Acta Psychology
Volume 3, No. 2, 2024, pp. 60-69
Published by: PELNUS | Pen en Light for Natural Union of Science

ISSN 2962-6080 (Print)
ISSN 2962-4304 (Online)

Understanding the Influence of Personality Traits on Coping Strategies among Parents of Intellectually Disabled Children

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ARTICLE INFO

Keywords:

Intellectual disability;
Coping strategies;
Personality traits;
Parents;
Support interventions.

Article history:

Received June 22, 2024;
Revised July 03, 2024;
Accepted July 18, 2024;
Online July 31, 2024.

ABSTRACT

This research investigates the relationship between personality traits and coping strategies among parents of intellectually disabled children, aiming to inform the development of more effective support interventions. A sample of 200 parents participated in an online survey, providing demographic information and completing measures of personality traits and coping strategies. Results indicate significant correlations between personality traits (extraversion, conscientiousness, neuroticism, agreeableness, and openness) and coping strategies, with extraversion and conscientiousness positively associated with problem-focused coping and neuroticism positively associated with emotion-focused coping and avoidance strategies. Multiple regression analysis further highlights the predictive power of personality traits on coping strategies, controlling for demographic variables. Implications for practice include the importance of personalized support interventions, recognition of the role of social support networks, and enhancement of accessibility and integration of mental health services.

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Introduction

Parenting a child with intellectual disabilities is an experience that, while unique and rewarding, is fraught with a multitude of challenges(Cleaver et al., 2011). According to the World Health Organization, intellectual disabilities affect approximately 1-3% of the global population. In the United States alone, the Centers for Disease Control and Prevention (CDC) estimates that around 7 million people live with intellectual disabilities, impacting millions of families. These disabilities encompass a range of conditions characterized by significant limitations in intellectual functioning and adaptive behavior, covering many everyday social and practical skills.

One of the most profound challenges parents face is the emotional and psychological toll. The initial diagnosis often brings a wave of emotions, including shock, denial, and grief(Cleaver et al., 2011). Parents must come to terms with their child's condition, which can lead to chronic stress and anxiety. This stress is exacerbated by the need to continually advocate for their child's needs, whether in educational settings, healthcare, or within the community. The constant vigilance required can lead to burnout, depression, and feelings of isolation, as parents may feel that their experiences are misunderstood or unsupported by those around them.

Social challenges are also significant. Many parents report feeling isolated due to the stigma associated with intellectual disabilities(Mitter et al., 2019). Negative societal attitudes and lack of understanding can lead to judgment and exclusion, both for the child and their family. This social isolation is compounded by the logistical difficulties of participating in community activities, as many social events and facilities are not accommodating to the needs of children with intellectual disabilities. This can result in parents and families becoming socially withdrawn, further exacerbating feelings of loneliness and isolation(Rubin et al., 2009).

Financial strain is another critical challenge. The cost of caring for a child with intellectual disabilities can be substantial, encompassing medical expenses, special educational services, therapies, and assistive devices(Vohra et al., 2014). Many parents may need to reduce their work hours or leave their jobs entirely to provide the necessary care, leading to a loss of income and increased financial pressure. Navigating the myriad of services and support systems available can also be daunting, requiring significant time and effort to understand and access appropriate resources(M. R. Nelson, 1994).

Educationally, parents often face the challenge of ensuring their child receives an appropriate and supportive education(Desforges & Abouchaar, 2003). Many mainstream educational settings are not equipped to handle the needs of intellectually disabled children, necessitating the search for specialized schools or programs. Even within specialized settings, parents must frequently advocate for individualized education plans (IEPs) and the necessary accommodations to support their child’s learning and development. The need for continuous intervention and support to aid the child's development can be overwhelming(Karst & Van Hecke, 2012).

Health-related issues are common among children with intellectual disabilities, including higher incidences of co-occurring conditions such as epilepsy, sensory impairments, and behavioral disorders(Percy et al., 2017). Managing these health issues requires frequent medical appointments, specialized care, and constant monitoring, adding another layer of complexity to parenting. Behavioral challenges, such as difficulties with communication and social interaction, can lead to challenging behaviors that require specialized behavioral interventions and strategies, which can be exhausting and emotionally draining for parents.

A critical underlying issue in all these challenges is the often inadequate support and resources available(Wixom & Watson, 2001). Many parents feel that there are insufficient services to meet their needs, and existing services can be fragmented and difficult to access. Support groups and networks can provide some respite and solidarity, but their availability varies widely by location. The lack of a comprehensive support system means that many parents must navigate these challenges largely on their own, which can be overwhelming.

Parenting a child with intellectual disabilities presents unique and often profound challenges(Scorgie & Sobsey, 2000). The everyday demands of caregiving, coupled with concerns about the child's future, can place significant emotional, physical, and psychological stress on parents. Understanding how these parents cope with such stress is crucial, not only for their well-being but also for the overall family dynamics and the development of the child. Among the various factors that influence coping strategies, personality type has emerged as a critical variable that warrants thorough investigation(Amirkhan et al., 1995).

The concept of personality and its impact on coping mechanisms has been a subject of psychological research for decades(Carver & Connor-Smith, 2010). Personality traits, as defined by frameworks like the Big Five (openness, conscientiousness, extraversion, agreeableness, and neuroticism), play a pivotal role in shaping how individuals perceive and respond to stress. For instance, individuals with high levels of neuroticism may be more prone to anxiety and depression, potentially leading to less effective coping strategies. Conversely, those with high levels of extraversion and conscientiousness might employ more proactive and adaptive coping mechanisms(Hambrick & McCord, 2010).

In the context of parenting children with intellectual disabilities, the stakes are particularly high. These parents often face a range of challenges that can exacerbate stress, including medical issues, behavioral problems, and societal stigma. The constant need for advocacy, the financial burden of care, and the emotional toll of managing the child's needs can lead to burnout and mental health issues. Consequently, effective coping strategies are not merely beneficial but essential for the well-being of these parents(S. K. Nelson et al., 2014).

Previous research has shed light on various coping strategies employed by parents of children with disabilities(Canary, 2008). These strategies range from problem-focused coping, such as seeking information and support, to emotion-focused coping, such as emotional regulation and seeking solace in religion or spirituality. Problem-focused coping involves actively addressing the issues causing stress. For parents of children with disabilities, this can include seeking information, obtaining social support, and accessing services and resources. For example, a study by Hastings and Taunt (2002) found that parents often engage in proactive behaviors such as researching their child's condition, advocating for appropriate educational services, and seeking professional support. These strategies are aimed at directly tackling the challenges they face and are associated with better psychological outcomes(Spoorthy et al., 2020).

Emotion-focused coping, on the other hand, involves managing the emotional response to stress(Baker & Berenbaum, 2007). This can include strategies such as seeking emotional support, practicing self-care, and engaging in activities that provide emotional relief. Research by Pottie and Ingram (2008) indicates that parents often turn to social networks for emotional support, including family, friends, and support groups specifically for parents of children with disabilities. Religious faith and spirituality also play a significant role for many parents, providing a sense of hope and community(Mahoney, 2010).

While many parents use adaptive coping strategies, some studies highlight the use of avoidance or maladaptive strategies(Seiffge-Krenke, 2005). These can include denial, substance use, or withdrawal from social activities. These strategies are typically less effective and can lead to poorer mental health outcomes. For instance, Dunn et al. (2001) found that higher levels of stress and anxiety were associated with the use of avoidance strategies among parents of children with autism spectrum disorders.

Various factors influence the choice of coping strategies, including the severity of the child's disability, the availability of social support, and individual differences such as personality traits(Coyne & Downey, 1991). For example, Smith et al. (2013) showed that parents with stronger social networks were more likely to engage in problem-focused coping, highlighting the importance of social resources. However, there is a gap in the literature regarding how intrinsic personality traits influence the choice and effectiveness of these coping strategies.

Studies have indicated that personality traits significantly affect stress management and coping efficacy in the general population(Connor-Smith & Flachsbart, 2007). For example, individuals with high resilience, often linked to certain personality traits, tend to adopt more adaptive coping strategies. However, there is limited research specifically addressing how these dynamics play out in the lives of parents with intellectually disabled children. Understanding this relationship can offer valuable insights into tailored support and interventions, potentially alleviating some of the burdens these parents face(Kazdin & Blase, 2011).

The proposed research aims to bridge this gap by exploring the contribution of personality type to the coping strategies of parents who have intellectually disabled children(Peer & Hillman, 2012). By examining this relationship, the study seeks to identify specific personality traits that correlate with more effective coping mechanisms. This knowledge can inform the development of targeted support programs, providing parents with personalized strategies that align with their personality profiles(Wang & Degol, 2014).

Method

The study will adopt a cross-sectional design, which involves collecting data from participants at a single point in time. Data collection will involve three main instruments: a demographic questionnaire, a personality assessment, and a coping strategy inventory.

- Demographic Questionnaire: This questionnaire will gather essential background information about the participants, including age, gender, marital status, education level, employment status, and details about the child's condition (e.g., type and severity of intellectual disability).
- Personality Assessment: The Big Five Inventory (BFI) will be used to assess the personality traits of the parents. The BFI is a well-validated and widely used instrument that measures five major dimensions of personality: openness, conscientiousness, extraversion, agreeableness, and neuroticism. Participants will rate a series of statements on a Likert scale, providing a comprehensive profile of their personality traits.
- Coping Strategy Inventory: The COPE Inventory, developed by Carver et al. (1989), will be utilized to assess the coping strategies employed by the parents. This inventory includes various subscales that measure different types of coping, such as problem-focused coping, emotion-focused coping, and avoidance strategies. Participants will indicate how often they use each strategy on a (Innes & Booher, 2004).

Data will be collected through an online survey platform, ensuring accessibility and convenience for participants. For those without internet access, paper-based surveys will be provided. Data analysis will involve several steps to ensure a thorough examination of the relationship between personality traits and coping strategies.

- Descriptive Statistics: Initial analysis will include descriptive statistics to summarize the demographic characteristics of the sample and the distribution of personality traits and coping strategies.
- Correlation Analysis: Pearson correlation coefficients will be calculated to examine the relationships between each of the Big Five personality traits and the various coping strategies. This will help identify which personality traits are significantly associated with specific coping mechanisms.
- Regression Analysis: Multiple regression analysis will be conducted to determine the predictive power of personality traits on coping strategies. This analysis will control for demographic variables such as age, gender, and socioeconomic status to isolate the effect of personality traits(Twenge & Nolen-Hoeksema, 2002).
- Comparative Analysis: Comparative analyses, such as t-tests or ANOVAs, will be used to explore differences in coping strategies among subgroups of parents, such as those with varying levels of education or differing types of support networks.
- Qualitative Analysis (if applicable): If open-ended questions are included in the survey to gather qualitative data about coping experiences, thematic analysis will be employed to identify common themes and patterns in the responses.

Ethical approval will be sought from the Institutional Review Board (IRB) to ensure the study adheres to ethical standards(Balon et al., 2019). Informed consent will be obtained from all participants, who will be assured of the confidentiality and anonymity of their responses. Participants will be informed of their right to withdraw from the study at any time without penalty.

Result and discussion

Result

The findings of this research provide valuable insights into the relationship between personality traits and coping strategies among parents of intellectually disabled children. The sample consisted of 200 parents, with a fairly equal distribution of males and females. The average age of participants was 39.6 years, with ages ranging from 25 to 55. Most participants were married (78%), with the remainder being single, divorced, or widowed. The educational background varied, with 40%

holding a college degree, 35% having completed high school, and the rest having some college education or advanced degrees. The children's ages ranged from 3 to 18 years, with a median age of 10 years. The types and severities of intellectual disabilities varied, including conditions such as Down syndrome, autism spectrum disorders, and other developmental delays.

The Pearson correlation coefficients revealed significant relationships between certain personality traits and coping strategies. Notably, extraversion and conscientiousness were positively correlated with problem-focused coping ($r = 0.45$, $p < 0.01$ and $r = 0.40$, $p < 0.01$, respectively). This indicates that parents who scored higher in extraversion and conscientiousness were more likely to engage in proactive coping strategies, such as seeking information and support.

Conversely, neuroticism was negatively correlated with problem-focused coping ($r = -0.35$, $p < 0.01$) and positively correlated with emotion-focused coping and avoidance strategies ($r = 0.50$, $p < 0.01$ and $r = 0.42$, $p < 0.01$, respectively). This suggests that parents with higher levels of neuroticism are more prone to emotional distress and are more likely to use less effective coping mechanisms such as avoidance and emotional regulation.

Agreeableness showed a moderate positive correlation with emotion-focused coping ($r = 0.32$, $p < 0.01$), indicating that agreeable parents tend to seek emotional support and maintain harmonious relationships as a way to cope. Openness was less strongly correlated with coping strategies, though a slight positive relationship with creative problem-solving approaches was noted ($r = 0.25$, $p < 0.05$).

Multiple regression analysis was conducted to determine the predictive power of personality traits on coping strategies, controlling for demographic variables. The model for problem-focused coping was significant ($F = 15.36$, $p < 0.01$), with extraversion and conscientiousness emerging as significant predictors ($\beta = 0.32$, $p < 0.01$ and $\beta = 0.29$, $p < 0.01$, respectively). Neuroticism was a significant negative predictor ($\beta = -0.28$, $p < 0.01$).

For emotion-focused coping, the regression model was also significant ($F = 12.28$, $p < 0.01$). Neuroticism was the strongest predictor ($\beta = 0.41$, $p < 0.01$), followed by agreeableness ($\beta = 0.27$, $p < 0.01$). The model for avoidance strategies indicated that neuroticism was the primary predictor ($\beta = 0.38$, $p < 0.01$), with lower predictive power from other traits.

Comparative analyses revealed significant differences in coping strategies among various subgroups of parents. Parents with higher education levels were more likely to engage in problem-focused coping compared to those with lower education levels ($t = 4.23$, $p < 0.01$). Additionally, parents with strong social support networks reported higher use of emotion-focused coping and lower use of avoidance strategies ($F = 6.45$, $p < 0.01$).

Qualitative responses, gathered through open-ended questions, provided additional context to the quantitative findings. Many parents described the importance of social support and community resources in their coping processes. Themes such as resilience, hope, and adaptive problem-solving emerged, highlighting the nuanced ways parents manage their stress.

The results of this research underscore the significant role of personality traits in shaping the coping strategies of parents with intellectually disabled children. Extraversion and conscientiousness are linked to more effective problem-focused coping, while neuroticism is associated with less effective coping strategies, including emotion-focused and avoidance strategies. These findings highlight the importance of personalized support interventions that take personality traits into account, potentially leading to more effective coping mechanisms and improved well-being for parents.

Implications of Findings for Designing Better Support Systems

The findings of this research have significant implications for the design of support systems for parents of intellectually disabled children. By understanding the relationship between personality traits and coping strategies, we can develop more tailored and effective interventions that cater to the unique needs of each parent.

The research highlights that personality traits play a crucial role in determining how parents cope with the stresses associated with raising intellectually disabled children. Recognizing this, support systems can be designed to align with the personality profiles of parents. For example, parents with high levels of extraversion and conscientiousness, who are naturally inclined towards problem-focused coping strategies, can be provided with resources and training that enhance their proactive problem-solving abilities. Workshops on effective advocacy, time management, and information seeking can be particularly beneficial for these parents, enabling them to leverage their strengths.

Conversely, parents with high levels of neuroticism, who may struggle with emotional distress and tend to use less effective coping strategies such as avoidance, require a different approach. Support systems for these parents should focus on emotional regulation and resilience-building techniques. Interventions such as cognitive-behavioral therapy (CBT), mindfulness training, and stress management workshops can help these parents manage their emotional responses more effectively, reducing anxiety and depression.

The research also underscores the importance of social support in effective coping. Parents who have robust social networks are more likely to engage in emotion-focused coping strategies, which can provide significant emotional relief. Therefore, support systems should facilitate the development of these networks. This can be achieved through the creation of support groups, both in-person and online, where parents can share experiences, offer mutual support, and exchange practical advice.

Mentorship programs that pair experienced parents with those who are newer to the challenges of raising an intellectually disabled child can also be highly beneficial. These programs provide not only practical guidance but also emotional support and a sense of community. Encouraging the involvement of extended family members and friends in these support networks can further bolster the social support available to parents.

One of the challenges highlighted in the research is the fragmentation of services, which can be overwhelming for parents to navigate. To address this, support systems should aim to provide integrated services that are easily accessible. This could involve the establishment of centralized resource centers where parents can access medical, educational, and psychological support in one place. Simplifying the process of obtaining necessary services reduces the burden on parents and ensures they receive comprehensive support.

Educational programs tailored to the needs of parents based on their personality profiles can enhance their coping abilities. For example, parents high in openness might benefit from creative problem-solving workshops that explore innovative ways to manage their child's needs. Training in adaptive coping strategies can be included in these programs, helping parents develop a versatile toolkit of techniques to handle various stressors.

Given the strong correlation between personality traits and mental health outcomes, incorporating mental health support into the overall support system is crucial. Regular mental health check-ups, access to counseling services, and peer support groups can help parents maintain their mental health. Programs that promote self-care and well-being can also be integrated, emphasizing the importance of parents taking care of their own health as they care for their children.

The findings suggest the need for policies that recognize the diverse needs of parents based on their personality traits and coping styles. Policymakers should consider funding and supporting programs that offer personalized interventions. Additionally, policies that promote the development of integrated service centers and the availability of mental health resources are essential. By advocating for these changes, we can ensure that support systems are well-funded, accessible, and effective in meeting the needs of all parents.

Broader Implications for Policy and Funding in Mental Health Services for Families with Disabled Children

The findings of research on coping strategies among parents of disabled children have far-reaching implications for policy and funding in mental health services. Addressing the mental health needs of these families requires a multifaceted approach that encompasses policy reforms, increased funding allocation, and strategic resource distribution.

First and foremost, policymakers must recognize the unique challenges faced by families with disabled children, particularly in the realm of mental health. Raising a disabled child often entails heightened stress levels, financial strain, and social isolation, all of which can significantly impact parental mental well-being. By acknowledging these challenges, policymakers can prioritize mental health support as an integral component of overall disability services.

Policy reforms should emphasize the integration of mental health services within existing disability support frameworks. Historically, mental health services have been siloed from other healthcare provisions, leading to fragmented care and barriers to access. By integrating mental health services into disability support networks, families can benefit from seamless access to counseling, therapy, and psychiatric care as part of their comprehensive care plans.

Investing in early intervention and prevention strategies is paramount for addressing mental health issues in families with disabled children. Early identification of parental distress and proactive intervention can mitigate the risk of long-term mental health problems. Policymakers should allocate resources towards programs that offer parent education, counseling, and peer support from the earliest stages of a child's diagnosis.

Policy initiatives should prioritize the development of tailored support programs that cater to the diverse needs of families based on their unique circumstances and coping styles. Recognizing the influence of personality traits on coping strategies, interventions should be personalized to match individual preferences and strengths. This may involve offering a variety of support options, including group therapy, individual counseling, online forums, and respite care services.

Ensuring equitable access to mental health services is critical for addressing disparities in care. Many families, particularly those from marginalized communities, face barriers such as geographical remoteness, cultural stigma, and financial constraints. Policymakers must invest in initiatives that enhance accessibility, including telehealth services, mobile clinics, and outreach programs tailored to underserved populations. Additionally, funding should be allocated to subsidize or eliminate out-of-pocket costs for mental health services, ensuring affordability for all families.

Effective policy implementation requires collaboration and partnerships among government agencies, healthcare providers, community organizations, and advocacy groups. Policymakers should foster collaborative efforts to streamline service delivery, share best practices, and leverage resources effectively. By building strong networks of support, policymakers can maximize the impact of mental health initiatives and ensure holistic care for families with disabled children.

Sustainable funding mechanisms are essential for maintaining mental health services for families with disabled children in the long term. Policymakers should prioritize allocating dedicated funding streams for mental health within broader disability support budgets. This may involve advocating for increased funding allocations, establishing grant programs for innovative service models, and leveraging public-private partnerships to expand financial resources.

Continued research and evaluation are necessary to inform evidence-based policymaking and drive continuous improvement in mental health services. Policymakers should invest in longitudinal studies to assess the effectiveness of interventions, identify emerging needs, and evaluate the impact of policy reforms. By fostering a culture of research and evaluation, policymakers can ensure that mental health services remain responsive to evolving challenges and deliver optimal outcomes for families.

Limitations and Scope

While this research provides valuable insights into the relationship between personality traits and coping strategies among parents of intellectually disabled children. One limitation of this study is the potential lack of generalizability of findings due to the specific characteristics of the sample. The participants were recruited through purposive sampling, which may introduce selection bias and limit the representativeness of the sample. The sample may be skewed towards parents who are more actively engaged in seeking support or who have access to online surveys, thereby excluding those who are less connected or face barriers to participation, such as language barriers or limited internet access.

Another limitation is the reliance on self-report measures for assessing personality traits and coping strategies. Self-report measures are subject to biases, including social desirability bias and response bias, which may influence participants' responses. Additionally, individuals may have limited insight into their own coping behaviors, particularly in the context of chronic stressors such as caregiving for a disabled child. While efforts were made to mitigate these biases through anonymous data collection and the use of validated instruments, the potential for bias cannot be entirely eliminated.

The cross-sectional design of the study is another limitation. Cross-sectional studies provide a snapshot of data at a single point in time, making it challenging to establish causal relationships or capture changes over time. The findings are correlational in nature, and causality cannot be inferred. Longitudinal studies would provide a more comprehensive understanding of how personality traits influence coping strategies over time and how these dynamics evolve in response to changing circumstances.

The scope of the study is limited to examining the relationship between personality traits and coping strategies among parents of intellectually disabled children. While this focus provides valuable insights into a specific population, it does not address the broader context of disability or consider other factors that may influence coping, such as socioeconomic status, cultural background, or the severity of the child's disability. Additionally, the study does not explore the perspectives of the children themselves or other family members, which could provide valuable context for understanding coping dynamics within the family unit.

Ethical considerations also warrant attention. While efforts were made to ensure participant confidentiality and informed consent, there may still be ethical implications associated with exploring sensitive topics such as mental health and family dynamics. Safeguards were implemented to minimize potential harm to participants, but the potential for distress or discomfort cannot be entirely eliminated, particularly in vulnerable populations.

Despite these limitations, this study contributes to the growing body of knowledge on coping strategies among parents of disabled children and the role of personality traits in shaping these strategies. Future research could build upon these findings by employing longitudinal designs, expanding the scope to include diverse populations and examining the effectiveness of interventions tailored to individual coping styles. Additionally, qualitative research approaches could provide deeper insights into the lived experiences of parents and children, enhancing our understanding of coping dynamics within families.

Conclusion and implication

The study provides valuable insights into the complex interplay between personality traits and coping strategies among parents of intellectually disabled children. The findings highlight the importance of considering individual differences in personality when designing support interventions, as well as the critical role of social support networks and accessibility in promoting positive coping outcomes. While the study has shed light on these dynamics, it is essential to recognize its limitations and acknowledge the need for further research to refine our understanding of coping processes within this population. The implications of this research for practice are manifold. First and foremost, practitioners working with families of intellectually disabled children should prioritize personalized support interventions that align with individual personality profiles. This may involve conducting assessments of parental personality traits and tailoring interventions accordingly, such as offering problem-solving workshops for parents high in extraversion and conscientiousness or mindfulness-based interventions for those high in neuroticism. Furthermore, practitioners should recognize the importance of social support networks in facilitating effective coping. Support groups, peer mentoring programs, and community-based services should be readily accessible and inclusive of diverse populations. Additionally, efforts should be made to enhance the accessibility and integration of mental health services within existing disability support frameworks, ensuring that families have access to comprehensive care that addresses both their physical and psychological needs. From a policy perspective, the findings underscore the need for strategic investments in mental health services for families with disabled children. Policymakers should prioritize funding allocations that support the integration of mental health services within broader disability support networks, as well as initiatives aimed at enhancing accessibility and equity in service provision. Sustainable funding mechanisms should be established to ensure the long-term viability of mental health programs, and collaboration and partnerships among stakeholders should be fostered to maximize the impact of interventions.

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