

## İŞİTME VE ZİHİNSEL ENGELLİ ÇOCUĞU OLAN ANNELERİN KAYGI DÜZEYLERİ VE ÇOCUKLARINI KABULLENME DURUMLARINA “DESTEKLEYİCİ EĞİTİM PROGRAMLARININ” ETKİSİ<sup>1</sup>

Özlem ERSOY<sup>a,\*</sup> | Sibel GÜNEYSU<sup>b</sup>

<sup>a</sup> Atılım Üniversitesi, Sağlık Bilimleri Fakültesi, Ankara, Türkiye.

<sup>b</sup> Başkent Üniversitesi, Eğitim Fakültesi, Ankara, Türkiye.

\*Sorumlu Yazar; Özlem ERSOY, E-Posta: ozlem.ersoy@atilim.edu.tr

### ÖZET

#### Anahtar Kelimeler

- Anne-baba eğitimi
- İşitme engelli çocuk
- Zihinsel engelli çocuk
- Kaygı
- Çocuğu kabullenme

#### Makale Hakkında

Araştırma Makalesi

#### Gönderim Tarihi

08.08.2022

#### Kabul Tarihi

16.09.2022

Bu çalışmada, 30 işitme ve 20 zihinsel engelli çocuğun annesi için gereksinimleri doğrultusunda, iki farklı eğitim programı hazırlanmış ve programın, annelerin kaygı ve çocuklarını kabullenme düzeyleri üzerindeki etkisi incelenmiştir. Program, her iki grup için ayrı ayrı 8 hafta ve haftada 1 saat grup toplantısı şeklinde uygulanmıştır. Anneler ile ilgili veriler, Gereksinim Belirleme Formları, Aile Bilgi Formu, Kaygı ve Endişe Ölçme Aracı, Sürekli Kaygı Envanteri ve Aile Çocuk İlişkileri Formu aracılığıyla toplanmıştır. Elde edilen veriler incelendiğinde, engel türüne göre annelerin kaygı ve çocuğunu kabullenme düzeyleri istatistiksel olarak anlamlı bir farklılık göstermemiştir.

<sup>1</sup> Bu çalışma birinci yazarın, ikinci yazar danışmanlığında yürüttüğü doktora tezinden üretilmiştir.

THE EFFECT OF “SUPPORTIVE EDUCATIONAL PROGRAMS” ON LEVELS OF  
STRESS AND ANXIETY AND ACCEPTANCE OF THE MOTHERS OF  
HEARING- IMPAIRED AND MENTALLY HANDICAPPED CHILDREN

Özlem ERSOY\* | Sibel GÜNEYSU.

\*Corresponding Author; Özlem ERSOY, E-Mail: [ozlem.ersoy@atilim.edu.tr](mailto:ozlem.ersoy@atilim.edu.tr)

ABSTRACT

Keywords

- Mother-father training
- Hearing-impaired children
- Mentally handicapped children
- Anxiet/stress
- Parental acceptance

Article Info

Research article

Received

08.08.2022

Accepted

16.09.2022

In this study, two different training programs are prepared for 30 hearing impaired and 20 mentally handicapped children’s mother for the fulfilment to their requirements and the stress effect and children acceptance levels of the mothers were examined. The program was applied along eight weeks through one-hour group meetings each week. The data about the mothers were collected by using Need Access Forms, Family İnformation Form, Questionnaire on Resources and Stress, Trait Anxiety Inventory and Potential Acceptance – Rejection Questionnaire Mother Form. When the above data were evaluated it was observed that the stress and the acceptance levels of hearing- impaired and mentally handicapped children’s mother has not too much significantly changed.

## INTRODUCTION

One of the most significant phenomena in life is to be a parent. To have healthy and successful children is among the greatest ideals of parents. Parents want to plan the child's future in the best way even before birth. To have a handicapped child would be a complete disappointment for a family. Families are usually unprepared for such a situation and therefore they experience different feelings. They go through different stages of sensitive reactions such as shock, refusal distress, depression, anger, guilt, jealousy and reconciliation. As families experience these feelings they learn a lot about both themselves and their children and start to accept the child. However, not all families can achieve this; they may get stuck to one or other stage, which hinders them from reaching the stage of acceptance. On the other hand, those families who have achieved getting at the acceptance stage may go back to the first stages due to the difficulties faced (1,2,3,4,5,6,7).

The incapability's seen in the children, continuously lay additional responsibilities on the shoulders of the parents. One of these is the responsibility of adaptation to the new situation which creates anxiety in the parents (8). However, there may be differences in the anxiety level.

The degree of the child's disability, age, sex, behavior problems besides the age, marital status, working conditions, socio- economic level of the family, the family members' psychological conditions and social relations of the parents affect their level of the anxiety (9,10,11,12,13).

The level of anxiety differs from family to family. However, in case the child is in need of special care, parent being prepared by getting special training they will be ready for their role and more successful in order to be adapted to the new situation. Accordingly, there will be a decrease in their anxiety level (14).

Family training programs, psychological counselling and information supervision services have been provided to help the families with children requiring special training (15,16,17).

No matter which program service is chosen, its achievement closely depends on a detailed evaluation of both the child and his family and if the program meets the demands of the families. The evaluation of the child and his family should be carried out on the bases of the child's development (motor, language, cognitive, etc.) as well as his characteristics (behavior, nature, etc.), the strong and weak sides of the family, the inter-action between the parents and the child and due to the requirements of the family (18).

Determining the requirements of the family aims at putting forth the requirement during the process the family goes through. Such a study should be planned through a system that both focuses on the family and takes the requirement of each member of the family into consideration. In this system the preferences and cultural needs of each family should, considered keeping in mind that these requirements that may appear in the future should also be taken into consideration. While a wide- scale requirement determination study is carried out, it is necessary to focus on the financial and spiritual conditions of the family besides its requirements and to set up a balance between the two. Still in spite of all these principles, problems may arise between the parents, the child and specialist especially during determining the requirements and approving them (19).

In determining the family requirements, the type, content, quality and the choice of the method of the services to be provided for the family are also important. However, requirement determination should definitely be made so that the services will achieve the goal and the family will readily accept the program (20).

A number of studies have been carried out on both the children need special training and their families, but the studies involving family training programs and the effects of these on the families are very limited.

The educationalists working with families need a feedback on subjects like if the training programs for families meet the requirements, and to what degree the families acquire the talent and information

aimed at. Studies in this field are significant for they not only develop new studies but also enable the present programs to be applied to parents of different nature.

The scope of this study aims, to lessen the anxiety of mother of hearing- impaired and mentally handicapped children and thus to enable them to benefit from the training they require as much as possible, which will lead to the acceptance of their children. Once the programs to lesson anxiety are chosen, families are expected to adapt more easily to their children and environment, which will be beneficial to the children themselves as well.

## METHOD

### The Choice of the Subject

The mothers of 30 hearing- impaired who attended Hearing and Speech Disorders Special Rehabilitation Training Center and 20 mentally handicapped children who attended The Rehabilitation and Training Center for mentally Handicapped Children have constituted (a total of 50 mothers) as a research group.

Mothers have been selected according to the following moderation;

1. All mothers are high school graduates.
2. All mothers are married. None of them are step-mothers.
3. All mothers volunteered the join the program.
4. All mothers have taken on the care of their children.
5. The IQ of the children have been similar. While mothers of mentally handicapped children with an IQ between 35 and 40 who could be trained on the intermediate level have formed the group of mothers with mentally handicapped children, the second group have been formed by mothers of hearing- impaired children with a hearing level of between 36 and 70 dB who could be trained on intermediate and upper- intermediate levels (21,22).
6. None of the mothers have taken part in a similar parental training program before.
7. The children do not have any additional disability.

### The Formation of the Groups and the Program

Mothers with the criteria mentioned above have been given forms including information about the program as well as the researchers and they have been interviewed. A schedule has been made for the mothers who are volunteered. Groups with at least two and utmost have been formed. In forming the groups mothers from the same socio- economic levels have been placed in the same group so that a homogeneity in the group could be created for the mothers to feel themselves comfortable.

Having completed the preparations, mothers have been called to a meeting. During the first meeting mothers have met each other. They have been given Need Access Form, Family Information Form and Preliminary Tests (QRS, Trait Anxiety Inventory and PARQ Mother Form). After explanations have been made on the test, they have been asked to fill them. Following to this meeting, eight topics that mothers want to learn about have been determined according to the Need Access Forms filled and an eight- week- schedule has been made. No training programs have been carried out on the topics preferred by only a few volunteers. After the program has been covered, a one week break has been given and the mothers have been subjected to the post tests.

### Data Collection Instruments

The above data collection instruments have been used in this study.

### Need Access Form

Two different Need Access Forms have been prepared for the mothers of hearing- impaired and mentally handicapped children to determine the topics of the training program.

A variety of topics have been listed in the forms and the mothers have been asked to choose eight of the items they most prefer to be trained on. If there were any other topics they wanted to learn about, wrote them down in the space provided in the form. None of the mothers have asked to be trained on other topics.

Below are the topics mothers of hearing- impaired children have asked to learn about during the program:

“What is hearing impairment? What are the reasons for it? What are the mothers of hearing- impaired children reactions? How the hearing- impaired child- parent relations should be? How the hearing- impaired child-sister-brother relations should be? How can the unwanted behavior of the hearing- impaired child be changed? What are the characteristics of the hearing- impaired child? How can self-respected develop in the hearing- impaired child? Would it be beneficial to make the hearing- impaired child join the society?”

Below are the topics mothers of children with mentally handicapped have asked to learn:

“What is mentally handicapped? What are the reasons for it? What are the reactions of mothers of mentally handicapped children? How the mentally handicapped child- parent relations should be? How the mentally handicapped child- sister- brother relations should be? How can the unwanted behavior of the mentally handicapped child be changed? Can the incapability’s resulting from being mentally handicapped be corrected? What will the condition of the mentally handicapped child be in the future? What are the legal rights of the mentally handicapped child?”

### Family Information Form

In this form there are questions to obtain demographic information such as, the age, educational background and working conditions, number of children of the mother and the age, sex and educational background of the handicapped child.

### Questionnaire On Resources and Stress for Families with Chronically III or Handicapped Members (QRS)

In this survey QRS developed by Jean Holroyd (1974) and validity and reliability studies have been carried out by Akkök (1988) have been used in Türkiye. The scale aiming to measure the stress levels in different dimensions of the parents of handicapped children consists of 66 items. The form covers 11 sub dimensions concerning the problems of the handicapped and chronically ill person, the personal problems of the members of the family as well as the problems in the family. Each sub division consists of 6 items, each of which should be marked as “True” or “False”. The answer scale has been evaluated by giving one point for each correct answer. High score represents high stress level (23,24).

### Trait Anxiety Inventory

Using the inventory which was developed by Spielberger and his colleagues ( State Trait Anxiety Inventory, 1970) and which was used by Necla Öner and Le Compte (1985) in Türkiye, how the individual feels under the circumstances he is in, his inclination to anxiety have been determined.

This has been applied to everybody over the age of 14 who is capable of understanding what he reads.

### During this process there has been no time limit.

The inventory consists of 20 items. The participants have been asked to select one of the “Never”, “Sometimes”, “Usually” and “Always” choices. The scoring has been made by giving points between 1 and 4 respectively to the marked choice. However, there are 7 reversed items on the inventory. Consequently, the scoring of these items are made in reverse order. The points of expression arranged in the correct and reversed orders are added. To this number another 35 points are added to determine the score of anxiety. High score represents high anxiety level and low score shows low anxiety level (25,26).

### Parent Acceptance-Rejection Questionnaire (PARQ) Mother Form

PARQ developed by Rohner (1980) and the scale used by Miryam Anjel (1993) in Türkiye to carry out a study of validity and reliability have been used to determine the acceptance or rejection behavior of the mother towards the child.

This scale has been used for mothers of at least 3 years old children. The application period is not limited. The scale consists of 56 items. Each item should be marked as "always true", "sometimes true", "seldom true", "never true". 4 points are given to "always true", 3 points for "sometimes true", 2 points for "seldom true" and 1 point for "never true". There are 25 reversed items, which are evaluated in reverse order. The total of points taken from sub tests gives the total rejection score. High score represents the high level of rejection (27,28).

### Data Analysis

The data obtained as a result of the study carried out between November 1996 and May 1997 has been evaluated using the sub-programs of SPSS package program. The scores averages of mothers of hearing-impaired and mentally handicapped children and the standard deviations have taken on preliminary and final tests have been gathered. The difference between the averages of the preliminary and final test scores for both handicapped type has been calculated by "The Test on the Importance of the Difference Between the Couples" and the comparison of the preliminary and post test scores has been calculated by "The Test on the Importance of the Difference Between the Two Averages" (29). The significance level has been determined as 0.05.

## RESULTS

When the averages of the anxiety score of the mothers of hearing-impaired and mentally handicapped have been compared, no meaningful difference has been found between the two groups in respect to the preliminarily and posttests. When the anxiety score averages of the preliminary and post-tests have been compared, it has been observed that there is a drop in the score averages of the preliminary and post tests given to the mothers of mentally handicapped children show a meaningful difference statistically, that of mother of hearing-impaired children do not (Table 1).

**Table 1.** The Pre and Post Test Results of "Trait Anxiety Inventory" Averages, Standard Deviations and "t" Values of Mothers of Hearing- Impaired and Mentally Handicapped Children

Type of Handicap	Pre Test		Post Test		Pre-Post Test t	Hearing-Mental	
	$\bar{x}$	S.D.	$\bar{x}$	S.D.		t pre	t post
Hearing	50,53	5,16	49,56	6,07	0,74	0,55	1,04
Mental	51,35	5,04	48,05	4,27	4,59*		

\*p<0,05, significant

Table 2, illustrates the averages of the scores mothers of hearing- impaired and mentally handicapped children on the sub dimension of level of QRS means together with standard deviations and "t" values. When the averages of stress scores mothers of hearing- impaired and mentally handicapped children on the sub dimensions of the scale are compared, there is a meaningful difference in the score averages of both the preliminary test and posttest on (the dimensions of) Cognitive Impairment and Financial Stress, in the score averages of only the preliminary test on Dependency and Management and Life Span Care, and in those of the final test on Physical Limitations. On examining the score averages of the preliminary and post tests on the sub dimensions of the scale, meaningful differences statistically have been noticed on the dimensions of Cognitive Impairment, Lack of Personal Reward, Terminal Illness Stress and Physical Limitations of mothers of hearing- impaired children and on the dimensions of Dependency and Management of the mothers of mentally handicapped.



**Table 2.** The Averages of the Scores of the QRS Measurement Means Sub Dimensions of Pre and Post Tests, Standardization Deviations on “t” Values of Mothers of Hearing- Impaired and Mentally Handicapped Children

QRS Sub Division	Hearing Impaired					Mentally Handicapped					Hearing- Mental	
	Pre Test $\bar{x}$	S.D.	Post Test $\bar{x}$	S.D.	Pre-Post Test t	Pre Test $\bar{x}$	S.D.	Post Test $\bar{x}$	S.D.	Pre-Post Test t	Pre Test t	Post Test t
Dependency and Management	1,73	1,63	1,96	1,56	0,70	2,85	1,18	2,15	1,59	2,27*	2,80*	0,40
Cognitive Impairment	2,33	2,09	1,83	1,82	2,41*	3,75	1,33	3,60	1,31	0,55	2,93*	3,98
Limits on Family Opportunities	2,90	1,88	2,50	1,67	1,42	3,20	1,82	2,95	1,90	1,04	0,56	0,88
Life Span Care	3,66	1,84	3,60	1,81	0,16	4,70	1,41	4,25	1,65	1,44	2,23*	1,29
Family Disharmony	0,73	1,25	0,83	1,20	0,55	0,60	1,18	0,70	1,17	0,57	0,38	0,39
Lack of Personal Reward	1,33	1,37	0,53	0,73	3,53*	0,75	0,96	0,60	0,94	0,77	1,76	0,28
Terminal Illness Stress	2,30	1,29	1,63	1,21	2,25*	2,05	1,19	1,65	1,18	1,32	0,69	0,05
Physical Limitations	0,50	0,63	0,93	0,64	3,07*	0,30	0,73	0,25	0,55	0,57	1,03	3,91*
Financial Stress	2,26	2,01	1,86	1,88	1,84	3,60	2,03	3,30	2,13	1,55	2,28	2,50*
Preference for Institutional Care	0,63	0,85	0,80	1,21	0,80	0,35	0,48	0,50	0,76	0,77	1,49	0,98
Personal Burden for Respondent	3,36	1,15	3,60	0,96	1,19	3,70	1,17	3,20	1,10	1,95	0,99	1,35
Total Score	20,43	6,91	20,10	6,43	0,34	25,10	6,20	23,15	7,47	2,18*	2,43*	1,54

\*p<0,05, significant

On comparing the average scores of the PARQ Test on the acceptance of the child of mothers of hearing-impaired and mentally handicapped children, it has been seen that there is no meaningful difference statistically in regard to neither the preliminary nor the post test score averages (Table 3).

**Table 3.** The Pre and Post Test Results of “PARQ Test”, Averages, Standard Deviations and “t” Values of Mothers of Hearing- Impaired and Mentally Handicapped Children

Type of Handicap	Pre Test		Post Test		Pre-Post Test	Hearing-Mental	
	$\bar{x}$	S.D.	$\bar{x}$	S.D.	t	t pre	t post
Hearing	79,40	10,28	73,03	12,07	6,59*	0,28	0,44
Mental	78,60	9,36	74,50	10,52	4,63*		

\*p<0,05, significant

## DISCUSSION AND SUGGESTIONS

According to the findings of the effects of training programs on the anxiety levels and mothers acceptance to hearing- impaired and mentally handicapped children; Having such a child has not created a meaningful difference on the anxiety levels of mothers. This is supposed to result from the effect of having a handicapped child on the anxiety level of the mother.

Research conducted on the subject also support this finding (11,30,31,32).

When we examine the score averages of the preliminary and final tests, the score averages of the mothers of both hearing-impaired and mentally handicapped children drop on the final test. However, while the score averages of the preliminary and final tests taken by mothers of mentally handicapped children show a meaningful difference statistically, no difference has been found in those of the mothers of hearing-impaired children. This may be due to the training program being more effective on decreasing the anxiety level of the mothers of mentally handicapped children, and to the fact that the results are immediately obtained on the application of the suggestions included in the program. In fact, there could be an increase in the expectations of speech of the mothers of hearing-impaired children during the applications. However, because such changes in abilities can take a long time and the anxiety felt by the mothers may not have dropped during a period of eight weeks.

Adams and Tidwell (1989) have stated after a study with 50 parents that there is no decrease in anxiety level of the parents. Similarly, Hornby and Singh (1984) have said that training has had no effects on the general attitude and their perception of their children of the parents whose behavior problems still continue. These findings support the findings of this survey (33,34). The anxiety average scores of mothers of hearing- impaired and mentally handicapped children show a difference in both the preliminary and final tests on the dimensions of Cognitive Disorders and Financial Stress. This may result from continues and high level of anxiety of mothers of mentally handicapped children under the mentioned circumstances. Indeed, it takes a long time for the mentally handicapped children to get to know their environment cognitively.

Additionally, their continues need of training may cause mothers to have Financial Stress. On the other hand, the mothers of hearing- impaired children express less anxiety thinking the training will be over when their child begins to talk and the child will lead a normal life.

Research carried out on the subject show a similarity with the research findings (35,36). While there is a meaningful difference in the anxiety score averages of the hearing- impaired and mentally handicapped children’s mothers on the preliminary test on the dimensions of Dependency and Management, Life Span Care, there is no difference on the preliminary test. What has made the difference meaningful on these dimensions is the high level of the anxiety of mothers of mentally handicapped children. The reason for the drop of anxiety of these mothers on the final test is their feeling more hopeful about the possibility that their children can stand on their own feet at the end of the training.



The anxiety-score averages of mothers of hearing-impaired and mentally handicapped children represent a meaningful difference on the final test on the dimension of Physical Limitations. This difference has been caused by the mothers of hearing impaired children. This may be due to mothers not accepting the hearing aid as a special device used by the child before they attended the program. The research conducted by Gökcan (1987) seems to support this finding (37).

When the preliminary and final test anxiety score averages are examined on the dimension of QRS Scale, while the anxiety score averages of mothers of hearing-impaired children drop meaningfully on the dimensions of Cognitive Dimensions, Lack of Personal Reward and Chronic Illness, they have increased on the dimension of Physical Limitation. This may be due to a result of informing the mothers, which is thought to have comforted them on these three dimensions. However, the fact that mothers lack adequate information of why hearing- aids are used and their feeling panicked before the training program may have increased the anxiety level on the dimension of Physical Limitation. The anxiety score averages of the mothers of mentally handicapped children on the preliminary and post tests show a meaningful difference on the dimension of Dependency and Management. The reason for the drop in the post test score my result from the success of the training program. At the end of the program, mothers may have started to believe in the fact that their children may take care of themselves.

Research conducted on the subject support this findings (13,38,39).

The anxiety levels of mothers on dimensions of Limits on Family Opportunities, Preference for Institutional Care and the Personal Burden for Respondent will face show differences neither within the group nor between the groups. This is supposed to result from the influence of Turkish Culture on the families, which hinders mothers from expressing their thoughts openly.

When the total score results of QRS are examined, a meaningful difference is observed in the anxiety level of mothers of mentally handicapped children in regard to the preliminary and posttests. This situation represents a meaningful difference in regard to the preliminary test in accordance with the type of handicap.

The reason why the total anxiety scores of the mothers of mentally handicapped children were higher than that of the mothers of hearing- impaired children may be due to the continual need of the mentally handicapped child for the mother as well as these children having more behavior problems. Orr and et all. have stated as the result of the research they conducted in 1991 that the violence in the children's behavior problems increase this anxiety. This result is similar to the one put forth by this research (40). The levels of acceptance of the mothers of hearing impaired and mentally handicapped children has shown no meaningful difference statistically in regard to the preliminary and posttests. When the preliminary and post-test results have been compared, a drop has been noticed in the score averages of mothers in both groups. This shows that there is a rise in the acceptance levels of the mothers. Consequently, the training program seems to have a positive effect on the level of acceptable.

Another research also shows that training given to parents has had a beneficial effect on the parent-child inter-action (41). This finding supports the finding of this research.

As a conclusion, it has been observed that while the type of handicapped is not an effective factor on the acceptable level of the mother's, the training program has an influence in decreasing the anxiety levels of mothers of hearing- impaired and mentally handicapped children. In this respect, families need to be supported and trained. However, the support to be given should definitely meet the needs of the family. Otherwise, the process of mutual- communication will be too short and nobody will benefit from this situation.

It would be beneficial for the training program to cover a period longer than eight weeks in order to support the professionals whom take part in family training, to work with more volunteers to generalize and to obtain more details about the results, to work with parents of children with different types of handicap and to observe. If the attitudes of the parents have changed, and to find out in which way these changes have taken place by short-term and long-term studies and to examine the changes resulting from the program more easily.

## REFERENCES

1. Love H. The mentally retarded child and his family. Springfield: Charles Thomas. 1973.
2. Gargiulo R. Working with parents of exceptional children: A guide for professionals. Boston: Houghton Mifflin Company; 1985.
3. Bıyıklı L. Özürlü çocuk toplum ve aile. Ankara Üniversitesi Eğitim Bilimleri Fakültesi Dergisi, 1989, 22(3): 633-640.
4. Kimpton D. A special child in the family. London: Sheldon; 1990.
5. Mc Cracken W, Sutherland H. Deaf ability not disability. Adelaide: Multilingual Matters; 1991.
6. Spodek B, Saracho O. Dealing with individual differences in the early childhood classroom. New York: Longman; 1995.
7. Eripek S. Zihinsel engelli çocuklar. Eskişehir: Anadolu Üniversitesi; 1996.
8. Friedrich NW, Wilturner LT, Cohen DS. Coping resources and parenting mentally retarded children. American Journal of Mental Deficiency, 1985, 90(2): 130-139.
9. Bebko MJ, Konstantareas MM, Springer J. Parent and professional evaluations of family stress associated with characteristics of autism. Journal of Autism and Developmental Disorders, 1981, 7(4), 565-577.
10. Wilton K, Renaut J. Stress levels in families with intellectually handicapped preschool children and families with nonhandicapped preschool children. Journal of Mental Deficiency Research, 1986: 30, 163-169.
11. Kazak AE. Families with disabled children: stress and social networks in three samples. Journal of Abnormal Child Psychology, 1987: 15(1), 137-146.
12. Flynt SW, Wood TA. Stress and coping of mothers of children with moderate mental retardation. American Journal on Mental Deficiency, 1989: 90(2), 130-139.
13. Baker BL, Landen SJ, Kashima KJ. Effects of parent training on families of child with mental retardation: Increased burden or generalized benefit. American Journal on Mental Retardation, 1991:96(2), 127-136.
14. Akkök F. An overview of parent training and counselling with the parents of children with mental disabilities and autism in Turkey. International Journal for the Advancement of Counselling, 1994: 17, 129-138.
15. Kargın T. Okulöncesi düzeyde engelli çocuğu bulunan ailelere yardım süreçleri. Okulöncesi Eğitim Dergisi, 1990: 39, 18-19.
16. Köni N. İşitme özürlü çocukların eğitiminde ailenin önemi. Okulöncesi Eğitimi Dergisi, 1991: 42, 11-16.
17. Aksaz KN. Bilgi verici danışmanlığın otistik çocuğu olan anne babalarının kaygı düzeylerine etkisi. Yüksek Lisans Tezi. Ankara Üniversitesi Sosyal Bilimler Enstitüsü, Ankara. 1992.
18. Sucuoğlu B. Özürlü çocuğu olan anne babaların gereksinimlerinin belirlenmesi. Çocuk ve Gençlik Ruh Sağlığı Dergisi, 1995: 2(1), 10-18.
19. Bailey DB, Simeonsson RJ. Assessing needs of families with handicapped infants. The Journal of Special Education, 1988: 22(1), 117-127.
20. Dale N. Working with families of children with Special Needs. New York: Routledge; 1996.
21. Bilir Ş. Zeka gerilikleri ve nedenleri. In: Bilir Ş, editor. Özürlü çocuklar ve eğitimleri. Ankara: Ayyıldız; 1986. p.6-44.
22. Belgin E, Darıca N. İşitme engelli çocukların erken tanısında ve eğitiminde aileye öneriler. Ankara: Unicef; 1995.
23. Holroyd J. Questionnaire on resources and stress for families with chronically ill or handicapped members. Brandon: Clinical Psychology; 1987.

24. Akkök F. Özürlü bir çocuğa sahip anne babaların kaygı ve endişe düzeyini ölçme aracının güvenilirlik ve geçerlik çalışması. *Psikoloji Dergisi*, 1987: 7(23), 26-38.
25. Öner N, Le Compte A. Süreksiz durumluluk/ sürekli kaygı envanteri el kitabı. İstanbul: Boğaziçi Üniversitesi; 1985.
26. Öner N. Türkiye’de kullanılan psikolojik testler. İstanbul: Boğaziçi Üniversitesi; 1985.
27. Anjel M, Erkman F. Transliteration equivalence of parental acceptance-rejection questionnaire (PARQ) mother form. XV. International School Psychology Colloquium, selected papers, İstanbul. 1992.
28. Anjel M. (1993). The transliteration equivalence, reliability and validity studies of parental acceptance- rejection questionnaire (PARQ) mother form: A tool for assessing child abuse. Yüksek Lisans Tezi, Boğaziçi Üniversitesi Eğitim Fakültesi, İstanbul. 1993.
29. Sümbüloğlu K, Sümbüloğlu V. Biyoistatistik. Ankara: Hatiboğlu; 1990.
30. Blacher J, Nihira K, Meyers CE. Characteristics of home environment of families with mentally retarded children: Comparison across levels of retardation. *American Journal of Mental Deficiency*, 1987: 91(4), 313-320.
31. Wolf LC, Noh S, Fisman SN, Speechley M. Brief report: Psychological effects of parenting of autistic children. *Journal of Autism and Developmental Disorders*, 1989: 19(1), 157-166.
32. Aksaz KN. Otistik çocukların ve öğretilbilir zihinsel özürlü çocukların anne- babalarının kaygı düzeyleri. *Psikoloji Dergisi*, 1990: 7(25), 14-20.
33. Adams WJ, Tidwell R. An instructional guide for reducing the stress of hearing-impaired children. *AAD*, 1989: December, 323-328.
34. Hornby G. Singh NN. Behavioural group, training with parents of mentally retarded children. *Journal of Mental Deficiency Research*, 1984: 28, 43-52.
35. Beckman PJ. Influence of selected child characteristics on stress in families of handicapped infants. *American Journal of Mental Deficiency*, 1983: 88(2), 150-156.
36. Akkök F. Aile rehberliğinde yeni bir yaklaşım: Yardımcı aile sistemi. *İnsan Bilimleri Dergisi*, 1989: VIII (2), 1-6.
37. Gökcan M. Aile eğitiminin işitme engelli çocukların ailelerinin beklentileri üzerine etkisi. Yüksek Lisans Tezi. Anaadolu Üniversitesi Sosyal Bilimler Enstitüsü, Eskişehir. 1987.
38. Sandler A, Coren A, Thurman K. A training program for parents of handicapped preschool children: Effects upon mother, father and child. *Exceptional Children*, 1983: 49(4), 355-358.
39. Baker BL, Mc Curry MC. School-based parent training: An alternative for parents predicted to demonstrate low teaching proficiency following group training. *Education and Training of the Mentally Retarded*, 1984: December, 261-267.
40. Orr RR, Cameron SJ, Day DM. Coping with stress in families with children who have mental retardation: An evaluation of the double ABCX model. *American Journal on Mental Retardation*, 1991: 95 (4), 444-450.
41. Kravetz S, Katz S, Katz S. A goal directed approach to training parents of children with a developmental disability. *The British Journal of Mental Subnormality*, 1990: 36(1), 17-29.