The Impact of Parent Groups on Mothers of Infants with Disabilities

MARTY WYNGAARDEN KRAUSS
Brandeis University

CAROLE C. UPSHUR
University of Massachusetts-Boston

JACK P. SHONKOFF
University of Massachusetts Medical Center

PENNY HAUSER-CRAM
Boston College

This paper examines the correlates and consequences of participation in professionally-organized parent groups for 150 mothers receiving early intervention services for their infants and toddlers with disabilities. Results revealed that participants in parent groups had higher educational levels than nonparticipants and reported larger increases in the size and helpfulness of their social support networks. Intensity of participation in parent groups, however, was associated with both positive and negative outcomes for maternal functioning and social support. Implications of these findings for the use of parent groups in early intervention programs are discussed.

Over the past two decades, early intervention for young children with disabilities and their families has evolved from primarily individual, child-focused service models to multifaceted family-centered programs (Guralnick & Bennett, 1987; Shonkoff & Meisels, 1990; Simeonsson & Bailey, 1990). With the enactment of P.L. 99-457 in 1986, Congress mandated that services for children with disabilities, up to 3 years of age, be based on a family-focused approach. The law requires that early intervention programs develop Individualized Family Service Plans to identify both child and family goals for all service recipients (Hauser-Cram, Upshur, Krauss, & Shonkoff, 1988). Implicit in this approach is an emphasis on the availability of effective and appropriate services and support to parents.

One increasingly popular response to the growing demand for support services for families has been the organization and provision of parent groups. These groups bring together mothers, fathers, or couples for resource and information gathering, sharing of feelings and concerns, and mutual support. Some are led by a service provider, others by an experienced parent, and some jointly by both. Regardless of their structure, a central goal of parent groups is to enhance the social support network of families of children with disabilities, thereby counteracting the sense of isolation that often accompanies the unique
challenge of caring for a child with special needs (Byrne & Cunningham, 1985; Intagliata & Doyle, 1984; Kazak & Marvin, 1984). The purpose of this paper is to present data that have led us to raise questions about the parent group experience for mothers of infants and toddlers with disabilities during their first year of participation in an early intervention program. While such groups (either singly or in combination with other services) constitute a prominent service component for parents within many early intervention programs (Healy, Keese, & Smith, 1985; Ramey, Sparling, Bryant, & Wasik, 1982), little is known about the participants or the effects of the groups.

Previous investigations of the benefits of parent group participation on parents with particular characteristics, such as adolescent mothers or parents of premature infants, have yielded inconsistent findings. Minde et al. (1980) evaluated the effects of weekly group meetings directed by a nurse and a "veteran parent" for mothers of children born prematurely. Minde et al. (1980) found that, despite poor attendance by some mothers, group participants generally were more active with their child in the hospital, and talked to and looked at their infant more at 1 and 3 month follow-up home visits than a comparison group of mothers who were not involved in group sessions. Slaughter (1983) studied three groups of low-income, African-American mothers between 18 and 44 years of age: those who participated in discussion groups, those involved in a formal home visiting program, and a control group. Mothers in both intervention groups demonstrated more open and flexible child rearing styles than did controls after 1 year. Two years later, the discussion group mothers scored significantly higher on ego development and teaching style, and the children in both intervention groups had higher IQ scores than those in the control group, primarily due to greater decline in I.Q. in the controls. As part of a series of studies on the effects of parent groups, Wandersman (1987) found that participation by low-income adolescent mothers resulted in the provision of better home environments for their children. Because these mothers varied greatly in the extent to which they participated in such groups, however, Wandersman cautioned that parent groups may be most appropriate for individuals who are relatively skilled in parenting and have adequate resources to interact actively in a group process.

Other intervention studies suggest that parent support programs are most effective for parents who have a high need for support, whereas they may, in fact, produce adverse effects on parents with a low need for support. For example, Affleck, Tennen, Rowe, Roscher, & Walker (1989) found that a home-based support program for mothers of high risk infants discharged from a neonatal intensive care unit produced beneficial results for mothers of children whose expressed need for support was higher, and to a lesser extent, for mothers of children with more severe medical needs. In contrast, for mothers who had less impaired infants and lower needs for support, participation in the program was associated with negative effects 6 months later, on both maternal responsiveness to her child and her sense of competence as a parent.

Studies of support groups for parents of children with developmental disabilities have been limited and also have generated mixed results. Shapiro (1989) interviewed 56 mothers of children with special needs and found that those who participated in support groups (n = 34) were less depressed, viewed their child as less of a burden, and utilized more problem-solving coping strategies than mothers who did not participate (n = 22). Similar impacts were found in an evaluation of a bi-monthly group program designed specifically for fathers of children with disabilities, as demonstrated by lower stress and depression and
higher satisfaction with social support for both parents after one year of paternal participation (Vadasy, Fewell, Meyer, & Greenberg, 1985). These effects were maintained in a follow-up evaluation, although the fathers reported more pessimism over time (Vadasy, Fewell, Greenberg, Dermond, & Meyer, 1986).

In contrast to the gains noted above, an evaluation of an 8-hour group education course for 55 parents of children with disabilities found no measurable changes, nor differences from a comparison group, in family functioning, reported size of social networks, or use of various coping strategies (Association for Retarded Citizens, 1983). Another study of 85 mothers of children with disabilities enrolled in early intervention programs found that participants in support groups evaluated their stress as less intense, but showed no differences in their informal support networks, in comparison to mothers who did not participate in parent groups (Moran, 1985).

In summary, empirical studies of the effects of parent group participation have produced inconsistent findings. On the one hand, there is evidence that parent groups are associated with benefits for some participants, especially those who feel in need of support and who have the skills to interact effectively in a group setting. On the other hand, there is evidence that parent groups may have equivocal or even adverse effects on some participants, especially those who have fewer needs for additional support. For parents of children with disabilities, we have little knowledge about the characteristics of those who participate in such groups or about the effects of participation on their functioning.

The purpose of the present study was to investigate the correlates and consequences of participation in parent groups for a sample of 150 mothers receiving early intervention services for their infants and toddlers with disabilities. Given the heterogeneity of the children and families served in the programs studied (see sample description below), we questioned whether parent groups were, in fact, attended by distinct sub-groups or were used by a more representative cross-section of families receiving services. We also questioned whether differences in changes in maternal functioning and social support after 1 year of early intervention services could be explained by whether or not mothers attended parent groups, or by the intensity (in terms of hours) of their participation. Specifically, four questions were addressed: (a) Were there selection effects regarding parent group participation? (b) Were changes in maternal functioning and social support related to attendance versus non-attendance in parent groups? (c) Was there a relation between child and family characteristics and the intensity of maternal participation in parent groups? and (d) Was there a relation between changes in maternal functioning and social support and intensity of parent group participation?

Although these analyses focus on the participation of 150 mothers in parent groups, some of the parent groups were also open to fathers. However, because only 22 fathers in our sample ever attended a parent group during the first year of their family's enrollment in an early intervention program, our analyses are restricted to maternal participation rates and the impacts of participation on maternal functioning and social support.

**METHOD**

**Sample**

The sample used in the present analysis consisted of 150 mothers of children with disabilities who participated in the Early Intervention Collaborative Study (EICS), a longitudinal investigation of the development of children and families receiving services from 29 publicly-funded early intervention programs in Massachusetts and New Hampshire. Criteria for the three groups recruited for the study were based
on the child’s age and type of disability: Down’s syndrome and less than 1 year of age, motor impairment and 24 months of age or less, or developmental delay of uncertain etiology and 24 months of age or less. While the total EICS sample was 190, complete data on all variables used in these analyses were available for only 150. The only significant difference between the 150 sample members included in this report and the other 40 families was that sample members with complete data were of higher socioeconomic status (see Shonkoff, Hauser-Cram, Krauss, & Upshur, 1992, for complete information on the EICS sample).

The 150 mothers were, predominantly, married (83.0%), Caucasian (92.7%) and from a range of economic circumstances. Almost 1 in 5 (18.5%) reported an annual income of less than $10,000, whereas over one-third (37.0%) earned $30,000 or more. Mothers averaged 29.2 years of age, 14.0 years of education. More than half (52.7%) were Catholic. Almost two-thirds (61.1%) were full-time homemakers.

Procedures
The EICS sample was recruited at the time of each family’s intake into one of 29 early intervention programs. Participation in the study was voluntary, and had no effect on the services offered or received from the early intervention program. Within 6 weeks of the family’s enrollment in the study (T1), a home visit was conducted by two research staff who were independent of the family’s early intervention program and blind to the study’s hypotheses. The research staff conducted an interview with the mother, administered standardized child assessments, and made a structured observation of mother–child interaction. Following the home visit, mothers (and fathers, if available) completed packets of self-administered questionnaires. Each parent was paid a small honorarium for his/her participation. A repeat home visit, which paralleled the initial home visit, was conducted approximately 12 months later (T2). None of the information collected was shared directly with the family or the early intervention program during the study period.

Information on the services provided to each sample child and family was collected monthly from participating early intervention programs. We collected data on the actual hours of service received (to within a quarter of an hour) across a variety of service categories, including parent groups. In order to ensure comparability in service information across all 29 participating programs, the operational definitions of specific services were consistent with Massachusetts and New Hampshire program definitions.

Parent Groups
Information collected about the parent groups offered by the early intervention programs revealed that, in general, parent groups were offered on a voluntary basis to all families enrolled in the programs. While most groups were not designed exclusively for mothers, in practice, groups were generally geared towards mothers by virtue of their scheduling (which often coincided with the provision of child group sessions). Some groups were targeted for mothers of children with specific characteristics, such as premature infants or children with severe disabilities. The most typical pattern was a weekly group, led by a social worker, nurse, or educator, and attended by between 4 and 8 parents. Most groups were structured to enable parents to identify concerns or issues they wanted to discuss, and to permit increasing “ownership” of the group by parents, rather than by the leader/therapist. The array of issues covered in the groups included information sharing, emotional support, discussions about parenting skills and techniques, advocacy training, and management of family-level impacts of raising a child with disabilities.
Measures
The severity of each child's cognitive impairment was determined at T1 by his or her standard score on the Mental Scale of the Bayley Scales of Infant Development (Bayley, 1969). Adaptive behavior was measured by a standard composite score at T1 on the Vineland Adaptive Behavior Scales (Sparrow, Balla, & Cicchetti, 1984) (Interview Form), which involves a semi-structured interview with the mother to identify skills the child demonstrates on a regular basis. The Cronbach’s alpha reliability coefficient for the composite score for the present sample was .91.

Four aspects of maternal functioning and social support were assessed for this analysis. Parenting stress was measured by the Parenting Stress Index (Abidin, 1983), a 101-item self-report scale that taps parental attitudes, feelings, and stresses in the parent-child relationship. Two summary scores are derived, 1 for child-related stress and 1 for parenting stress. The child-related stress score is the sum of scores from 6 subscales (i.e., acceptability, adaptability, demandingness, distractability, mood, and reinforces parent). The parenting stress score is the sum of scores from 7 subscales (i.e., attachment to the child, depression, parental health, relations with spouse, restrictions in role, sense of competence, and social isolation). For the present sample, the Cronbach’s alpha for the child-related stress subscale was .88 and for the parenting-related stress subscale was .92.

Maternal perceptions of the impact of the child on the family system were measured by the Impact-on-Family Scale (Stein & Reissman, 1980). This 24-item Likert scale was developed initially for use with families of children with chronic illness. Slight modifications were made in item wording to reflect its use in the present study with families of children with developmental delays or disabilities. The Scale yields a summary score based on 4 subscales: financial burden, social interaction within and outside the family, subjective feelings of distress by the parent, and positive sense of mastery. The Cronbach’s alpha coefficient was .89 for the total score.

Social support was measured using the EICS Parent Support Scale, adapted from the Family Support Scale developed by Dunst, Jenkins, & Trivette (1984). This instrument records the presence or absence of 18 sources of support, and includes a 5-point Likert scale to measure the degree of helpfulness the parent attributes to each source. For this analysis, we examined both the size of the network and the sum of the helpfulness ratings for peers within the support networks (i.e., friends, other parents of children with special needs, other parents in support groups).

Finally, the quality of the mother’s interaction with her child was measured using the parent subscale of the Nursing Child Assessment Teaching Scale (NCATS) (Barnard, 1978). This observational rating scale assesses a teaching interaction between a mother and her child. A task just beyond the child’s ability level is selected for the mother to teach. The scale includes 50 binary items that produce a summary score for the mother’s interaction with her child (based on 4 subscales: sensitivity to cues, response to distress, social-emotional growth fostering, and cognitive growth fostering). The Cronbach’s alpha reliability coefficient for the entire scale was .81. Inter-rater reliability was maintained at .85 or greater throughout the study period.

Socio-demographic data on the families (i.e., income, maternal education, maternal employment status, marital status, age) and children (i.e., gender, prematurity status) were collected from the mothers during the home visit.

Data Analysis
The analyses were conducted using standard parametric (e.g., analysis of variance, analysis of covariance, zero-order and partial correlations) and non-parametric (e.g., chi-square)
Hierarchical multiple regression analyses were also used to analyze the unique contribution of hours of parent group to changes in maternal functioning and social support. The results are reported using conventional cut-off levels for statistical significance.

Changes in parent- and child-related stress, adverse impacts on the family, social support characteristics, and mother-child interaction scores from T1 to T2 were analyzed using the standardized residual scores from the regression of the T2 score for each outcome on the T1 score for that measure. The distributions of the residual scores for each outcome were tested and found to be normally distributed. As discussed elsewhere (Hauser-Cram & Krauss, 1991), residual scores are not measures of absolute change, but rather of change that is greater or less than that expected or predicted within a particular sample. The interpretation of residual scores depends upon the underlying scale. In the present analyses, positive residuals (indicating greater than expected change) are considered beneficial for mother-child interaction and the two measures of social support network (i.e., network size and helpfulness of peers). In contrast, positive residual scores are considered a deleterious outcome for parent- and child-related stress and for adverse impacts on the family, because higher scores indicate greater stress or more negative impacts, respectively, in the original scales.

RESULTS

Significance of Responses to Research Questions

Were there selection effects regarding parent group participation? The first research question addressed whether there were any differences in family or child socio-demographic characteristics, child’s developmental status, or family functioning as measured upon study entry (T1) between the children of the 67 mothers (45%) who did not attend any parent group meetings and the 83 (55%) mothers who attended at least one session.

There were no differences in the participation status of mothers based on their child’s age, gender, type of disability, or prematurity status. There were also no differences in participation status based on maternal age, marital status, or employment status. We did find, however, that mothers who participated had slightly (but significantly) more years of education, on average, than those who did not. Specifically, we found that although about half (47.7%) of the mothers whose educational level was high school or less attended a parent group, three-quarters (78.3%) of those with at least 17 years education attended parent groups (chi-square = 6.43, p < .05).

There were no differences in participation status based on the T1 assessment of the children’s cognitive impairment or adaptive behavior skills. Further, there were no differences in participation status based on initial levels of parent-related stress, child-related stress, negative impacts on the family, or maternal social support characteristics. Although at T1, mothers who participated in parent groups had higher scores with respect to mother-child interaction (M = 37.6, SD = 5.9) in comparison to those who did not participate (M = 35.3, SD = 6.0) (t = 2.39, p < .05), this difference was not significant when the effect of maternal education on mother-child interaction was statistically controlled. Thus, the only durable difference between mothers who did and those who did not participate in parent groups was reflected in their educational level. Participation status was unrelated to the functional or cognitive status of the sample children, and it was unrelated to maternal functioning or social support resources upon entry into the early intervention service system.

Were changes in maternal functioning and social support related to attendance versus
non-attendance in parent groups? We then examined whether participation status in parent groups was related to greater or lesser change in maternal functioning and social support after 1 year of services. We found no significant differences between mothers who did and did not participate in parent groups with respect to the magnitude of change between T1 and T2 on three of the outcome measures (i.e., parent- or child-related stress, adverse impacts on the family, and mother-child interaction). There were, however, significant differences in the magnitude of change in the size of the support network (M = .26, SD = .9 for those participating vs. M = -.28, SD = 1.0, t = 3.41, p < .01), and perceived helpfulness of peers (M = .39, SD = .9, vs. M = -.49, SD = .9, t = 6.04, p < .01), with mothers who participated having greater than expected increases in both these resources. Although there was no relation between maternal education and changes in support network size, there was a significant, though modest, relation between maternal education and changes in perceived helpfulness of peers (r = .21, p < .05). Using ANCOVA procedures, we found that the relation between participation status and changes in perceived helpfulness of peers, controlling for differences in maternal education, was still significant (F = 28.20, p < .001).

It appears that simply being in a parent group enhanced maternal perceptions of the amount of support received (overall) and the quality of available support from peers, but did not have a measurable impact on changes in mothers’ interactions with their children, their feelings about their children’s behavior and temperament, their feelings about the personal consequences of parenting, or their appraisals of the adverse impacts of a child with a disability on family life. It should be noted, however, that the sample families were not characterized by atypically high levels of stress on these dimensions, and indeed, had comparable levels of child-related or parenting stress to those reported for normative samples of parents with similarly aged children (Krauss, 1990; Shonkoff et al., 1992).

Was there a relation between child or family characteristics and intensity of maternal participation in parent groups? The third research question focused on only those mothers (n = 83) who participated in parent groups. There was extreme variability in the number of hours spent by mothers in parent group meetings during the first year of early intervention services, ranging from .5 to 72 hours (M = 19.6 hours, SD = 17.9). In order to determine whether or not there were systematic patterns associated with such variable attendance, we examined the relation between a variety of child and family characteristics and intensity of participation.

Although we found no relation between the intensity of participation and the child’s gender or prematurity status, we did find greater intensity of participation for mothers of children who were older (r = .26, p < .01) or who had more severe cognitive impairment (r = -.24, p < .05). We also found differences in intensity of participation based on the child’s type of disability. Mothers of children with developmental delay had the highest intensity of participation levels (M = 27.6 total parent group hours, SD = 22.6), in comparison to mothers of children with motor impairment (M = 14.5, SD = 12.9) or Down’s syndrome (M = 16.2, SD = 13.3) (F = 4.93, p < .01). These differences by type of disability remained significant even when the child’s age and severity of disability were controlled statistically (F = 3.62, p = .05).

Interestingly, there were no significant relations between maternal characteristics (i.e., age, marital status, employment status, or maternal education) or maternal functioning and social support at the time of study entry (i.e., parent- or child-related stress, adverse im-
pacts on the family, mother-child interaction, social support network size or helpfulness from peers), and intensity of participation. The question of whether or not a mother participated in a parent group, or the amount she attended, was not associated with the initial level of any aspect of maternal functioning or social support.

Was there a relation between changes in maternal functioning and social support and intensity of participation in parent groups? With respect to changes in maternal functioning and social support after 1 year of early intervention services, we found no differences in the magnitude of change in parent- or child-related stress or in mother-child interaction skills that were associated with the intensity of maternal participation in parent groups. We did find, however, that greater levels of attendance in parent groups were associated with greater than expected increases in the reported size ($r = .29, p < .01$) and perceived helpfulness ($r = .34, p < .01$) from peers of maternal social support networks. Although these were beneficial outcomes, we also found that intensity of participation was associated with greater than expected increases in maternal reports of adverse impacts on their families ($r = .26, p < .01$), particularly with respect to adverse effects on social/familial relationships ($r = .27, p < .01$) and personal strain felt by mothers ($r = .24, p < .01$).

In order to explore these bivariate findings further, we conducted a series of hierarchical regression analyses to test the direct effect of intensity of parent group participation on changes in adverse family impacts and on social support characteristics after the effects of other factors known or hypothesized to be related to these outcomes were controlled. First, we examined whether initial levels of parenting stress would affect the magnitude of change in perceived adverse impacts on the family and in social support network size and helpfulness from various sources. This approach was based on Affleck’s et al. (1989) research described earlier, which found that initial levels of parental need affected the degree to which intervention programs were associated with positive or negative effects on participants.

Second, we examined whether or not changes in the child’s cognitive impairment were associated with changes in maternal outcomes, controlling for initial levels of maternal stress. This strategy was based on earlier analyses of the entire study sample ($N = 190$), where we found that the child characteristic associated most consistently with changes in maternal functioning was the severity of the child’s cognitive impairment. We also found that children whose cognitive functioning increased only minimally over the 1 year study period lived in families who were more likely than others to report more adverse impacts on their families, while also reporting greater levels of social support over time (Shonkoff et al., 1992). Further, as noted above, mothers of children with more severe impairments attended more hours of parent groups. In the regression analyses presented below, the single and best child characteristic included was the residual change score measuring change in the child’s cognitive functioning after 1 year of services.

Third, we examined whether or not the intensity of parent group participation explained a significant amount of additional variance in maternal outcomes, controlling for the initial levels of maternal stress and for changes in the child’s cognitive functioning. It should be noted that interaction terms among these independent variables were also tested in preliminary regression analyses and none was significant for any of the equations.

As shown in Table 1, we found that the intensity of parent group participation was associated significantly with changes in adverse impacts on the family, size of the mothers’
TABLE 1
Multiple Regression Analyses of Changes in Maternal Functioning and Resources After 12 Months of Services: Cumulative $R^2$ Associated With Three Independent Variables

<table>
<thead>
<tr>
<th>Predictors</th>
<th>Changes in Maternal Outcomes</th>
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<tr>
<td></td>
<td>Negative Impacts on Family</td>
<td>Social Support Network Size</td>
<td>Social Support Peer Helpfulness</td>
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<td></td>
<td>($Equation$ 1)</td>
<td>($Equation$ 2)</td>
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<td>$R^2$ Beta</td>
<td>$R^2$ Beta</td>
<td>$R^2$ Beta</td>
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<tr>
<td>Parent-related Stress</td>
<td>.03 2.08*</td>
<td>.01 -.68</td>
<td>.11** -2.94**</td>
<td></td>
</tr>
<tr>
<td>Changes in Child’s Cognitive Functioning</td>
<td>.10* -1.97</td>
<td>.06 -1.28</td>
<td>.12 .16</td>
<td></td>
</tr>
<tr>
<td>Intensity of Parent Group Participation</td>
<td>.15* 2.09*</td>
<td>.11* 2.13*</td>
<td>.20** 2.94**</td>
<td></td>
</tr>
<tr>
<td>Overall F (3,79)</td>
<td>4.56**</td>
<td>3.15*</td>
<td>6.74***</td>
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* $p < .05$.
** $p < .01$.
*** $p < .001$.

support network, and rated helpfulness from peers. More specifically, controlling for the effects of initial levels of parenting stress and for changes in children’s cognitive functioning, greater intensity of parent group participation was associated with greater than expected increases in adverse impacts on the family (Equation 1). In the regression equation of changes in the size of maternal network (Equation 2), neither initial levels of parenting stress nor changes in the child’s cognitive functioning contributed significantly to the explained variance. Intensity of parent group participation was the only significant predictor, contributing an additional 5% to the explained variance in changes in social support network size. Of the three outcomes examined, changes in maternal ratings of helpfulness from peers was the most sensitive to the initial level of parenting stress, which accounted for 11% of the explained variance (Equation 3). Although changes in the child’s cognitive functioning did not contribute significant additional variance, intensity of parent group participation added an additional 8%. Intensity of parent group participation was associated with greater than expected increases in support network size and helpfulness from peers—both beneficial outcomes—as well as with greater than expected increases in adverse impacts on the family—a deleterious outcome.

**DISCUSSION**

In response to the family-focused mandate of P.L. 99-457, many early intervention programs offer opportunities for parents to participate in group sessions that are designed to provide informal support within a structured service format. The data presented in this paper raise important questions about the correlates and consequences of participation in such parent groups. The process of group formation and the determination of appropriate candidates for participation are core issues that demand further investigation. On the one hand, the absence of significant differences between participants and nonparticipants on a wide range of child and family variables suggests that maternal enrollment in a parent group may not have been determined primarily by specific child or family needs. On the other hand, we found differ-
ences in the rate of parent group participation based on maternal level of education (particularly among those with the most advanced educational levels), a standard indicator of social class. Whether sensitivities of service providers to educational or social class differences are manifested in their recommendations for parent groups, or whether mothers with less educational attainment are simply less willing or able to attend, cannot be determined in this study. The absence of a correlation between parent group participation and maternal employment status suggests that time and scheduling considerations did not play a major factor in the decision for most mothers. The unavailability of publicly funded transportation to parent groups, however, may have limited the options for some families. The question that remains unanswered is whether the educational or social class differences in participation rates found in our study sample reflect parental choice, which would be consistent with the spirit and letter of the law, or whether they reflect differential opportunity to participate in parent groups.

Perhaps the most thought provoking and potentially useful study finding is the observation that attendance (versus non-attendance), as well as intensity of participation in a parent group, were associated with both beneficial and adverse maternal outcomes. On the positive side, participation in a parent group clearly was associated with significant gains in perceived social support from peers. On the negative side, greater intensity of group attendance was associated with mothers’ reports of elevated personal strain and greater adverse impacts on familial/social relationships. Although limitations in the study design preclude an assumption of cause-effect relations, the consistency of the observed correlation patterns warrants thoughtful consideration.

The data presented in this paper support a strong endorsement of the efficacy of parent groups in enhancing both the size and the perceived helpfulness of the peer support available to mothers of young children with developmental delays or disabilities. The crucial role of social support in moderating life stress and in enhancing child and family adaptation has been well documented (Cobb, 1976; Dunst & Trivette, 1990; Dunst, Trivette, & Cross, 1986; House, Landis, & Umberson, 1988; Zigler & Weiss, 1985). Moreover, analyses reported elsewhere revealed that participation in parent groups by EICS sample mothers was the most powerful predictor of change in the rated size and helpfulness of their social support networks, when compared to the effects of other service variables on these outcomes (Shonkoff et al., 1992). The finding that greater intensity of parent group participation also was correlated with larger than expected increases in both network size and peer helpfulness provides further indication of the benefits of maternal group experiences.

The findings regarding increasing negative family impacts associated with greater intensity of participation in parent groups, however, demand careful examination. No pre-existing differences in adverse family impacts were detected at study entry between those who participated subsequently in groups and those who did not. Nevertheless, it is possible that mothers who experienced increasing strain over the course of the 12-month study period were more likely to attend parent groups and to attend them more frequently. In such cases, participation in a group could have been perceived as helpful, despite the fact that the mothers were experiencing greater strain. One might also conclude that the reported increases in personal and familial/social strain may reflect a healthy awareness of the realities of rearing a child with a disability, and are necessary prerequisites to more effective adaptation over time.

Alternatively, higher levels of parent group participation may actually have precipitated
adverse family impacts. Such an interpretation could be explained by the findings of Affleck et al. (1989) regarding detrimental effects from a formal support program for mothers of vulnerable infants who had a relatively low need for assistance and whose natural adaptive mechanisms were disrupted rather than enhanced by professional intervention. Group experiences that compel mothers to listen to the complaints of others, or that make them feel obligated to share their feelings with other parents before they are ready to do so, are examples of such inappropriate interventions.

Qualitative data obtained from interviews of sample mothers that are reported elsewhere reflect some of these concerns (Shonkoff, Hauser-Cram, Krauss, & Upshur, 1990). At the T2 visit, mothers were asked to identify early intervention services that were most and least helpful for themselves, their family, and their child. Although many of the mothers who commented specifically about parent groups described positive benefits, others indicated stresses or problems attributed to parent groups. Mothers who felt parent groups were beneficial commented that the groups reduced their sense of social isolation, provided a forum for sharing their pride in their child’s progress, allowed them to share resources and ideas, and provided them a nice break and a way to make friends.

Those who were more critical of parent groups pointed out that they “resented the forced atmosphere” or felt “pushed” into a relationship. Some mothers said they were uncomfortable listening to other parents whose problems were different or more severe than their own, and that such discussions made them “feel out of place” because their children did not have the same level of behavior problems or other difficulties. Concerns were also raised about the competence of the group leaders and the dominance of the group by a few. Further, in a quantitative analysis of mothers’ ratings of different service components, parent groups were rated as relatively less beneficial than other service components, such as home visits, child groups, and parent-child group activities (Upshur, 1991).

In summary, our findings raise important questions for parents, policymakers, and service providers regarding programs for families of young children with disabilities. On the one hand, the data clearly endorse the effectiveness of parent groups in enhancing both the size of maternal support networks and their perceived peer helpfulness during the first year of participation in an early intervention program. On the other hand, the data also indicate that the increases in social support may be accompanied by greater levels of personal strain and adverse family impacts beyond those that would be predicted based upon maternal reports at study entry. These findings demonstrate that the impacts of parent groups during the first year of intervention are complex and multidimensional. Individualized service planning and program evaluation efforts that examine the differential benefits and drawbacks of parent groups will help to advance our understanding of how best to match specific services to individual families. The explicit goals of parent groups, their content and process, the professional training of staff facilitators, and the criteria for individual parent participation provide a compelling agenda for further study.

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Address correspondence to Marty Wyngaarden Krauss, Heller School, PO Box 9110, Brandeis University, Waltham, MA 02254.