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PARENT-CHILD ATTACHMENT WHEN PARENTING A CHILD WITH A DISABILITY

Giulianna Zocchetti

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PARENT-CHILD ATTACHMENT
WHEN PARENTING A CHILD WITH A DISABILITY

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Giulianna Zocchetti

May 2023

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ABSTRACT

Parent-child attachment is a commonly researched topic, but parent-child attachment when a child has a disability has received limited attention in the literature. This study seeks to examine the impact of parenting a child with a disability on parent-child attachment. This study was conducted on a Facebook forum that posts about parenting with children who have developmental disabilities.

This research study used a variety of methods and procedures. First, this study was conducted using quantitative methods. The research used a self-administered survey on the platform SurveyMonkey. The study used snowball sampling to recruit participants. To analyze the data, descriptive and bivariate statistics were conducted. This research was limited in its sample size which limits its generalizability for the whole population. Further research will need to be done with larger sample size and possibly with specific developmental disabilities.

This study could have an impact on the micro and macro social work field. On the micro level, this research could promote a greater understanding of parent-child attachment when parenting a child with a disability, which could help influence attachment-based interventions for disabled children. On the macro level, policy changes could be enacted to promote parents being a more active part of their child's therapies.

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CHAPTER ONE

ASSESSMENT

Introduction

This project focuses on attachment between parents and disabled children. This chapter lists the research questions and establishes the paradigm used for this research and the rationale for choosing this paradigm. It also describes the assumptions of this paradigm, and why this paradigm is the best choice for this research. This is followed by an examination of the literature that is associated with this issue, the prevalence of the issue, causes and contributions to the problem, the impact of this issue, background information regarding the issue, and pre-existing interventions for this problem. Afterward, there is a discussion of attachment theory and how it forms the framework for this research as well as how it directs our research focus. Lastly, there is a discussion of two potential contributions this study has for micro and macro social work practice.

Research Question

This study focused on children with disabilities and their attachment to their parents. This study research question is: How does having a child with a disability impact attachment between the child and their parents? The hypothesis for this research is that parenting a child with a disability could lead to some of these families may have a secure attachment to their child with a disability while others may have a more insecure attachment to their child with a disability.

The definition for a child who has disabilities includes children who are diagnosed with attention deficit hyperactivity disorder, cerebral palsy, autism, seizures, stuttering or stammering, moderate to profound hearing loss, blindness, learning disorders, and other developmental delays.

Attachment theory emphasizes that social, “cognitive, and emotional development is based on the attachment figures a child has” (Bowlby, 2008). “When a child has a responsive caregiver that is attuned to their needs and responds in a loving manner when the child appears distressed, they feel secure in their attachment to their primary caregiver” (Schaffer, 2007). Attachment creates a “home base” for a child which helps them feel more comfortable exploring the world around them (Schaffer, 2007). Attachment produces positive behaviors which help improve a child’s survival (Bowlby, 1971). When the child has a parent they are bonded to they are given an example of how to behave in society. That child then can reproduce that caregiver’s positive behavior and become a functioning member of society. The parent also displays what is safe and teaches the child how to avoid unsafe behaviors and environments (Bowlby, 1971).

A vast amount of research has been done on the parent-child attachment, but there has been limited research done on the parent-child attachment of disabled children. This is an important field to gain a better understanding because 1 in 6 children in the United States is diagnosed with a disability (Center for Disease Control, 2019). Children that are disabled need to have a strong

connection to their primary caregiver to learn, grow, and develop. Being that there is such a large population of children with disabilities, this is an understudied research field.

Paradigm and Rationale for the Chosen Paradigm

This research study was conducted using a positivist paradigm. In the positivist paradigm, the nature of the reality is objective and governed by rules and structures that can be easily identified. The role of the researcher is to be an objective observer that does not influence the research and the subjects. The nature of the data is objective and quantitative (Morris, 2014).

Positivist paradigm was useful for this research study because it produces quantitative data. The positivist paradigm was influential in this study because it allowed for objective data to be gathered and to have a larger population be able to give their input into the research.

Literature Review

This literature review first discussed the prevalence of this issue. Next, it discussed the causes of or contributors to this issue. Afterward, it describes the impacts of this issue. Finally, it examines any existing interventions for this issue.

Prevalence of this Issue

As mentioned previously this issue, childhood disabilities, is extremely common. Although there are many types of disabilities, this papers primary focus is on developmental disabilities.

From 2009 to 2017, 1 out of every 6 children nationally had one or more forms of a disability (National Health Interview Survey, 2017). The percentage of children diagnosed with a disability increased from 16.2% in 2009 to 17.8% in 2017 (Zablotsky et al., 2019). This could be due to increasing awareness of childhood developmental milestones in parents and greater access to health care (Zablotsky et al., 2019). Certain subgroups saw a greater increase in diagnosis rates than others. Between 2009 and 2017, rates of disability increased most in boys, older children, Hispanic children, children with private insurance, children with lower birth weight, and children living in urban areas (National Health Interview Survey, 2017).

Some subgroups also have a higher rate overall of being diagnosed with a disability. Boys have a higher rate of being diagnosed with developmental disabilities (Center for Disease Control, 2020). This may be due to gender bias in the diagnostic criteria for developmental disabilities (Constantino & Charman, 2012). This gender bias may be attributed to the fact that girls display different attributes of disabilities than boys as well as girls may be more adaptable in downplaying their disabilities (Constantino & Charman, 2012). Children in poverty also experience a higher rate of being diagnosed with a disability (Houtrow et al., 2014). The data suggest that this may be due to social, medical, and environmental factors. A greater understanding of the causes and contributions might lead to a better insight into these findings.

Causes and Contributions

There are numerous factors linked to a child having a developmental disability. These include maternal behaviors, environmental factors, and childhood injury. Low birth weights or malnutrition when a child is developing are both potential causes of developmental disabilities (Groce et al., 2014). When a fetus, infant, or child is not given proper nutrition they are unable to fully grow and develop. This can lead to physical, developmental, and emotional disabilities (Scarpato et al., 2017). One such developmental disability is a learning disability; learning disabilities have been attributed to infant malnutrition (Scarpato et al., 2017).

Parental health or lack of also can be contributed to a child being born with a disability. Unhealthy behaviors that could contribute to childhood disabilities can be if the mother were smoking, drinking, or abusing drugs during the pregnancy (Center for Disease Control, 2020). Additionally, the stage of the pregnancy during which the parent participated in unhealthy behaviors can be a factor in the child's severity of their disability (Center for Disease Control, 2020). If the parent were participating in unhealthy behaviors at the early stage of inception, this could have a more damaging consequence than if the unhealthy behavior occurs at the end of the pregnancy. A lack of prenatal vitamins can be a contributing factor in a child having a disability, as mothers taking prenatal vitamins has been associated with a decreased risk of the child developing a disability (Braun et al., 2014). Also, women who were obese while pregnant have

a higher likelihood of their children having developmental delays (Schieve et al., 2015). This can lead to gestational diabetes, which can also cause negative outcomes in childbirth.

Environmental toxins can be a cause of a child developing a disability. Exposure to lead, mercury, polychlorinated biphenyls, manganese, and organophosphate insecticides have all been determined to interfere with brain development (Hauptman & Woolf, 2017). This exposure can occur when a child is a fetus or when the child is developing. Exposure to these chemicals can lead to lasting damage to a child's development and growth (Hauptman & Woolf, 2017).

Head injuries have also been a contributing factor in childhood disabilities. These head inquiries can occur during birth or after. Some head injuries, such as shaken baby syndrome, can lead to developmental disabilities (Antonietti et al., 2019). Other head injuries such as injuries during birth, head injuries from abuse, head injuries from being dropped, etc., have all been associated as a contributing factor to a child having developmental disabilities (Haarbauer-Krupa et al., 2017).

Consequences

A child having a developmental disability can have an impact on attachment with their caregiver. At times, parenting a child with a disability can be painful, leading to a disruption in the child's attachment to their parents (Muddle et al., 2021). When a child is unable to express their emotional connection to

their caregiver in what is considered “normal” ways, it can negatively impact the parent-child attachment (Muddle et al., 2021). For example, when a child has a speech delay, they are unable to express their attachment in words. When a child has a developmental delay, they may be unable to express their attachments in words and actions. And when a child has a physical disability, they may be unable to physically express their attachment to their caregiver.

Parenting a child with a developmental disability can be stressful, which can also have an impact on the parent-child attachment (Hoffman et al., 2009). When a parent is feeling overwhelmed and lacking in support from parenting a child with a disability, they have a harder time establishing attachment between themselves and their child (Findler et al., 2016). Parents can also feel a sense of guilt when parenting a child with a disability, which can produce negative outcomes in their perception of their ability to attach to their child (Findler et al., 2016).

Chronic sorrow is another consequence of parenting a child with a disability. Chronic sorrow is the feeling of loss and grief a parent may feel when discovering their child having a disability may impact their growth, development, lifestyle, and happiness (Chimarusti, 2002). A parent may be frequently grieving over their child and the life their child could have had throughout their lifespan (Coughlin & Sethares, 2017). This sorrow can have a severe impact on the parent-child relationship, leading to insecure attachment, lack of closeness, and resentment (Patrick-Ott, 2011).

Existing Interventions

Many interventions focus on promoting parent-child attachment, but there has been little research done on interventions that promote parent-child attachment with a disabled child. Some research projects that examine parent-child attachment between a parent and their disabled children reference the need for interventions to promote attachment (Findler et al., 2016), but there are no interventions formulated explicitly for promoting parent-child attachment with disabled children.

Conclusion

A lot of research has been conducted on childhood disability. Research has been conducted to establish the impact on child learning, outcomes, characteristics, etc. (Center for Disease Control, 2021). Similarly, parent-child attachment has also been very widely studied, but there has been very limited research conducted on parent-child attachment when the child is disabled. This research project would give better insight into this dyad and give a unique perspective on parent-child attachment. It also gave actual insight into parents' feelings regarding their attachment to their child.

Theoretical Orientation

The theoretical orientation that grounded this study is attachment theory. "Attachment theory emphasizes that social, cognitive, and emotional development are based on the attachment figures a child has" (Bowlby, 2008). Bowlby (2008) stated:

When a child has a responsive caregiver that is attuned to their needs and responds in a loving manner when the child appears distressed, they feel secure in their attachment to their primary caregiver. If the primary caregiver is resistant and rejecting the child when they are distressed, the child then learns to resist seeking out the caregiver to avoid negative emotions. That type of response is an avoidant attachment. Additionally, if the primary caregiver is inconsistent, sometimes responsive, and other times non-responsive to the child's distress, the child will develop a resistant attachment. That child then will both seek and resist attachment with the primary caregiver.

Attachment to a parent helps protect the child from harm and gives the child a sense of security in their life. When a child has an inadequate attachment, they can become deregulated (Streeck-Fischer, 2000). When a child has a disability, at times it can be difficult for a parent to be attuned to their child's needs (Howe, 2006). This can lead to an insecure attachment between the parent and child.

Improving attachment can increase social-emotional competence, cognition, physical health, and mental health (Ranson & Urichuk, 2008). Attachment helps a child feel safe and reduces stress in the child, leading to positive outcomes in their growth and development (Johnson, 2019). When a child has a primary caregiver that they are securely attached to, their brain feels like it can reduce their fight or flight response and focus on their growth.

Witnessing how attachment can be influenced by a disability gave the researcher a greater understanding of different forms of attachment. Also, since the child has a disability, it may influence how the child and parent display attachment. Attachment can be displayed by what are considered normative methods, e.g., giving hugs, staying close to the parent, eye contact, etc. This does not necessarily mean the child has an insecure attachment to their caregiver if they do not display these methods. It could mean they have a different manner in how they show affection to the people they love or are attached to. Most theorizing around attachment has been with children who do not have disabilities. This study is looking to expand this theory and understand how attachment may be different in disabled children.

Potential Contributions

This study could have contributions to both micro and macro social work. At the micro level, gaining a better understanding of attachment between disabled children and their parents could help with the development of attachment-based interventions for disabled children and their parents. Increasing attachment between parent and child is beneficial for any child's social, cognitive, and emotional development. Promoting a disabled child's attachment to their primary caregiver can improve outcomes for the child, increase positive behavior, and improve quality of life. Also, disabled children may display different actions to show their attachment to their parents. By better understanding those attachment signals and signs a social worker can be more

influential in helping their client. Parenting a disabled child can be stressful, which could decrease attachment between the child and parent (Howe, 2006). For social workers that are working with children that have disabilities, bolstering the connection between the child and their primary caregiver could improve outcomes. Being able to have a greater understanding of the family's attachment to a disabled child could bring a greater understanding of how to develop interventions that could be beneficial for the child and parent attachment.

At the policy level, restructuring how services for disabled children are given could be beneficial to the child. Often, when services are provided for disabled children, it is usually in a one-on-one setting with the service provider and child. The study could promote policies that have parents be more active members of the services for disabled children, which could better meet the family's needs. Creating policies that require more active parental involvement in therapies and services for disabled children increases positive outcomes for the children as well as the positive progress of services.

Summary

Chapter one described the assessment portion of this research project. First, the research statement and focus were established to give the reader a greater understanding of why this study is being conducted. Next, the paradigm that was used was described and the assumptions of that paradigm were examined. This was followed by a literature review of this issue, who it affects, causes, impacts, and interventions. Afterward, this chapter investigated the

theoretical orientation of attachment theory and how it relates to this study.

Lastly, this chapter reviewed the implications this study would have on micro and macro social work.

CHAPTER TWO

ENGAGEMENT

Introduction

Chapter two discusses the engagement stage of this research project. First, it addresses the location of the research site, services offered, characteristics of workers and clients, and the region served. Afterward, it identifies the gatekeepers and engagement strategies for gatekeepers at the research site. Following this, it explains diversity issues, ethical issues, political issues, and the role of technology.

Study Site

This study was be conducted using a snowball sampling method, so the study site is wide-reaching. The beginning stages of participant recruitment involved a posting on a Facebook group for parents with children that have developmental disabilities. This Facebook page supports parents with children 0-18 that have some form of developmental disabilities. It has members from ages 18-70 with a wide range of races and genders that post on the forum. It is open to everyone, and you do not have to put a request in to join. This Facebook page had roughly five thousand members. All parents and individuals are allowed to freely post on this Facebook page. The region of service for this Facebook group is worldwide. Anyone can have access to this group if they have the internet; it is made public to everyone.

Engagement Strategies for Gatekeepers at Research Site

The gatekeepers for this research are the parents of the children that have disabilities. The forum allows for anyone to post to its page. The researcher encouraged any parents who have questions or concerns about the study to reach out to the researcher. Another way the researcher engaged the gatekeepers is by posting the research link to the forum bi-weekly so all parents can view it. Often individuals are not constantly checking Facebook forums so it was important to have my research posted frequently so the parents that did miss the posting and have an opportunity to participate.

Self-preparation

Self-preparation is fundamental to having a successful research study. A literature review and theoretical review have been conducted to help the researchers gain a better insight into what questions should be asked in the study. The researcher also needed to understand their biases regarding attachment and disability and try to prevent them from influencing the participants.

The researcher also needed to prepare the participants for the research by making sure the participants consent to participate in the study, know about their rights, and address any language barrier or concerns. This was done with an informed consent page at the start of the survey.

The method for recording information is also essential to a well-prepared study. The researcher needed to make sure the survey is clear and well-

formulated to prevent confusion from occurring during the survey-taking. Access to Survey Monkey was needed to be secured for the questionnaire to be published. Also, guaranteeing privacy is fundamental to maintaining confidentiality, this was done by making sure the survey is anonymous. The participants were also be notified when the study is concluded on the forum and where they can go to access the findings.

Diversity Issues

There are some diversity issues that were needed to be addressed for the study to be successful. First, there is the diversity issue of perceived power. Since the researcher is a part of a majority group if the participants are a part of a minority group it could lead to an issue of perceived power. The researcher needed to create a space where the participants feel in power such as having the survey be posted on a site that is viewed by parents of all races and genders.

Another diversity issue is assumptions about attachment. From attachment research, there are clear assumptions about attachment and different displays of attachment. The researcher had wide-ranging questions to gain a better understanding of the participants' parent-child attachment. Culture also could have played a factor in attachment signals between parent and child. In some cultures, parents and children may not display their attachment through physical affection. Having the researcher use questions that ask about the participant's culture and how their culture displays affection could be beneficial to address this diversity issue. The researcher also acknowledged how their cultural

lens may impact the research and try to prevent bias from occurring by practicing cultural humility.

The issue of language could have also played a factor in this study. Due to the research being posted on a site that can be viewed worldwide, the researcher was not able to accommodate all participants because the study was conducted in only English. This could lead to the research only being available to English speaking individuals leaving out a population with different insights and options.

Ethical Issues

Some ethical issues were addressed when conducting the study. First, the ethical issue of confidentiality and anonymity was attended to. This ethical issue was rectified by making sure the study is anonymous, so no participants are identifiable. The study was submitted for approval to the Institutional Review Board to ensure that the study procedures meet standard ethical guidelines. Also, the researcher informed participants that the survey is voluntary and that they can withdraw from the study at any point.

Political Issues

Several political issues could arise when completing this research study. The first is there is a limited amount of research done on this topic. Research is often done because of money being available for specific research or the topic has attention in the media. For example, currently, we are in a pandemic and a vast amount of research is being conducted on the COVID-19 virus and its

effects. Because this topic is so current a lot of funding has been dedicated to understanding this virus and its consequences. The topic this paper seeks to explore has largely not been explored through research, which suggests that this topic does not have a lot of funding and is not popular in the media. This could also mean that if further research is needed, that research may lack funding and the necessary support to continue.

Another political issue is how and who could know about the research findings. Often, when research studies conclude the research participants are not given clear instructions on how to access the study findings. They are left to their own devices to locate the study findings. After this research is concluded, the researcher posted a notice to the forum linked participants to the study findings.

Role of Technology

Technology was a necessary tool in this research study. During the engagement phase of this study, technology was used to post the research survey on Survey Monkey. During the implementation phase, technology was used to have the parents take a survey about their parent-child attachment. This survey was accessed through a computer or phone and was on the platform Survey Monkey. In the assessment phase of the study, the computer was used to create graphs and diagrams of the results of the study. And during the termination phase, technology was used to post to the forum to let the participants where they can find the research results.

Summary

Chapter two described the engagement portion of this study. First, an online forum was identified as the research site and engagement strategies for the gatekeepers were presented. Following this, a description of how the researcher prepared for data collection was included. Afterward, the issues of diversity, ethics, and politics were addressed. Then the role of technology was discussed. The next section of the research study focused on implementation

CHAPTER THREE

IMPLEMENTATION

Introduction

In this chapter, the implementation phase of the research project is established. First, the chapter defines who was in the study, their characteristics, age, gender, ability, language, and region. Then, how the study selected participants is described. Also, the chapter explains how data was gathered using interviews, observation, and notes, and the phases of data collection are. Then it describes how the study recorded and analyze data. Finally, the termination plan is discussed.

Study Participants

The participants for this study were children that are diagnosed with a developmental disability and their parents. The children were from the ages of 0-40. The ages of the parents ranged from 20-80. Participants were users of the Facebook forum. The parents and children may speak multiple languages such as English and Spanish. They also might have many different religious backgrounds such as Christianity, Judaism, Islam, etc. Participants of all genders, ethno-racial groups, and religious backgrounds are included.

Selection of Participants

This study used a snowball sampling method. This type of sampling method was best suited for this study because it allowed access to the greatest number of participants. This type of method employs existing participants to also be active in finding participants for the study. Having the participants be part of this research gathering such as posting it on other pages for other participants to see could help expand the research population. Participants were selected from a Facebook forum. The researcher had 18 participants that provided the sample population for the study. Having 18 participants helped the findings become more generalized.

Data Gathering

This study employs a positivist paradigm and so quantitative measures were used to gather data. Closed-ended questions were used in the survey. Using quantitative data gave a more in-depth picture of the parent-child attachment.

The quantitative data was collected through a self-administered survey. These surveys were a close-ended questionnaire that use Likert scale questions. It measured attachment through questions that the participants rated between strongly agree and strongly disagree. This research used a preexisting survey, the Child-Parent Relationship Scale by Robert C. Pianta, to measure child-parent attachment.

Maintaining validity and reliability is extremely important in this survey. Since the survey is self-administered, the interviewer did not threaten viability with their presence. Having a pre-existing questionnaire improved vitality and reliability as well, making it so results can be easily compared. This questionnaire was from a pre-existing survey that has already tested reliability and validity to maintain this research project's reliability and validity.

Phases of Data Collection

Data collection was completed in one phase. Phase one consisted of a self-administered questionnaire. Before beginning data collection, the researcher informed the parents about how their relationship with their child was be the subject of the study. Following this, the researcher requested that the parents fill out the self-administered survey. This survey was posted on the Facebook forum page and was on the SurveyMonkey platform and then transferred to an Excel spread sheet.

Data Recording

Throughout the study, the researcher needed to keep clear and organized recordings. The survey data was transferred from the SurveyMonkey platform to an excel spreadsheet.

Data Analysis

Using quantitative measures to conduct the research study necessitates quantitative tools for data analysis. Descriptive statistics was used to describe the study sample and their overall responses to the individual questions. Linear regression was used to examine the association between disability and attachment. This data was be transferred from SurveyMonkey to an Excel spreadsheet.

Termination and Follow Up

Due to the research study being a positivist method for termination and follow-up was used. As mentioned previously, the research participants was be notified when the research is concluded. The researcher then created a formal research paper and a presentation with reported findings.

This research was then be presented to the California State University San Bernardino and reviewed by the School of Social Work. The research paper went through a formal evaluation to determine if the findings are sound. Once the university accepted the research, it was be made available to the participants through the posting of the results on the forum page.

Summary

In this final chapter, the implementation stage of the research project was presented. This chapter started with establishing the study participants and the selection of participants. Next, the data gathering instruments were described.

Next, the procedures used for gathering data was explained. Afterward, the procedures for data recording and data analysis were presented. Finally, the termination and follow-up procedure for this research study was given.

CHAPTER FOUR

EVALAUTION

Introduction

In this chapter, the researcher will introduce and discuss the research findings. First, the researcher will present the demographic characteristics of the participants in the study. Then the researcher will introduce the results of the Parent Child Relationship Scale. Finally, the researcher will review the analysis completed.

Data Analysis

Demographics

Participants were asked to report the age of the child they were focusing on during this study. Children's reported ages ranged from 1 to 27, with an average age of 9.19 and a standard deviation of 8.26. See figure one. The participants reported their own ages as well which ranged from 30 to 73, with an average age of 42.33 and a standard deviation of 12.103. See figure two.

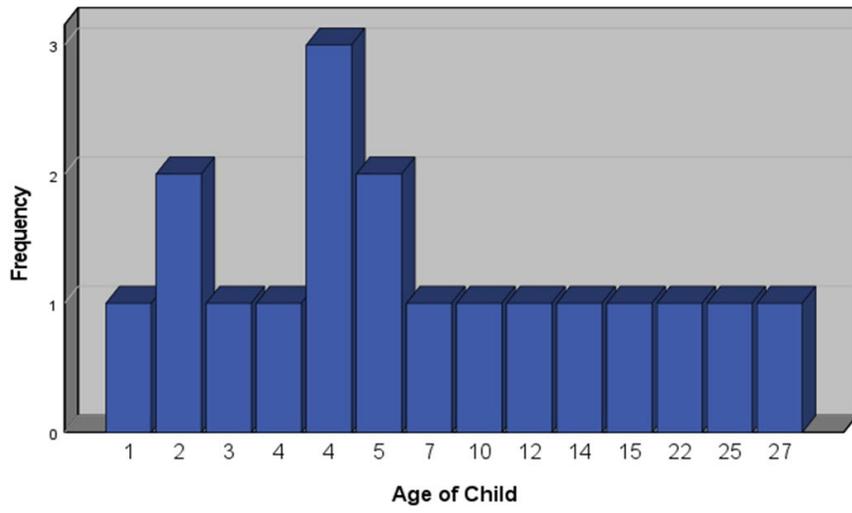


Figure 1. Age of Child.

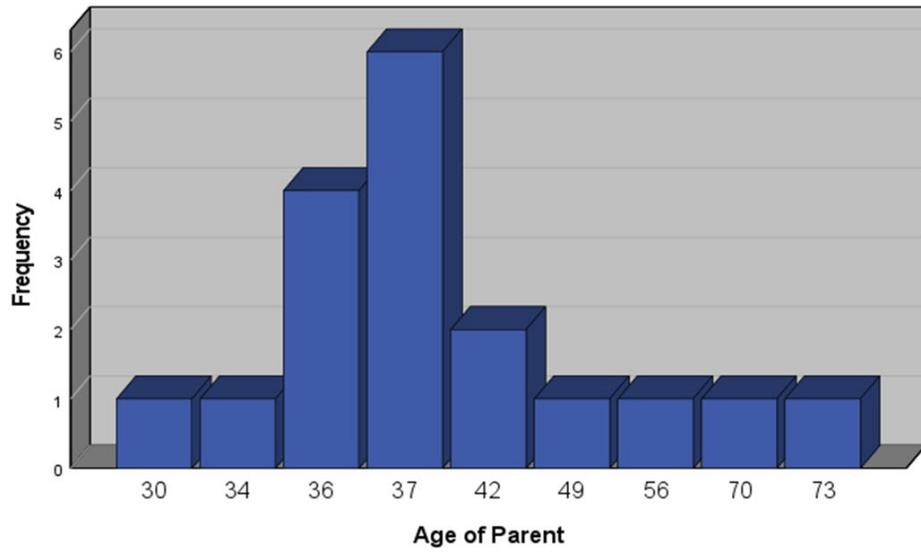


Figure 2. Age of Parent.

Disability

The survey asked one question to gain further understanding if the participants have a child with a disability. Six participants reported (33%) having a child with a disability, 11 reported (61.1%) do not have a child with a disability, and 1 (5.5%) did not report either way. One participant reported their child having the disability of ADHD, OCD, and schizophrenia (5.6%), one reported their child having dyslexia (5.6%), two parents reported their child having Autism Spectrum disorder (11.6%), and one parent reported their child having Seizures (5.6%), and one parent reported their child having reactive attachment disorder, schizoaffective disorder, OCD, ADD (5.6%). Twelve parents reported their child having no disability (66.7%).

Child-Parent Relationship Scale

The researcher used the CHILD-PARENT RELATIONSHIP SCALE by Robert C. Pianta. This survey is used to measure feelings of attachment between parent and child. Questions were asked such as whether they share an affectionate, warm relationship with my child, and participants are required to rate these questions on a scale from Definitely does not apply (1), Not really (2), Neutral not sure (3), Applies somewhat (4), and Definitely applies (5).

When asked to rate if "I share an affectionate, warm relationship with my child." 5.6% reported definitely does not apply, 5.6% reported applies somewhat, and 88.9%

reported definitely applies. Participants were asked to rate “My child and I always seem to be struggling with each other” with 61.1% stating not really, 33.3% stating applies somewhat, and 5.6% stating definitely applies. Participants were asked to rate “If upset, my child will seek comfort from me” with 5.6% reporting definitely does not apply, 22.2% stating applies somewhat, 72.2% stating definitely applies.

Participants were asked to rate if “My child is uncomfortable with physical affection or touch from me” with 55.6% definitely does not apply, 22.2% report not really, 11.1% applies somewhat, and 11.1% definitely applies. Participants were asked to rate if “My child values his/her relationship with me” 5.6% reporting definitely does not apply, 11.1% stating applies somewhat, 83.3% stating definitely applies. Participants were asked to rate if “when I praise my child, he/she beams with pride” with 5.6% reporting not really, 11.1% reporting neutral not sure, 27.8% reporting applies somewhat, and 55.6% reporting definitely applies. Participants were asked to rate if “my child spontaneously shares information about himself/herself” with 38.9% reporting applies somewhat and 61.1% reporting definitely applies.

Participants were asked to rate if “my child easily becomes angry at me” with 5.6% reporting definitely does not apply, 27.8% reporting not really, 11.1% reporting neutral not sure, 33.3% reporting applies somewhat, and 22.2% reporting definitely applies. Participants were asked to rate if “it is easy to be in tune with what my child is feeling” with 11.1% reporting definitely does not apply,

11.1% reporting not really, 5.6% reporting neutral not sure, 38.9% reporting applies somewhat, and 33.3% reporting definitely applies. Participants were asked to rate if “my child remains angry or is resistant after being disciplined” with 5.6% reporting definitely does not apply, 27.8% reporting not really, 5.6% reporting neutral not sure, 38.9% reporting applies somewhat, and 22.2% reporting definitely applies.

Participants were asked to rate if “dealing with my child drains my energy” with 5.6% reporting definitely does not apply, 22.2% reporting not really, 11.1% reporting neutral not sure, 44.4% reporting applies somewhat, and 16.7% reported definitely applies. Participants were asked to rate if “when my child is in a bad mood, I know we're in for a long and difficult day” with 5.6% reporting definitely does not apply, 27.8% reporting not really, 11.1% reporting neutral not sure, 44.4% reporting applies somewhat, and 11.1% reporting definitely applies.

Participants were asked to rate if “my child's feelings toward me can be unpredictable or can change suddenly” with 5.6% reporting definitely does not apply, 33.3% not really, 16.7% reporting neutral not sure, 33.3% reporting applies somewhat, and 11.1% reporting definitely applies. Participants were asked to rate if “my child is sneaky or manipulative with me” with 22.2% reporting definitely does not apply, 44.4% reporting not really, 5.6% reporting neutral not sure, 16.7% reporting applies somewhat, and 11.1% reporting definitely applies. Participants were asked to rate if “my child openly shares his/her feelings and experiences with me” with 5.6% reporting not really, 5.6% reporting neutral not

sure, 33.3% reporting applies somewhat, and 55.6% reporting definitely applies.

See table 1.

Table 1. CHILD-PARENT RELATIONSHIP SCALE Survey

Variable		Frequency (N)	Percentage (%)
I share an affectionate, warm relationship with my child.	Definitely does not apply	1	5.6%
	Not really	0	0%
	Neutral, not sure	0	0%
	Applies somewhat	1	5.6%
	Definitely applies	16	88.9%
		0	0%
My child and I always seem to be struggling with each other.	Definitely does not apply	0	0%
	Not really	11	61.1%
	Neutral, not sure	0	0%
	Applies somewhat	6	33.3%
	Definitely applies	1	5.6%
If upset, my child will seek comfort from me.	Definitely does not apply	1	5.6%
	Not really	0	0%
	Neutral, not sure	0	0%
	Applies somewhat	4	22.2%
	Definitely applies	13	72.2%
My child is uncomfortable with physical affection or touch from me.	Definitely does not apply	10	55.6%
	Not really	4	22.2%
	Neutral, not sure	0	0%
	Applies somewhat	2	11.1%
	Definitely applies	2	11.1%
My child values his/her relationship with me.	Definitely does not apply	1	5.6%
	Not really	0	0%
	Neutral, not sure	0	0%
	Applies somewhat	1	11.1%
	Definitely applies	15	83.3%

My child spontaneously shares information about himself/herself.	Definitely does not apply	0	0%
	Not really	0	0%
	Neutral, not sure	0	0%
	Applies somewhat	7	38.9%
	Definitely applies	11	61.1%
My child easily becomes angry at me.	Definitely does not apply	1	5.6%
	Not really	5	27.8%
	Neutral, not sure	2	11.1%
	Applies somewhat	6	33.3%
	Definitely applies	4	22.2%
It is easy to be in tune with what my child is feeling.	Definitely does not apply	2	11.1%
	Not really	2	11.1%
	Neutral, not sure	1	5.6%
	Applies somewhat	7	38.9%
	Definitely applies	6	33.3%
My child remains angry or is resistant after being disciplined.	Definitely does not apply	1	5.6%
	Not really	5	27.8%
	Neutral, not sure	1	5.6%
	Applies somewhat	7	38.9%
	Definitely applies	4	22.2%
Dealing with my child drains my energy.	Definitely does not apply	1	5.6%
	Not really	4	22.2%
	Neutral, not sure	2	11.1%
	Applies somewhat	8	44.4%
	Definitely applies	3	16.7%
When my child is in a bad mood, I know we're in for a long and difficult day.	Definitely does not apply	1	5.6%
	Not really	5	27.8%
	Neutral, not sure	2	11.1%
	Applies somewhat	8	44.4%
	Definitely applies	2	11.1%
My child's feelings toward me can be	Definitely does not apply	1	5.6%
	Not really	6	33.3%
	Neutral, not sure	3	16.7%

unpredictable or can change suddenly.	Applies somewhat	6	33.3%
	Definitely applies	2	11.1%
My child is sneaky or manipulative with me.	Definitely does not apply	4	22.2%
	Not really	8	44.4%
	Neutral, not sure	1	5.6%
	Applies somewhat	3	16.7%
	Definitely applies	2	11.1%
My child openly shares his/her feelings and experiences with me.	Definitely does not apply	0	0%
	Not really	1	5.6%
	Neutral, not sure	1	5.6%
	Applies somewhat	6	33.3%
	Definitely applies	10	55.6%

Presentation of Findings

An independent sample t-test was performed to determine if there was a significant difference in levels of perceived conflict or levels of perceived closeness based on the disability status of the child (yes or no). The findings were not significant, and the null hypothesis that there would be no significant difference based on the disability of the child is retained.

CHAPTER FIVE

DISCUSSION

Introduction

In this chapter, we will discuss research findings and results. This chapter will also discuss the research findings and implications for the social work profession. This section will also examine the strengths and limitations of the study. And finally, it will address any recommendations for future research.

Discussion

The study's objective was to gain further knowledge about how having a child with a disability impacts attachment between the child and their parents? The study resulted in no significant difference in levels of perceived conflict. This did not support the research hypothesis that having a child with a disability would negatively impact parent-child attachment. This study resulted in no significant difference in a parent's perception of their attachment to their child. As having a child with a disability is so prevalent as mentioned previously (cite here, and remind reader how common it is) these results can be encouraging to parents that have children with a disability. Muddle et al. (2021) suggested that parenting a child with a disability could lead to a disruption in the child's attachment to their parents, but this was not supported in this study. Muddle and colleagues.(2021), also suggested that communication conflict could also be consequential to parent-child attachment, but that was not established in this study. Findler et al.

(2016) found that parenting a child with a disability can be stressful, which could negatively impact parent-child attachment. This was not found in this study.

Patrick-Ott (2011), concluded that chronic sorrow could also impact parent-child attachment, but this did not appear to impact these study participants.

Limitations of Study Design

The greatest limitation to this study was the sample size (Morris, 2014). There were only eighteen participants in this study, leading to the research not being able to be generalized to the greater public. Increasing the sample size to include a wider range of families and children with different disabilities would improve the generalizability of this study. This sample size was also only taken from parenting groups on Facebook, leaving out a large part of the population that does not have Facebook or parents that do have Facebook but do not join parenting groups. This also limits the results to include a small population of parents that have Facebook and also that join parenting groups.

A second limitation of sample size is inadequate power for analysis, leading to a high chance of a Type II error. The smaller the sample size, the larger the difference that must be present between groups for a test to have a significant finding. In this case, having a sample size of 18 meant that the difference in attachment scores would have to be quite large to find a difference on an Independent Samples t-test.

In addition the limited number of questions could have led to a limited understanding of the parent-child attachment. Having more than one measure of

attachment, or measures of other aspects of attachment would have been useful. Increasing the number of questions could help the researcher gain a better understanding of each family's individual parent-child attachment. As well, this research was expansive in the type of disabilities that were qualifying for the study. If the research had been limited to one type of disability, such as a speech delay, then the research would have gained a better understanding of how that disability can affect parent-child attachment. As this research included participants that have children with all types of developmental disabilities, this research cannot be generalized to a certain disability.

Recommendations for Social Work Practice, Education, and Research

The implications of findings for social work practice, education, and research were limited due to the limited sample size, but there are still recommendations to be made. This research would recommend social worker graduate students and practicing social workers learn more about families with children with disabilities. It is important to know that children with disabilities and their families have similar issues as parents of typically functioning children they fight about independence, disagree about goals, and values. In both groups of families, the children reached out to their parent for support when upset, discussed life with their parents, and valued their relationship. Also, parenting can be challenging whether your child has a disability or not, so it is important for social workers to help provide support to the parents to help them feel uplifted in their parenting process. Social workers should expect to work with families where

a child has a disability. Although much of what families where a child has a disability may be similar to any other family, there may be aspects of their lives that are different, and require specialized training or knowledge such as training working with children with severe autism, trainings working with children that have speech delay, etc.

From the findings of this research, there are some recommendations to be made in education. More education on supporting families with disabilities is vital to the social work field. As mentioned previously (National Health Interview Survey, 2017), a large portion of our population has a disability. Therefore, social workers will be working with persons with disabilities. But little social work education is revolved around treating individuals with disabilities (Ogden et al., 2017). It is essential to have more of a focus on this education on this topic because it will become and is so prevalent in the social work field.

Also, based on this study, research recommendations for research can be made. As mentioned previously, limited research has been conducted on this topic (Findler et al., 2016), although more and more children are being diagnosed with a disability (Zablotsky et al., 2019). Due to this research's small sample size, it is recommended that this research be conducted with larger sample size. As well, more research on similar issues is needed for this field to have a greater understanding of how to support families with children with disabilities. Future research is needed on parent-child attachment when parenting a child with a disability. Also, research focused on specific disabilities and parent-child

attachment would be very informative such as a study done only on families with children that have a speech impediment.

Conclusion

In conclusion, this study sought to gain further knowledge of parent-child attachment when parenting a child with a disability. This research concluded that there were no identifiable differences in a parent's feelings regarding their parent-child attachment when parenting a child with a disability or without a disability. Although, this research was limited in its sample size which limits its generalizability for the whole population. Further research will need to be done with larger sample size and possibly with specific developmental disabilities. Due to the fact that there is large population of children with disabilities, it is important for social workers to have further knowledge about this field, so they are able to help serve a wide range of clients. It is also important to know that many families have similar issues and struggles if they have a child with a disability or do not have a child with a disability.

APPENDIX A
CHILD-PARENT RELATIONSHIP SCALE
ROBERT C. PIANTA

Child: _____ Age: _____
 Parent: _____

Please reflect on the degree to which each of the following statements currently applies to your relationship with your child. Using the scale below, circle the appropriate number for each item.

Definitely does not apply 1	Not really 2	Neutral, not sure 3	Applies somewhat 4	Definitely applies 5
-----------------------------------	--------------------	---------------------------	--------------------------	----------------------------

1.	I share an affectionate, warm relationship with my child.	1	2	3	4	5
2.	My child and I always seem to be struggling with each other.	1	2	3	4	5
3.	If upset, my child will seek comfort from me.	1	2	3	4	5
4.	My child is uncomfortable with physical affection or touch from me.	1	2	3	4	5
5.	My child values his/her relationship with me.	1	2	3	4	5
6.	When I praise my child, he/she beams with pride.	1	2	3	4	5
7.	My child spontaneously shares information about himself/herself.	1	2	3	4	5
8.	My child easily becomes angry at me.	1	2	3	4	5
9.	It is easy to be in tune with what my child is feeling.	1	2	3	4	5
10.	My child remains angry or is resistant after being disciplined.	1	2	3	4	5
11.	Dealing with my child drains my energy.	1	2	3	4	5
12.	When my child is in a bad mood, I know we're in for a long and difficult day.	1	2	3	4	5
13.	My child's feelings toward me can be unpredictable or can change suddenly.	1	2	3	4	5
14.	My child is sneaky or manipulative with me.	1	2	3	4	5
15.	My child openly shares his/her feelings and experiences with me.	1	2	3	4	5

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APPENDIX B
INFORMED CONSENT

INFORMED CONSENT

Project Title: Parent-Child attachment

INVITATION TO PARTICIPATE IN RESEARCH STUDY:

The study in which you are being asked to participate is designed to investigate examine the impact of parenting a child with a disability on parent-child attachment. This study is being conducted by Julianna Zocchetti under the supervision of Carolyn McAllister, Director and Professor CSUSB School of Social Work, California State University, San Bernardino. This study has been approved by the Institutional Review Board, California State University, San Bernardino.

PURPOSE:

Parent-child attachment is a commonly researched topic, but parent-child attachment when a child has a disability has had a limited amount of research conducted. This study seeks to examine the impact of parenting a child with a disability on parent-child attachment.

DESCRIPTION:

The participant will be asked to complete a survey on the Survey Monkey Platform. This survey will ask questions about parent-child attachment. After survey is complete the results will be posted on the Facebook forum page.

PARTICIPATION:

Your participation is completely voluntary, and you do not have to answer any questions you do not wish to answer. You may skip or not answer any questions and can freely withdraw from participation at any time.

ANONYMOUS:

This research is completely anonymous and no identifiable information will be gathered. This data is data recorded so that the information can never be linked to the participant who supplied it.

DURATION:

APPENDIX C
IRB APPROVAL

IRB Approval Email

9/7/22, 11:58 AM

CoyoteMail Mail - IRB-FY2022-182 - Initial: IRB Admin./Exempt Review Determination Letter



Giulianna Zocchetti <007181103@coyote.csusb.edu>

IRB-FY2022-182 - Initial: IRB Admin./Exempt Review Determination Letter

1 message

do-not-reply@cayuse.com <do-not-reply@cayuse.com>
To: 007181103@coyote.csusb.edu, cmcallis@csusb.edu

Fri, Mar 4, 2022 at 3:12 PM



March 4, 2022

CSUSB INSTITUTIONAL REVIEW BOARD
Administrative/Exempt Review Determination
Status: Determined Exempt
IRB-FY2022-182

Carolyn McAllister Giulianna Zocchetti
CSBS - Social Work
California State University, San Bernardino
5500 University Parkway
[San Bernardino, California 92407](https://www.csusb.edu)

Dear Carolyn McAllister Giulianna Zocchetti:

Your application to use human subjects, titled "PARENT-CHILD ATTACHMENT WHEN PARENTING A CHILD WITH A DISABILITY " has been reviewed and determined exempt by the Chair of the Institutional Review Board (IRB) of CSU, San Bernardino. An exempt determination means your study had met the federal requirements for exempt status under 45 CFR 46.104. The CSUSB IRB has weighed the risks and benefits of the study to ensure the protection of human participants.

This approval notice does not replace any departmental or additional campus approvals which may be required including access to CSUSB campus facilities and affiliate campuses. Investigators should consider the changing COVID-19 circumstances based on current CDC, California Department of Public Health, and campus guidance and submit appropriate protocol modifications to the IRB as needed. CSUSB campus and affiliate health screenings should be completed for all campus human research related activities. Human research activities conducted at off-campus sites should follow CDC, California Department of Public Health, and local guidance. See CSUSB's [COVID-19 Prevention Plan](#) for more information regarding campus requirements.

You are required to notify the IRB of the following as mandated by the Office of Human Research Protections (OHRP) federal regulations 45 CFR 46 and CSUSB IRB policy. The forms (modification, renewal, unanticipated/adverse event, study closure) are located in the Cayuse IRB System with instructions provided on the IRB Applications, Forms, and Submission webpage. Failure to notify the IRB of the following requirements may result in disciplinary action. The Cayuse IRB system will notify you when your protocol is due for renewal. Ensure you file your protocol renewal and continuing review form through the Cayuse IRB system to keep your protocol current and active unless you have completed your study.

- **Ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study.**
- **Submit a protocol modification (change) if any changes (no matter how minor) are proposed in your study for review and approval by the IRB before being implemented in your study.**

<https://mail.google.com/mail/u/2/?ik=41638700cb&view-pt&search-all&permthid=thread-f%3A1726412809031955413&siml-msg-f%3A1726412809...> 1/2

9/7/22, 12:02 PM

CoyoteMail Mail - IRB-FY2022-182 - Initial: IRB Admin./Exempt Review Determination Letter

- **Notify the IRB within 5 days of any unanticipated or adverse events are experienced by subjects during your research.**
- **Submit a study closure through the Cayuse IRB submission system once your study has ended.**

If you have any questions regarding the IRB decision, please contact Michael Gillespie, the Research Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at mgillesp@csusb.edu. Please include your application approval number IRB-FY2022-182 in all correspondence. Any complaints you receive from participants and/or others related to your research may be directed to Mr. Gillespie.

Best of luck with your research.

Sincerely,

Nicole Dabbs

Nicole Dabbs, Ph.D., IRB Chair
CSUSB Institutional Review Board

ND/MG

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