 33% of the QRS-FT pessimism subscale ( $R = .574$ ,  $R^2 = .330$ ). To put it another way, the level of social companionship support was the strongest predictor of the pessimism subscale. The negative (-) beta and t values indicate that the level of social companionship support is a negative predictor of pessimism. When the level of emotional support was added to the model in the second step, the total variance explained rose to approximately 36% ( $R = .598$ ,  $R^2 = .358$ ). It thus seems that parents' level of perceived emotional support contributed 3% to the prediction of pessimism. The negative (-) beta and t values again indicate that the level of emotional support is a significant negative predictor of pessimism.

Table 8 displays the results of the stepwise regression analysis performed to test the prediction of parent and family problems by parents' level of satisfaction with the perceived social support.

Table 8: Stepwise Regression Analysis Results for the Prediction of Parent and Family Problems by Parents' Level of Satisfaction with the Perceived Social Support

Model	Predictors	B	SD	$\beta$	t	p	R	R <sup>2</sup>	Durbin-Watson
1	(Constant)	15.733	1.392		11.303	.000	.549	.301	
	TLSSocoS			-.549	-7.132	.000			
2	(Constant)	17.837	1.667		10.698	.000	.574	.329	2.120
	TLSSocoS	-.213	.077	-.337	-2.760	.007			
	TLSES	-.246	.111	-.270	-2.212	.029			

**TLSSocoS:** Total Level of Satisfaction with Social Companionship Support, **TLSES:** Total Level of Satisfaction with Emotional Support



As seen in Table 8, in the first model, the level of satisfaction with social companionship support accounted for 30% of the QRS-FT parent and family problems subscale ( $R = .549$ ,  $R^2 = .301$ ). In other words, the level of satisfaction with social companionship support was the strongest predictor of the parent and family problems subscale. The negative (-) beta and t values indicate that the level of satisfaction with social companionship support is a negative predictor of parent and family problems.

When the level of satisfaction with emotional support was added to the model in the second step, the total variance explained rose to approximately 33% ( $R = .574$ ,  $R^2 = .329$ ). It thus seems that parents' level of satisfaction with emotional support contributed 3% to the prediction of parent and family problems. The negative (-) beta and t values again indicate that the level of satisfaction with emotional support is a significant negative predictor of parent and family problems.

## CONCLUSION AND DISCUSSION

This study aimed to investigate the correlation between the perceived social support of parents of special needs children and their family stress and stress coping attitudes. The analysis results showed a significant negative correlation between the scores on the parents of special needs children on the RPSSS-PSS social companionship support, information support and emotional support subscales and their scores on the QRS-FT physical incapacitation, pessimism and parent and family problems subscale. A significant negative correlation was also observed between the RPSSS-SPSS satisfaction with social companionship support, information support, emotional support, and caring support subscales and the QRS-FT physical incapacitation, pessimism and parent and family problems subscale.

Research has shown that the stress levels of families with special needs children decrease with the increase in their perceived social support and their level of satisfaction (Akkök et al., 1992; Kaner, 2001). Beckman (1991) also found that because parents of children with special needs assume greater responsibility for the child's care and development, they experience more stress than families with children with normal development. In a study with parents of children with special needs, Kaner (2004) also observed that parents of special needs children in early childhood experience

more stress about the child's capabilities compared to parents of special needs children in middle childhood and adolescence, while the existence of people who support the family in child care, that is a high level of social companionship support, led to a decrease in the family stress levels. In their research with mothers with children with autism spectrum disorder, Zablotsky, Bradshaw, and Stuart (2013) similarly concluded that emotional social support received from the immediate people reduces mothers' risk of experiencing stress and mental health problems. The finding of this study is consistent with that of Yüzbaşı (2018) who reported that the social support that mothers of mentally disabled children receive from their spouse, family and friends positively contributed to mothers' psychological well-being of mothers. This study also supports previous findings that the information given to parents of special needs children about their children, that is information support, helps to eliminate their stress and negative feelings caused by stress (Dunst et al., 1988). Because families with special needs children face more problems and difficulties than other families, they have to take more care of their children. Parents experience stress as this causes parents to spare less time to themselves and their social environment.

This study also found a significant negative correlation between the RPSSS-SPSS satisfaction with social companionship support, information support, emotional support, and caring support subscales and the QRS-FT physical incapacitation, pessimism and parent and family problems subscale. In accord with the present results, previous studies on the connection between family stress and the satisfaction with perceived social support have demonstrated that the more satisfied parents are with the social support that they receive for child care, the less stress they experience. Sivrikaya (2012) examined the relationship between parents' levels of satisfaction with social support and family stress and concluded that family stress decreases as the level of satisfaction with social support increases. In a study with mothers of school-aged children with cerebral palsy, Skok, Harwey, and Reddihough (2006) found a significant negative relationship between perceived emotional support and stress. As the research results show, family stress decreases as perceived social support increases in families with special needs children (Lüle, 2008). Parents face different stress situations when preparing their child with special needs for life. Considering that families with special needs

children have different causes of stress than other families, it seems that their stress decreases as their satisfaction with social support increases. In other words, parents' perceived social companionship, emotional and information support and their satisfaction with these supports seem to be effective in reducing their stress.

This study also found a significant positive correlation between social companionship support and active planning, between information support and seeking external help, between emotional support and seeking external help, and between emotional support and acceptance-cognitive reconstruction. This finding indicates that parents with a high level of social companionship support prefer coping ways such as actively taking action against the problem and focusing on problem-solving, parents with a high level of information support cope with stress by seeking external help to find practical solutions to their problems, and parents with a high level of high emotional support seek external help to find solutions to their problems and accept the problems and reflect on possible solutions. Based on this finding, it seems that social companionship, emotional and information support systems encourage parents to prefer problem-solving-oriented strategies to overcome problems, such as seeking external help, active planning, and accepting the problem and looking for solutions. With respect to problem-solving-oriented coping strategies, people prefer ways such as identifying the problem, creating alternative solutions, making a cost and benefit analysis of the alternatives, choosing between the alternatives, and implementing the alternative f choice (Tutkun and Koç, 2000). According to Muris, Schmidt, and Lambrichs (2001), individuals' strategies of coping with stress are important for their mental health and some coping strategies keep individuals away from stressful life events and protect them from stress, while some coping strategies lead to a perverse effect and increase their sensitivity to psychological disorders. The finding of this study that reveals the connection between perceived social support and coping attitudes is consistent with earlier observations. Sorias (1992) noted that social support changes the way one perceives a stressful situation and affects coping mechanisms. Sucuoğlu (1997) also pointed out that the existence of family support systems makes it easier to cope with problems. Küçüker (2001) found that the internal and external

sources of families with mentally disabled children to respond to the crisis are important in coping with stress.

The study also found a significant negative correlation between parents' satisfaction with social companionship support and emotional support and the stress-coping attitudes of avoidance-isolation (emotional-behavioural) and acceptance-cognitive reconstruction and between parents' satisfaction with caring support and the stress-coping attitude of acceptance-cognitive reconstruction. According to this finding, as parents' satisfaction with social companionship support and emotional support increases, their avoidance-isolation behaviour, one of the coping attitudes, decreases. This finding also implies that it is difficult for parents to accept the situation as their satisfaction with social companionship support, emotional support, and caring support increases. Based on this finding, it seems that parents of special needs children resort to self-isolation behaviours less frequently to cope with their stress as they received more social companionship and emotional support. On the other hand, parents' decreased acceptance of the situation with increased satisfaction with social companionship, emotional and caring support may indicate that the parents are pleased but not completely satisfied with the support that they receive. In other words, they may need more than the social support that they receive.

Another finding of the study is that the strongest predictor of family stress-physical incapacitation was emotional support, followed by information support. It was concluded that the level of emotional support and information support was a negative predictor of physical incapacitation. This result shows that the perceived emotional and information support of parents of special needs children is a negative predictor of their stress about their children's developmental progress. There could be several possible explanations for this result. A possible explanation might be that parents' belief in the existence of people with whom they can talk about their personal problems makes them feel that they are not alone, thereby giving them emotional relief. Another possible explanation might be that the information support that parents receive about childcare and education guides parents on how they can help their children, thereby reducing their anxiety and stress. This finding supports previous research. For example, Akkök et al. (1992) concluded that whether

parents of special needs children receive social support is important in predicting their stress level.

Another finding of the study is that the strongest negative predictor of family stress-pessimism was social companionship support, followed by emotional support. This result shows that social companionship support is relatively more important in predicting parents' pessimism-related stress than emotional support. A possible explanation for this result might be that parents' anxiety and stress about their children's future decrease with increased social companionship and emotional support. To put it differently, parents' current and future concerns and pessimism about their children's disability are negatively predicted by their perceived social companionship and emotional support. Previous studies have demonstrated that parents of children with disabilities have a sense of pessimism about the future of their children (Coşkun and Akkaş, 2009; Özsoy et al., 2006). It can thus be said that the stress that parents of children with disabilities experience about who will provide the care and education needs of their children in the future is reduced by the social companionship and emotional support that they receive.

The analysis results showed that the strongest predictor of family stress-parent and family problems was social companionship support, followed by emotional support. These results are consistent with those of Özsoy et al. (2006) who reported that parents of special needs children often need social support and regular information support is effective in solving family problems. Stress experienced by parents of special needs children may lead to deterioration in their family and social relations (Aslan, 2010). Based on the findings, it can be said that the satisfaction of parents of special needs children with their perceived social support and emotional support is effective in reducing their stress related to domestic problems.

This study set out to examine the capacity of the perceived social support of parents of special needs children in early childhood to predict their family stress and stress coping attitudes. It is thought that the findings of this study make an important contribution to the literature by revealing the ways by which parents with special needs children cope with stress and reduce their stress.

Taken together, these findings suggest that the impact of family stress can be reduced by increasing social companionship,

emotional and information support given to parents with special needs children. In line with the study findings, several recommendations could be offered. For example, regular meetings could be organised to broaden the knowledge of parents of children with special needs. Parents of children with special needs may be provided with socializing environments where they can come together and feel that they are not alone. Additionally, close relatives of parents of special needs children may be informed to ease their burden of childcare. Regular frequent in-service training might be organised to inform experts working in rehabilitation centres where children with special needs are educated so that not only children but also families can be supported. Increasing informative shows on mass media could also help families to cope with their stress.

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