

CALIFORNIA STATE UNIVERSITY NORTHRIDGE

LATINO PARENTS PERSPECTIVES OF SIBLINGS OF INDIVIDUALS WITH A  
DEVELOPMENTAL DELAY

A graduate thesis submitted in partial fulfillment of the requirements  
for the degree of Master of Science in Counseling,  
Marriage and Family Therapy

By

Andrea Isaura Solares Estrada

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The graduate thesis of Andrea Solares is approved by:

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Heather A. Fitzpatrick, Ph.D.

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Date

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Rie Rogers Mitchell, Ph.D.

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Date

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Michael Laurent, Ph.D., Chair

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Date

California State University, Northridge

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## DEDICATION

For my family

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## ABSTRACT

### LATINO PARENTS PERSPECTIVES OF SIBLINGS OF INDIVIDUALS WITH A DEVELOPMENTAL DELAY

By

Andrea Isaura Solares Estrada

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Having a member of the family with a diagnosis presents unique challenges and experiences. Such is the case in families where there are children with developmental delays (DDs). This is a factor that influences the interactions within the family and can shape the unique dynamic between the children with the DD and his typical siblings (children without any developmental delay). It has been proposed that having a sibling with a DD can influence the behavioral and psychological adjustment of the typical sibling.

This study aims at providing a better understanding of the elements that mediate the behavioral and psychological adjustment of the typical siblings in relation to having a sibling with a DD. This study hypothesizes that both the behavioral and psychological adjustment is affected by the traditional cultural level within the family. The purpose of this was to evaluate the extent to which levels of traditional cultural values impacted the behavioral and psychological adjustments of the typical siblings. Results indicated that there was no significant difference between those parents who reported high or moderate levels of traditional cultural

values in relation to the adjustment of their typical children. Recommendations for mental health practitioners and limitations within this study are also discussed.

## **Chapter One**

### **Introduction**

The number of families who have children with a developmental delay (DD) seems to be on the rise in the United States. A Family System orientation, found in many Marriage and Family Therapy programs, implies that having a child with a developmental delay may affect the psychological and behavioral development of all members of the family, including the siblings. Seligman and Darling (as cited in Rossiter & Sharpe, 2001) noted that Minuchin's family system theory points to the notion that any negative or difficult situation lived by an individual in the family will affect all the members of the family unit. As such, it is important to analyze the unique and special dynamics that take place in the sibling interactions in these families.

Being the sibling of a child with a chronic condition has been generally considered to be a risk factor (Sharpe & Rossiter, 2002). That is not to say that having a sibling with a developmental delay has only been evaluated as having a negative impact. In fact, research by Mandelco and colleagues (2003) found that teachers' reports indicated that typical children with siblings who had a disability were rated as being more cooperative, as having more self-control, and as having more social skills than behavioral problems compared to children of siblings without any delays. However, as Silver and Frohlinger-Graham (2000) point, although pro-social behaviors (tolerance, compassion) have been found in typical siblings of children with developmental delay, studies have also found that these typical children sometimes have higher rates of maladaptive behaviors (aggression) and psychological adjustment problems. In addition, other emotional and behavioral adjustment problems that have been observed in typical siblings of children with developmental delays (DD) are: depression, anxiety, embarrassment, guilt, having the extra burden of caring for their sibling with DD, hyperactivity, conduct problems,



sensitivity to everyday family stressors (Nixon & Cummings; 1999; Petalas, M.A., Hastings, R. P., Nash, S., Lloyd, T., & Dowey, A., 2009; Pit-Ten Cate, I.M., & Loots, G. M., 2000).

The adjustment of typical siblings has been found to be associated to various elements. For instance, the type of attention given by the parents towards the typical child has been correlated to the symptoms experienced by the typical sibling. Schuntermann (2007), for example, noted that typical children presented feelings of deprivation of attention and time given by their parents when compared to the attention and time given to the sibling with developmental delays. In addition, traditional values, such as the expectation of the typical siblings as having to take care of the developmentally delayed sibling has also been studied as a possible factor influencing the well-being of the typical sibling. For instance, Gath and Gumley (as cited in Stoneman, 2001) found the expectation that the typical child take care of the diagnosed sibling to be a risk factor for older siblings in developing behavioral problems. Furthermore, it appears that the functioning of the developmentally delayed child affects the adjustment of the typical child. Hastings (2007) found that more behavioral issues were seen in typical children when their developmentally delayed siblings also had behavioral problems.

### **Statement of the Problem**

The current literature in this area often focuses on European American families (Lobato et al., 2011). The literature takes little to no consideration for families that come from other cultural backgrounds and the unique cultural factors that influence the sibling dynamics. According to the U.S. Census (2011a), there were over 50 million Hispanics living in the U.S. in the year 2010 and this number is expected to increase in upcoming years. Therefore, it is important to understand the dynamics at play in Hispanic families living in the United States. Cultural values in Hispanic families might affect the internalization of emotional concerns over

sibling caretaking and the behavioral expression of this in typical children (Lobato et al, 2011). With this in consideration, the present study aims at not only understanding the emotional and behavioral adjustments of the typical sibling, but also how this is affected by the traditional cultural factors within their family. This will be analyzed from the parental perspective in terms of how they rate their typical child's behavioral and emotional disturbances and their view on how cultural values/expectations factor into the typical child's adjustment in relation to having a sibling with DD.

Although valuable research has been conducted in this area, this has for the most part been conducted using a European American population (Lobato, Kao, & Plante, 2005). As such, it is important to look at the minority populations residing in the United States who are not being equally represented in the literature. This study specifically focuses on the perceptions of Latino parents whose typical children have at least one sibling with a developmental delay. In doing so, it aims at shedding light into the special dynamics that take place between the child with and without the diagnosis when one takes culture as a mediating factor.

Studies such as this one might facilitate a greater understanding of family centered evaluations when working with Latino children who have a sibling with a developmental delay. Some of the other factors that are considered in the literature, in addition to culture, as potentially having an influence on the non-diagnosed children's adjustments are parental attention and functioning of the sibling with the DD. If these factors influence the behavioral and psychological adjustments of Latino children with a developmentally delayed sibling, then it is important mental health practitioners who work with these children become aware of these elements and their interaction with one another. Further research is necessary to understand the extent to which these and other variables interact in the lives of these typical siblings.

## **Purpose of the Study**

The purpose of this research study is to investigate the relationship between having a sibling with a developmental delay and how culture affects the internalization and expression of the behavioral and emotional adjustments. Specifically, this study seeks to determine how the extent of traditional cultural values interacts with the level of behavioral and psychological adjustment of the typical siblings.

## **Definition of Terms**

A brief definition of key terms is provided below. A more detailed definition of these terms is reviewed in Chapter Two of this study.

Hispanics/Latinos- People of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish heritage/lineage that are living in the United States (U.S. Census, 2011b).

Developmental Delay/Disability (DD)- A diagnosis which includes a group of chronic conditions that are the result of a mental or physical impairment (Center for Disease Control and Prevention, 2011b).

Typical Sibling/Child- Sibling who is considered as not having any health or developmental problems (Scambler, Hepburn, Rutherford, Wehner, and Rogers, 2007).

Family Systems Theory-Minuchin's theory that proposes that what affects one family member affects everyone in the family unit (Minuchin, 1985; Perosa, 1996).

## **Bridge to Remaining Chapters**

In Chapter Two there will be a review of the literature on Hispanics/Latinos, developmental delays, typical children, Family System theory, behavioral adjustment, psychological adjustment, parental attention, sibling functioning, traditional cultural values, and how some of these elements influence one another. Chapter Three presents the methodology for

acquiring the data necessary to analyze the relationship between traditional cultural values and behavioral and psychological adjustment. Chapter Four provides the results of the study. Lastly, Chapter Five will contain a discussion of the results, implications for mental health practitioners, limitations in the study, and recommendations for future research.

### **Research Question and Hypothesis**

Due to the limited research in the field of developmental delays that includes Hispanics as the sample population, a key question arises. This question is, how does the cultural level in the family affect the behavioral and psychological adjustments of the typical siblings of individuals with developmental delay? This study hypothesizes that parents who report higher levels of cultural value will also report that their typical children have higher levels of psychological and behavioral adjustment than those whose report of cultural values are moderate.

## **Chapter Two**

### **Literature Review**

#### **Hispanics/Latinos**

In order to comprehend the counseling issues of Latino children, there must first be an understanding about the background of the Latino/Hispanic<sup>1</sup> population. In this work, Hispanics/Latinos refer to people of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish heritage/lineage that are living in the United States (U.S. Census, 2011a). These terms are umbrella terms to collectively identify people of different races who have a set of common characteristics, practices, or nationality that originate outside of the United States. Perhaps one of the most important facts regarding the population is that numerically they represent a large number of the U.S. population. According to U.S. Census data (U.S. Census, 2011b), there were 50.5 million people in the United States who identified as Hispanic in the year 2010. This also made them the fastest growing minority group in the country. This number is also projected to greatly increase in upcoming years so that the U.S. Census Bureau expects that Hispanics will make up 30% of the U.S. population by the year 2050 (U.S. Census, 2011b).

An important point to also be aware of is that the U.S. Census also reports that 17.1 million children younger than 17 were reported as Hispanic in 2010 which equaled to over 23% of the entire U.S. population for this age group (Passel, Cohn, & Lopez, 2011). Although these reports place Hispanics as a large group, as Garcia-Preto (as cited in McGoldrick, Giordano, & Garcia-Preto, 2005) notes, it is important to keep in mind that this might not accurately reflect the entire Hispanic population as the number of undocumented and illegal immigrants might not always be counted in governmental reports. As such, the number of Latinos, adults and children,

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<sup>1</sup> Although the term “Hispanic” is the official term used in government sources, both Latino and Hispanic will be used interchangeably hereafter as people who fall under the governmental category of “Hispanic” sometimes also identify as “Latino”.

might actually be greater than those reported in official government documents. Being aware of these statistics is important so as to better comprehend the impact and importance of understanding the dynamics that take place in this large sub-segment of the population in the United States and the implications of these on their mental health.

Another important element when discussing the Latino/Hispanic population is their underutilization of mental health services. Broman (2012) writes that racial minorities receive lower rates of mental health services than Whites. Explanations designed to account for the lower rate of utilization of such services have been provided. For instance, Satcher (2001) writes that although Hispanics are underserved, one explanation given to why they receive less mental health services is because some research has found that they have lower rates of mental health illness than other populations. This information was attributed particularly to the foreign born Hispanic population. For example, Satcher (2001) points that research has found that Mexican American immigrants who were born in Mexico had lower rates of mental health disorders than Mexican Americans born in the United States. However as Bridges, de Arellano, Rheingold, Danielson, and Silcott (2010) point that although it has been found, for example, that immigrant and U.S. born Hispanic youth are at a greater risk of internalizing disorders and at a decreased risk of externalizing disorders, the problem of lower utilization of services still remains. That is, even when there are explanations that Latinos have fewer disorders than other populations, they still underutilize mental health services compared to other groups.

Satcher (2001) also notes that the availability of Spanish speaking mental health providers and Latino providers is limited and thus hinders the access of services to Hispanics who are only Spanish speakers and those who want a specialist who shares the same cultural/racial background. Seijo and colleagues (as cited in Biever, Gomez, Gonzalez, &

Patrizio, 2011) write that Spanish-dominant Hispanics are the ones who traditionally receive less mental health services. According to the National Standards for Culturally and Linguistically Appropriate Services in Health Care (U.S. Department of Health and Human Services, 2001), in order to produce effective results, health care providers must be culturally competent and provide services in the language of choice of the client. However, the number of Spanish speakers practitioners is limited (Castano, Biever, Gonzalez, & Anderson, 2007) and Latinos themselves are underrepresented in the mental health field (Biever et al., 2011). Thus, indicating that these are key variables that affect the ability of Latinos to access adequate mental health services if at all sought.

### **Developmental Delay and the Typical Child**

To better understand the impact of having a sibling with a developmental delay on typical children; one must have a working definition of what a developmental delay is and who is considered a “typical child.” Although these terms can have different definitions, the following will be considered the standard definition for the purpose of this work.

*Developmental Delay/Disability*<sup>2</sup>. To define who falls under the category of having a developmental delay or disability one must consider the parameters under which this falls. That is, it is important to know what the developmental milestones are and which are not reached by children who are then diagnosed as having a developmental delay. Different skills that must be achieved by a specific age or ages are called developmental milestones. Skills achieved in playing, learning, behaving, speaking and moving are part of the repertoire of developmental milestones (Center for Disease Control and Prevention, 2011a; National Dissemination Center for Children with Disabilities, 2009). Although there is no specific time schedule as to when

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<sup>2</sup> From here on after, the terms developmental delay and developmental disability will be used interchangeably because there are individuals who prefer using one instead of the other.

these skills develop, they are seen as general skills which are more or less developed by children on specific age groups.

Mental health professionals have long utilized the DSM-IV-TR as a reference text to diagnose a developmental delay (APA, 2000). This distinctly provides a criteria for disorders usually first noticed in infancy, childhood, or adolescence. However, as the DSM-IV-TR (APA, 2000) notes, this does not mean that the disorders in this section are not diagnosed in adulthood but rather indicates that often they are diagnosed during the early periods. Some of the disorders included in this section are: Mental Retardation, Learning disorders, Pervasive developmental disorders (i.e. Autistic disorder, Rett's disorder), Attention-Deficit Disorder and other learning and behavioral disorders (APA, 2000).

Individuals with a developmental delay or disability have an atypical acquisition of skills/milestones so that they either stop developing these skills or they are developed at a slower rate than the average child. According to the Centers for Disease Control and Prevention (2011b), a developmental disability refers to a diverse group of chronic conditions that are the result of a mental or physical impairment. That is, an individual with a developmental delay is someone who has a chronic condition due to a psychological or physical ailment.

As noted above, a developmental disability encompasses a range of diverse conditions. The National Institute of Health (2011) has pointed that although there are a range of variety in types of developmental disabilities, there are common ones. Among the most common disabilities are intellectual and developmental disabilities (IDDs), and autism spectrum disorders (ASDs). Research suggests that children with developmental and medical conditions such as being in the ASD, having Down Syndrome, and cerebral palsy do not reach the developmental milestones that children without these conditions reach (Chaplan et al., 2009; Horowitz &



Matson, 2011). The delays associated with children with developmental disabilities (i.e., autism, Down Syndrome) and other related medical conditions (i.e. cerebral palsy) may lead to the development of severe maladaptive behaviors (Horowitz & Matson, 2011). Also, children with autism spectrum disorders have been found by some to have greater delays in the achievement of the before mentioned milestones than children with other developmental delays (Jeng, Yau, Liao, Chen, & Chen, 2000; Matson, Maham, Kozlowski, & Shoemaker, 2010). Developmental delays may lead to an atypical development/acquisition of developmental milestones for children. Therefore in the present study, a developmentally delayed child will refer to a child whose medical or developmental disability has hindered the progression of the development and mastery of the milestones that are expected for a child in a given age group.

*Typical Child/Sibling*<sup>3</sup>. The “typical child” is an often used term in the literature about individuals with developmental delays. Scambler, Hepburn, Rutherford, Wehner, and Rogers (2007) defined typically developing children as being those who are considered as not having any health or developmental problems. These individuals then are the ones who reach the developmental milestones expected for a child given his age.

In addition to a differentiation in milestones, children without a diagnosis also differ at times in behavior when compared to children with a developmental disability. The behaviors that differentiate the typically developing child from a child with a developmental delay have been studied. It has been found, for example, that the sleep patterns of children without a diagnosis are different than children with a developmental delay other than autism (Goodlin-Jones, Schwichtenberg, Iosif, Tang, Liu, & Anders, 2009; Schwichtenberg, Losif, Goodlin-Jones, Tang, & Anders, 2011). The study conducted by Schwichtenberg et al. (2011) found that children with

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<sup>3</sup> Typical children/sibling and non-diagnosed child/sibling will be used interchangeably in this study. In this study the participants preferred to utilize the term “typical” when talking about their child without a diagnosis.

a diagnosis other than autism woke up more and for longer periods of time than children with autism and children with typical development. This also found that the length of sleep time for developmentally delayed children, with and without autism, was significantly correlated with the length of time they napped. Thus, the more they awoke at night the more time they spent napping in comparison to the typical children. Research has also compared the hyperresponsive sensory patterns between typical children and children with developmental delays. Hyperresponsiveness to stimuli has been found to be a deficit associated with children with various developmental disabilities such as autism and Down Syndrome (Baranek, Boyd, Poe, David, & Watson, 2007). In the study conducted by Baranek and colleagues (2007) it was found that children with developmental disabilities scored higher in averting sensory stimulation when compared to typical children. The findings presented about the differences between typical children and children with a developmental delay are important to highlight because they provide information about how the diagnosis of a child greatly affects the way their development takes place and is expressed.

### **Family Systems**

The impact of family members towards one another must be kept in mind when working with individual clients. In relation to Latino children whose siblings have a developmental delay, a key feature that might exist is that what happens to the child with the developmental delay may affect not only the diagnosed child but also his/her siblings. Minuchin's structural model, which is taught in almost every Marriage and Family Therapy program, is a theoretical framework that can help understand the effects of the dynamic between the typical and diagnosed siblings. This model proposes that what affects one individual affects the entire family unit and that undifferentiated individuals (parents) with weak parent/child boundaries negatively impact the

individuation process of the children in the household (Persosa, 1996). That is, family members are interrelated and thus while status of one family member affects the whole system, reactions by others (i.e. parents) can be recycled back to the typical child. Therefore, the presence of a child with a developmental delay may affect, based on this theory, the emotional and behavioral adjustment of all members in the family system, including the non-diagnosed children. This individuation-separation process is a developmental task that involves a healthy relationship between the self and the family (Perosa & Perosa, 1993). Even when there are stressors in the family, individuals can still have a healthy sense of self if the family system is healthy. The way the typical child develops then, in relation to having a sibling with a diagnosis, is in part influenced by the dynamics within the family unit.

When utilizing Minuchin's structural model one has to look at the importance and impact of sibling relations. Although sibling relations are critical in the development of children with and without a diagnosis, the impact of this is less acknowledged than the parent-child relationship (Abrams, 2009; Bat-Chava & Martin, 2002; Eisenberg & Baker, 1998). Even though not often analyzed, this relationship nonetheless is important to look at so as to identify the multiple ways in which the siblings are affected. The *Diagnostic and Statistical Manual of Mental Disorders IV-TR* (APA, 2000) also provides its own definition of "sibling relational problem" as being one in which there is "a pattern of interaction among siblings that is associated with clinically significant impairment in individual or family functioning or the development of symptoms in one or more of the siblings". This refers to a dynamic between siblings in which either one or more of the siblings have behavioral or emotional impairments that are due to a problem with an individual or the family system as a unit. With a structural framework, it is presumed that because the family members are interrelated the typical child can

develop various reactions to the fact that his/her sibling has a developmental delay. Seligman (as cited in Abrams, 2009), for example, notes how the development of anger towards the child with the diagnosis is affected by various factors such as being held responsible for the care of the sibling, the amount of time and attention the diagnosed sibling requires from the parents, and the degree to which the parents accommodate their schedule around the needs of the child with the diagnosis. Also supporting the orientation that the diagnosis affects the family unit is the research conducted by Williams and colleagues (2006) who argued that non-diagnosed/typical children in the household had greater behavioral problems when the diagnosis of a sibling had a greater impact on the family unit. That is, the greater the impact of the diagnosis for the family resulted in the typical siblings having greater and a larger range of behavioral problems. This research was also corroborated in a study conducted by Kao et al. (2009) in which the parents of children with and without a diagnosed condition reported that they perceived that the effect of the diagnosis on the typical child was greater when the diagnosis of the child with the developmental delay had a greater impact on the family as a whole. Thus, indicating that in terms of the family systems theory, the family unit is interconnected and as such the condition of an individual (i.e. child with developmental delay) may affect not only the way the entire family unit is run but also the individuals that comprise this unit (i.e. the typical child). With this, one must keep in mind that the literature applying Family Systems to the Latino population is limited and thus it is important to further investigate the way the elements in this theory present themselves in the dynamics of Hispanic families who have children with and without a DD.

### **Behavioral and Psychological Adjustments**

Children who have siblings with a developmental delay exhibit a range of both emotional and behavioral disturbances. The level of both the behavioral and psychological adjustments is

influenced by the way they cope with the diagnosis of their sibling and the impact that this has on the family. Coping mechanism refers to the behavioral and cognitive actions that individuals take when dealing with stress inducing situation (Perosa & Perosa; 1993). Again, with Minuchin's family system framework, this indicates that the family unit is changed with the presence of a child with a diagnosis. The way the family unit as a whole, and as single individuals, both react and respond to the diagnosis of a child helps define the way the diagnosis is seen by the family and how this affects the family (Bat-Chava & Martin, 2002). It has been found that typical children who are siblings of children with developmental delays experience greater behavioral and psychological problems such as having poor self-esteem, depression, and anxiety (Hannah & Midlarsky, 1999; Hastings, 2007). However, as Powell and Gallagher (as cited in Verte, Roeyers, & Buysse, 2003) note, the impact the child with the diagnosis has on the typical sibling can be seen as being on a continuum where on one end is a very positive influence and on the other a very negative one. Thus, analyzing the degree of behavioral and psychological adjustments is important when looking at the realities of Latino children who have siblings with developmental delays. As Lobato, Kao, and Plante (2005) write, not much research has been done utilizing populations that are other than European American. However, although most of the literature has focused on a specific population, this still provides valuable information that can highlight features that might also be experienced by Latino children.

***Behavioral Adjustment.*** Typical siblings of children with developmental delays have been found to experience a range of behavioral concerns (Rossiter & Sharpe, 2001). Cox and colleagues (2003) argue that the most commonly reported negative effects that come from having a sibling with a diagnosis are the maladaptive behavioral problems that are expressed. The type of behavioral problem that siblings of diagnosed children might experience can range

from problems at home, in school, with friends, and other areas in which they interact. Research by Lobato et al. (2011), for example, indicated that Latino children with a sibling with an intellectual delay had more absences than non-Latino children with a sibling with an intellectual delay. In addition, it seems that siblings of children with autism have been reported to have both psychosocial and peer problems (Schuntermann, 2007). This includes having less pro-social behaviors (Hastings, 2003). Verte et al (2003) also found in their study that parents of children whose siblings had a developmental delay, autism in specific, reported that their typical children had more behavioral problems (both internalized and externalized) than the parents of children whose siblings did not have a developmental delay. Aggressive behavior and anger was a common behavioral problem found by Ross and Cuskelly (2006). Also, the degree of conflict for the typical siblings was related to internalizing behavior problems (Begum & Blacher, 2011). Begum and Blacher (2011) concluded that the expression of conflict at home may be an expression of the safety they feel within the home so that they choose to resolve conflicts in this manner at home rather than other environments. Using these findings than one could infer that the typical child's expression of conflict and behavioral disturbances could be a way to cope with the diagnosis of his/her sibling. In doing so, the typical child utilizes these behavioral disturbances to resolve concerns pertaining to the sibling diagnosis.

The data indicating the likelihood of typical children having behavioral adjustment challenges has not always been conclusive. For example, the data also indicates that behavioral concerns are not always found in children whose siblings have a developmental delay. For instance, Cuskelly and Gunn (2006) found that there were no significant adjustment differences between children whose siblings have a developmental delay (Down Syndrome) or those whose siblings are typical. In this study they concluded that rather than analyzing just group

membership as being the sole factor associated with adjustment concerns, there must be instead an analysis that also considers the within-family processes as this might shed more light into the dynamic that takes place within the family that might make some more likely than others to develop adjustment problems. This was also concurred by Neely-Barnes and Graff (2011) who found that typical siblings of children with disabilities did not require more mental health services or had greater difficulties than children whose siblings are also typical. Again, they concluded that the factors that place a typical child at risk of developing both mental and behavioral problems might be due to the dynamics that take place within the individual families.

***Psychological Adjustment.*** Siblings of children with a developmental disorder are at a high risk of experiencing a range of psychological disturbances, ranging from anxiety and distress to depression, than siblings of children without a developmental delay (Barlow & Ellard, 2006; Macks & Reeves, 2007; Rossiter & Sharpe, 2001; Silver & Frohlinger-Graham, 2000). Some have argued that the expression of depression and anxiety can vary depending on the gender of the sibling of a child with a developmental disorder. For instance, Orsmond and Seltzer (2009) found that although typical brothers did not report above average anxiety and depression, typical sisters (ages 12-18) of children with autism did report well above average levels of both anxiety and depression. Abrams (2009) also points to how having a sibling with a developmental delay has been associated with developing feelings of guilt which are also closely connected to feelings of anger. In addition, Kim, McHale, Crouter, and Osgood (as cited in Begum & Blacher, 2011) point that conflict for the typical children has been found to be closely related to symptoms of depression. Gold (1993) also found that typical boys whose siblings had autism scored higher on depression inventories than children whose siblings did not have a diagnosis and that this was also higher compared to sisters of children with autism. Although the

reasons for the gender differences were not evaluated by Gold, it is still important to note that gender might be a mediating factor in the internalization of the various psychological symptoms.

Although the literature on the Latino population is limited, Lobato and colleagues (2005) found that Latino children with siblings with developmental delays had higher parent reports of internalizing symptoms than European American siblings and they concluded that this might be a factor that is related to the sociodemographic stress and the authoritarian parenting style found in some Latino families. In addition, Lobato et al. (2011) analyzed the psychological and school functioning of Latino children with siblings with an intellectual disability. It was found that Latino children who had a sibling with an intellectual disability were at a greater risk of various psychological concerns than non-Latino children with a sibling with an intellectual delay and Latino and non-Latino children with a typical sibling. In particular, it was found that these children had a greater difficulty in expressing their emotions, had higher emotional symptoms (i.e. anxiety), and higher parent report on internalization of symptoms. This suggested, according to the researchers, that these children not only had a greater range of emotional disturbances, but that they also had a more insecure relationship with their parents.

Similar to the literature on the behavioral impact of having a sibling with a developmental delay, the research conducted on the psychological adjustments has also not always been congruent. Research has also pointed how there are psychological outcomes that can be categorized as positive that can arise as a consequence of having a sibling with a developmental delay. For instance, adolescents with siblings with a developmental delay reported, in a study by Findler and Vardi (2009), that they had found strengths and resources not evident in those of similar age without a sibling with a developmental delay. The researchers also noted that these adolescents, those whose siblings had a developmental delay, showed greater



psychological growth. They pointed out that the siblings of children with an intellectual disability showed maturity, independence, and growth and that this was a response to understanding that due to the condition of their siblings, their parents had to give their siblings more attention. Therefore, it is important to know how this might also be an effect seen in some Latino children and as such more studies need to be conducted in this area.

### **Mediating Factors**

*Parental Attention.* A healthy relationship between the parent and the child is a necessary component in the rearing of children with and without developmental delays (Esposito & Venuti, 2009). Keeping Minuchin's structural model in mind, one would argue that the stressors the diagnosis presents on the parent can affect the way the typical child is. Weiss (2002) found that parenting a child with a developmental disability is a lifelong stressor that brings multiple problems which are affected by the type of diagnosis and the prognosis of this. In addition, it has been pointed by Breslau and Prabucki (as cited in Verte et al., 2003) that the level of maternal stress in particular, as a result of having a child with a diagnosis, can affect the increase in behavioral problems in the typical child. This, showing, that the way parents react and respond to the developmental delay of one child can influence the way the typical siblings are treated. The dynamic between the parent and the child also affects the relationship between siblings in the family (Petalas, Hastings, Nash, Lloyd, & Dowey, 2009). Thus, the diagnosis of a child affects not only the child but also those around him/her and that this is mediated by the way parents deal with this.

Research also suggests that the way parents raise their children is affected by the ordinal position of the child with and the child without the diagnosis. This meaning that whether the child with the developmental delay is older or younger than the child without the developmental

delay contributes to the way the parents rear their children. McMahon, Malesa, Yoder, and Stone (2007) point to how siblings of children with autism spectrum disorders (ASD) have a higher risk of social, cognitive, and language delays which may cause parents to be hyper vigilant of the way these later born typical siblings of child with ASD are developing. This might be an influential factor in the way typical siblings feel about their developmentally delayed siblings and the way they cope with the diagnosis. Schuntermann (2007) also noted that typical children have demonstrated feelings of deprivation of attention and time given by their parents. Fisman (as cited in Schuntermann, 2007) pointed that siblings of children with pervasive developmental disorders noted that there were differences in parental treatment between themselves and their diagnosed siblings, and that this treatment was more positive. This, it was concluded, could lead these typical children to develop emotional problems (feelings of anxiety, anger, guilt) over being placed in a position polar to what their diagnosed siblings experience. However, the siblings of children with Down Syndrome were said to be at risk of developing feelings of neglect because they saw their sibling with the diagnosis as being the one who received the positive parental attention.

The ordinal positioning of the children with and without diagnosis has also led to reports which have proposed that older typical children tend to have a better relationship with their younger siblings who have a developmental disability (Hastings, 2003; Orsmond & Seltzer, 2009). This might be a consequence of the way the parents respond to the diagnosis as McMahon and colleagues (2007) argued that when the typical child is younger, the parents rear their children in a more hypervigilant state. This also shows that the family interconnectivity plays a role in the way typical siblings respond to the diagnosis in the family and that this is affected by the attitude the parents have towards this.

In addition, the literature also suggests that the type of attention given by the parents towards the typical child differs from the type of attention given to the sibling with the developmental delay. Researchers found that Latino mothers gave less attention to the typical child and that this was more critical than that given to the diagnosed sibling (Lobato, Miller, Barbour, Hall, & Pezzuelo, 1991). Esposito and Venuti (2009) also found that the maternal responses to infant children with a developmental delay were different than the maternal response to typical children when these were crying. They found that mothers of children with autism used verbal responses to calm their child, whereas mothers of children with typical development or with other diagnosis used tactile stimulation as a means to calm their child. Although this research did not analyze whether these differences occurred between siblings with and without a developmental delay it still allows for inferences to be made about different types of attentions that children with and without a diagnosis may receive. This being that the differences in attention to the children with and without a diagnosis could have an effect on the adjustment of the typical child.

***Functioning of Siblings with Diagnosis.*** A family systems perspective considers how the behavior of one person in the family affects the entire family unit. In doing so, it leads to the inference that the way one sibling is may affect the way other siblings respond and react to everyday life. Rossiter and Sharpe (2001) write that any negative and/or positive impact the disability of the sibling may have on the typical child is affected by various factors, including the functioning of the diagnosed sibling. It has been written that typical siblings whose siblings have less behavior problems may tend to react different than when the developmentally delayed sibling has more problems (Orsmond, Kuo, & Seltzer, 2009). In this study, Orsmond, Kuo, and Seltzer found that when the behavioral symptoms were less severe, the typical sibling was more

likely to not only spend more time with the diagnosed sibling, but to also report a more positive sibling relationship. Thus, the behavioral functioning of the developmentally delayed sibling affected the response and the coping of the typical sibling.

In a similar way, Hastings (2007) found that the behavior of the typical sibling was correlated to the behavior problems of the sibling with the diagnosis. That is, the typical sibling had more behavioral problems when the sibling with the developmental delay also had behavioral problems. This was corroborated by Meyer and colleagues (2011) whose research indicated that mothers reported that their typical children had more adjustment difficulties when the severity of symptoms of their siblings with ASD was higher. In this manner, using a family systems perspective, the difficulties experienced by the diagnosed child also contribute in the difficulties experienced by the typical sibling. Rao and Beidel (2009) found similar results in their study on the impact of high functioning children with autism on the family unit. As a result, behavioral problems in children with high functioning autism were significantly correlated to internalizing problem behaviors in both the child with the diagnosis and the typical siblings. They concluded that to minimize the negative effect on family functioning, interventions used with diagnosed children need to take into consideration the behavioral challenges they face as they can influence the overall well-being of the family members. Therefore, it is important to assess the degree to which this factor influences typical Latino children's well-being.

***Traditional Cultural Values.*** Although there are many differences within the Latino community, the central role of the family system can be generalized. One of the elements within the family system that must be understood is the notion of familismo (family interdependence). Familismo refers to Latinas/os wanting to remain closely tied and cooperate with both their immediate and extended family members (Santiago-Rivera, Arredondo, & Gallardo-Cooper,

2002). Familismo in a Latino family could be expressed in different ways such as the child becoming responsible for the caregiving of the sibling with the diagnosis. Lobato et al., (2005) explains that the expression of the impact related to sibling caretaking can be affected by whether the culture values sibling caretaking or if this is seen as a burden so that the sibling relationship is secondary. That is, the impact of familismo on the behavioral and psychological adjustment can depend on the degree to which this value is upheld.

Safer (as cited in Abrams, 2009) comments that the development of typical children differs from that of their diagnosed siblings and that this is sometimes seen in typical siblings taking on the parental responsibilities of taking care of their developmentally delayed siblings. Research postulates that when a child has a developmental disability, both younger and older siblings of said child are given greater childcare responsibilities than those given to children with typical siblings (Stoneman, 2001). Gath and Gumley (as cited in Stoneman, 2001) pointed that when the sibling caregiving responsibilities are too high for older siblings then the likelihood of developing behavioral problems is greater. Silver and Frohlinger-Graham (2000) also concurred with this idea pointing that in families who uphold traditional values, typical older sisters might have more responsibilities and that this could be an influential factor in the distress experienced by these siblings. They further write that psychological difficulties might also be greater when the typical child is younger than the sibling with developmental delays due to the reversal of roles in which the younger child has to take care of the older sibling.

Furthermore, Goode (as cited in Stoneman, 2005) also found that role strain might develop in the typical siblings when the demands placed on them are too high. That is, they might develop stress from trying to fulfill the multiple roles and expectations that are given to them. Cuskelly, Chant, and Hayes (1998) found that there was a significant relationship between

mother's report of their daughters' high levels of involvement around the house and daughters experiencing more internalizing problems. Gold (as cited in Rossiter & Sharpe, 2001) noted that internalizing problems by the typical children may be linked to the care giving responsibilities that they take on. For example, Van-Riper's research (2000) resulted in findings that indicated that greater well-being of siblings of children with Down Syndrome was associated to having less demand within the family.

Concurring with this, Barak-Levy, Goldstein, and Weinstock (2010) found that parents and their typical children had a different perspective when it came to defining responsibility and helpfulness. In this study, typical children reported that they felt and were seen as responsible in helping within their household so that they had more chores and responsibilities than children whose siblings did not have a developmental delay. Also, for the parents, helping and responsible were terms that indicated a positive qualities of their typical child, but the typical children reported that these were also a source of distress for them. These researchers concluded that parents lessening the expectation that typical children assist their siblings with a developmental delay, in this case autism, might help decrease their distress.

However, it is also argued that the parentification of the typical child can be an indicator of a positive experience for the typical sibling. That in caring for his/her developmentally delayed sibling, the typically developing sibling develops fewer behavioral problems than if he/she did not care for the sibling with the developmental disability (Smith & Elder, 2010). In addition, Stoneman and Brody (as cited in Stoneman, 2005) argued that children experiencing various roles within the family might result in developmental benefits not otherwise experienced by children with typical siblings. Due to this contradiction in research, one must continue

research analyzing the impact of traditional values on the typical siblings so as to expand the understanding of the dynamics that take place in this relation.

## **Chapter Three**

### **Method**

As mentioned in the previous chapter, the literature seems to indicate that there are special elements that are part of the sibling dynamic in families with children with and without a developmental delay. However, as noted earlier, not many of the works in this area consider the impact of traditional cultural values as variables affecting the coping of the Latino sibling without a diagnosis and the literature often does not utilize this subset of the population as a sample to study. The purpose of this thesis is to examine if there is a relationship between traditional cultural values and the behavioral and psychological adjustment of the typical sibling as evaluated by Latino parents.

#### **Participants**

Participants were obtained from the San Fernando Valley community. They were all Latino parents who 1) had at least one child without a developmental delay and 2) had at least one child with a developmental delay. Twenty-two participants completed the questionnaire. Their responses were utilized in the analysis. Two participants were unable to complete the questionnaire due to a lack of time in their schedule and as a result their responses were not utilized in the data analysis. One participant withdrew from the study as participants had the choice to withdraw from the study at any given time. The responses from this participant were not utilized in the analysis either.

The participants were all Latino parents who had at least one typical child and at least one child with a diagnosis. 12 of the participants were female, 8 were male, and 2 did not specify their sex. 12 of the participants were born in North America, 9 in Central America, and 1 participant did not indicate place of birth. Most of them were married (18), followed by divorced



(1), single (1), separated (1), and 1 did not respond. The participants also varied in age with 9 of them being 43 years old or older, 6 being between the ages of 38-42, 4 were between the ages of 33-37, 2 were between the ages 28-32, and 1 was between the ages of 18-22.

### **Measures and Procedure**

The questionnaire given to the parents contained three parts. The first section asked for the participants' demographic information. The second set of questions asked participants to evaluate various aspects of their typical child/children's behavioral and psychological adjustments. The third grouping of questions asked participants to evaluate various aspects of parental attention given to each child, as well as to evaluate the degree of traditional cultural values that are upheld within their home. The questionnaire given to the parents was developed utilizing the Strengths and Difficulties Questionnaire as a basis (Goodman, 1997).

Participants who were part of the Family Focus Resource Center were not asked to participate until the researcher was approved by the Family Focus Resource Center to contact them. Approval from an agency was not necessary for participants who were not part of the Family Focus Resource Center.

Prior to completing the questionnaire, the researcher gave each person a package containing 1) a research information form, a Bill of Rights form, and the questionnaire. The questionnaire was given to the participants in Spanish but they were also told that forms were available in English if requested. The researcher reviewed the information form and the Bill of Rights form with the participants. Then, the participants were given time to go over both of these forms on their own. The participants were given time to ask questions regarding the forms if they had any. The participants were then asked to sign the Bill of Rights form if they consented to

being part of the present study. Participants were also told they were free to withdraw from the study at any time if desired.

The researcher asked for the Bill of Rights forms to verify that they had either signed or not signed. Those who signed the Bill of Rights form were asked to complete the questionnaire.

## Chapter Four

### Results

#### Analysis of Main Variables

In order to analyze if there was any significant difference between traditional cultural value levels in the family and levels of behavioral and psychological adjustments of the typical siblings, an independent sample t-test was conducted (see Table 2). This was done to determine the level of difference between the group who reported moderate levels of traditional cultural values and the group who reported high levels of traditional cultural values, and the level of behavioral and psychological adjustment. The data met all assumptions including Levene's Test for Equality of Variances, which was not significant ( $F=1.21$ ,  $p=.61$ ).

After, running the independent sample t-test it was found that there was no significant difference ( $t=-0.52$ ,  $p=.61$ ) between the groups who reported moderate and high levels of traditional cultural values, on the levels of behavioral and psychological adjustments of the typical siblings (see table 2).

TABLE 2

Independent Samples Test						
		Levene's Test for Equality of Variances		t-test for Equality of Means		
		F	Sig.	t	df	Sig. (2-tailed)
Beh. and Psy Adj.	Equal variances Assumed	1.216	.283	-.521	20	.608

## **Chapter Five**

### **Discussion**

#### **Review of the Study**

This study hypothesized that Latino parents who reported higher levels of traditional cultural values would also report higher levels of behavioral and psychological adjustment in their typical children than those parents whose traditional cultural value levels were moderate. Although the review of the literature indicates that there are various factors, including cultural values, that can affect the behavioral and psychological adjustment of typical siblings of individuals with developmental delays, this study found no significant difference between those participants whose report of traditional cultural value levels were high or moderate on the level of behavioral and psychological adjustment of their typical children.

#### **Culture and Recommendations for Mental Health Practitioners**

Even though this study did not find any significant difference in regards to the interaction between the levels of traditional cultural values and the behavioral and psychological adjustment of the typical sibling, this is still an important variable to keep in mind. The literature does indicate that the impact of upholding traditional cultural values may affect some individuals depending on the degree to which these are upheld and the value given to this (Lobato et al., 2001). Therefore, it could be that because none of the questions in the questionnaire asked the participants to rate the value given to each traditional value, they might have been unable to accurately assess the impact of values in their home and their typical children. This could in turn, affect the way the outcome of a study like this one.

As such, it is important for clinicians to be aware that culture could be a factor that could influence their clients' behavioral and psychological adjustment even if this was not a significant

finding in this study. This is especially true when one considers working with individuals utilizing a Family Systems approach. That is, it is important to recognize that there are elements that affect the functioning of the system as a whole and the members of it. Therefore, even though the findings in this study were not significant, it does not mean that the diagnosis in members of a family system should only be seen as an isolated factor that does not influence the adjustment of other members. In relation to traditional cultural values, and other variables explored in the literature review, it stands to reason that mental health practitioners have a duty to be informed of elements that may or may not influence the life of their clients.

### **Limitations**

This study contained various limitations. The sample population was not big enough to allow for a generalization of the findings. Thus, it could happen that with a bigger sample this finding could be generalized to the general population or that a significant difference could be found with a large enough representative sample. The sample population also came from specific regions so it is difficult to ascertain how representative their responses were to those from the general population. Therefore, before any generalizations can be made to the population at large, further research with a larger sample must be done. In addition, the questionnaire given to the participants did not cover all of the areas needed to evaluate the intricate dynamic between typical children and the siblings with developmental delays. For instance, although the literature indicates that level of functioning of the diagnosed child has been at times associated with the psychological and behavioral attitudes of the typical siblings (Rossiter & Sharpe, 2001), this was not a theme covered in the questionnaire. Similarly, parental attention, a theme covered in the literature regarding the influence of this on adjustment of typical siblings was not analyzed. This theme was covered in the questionnaire but not enough data was gathered on the subject to

accurately analyze and assess the impact of this variable on the behavioral and psychological adjustment of the typical sibling.

Furthermore, the data regarding the adjustment of the typical siblings was obtained via the parents. This might be an area of concern as the parental attitudes regarding their typical children might not be exactly what the typical children are experiencing. This was an element found in the research of Barak-Levy, Goldstein, and Weinstock (2010) in which parents and typical children had significantly different views on various themes regarding the impact of having a sibling with a developmental delay. This concern might be resolved if researchers utilize both the parents and the typical children as participants in studies such as this one.

Although the present study contained many limitations that could account for why no significant difference was found, it could also be that there really is no significant difference even when the above mentioned limitations are accounted for.

### **Areas for Future Research**

Further research is needed to explore more in detail the impact of having a sibling with a developmental delay on the typical child. For example, it would be beneficial to mental health practitioners to understand if gender differences in the typical siblings have an effect on the behavioral and psychological adjustment in Latino families. Silver and Frohlinger-Graham (2000) point that there are gender and age differences in relation to the impact the diagnosis has on the typical siblings in families with traditional values. Therefore, it would be valuable to understand if such a dynamic exists in Latino families and if so to what degree does this mediate the behavioral and psychological impact that the diagnosis has on the typical sibling. In addition, the way the diagnosis is seen by the family unit is also an area that needs to be expanded. Research indicates that parents and typical siblings do evaluate cultural elements of

responsibility and helpfulness differently (Barak-Levy, Goldstein, & Weinstock, 2010). If this is the same for views on the diagnosis, then more information is needed to evaluate how having a different value placed on this element can influence the adjustment of the different family members.

Even though this study did not analyze the functioning of the developmentally delayed sibling, this might be an avenue for future research that could shed light into the behavioral and psychological adjustment of the typical siblings. Hastings (2007) found that the level of problems in the sibling with the developmental delay correlated with the level of behavioral problems in the typical sibling. Therefore, it would be beneficial to find if the functioning of the sibling with DD also has an impact on the psychological distress experienced by the typical sibling.

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## APPENDIX A

### Questionnaire

*Please answer the following*

1. Your age is
  - a. 18-22
  - b. 23-27
  - c. 28-32
  - d. 33-37
  - e. 38-42
  - f. 43 or older
2. Sex
  - a. Male
  - b. Female
3. Your household's annual income is
  - a. Less than 20,000
  - b. 20,000-30,000
  - c. 30,000-40,000
  - d. 40,000-50,000
  - e. 50,000-60,000
  - f. 60,000 or more
4. Marital Status
  - a. Married
  - b. Divorced
  - c. Widowed
  - d. Single
  - e. Other (specify)\_\_\_\_\_
5. Ethnicity
  - a. White
  - b. Black
  - c. Hispanic
  - d. Non-Hispanic White
  - e. Asian
  - f. Other (specify)\_\_\_\_\_
6. Where were you born? (Please specify country in space given)
  - a. North America
  - b. Central America
  - c. South America
  - d. Europe
  - e. Other

Specify country\_\_\_\_\_
7. Number of children that you have (either biological or step-children)
  - a. 2
  - b. 3
  - c. 4
  - d. 5 or more
8. How many of your children have a developmental delay?
  - a. 1
  - b. 2

- c. 3
  - d. 4
  - e. 5 or more
9. Please list the age of your children with a developmental delay and their sex
10. Please name the diagnosis/s of your child (If you have more than one child with a diagnosis please write your child's age next to the diagnosis)
11. How many of your children do not have a diagnosis ("typical")?
- a. 1
  - b. 2
  - c. 3
  - d. 4
  - e. 5 or more
12. Please list the age and gender of your "typical" child/children
13. How many people live in your household? (including yourself)
- a. 2
  - b. 3
  - c. 4
  - d. 5
  - e. 6 or more
14. Who is the primary caregiver for the children (If the answer is other please specify)
- a. Self
  - b. Other (specify who)\_\_\_\_\_

***For each of the following items, please mark the choice Not True, Somewhat True or Certainly True. Please answer all of the items to the best of your ability. Please give the answer based on what you think your "typical" child (child without a diagnosis) is experiencing. If you have more than one "typical" child than circle the best answer based on what you think your "typical" children are experiencing in general.***

My child is...	Not True	Somewhat True	Certainly True
Considerate of other people's feelings			
Restless, overactive, cannot stay still for long			
Complains of headaches, stomachaches, or			

sickness			
Shares readily with other children (for ex: toys, games, food)			
Often loses his temper			
Solitary, prefers to play or be alone			
For the most part, well behaved and listens to adults			
Has many worries			
	Not True	Somewhat True	Certainly True
Fights with other children or bullies them			
Often unhappy, depressed, or fearful			
Is in general, liked by other children			
Is in general, liked by adults			
Easily distracted or has difficulty concentrating			
Often lies/cheats			
Often steals from home, school, or elsewhere			
Is nervous and/or loses confidence in new situations			
Argues with adults			
Is picked on or bullied by other children			
Gets along better with adults than with other children			
Has trouble in school or teacher			
Has good attention span and can finish tasks			
Feels pressure over the caretaking of his sibling with a developmental delay			
Overall, his life has been positively affected by having a sibling with a developmental delay			
Has at least one good friend			
Makes excuses			

Your "typical" child...(please check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Takes care of sibling with diagnosis                 | <input type="checkbox"/> Plays with sibling with diagnosis       |
| <input type="checkbox"/> Talks with sibling with diagnosis                    | <input type="checkbox"/> Feeds sibling with diagnosis            |
| <input type="checkbox"/> Reads to/with sibling with diagnosis                 | <input type="checkbox"/> Prepares meal for the family            |
| <input type="checkbox"/> Finds resources for sibling with diagnosis           | <input type="checkbox"/> Prepares meal for self                  |
| <input type="checkbox"/> Prepares meal for sibling with diagnosis             | <input type="checkbox"/> Eats with sibling with diagnosis        |
| <input type="checkbox"/> Takes sibling with diagnosis to therapy              | <input type="checkbox"/> Does laundry for family                 |
| <input type="checkbox"/> Does laundry for self                                | <input type="checkbox"/> Does laundry for sibling                |
| <input type="checkbox"/> Gives medicine to sibling with diagnosis when needed |  |
| <input type="checkbox"/> Worries when sibling with diagnosis is ill           |  |
| <input type="checkbox"/> Worries about sibling with diagnosis                 | <input type="checkbox"/> Feels angry with sibling with diagnosis |
| <input type="checkbox"/> Compares himself to sibling with diagnosis           |  |
| <input type="checkbox"/> Feels anger towards diagnosis of sibling             |  |

***Please answer the following 5 questions to the best of your abilities based on what you think your “typical” child is experiencing. If you have more than one “typical” child please answer based on what you think your “typical” children are experiencing in general.***

1. Overall, do you think your child has difficulties in one or more of the following areas: emotions, concentration, behavior or being able to get along with other people
  - a. No
  - b. Yes, with minor difficulties
  - c. Yes, definitely has difficulties
  - d. Yes, has severe difficulties

If you answered “Yes”, please answer the following questions about difficulties:

2. How long have these difficulties been present?
  - a. Less than a month
  - b. 1-5 months
  - c. 6-12 months
  - d. Over a year
3. Do the difficulties upset or distress your child?
  - a. Not at all
  - b. Only a little
  - c. Quite a lot
  - d. A great deal
4. Do the difficulties interfere with your child’s everyday life in the following areas? (check the answer that applies for each item)

	Not at all	Only a little	Quite a lot	A great deal
Home life				
Friendships				
Learning				
Leisure Activities				
5. Do the difficulties put a burden on you or the family as a whole?
  - a. Not at all
  - b. Only a little
  - c. Quite a lot
  - d. A great deal

***Please answer the following in relation to how you would evaluate your household and your parenting.***

1. You plan your schedule around your child who has a developmental delay
  - a. Not True
  - b. Somewhat True
  - c. Certainly True

2. You plan activities for your “typical” child
  - a. Not True
  - b. Somewhat True
  - c. Certainly True
3. You plan your schedule around your “typical” child
  - a. Not True
  - b. Somewhat True
  - c. Certainly True
4. You plan activities in which both your “typical” child and your child with a diagnosis go together
  - a. Not True
  - b. Somewhat True
  - c. Certainly True
5. Traditional home values are upheld in your household
  - a. Not True
  - b. Somewhat True
  - c. Certainly True

If you answered Somewhat True or Certainly True please circle as many traditional values that are upheld in your household

- a. Family has meals together
- b. Older child is responsible for younger siblings
- c. Respect towards elders
- d. Extended family members are involved in the rearing of the children
- e. Value the needs of the family over the needs of the individual members
- f. Family is more important than anything or anyone else
- g. Absolute respect towards parents
- h. Family members have moral responsibility to aid members in need
- i. Family members gather together to celebrate special events
- j. Spanish is the primary language spoken in the home by all
- k. If the children speak Spanish, they use “Usted” to talk to elders
- l. Other (please specify as many as you practice at home)\_\_\_\_\_