

User's Manual: Kansas Inventory of Parental Perceptions

Measures of Perceptions of Parents
Who Have Children with
Special Needs



KIPP

Kansas Inventory of Parental Perceptions

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The University of Kansas
1992

Directions:

There are four sections in this booklet. All of the items in each section have to do with your child or adult family member with a disability. Directions for responding to the items are given at the beginning of each section.

The items are easy to respond to and should take about 20 minutes to complete. There are no “right” or “wrong” responses for any of the items. We ask only for your honest responses to each of the items.

Please note: In **Section One** there are seven items that are preceded by an asterisk (*). Please respond to these items only if your child with a disability is age four or older. Please be sure to respond to all of the items in **Sections Two, Three, and Four**.

The development and validation of the KIPP was supported by the National Institute for Disability and Rehabilitation Research (Grant #G008720074).

Acknowledgements

The Family Perceptions Research Project was supported by a grant from the National Institute on Disability and Rehabilitation Research (NIDRR), Grant #G008720074. Particular recognition is given to Ann P. Turnbull and H. Rutherford Turnbull, III, Co-Directors of the University of Kansas Beach Center on Disability, for their support in making this publication possible; to Naomi Karp for the assistance she provided as Project Officer (NIDRR); and to Nona Tollefson, Chairman of the University of Kansas Department of Educational Psychology, for her guidance in designing these measures.

Appreciation

The authors extend their grateful appreciation to Kathy Johnson and the members of Families Together (Topeka, Kansas) for their valuable contributions to this research; to Carma Paden of the Beach Center on Disability for her time and talent in designing and producing this manual; to Laurie Ford and Chris Bui, our research assistants; and to Cathy McClure, our secretary.

The authors consider these scales to be still under refinement and would appreciate an abstract of any study done using the measures published in this manual so that a bibliography can be developed.

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Introduction

Measures of Perceptions of Parents Who Have Children with Special Needs

Researchers have begun to look beyond identifying stressors and the negative impact of disability on families. Instead, they are beginning to investigate factors related to coping successfully with the disability of a family member. Parental perceptions are considered to be among those factors associated with successful coping.

The Kansas Inventory of Parental Perceptions (KIPP) was designed to measure four domains of perceptions among parents who have children or adult sons and daughters with disabilities:

1. **Positive Contributions:** Perceiving that the family member with a disability is a source of positive contributions.
2. **Social Comparisons:** Comparing oneself, one's family, and/or the family member with a disability with similar or dissimilar others.
3. **Causal Attributions:** Attributing the family member's disability to a particular cause or reason.
4. **Mastery/Control:** Perceiving that one has control over the situation or the power to influence outcomes for the family member with a disability.

Since various dimensions of these perceptions might be differentially related to coping, the measures were designed to yield scores for several dimensions of each perception. For example, comparing oneself favorably or unfavorably with others will, most likely, be related to successful and unsuccessful coping, respectively. Figure 1 identifies the underlying dimensions of parental perceptions measured by the instruments.

These instruments are intended for use in research only and *should not be used for clinical purposes*. They were developed for use among parents of children and adults with disabilities. Researchers are invited to use or adapt the instruments for use in similar or different populations to investigate the roles that perceptions play in cognitive adaptation to disability and chronic illness across the lifespan. Instruments may be found in Appendix B.

Theoretical Base for Instruments

Two theoretical frameworks provided the conceptual base for developing the four perceptions instruments and investigating their relationship to measures of stress and family well-being: cognitive adaptation theory and family stress and coping theory.

Figure 1. Underlying dimensions of the four perceptions

Positive Contributions	Social Comparisons	Causal Attributions	Mastery/Control
<ul style="list-style-type: none"> • Learning through experience with special problems • Happiness and fulfillment • Personal strength and family closeness • Understanding life's purposes • Personal growth and maturity • Awareness of future issues • Expanded social network • Career or job growth • Pride and cooperation 	<ul style="list-style-type: none"> • Similar comparison • Downward comparison • Upward, favorable comparison • Upward, unfavorable comparison 	<ul style="list-style-type: none"> • Fate or chance • Special purpose • Physiologic cause • Professional blame • Self-blame 	<ul style="list-style-type: none"> • Personal control • Professional control

Cognitive Adaptation Theory

Cognitive adaptation theory (Taylor, 1983; Taylor, Lichtman, & Wood, 1984) proposes that individuals respond to personally threatening events in their lives through a process of adjustment that involves the resolution of three cognitive themes: a search for meaning in the event, an attempt to achieve control over the event, and an attempt to enhance self-esteem. Specific cognitions are associated with each cognitive theme. Successful resolution of these themes depends on the individual's ability to form and maintain a set of illusions. Illusions are not necessarily the opposite of known facts, but represent a way of looking at the known facts in a particular light because a different perspective would produce a less positive picture. Positive illusions are associated with happiness or contentment, the ability to care for others, and the capacity for creative, productive work. Illusions can create self-fulfilling prophecies that serve to encourage individuals to try harder when they find themselves in situations that, from an objective perspective, have poor probabilities for successful outcomes (Taylor & Brown, 1988).

Searching for meaning. Two types of cognitions are associated with this theme. One is a causal analysis to explain why the event happened and what caused it. The second is causal meaning to evaluate what meaning the event has in the context of life.

Perceiving mastery or control. Two types of cognitions associated with mastery or control include direct and indirect control. Direct control refers to a belief that one can personally take active steps to control the course of the event or to prevent it from recurring. Indirect control refers to the belief that, while one may not have personal control over the event or its recurrence, it can be controlled by others (e.g., physicians, treatments). A balanced perception of direct and indirect control is associated with positive adjustment.

Enhancing self-esteem. The cognitive mechanisms associated with this theme include downward social comparisons, upward social comparisons, and construing positive benefits. These mechanisms serve to strengthen the ability to focus on the beneficial qualities of a situation and to limit in one's own mind and in the minds of others the perception that one is a victim. Downward social comparison is a self-enhancing comparison that is made between oneself and others perceived to be less fortunate. Upward social comparison is a comparison made between oneself and others who may be perceived to be doing somewhat better, in an effort to learn how to cope more effectively. Construing positive benefits is the perception that one has profited from the event. The theoretical relationship between the four perceptions measured by the KIPP and the hypothesized outcomes is illustrated in Figure 2.

Family Stress and Coping Theory

The ABCX model. The basic concept of the ABCX family crisis model (Hill, 1949, 1958) proposes that Factor A (the stressor event), interacting with Factor B (the family's crisis-meeting resources), and interacting with Factor C (the family's definition of or their perceptions of the stressor event), produces Factor X (the crisis). The focal point of this model is the interaction between the pre-crisis variables A, B, and C, their influence on Factor X, and their role in accounting for the differing ability of families to cope with the aftermath of stressor events or transitions. These pre-crisis variables determine if a crisis will result and, if so, what the extent of the crisis will be.

The Double ABCX model. McCubbin & Patterson (1982) expanded on Hill's ABCX family crisis model and identified the key dimensions of family *post*-crisis behavior involved in adaptation.

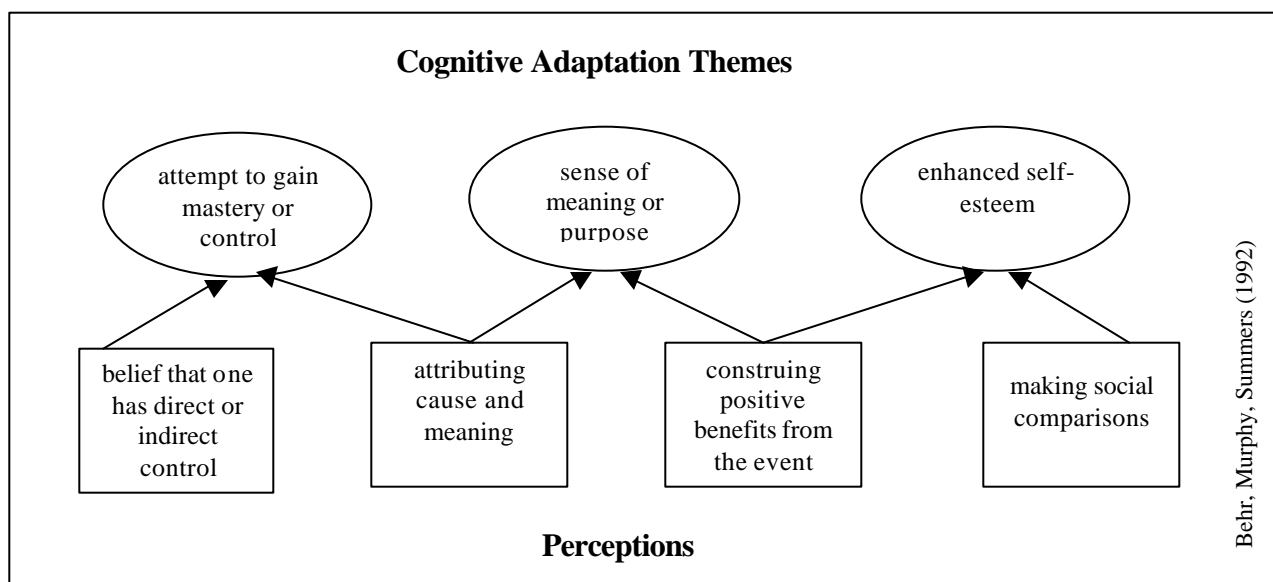


Figure 2. Theoretical relationships of four perceptions to cognitive adaptation themes

The post-crisis variables provide a more precise understanding of why some families are able to cope more effectively with hardship than are others. The central concept in this model, family adaptation, is the result of the family's effort to reach a new level of balance following a family crisis (McCubbin & Patterson, 1983). Adaptation represents a new level of functioning that is achieved, over time, through the adjustment process and that serves to maintain family unity, to facilitate the well-being of individual family members, and to enhance the family system.

Perception, represented by Factor cC, includes the family's perceptions of the stressor event, the degree of stress they associate with the event before and the after the crisis, the number of events that have accumulated in their lives, and the meaning they give to their entire family situation. Redefining the situation and endowing it with meaning and with religious beliefs are associated with Factor cC.

Stress. Stress is a principal concept in the ABCX and Double ABCX models. It is characterized by tension, the by-product of the imbalance that emerges when the demands made on the family exceed their capability to meet them (McCubbin & McCubbin, 1987). The continuing tension created by unresolved stress may result in family crisis and stress-related illness among individual family members. Stress may not reach crisis proportions if the family is able to use existing resources and define the situation in a way that serves to resist change in the family system (McCubbin & Patterson, 1983). The relationship between perceptions associated with cognitive adaptation and Factor cC of the Double ABCX model is illustrated in Figure 3.

Summary

Cognitive adaptation theory provided the conceptual framework for developing the four perceptions instruments to measure perceptions, to examine their role as coping strategies, and to investigate their relationship to positive adaptation among parents of children and adult sons and daughters with disabilities. The ABCX and Double ABCX models served as the theoretical framework for developing and testing hypotheses to investigate the role of perceptions, Factor C.

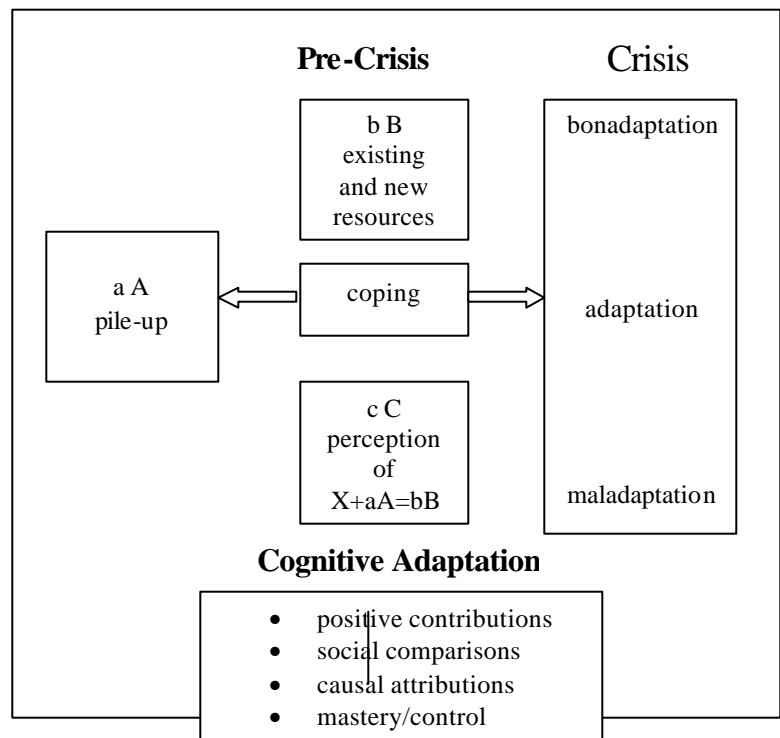


Figure 3.
Theoretical relationship between Double ABCX model and perceptions associated with cognitive adaptation

Instrument Development

The four measures of perceptions in the KIPP were developed in three phases of activities. In the first phase, items were generated either from grounded theory procedures or from exhaustive reviews of research and theoretical literature. Items were then compiled into instruments. In the second phase, the measures were submitted to item analyses and an exploratory factor study for the purpose of instrument revision. In the third phase, evidence for validity and reliability of the instruments was collected in a large-scale study involving over 1,200 parents in 34 states of the United States. These instrument development activities are described in this section.

Phase I: Item Generation

Positive Contributions

At the time the first draft of this instrument was developed, evidence for positive contributions was found only in clinical and anecdotal sources; no theoretical or empirical research literature was available. Therefore, initial conceptualization and item generation for the first draft, the Positive Contributions Survey (PCS), depended heavily on grounded theory techniques for data collection and analysis. Personal interviews were conducted with parents of children and adults, with and without disabilities, using open-ended questions to generate an item pool of 206 statements. These statements were coded and assigned to 1 of 16 categories of positive contributions, 6 of which had been reported earlier by Turnbull, Guess, and Turnbull (1988).

Pilot tests were conducted to determine the applicability of items on the PCS across all age groups and the degree of threat or item offensiveness. Items were revised or deleted based on their offensiveness, the degree to which they contributed to the overall reliability of the scale, and the mean and standard deviation of the item in relation to the other items in the scale. These procedures resulted in a 64 item measure of positive contributions (Behr, 1990).

Social Comparisons

The body of literature on social comparisons, dating back some 30 years, was reviewed in the design of the social comparisons measure. The framework for item generation was organized by two dimensions identified by social comparisons theorists and researchers: (1) directionality and (2) target of comparison. A third dimension was introduced by the instrument designers to account for the emotional impact of the comparison.

Directionality refers to the tendency to make upward comparisons (viewing others as better off than oneself), downward comparisons (viewing others as worse off), and similar (lateral) comparisons (viewing others as the same). Relevant *targets of comparison* for the population of parents of children with disabilities were hypothesized to be the parent, the family, and the child with a disability. Finally, *emotional impact* included favorable (feeling better about one's self or situation) and unfavorable (feeling worse) perceptions. The initial 25 item instrument consisted of two items, one favorable and one unfavorable, for each category in a 3 x 3 framework of direction and target, and several noncomparison or neutral items (e.g., "I don't compare myself with other people.").

Causal Attributions

The causal attributions instrument was constructed using a two-dimension framework identified by attribution theorists. The first, *locus*, or internality/externality, pertains to the one's perceptions that an event (e.g., the child's disability) was caused by oneself or by outside forces. The second dimension, *stability*, has to do with one's assessment that the event is either changeable or not.

The 24 item measure included statements of possible causes of a child's disability that reflected these two dimensions and items related to common attributions of such causes as fate, God's will, chance, destiny, or "no purpose" (Bulman & Wortman, 1977).

Mastery/Control

Several definitional frameworks have been proposed for understanding mastery/control, but no single approach was judged to be sufficient for the purposes of KIPP instrument development. Therefore, several dimensions suggested by theorists were used (Averill, 1973; Miller, 1979; Thompson, 1981).

The first dimension, *type of control*, refers to specific behaviors believed to result in gaining mastery over an event:

- obtaining information about the nature of the child's disability, treatment, and educational opportunities (information control)
- perceiving that one can manage the child's treatment and educational programs (management control)
- taking part in treatments and training (participation control)
- perceiving that one has control over the decisions that are made for and about the child (decisional control)

A second dimension, *source of control*, referred to control by oneself, professionals, and others who are not professionals (e.g., family members and friends). Finally, recent research shows that perceived sources of control interact with the *temporal aspect of control*, perceptions of control over long- and short-term outcomes. (Affleck, Tennen, Pfeiffer, & Fifield, 1987). Twenty-four items were generated by use of this three-dimensional framework.

Phase II: Factor Study

In the second phase of instrument development, an exploratory factor study was conducted to obtain parsimonious solutions for revision of the four instruments. Three additional purposes were addressed in this study: (a) identify the critical dimensions of the untested theoretical constructs used in instrument development, (b) examine the social desirability of items, and (c) investigate the relationship of mastery/control items with a locus of control measure.

Instrument packets, including the four KIPP measures, a short form of the Marlowe-Crowne Social Desirability Scale (Reynolds, 1982), Rotter's (1966) Locus of Control Scale, and a set of demographic questions, were mailed to a sample of parents in Kansas. Of the 305 parents who agreed to take part in the study, 268 parents completed and returned their instrument packets. Among these respondents there were almost equal numbers of parents of children with and without disabilities, and their children represented the lifecycle stages of preschool, school-age, and adulthood.

To identify the critical dimensions of the four instruments, data for each were subjected to principal components analyses with orthogonal (Varimax) rotations. Results of these analyses were a primary source of information for item revision. Items were deleted if they were not clearly related to a single factor or if they had weak relationships with all factors. With the exception of the positive contributions measure, items with significant correlations with social desirability were also deleted. Results of these and other analyses are summarized below.

Positive Contributions

Twenty-four items were correlated with social desirability and were removed from the data matrix. Five factors, accounting for 49.7% of the scale variance, were identified by factor rotation. Names assigned to these factors were based on a logical synthesis that described the relationship between the items in the factors and the positive contributions categories with which items were associated: *Source of Happiness and Love*, *Family Strength*, *Personal Growth and Maturity*, *Pride and Cooperation*, and *Learning through Experience with Special Problems in Life* (Behr, 1990).

Of the items correlated with social desirability, 16 originated from categories of positive contributions represented in the five-factor structure. The remaining 8 items originated from two categories of positive contributions not represented in this structure: *Strengthening Religious Faith* and *Expanded Social Network*. Findings associated with socially desirable responding, as measured by the Marlowe-Crowne Scale, have led other researchers (Crmic, Friedrich, & Greenberg, 1983) to suggest that socially desirable responding may be theoretically linked to the coping processes among families of children with developmental disabilities. To further investigate this possibility, all 24 items were retained in the 52 item revised scale.

Social Comparisons

The four factors identified for the Social Comparisons instrument appeared to confirm the saliency of the dimensions of *direction* (upward, downward, similar) and *emotional impact* (favorable or unfavorable impact). The *target of comparison* did not appear to be salient. The revised scale included 18 items.

Causal Attributions

Analyses did not confirm the original framework used for generating items for the Causal Attributions instrument. Instead, five factors were produced that appeared to identify the type of cause (e.g., self or professionals) or the meaning associated with the disability (e.g., some special purpose). The revised scale included 15 items.

Mastery/Control

The six factors identified in the analyses confirmed the theoretical dimensions used in the design of the instrument, with the exception of *control by others* (nonprofessionals) and *information control*. No significant relationship was found between scores on this measure and locus of control. Twenty items were retained in the revised measure.

Phase III: Validation Study

The purpose of the validation study was to investigate the construct validity and reliability of the revised instruments and to explore relationships between perceptions and measures of stress and family well-being. A mail survey design was used for data collection.

The sampling plan was designed to include parents of children and adults with disabilities from all ten federal regions of the United States, including those from underrepresented minority groups and various levels of socioeconomic status (low, medium, high). Private and public agencies serving children and adults with disabilities were the initial point of contact between the project and parents in the sample frame. These 48 agencies mailed information about the study, including their individual letters of support, to a predetermined number of parents (N = 2,705) with children and/or adult clients enrolled in their programs. For purposes of comparison, a similar plan was designed to obtain a smaller sample of parents (N = 100) of children and adults without disabilities.

The 1,262 respondents from 34 states included 806 mothers and 431 fathers (of these, 369 married couples were represented), as well as 25 step-parents, foster parents, grandparents, and guardians. Their 895 children and adult sons and daughters with disabilities ranged in age from birth to five years (27%), 6 to 12 years (25%), and 12 years to adulthood (48%). The most frequently reported disability diagnosis was mental retardation (65%). The most frequently reported level of disability was mild or moderate (61%), and 39% were reported to be severe or profound.

Instruments

Mail survey packets included the four revised KIPP measures, a short form of the Marlowe-Crowne Social Desirability Scale, the Family APGAR (Smilkstein, 1988), relevant portions of the Brief Computerized Stress Inventory (CSI) (Press & Osterkamp, 1986), and a set of demographic questions.

The Family APGAR is a measure of general satisfaction with one's family as a nurturing and supportive unit. The CSI was designed as an extensive psycho-social assessment; that is, it was designed to be a stress and coping checkup for normal, healthy adults or for people dealing with

typical lifestyle problems, high levels of stress, or other similar difficulties. It was not designed for people who are severely disturbed (Press, personal communication, 1990).

The CSI was selected because cognitive adaptation theory predicted that reduced feelings of stress should result from successful coping. Therefore, successful copers should report lower stress scores and higher scores on certain measures of perceptions (e.g., some positive contributions, favorable social comparisons, mastery/control). Empirical observations of these predictions could contribute to the construct validity of KIPP measures. Because the CSI was developed for use in normal populations, its use allowed for comparisons between the disability and nondisability samples in the study. The CSI yields 26 subscale scores, not all of which were used in analyses in the validation study.

Results

Once again, principal components analyses were used to confirm the factor structures of the four KIPP measures. Results from these analyses were the basis for specifying the dimensions of parental perceptions in Figure 1 (p. 2). A brief summary of the results is below.

Positive Contributions. Since no items were found to correlate with social desirability scores, all 52 were subjected to principal components analyses. Nine factors, accounting for 57% of the scale variance, were identified and interpreted. Of these nine, five had been previously identified in the Phase II study. Logical synthesis was used to assign names to the four new factors: *Understanding Life's Purposes*, *Awareness of Future Issues*, *Expanded Social Network*, and *Career or Job Growth*. Items associated with each factor may be found in Table 1 (Appendix A). Two items with factor loadings less than .40 were eliminated from the scale, leaving 50 items in the present measure.

Social Comparisons. Principal components analyses confirmed the same four factors found in the analysis of Phase II data. These factors accounted for 50% of the scale variance. The *target of comparison* (self, family, or child) did not appear to be a salient dimension. Instead, the *direction* (upward, downward, similar) and *impact* (favorable, unfavorable) appeared to be the critical dimensions.

Causal Attributions. The same five factors identified in the analyses of field test data were identified in this phase of instrument development. These factors accounted for 70% of the variance.

Mastery/Control. Four factors, accounting for 60% of the variance, were identified in the analyses of data from the validation study. This solution differed from the six-factor solution from Phase II. In that phase, the *temporal aspect of control* (over short-term and long-term outcomes) was salient, along with the *source of control* (self, professionals, and others). In the validation phase, the temporal dimension was not found to be salient. Rather, three factors appeared to form around the *source of control* dimension. A fourth factor was identified as *Information Control*.

Two of the factors, *Control by Others* and *Information Control*, were removed from the scale because they were subsequently found to have unacceptably low reliability coefficients and were

apparently unrelated to other important variables in the validation study. The revised scale now consists of items measuring perceptions of control by oneself and professionals.

Reliability

Two methods were used to assess the reliability of KIPP subscale scores. First, internal consistency coefficients (Cronbach's alpha) were calculated. For Positive Contributions subscales, coefficients ranged from .56 to .86, with a mean coefficient of .77. For Social Comparisons subscales, coefficients ranged from .58 to .78 (mean = .66). Coefficients for Causal Attributions subscales were .86 and .87 (mean = .87). Mastery/Control coefficients ranged from .68 to .87 (mean = .79). Internal consistency coefficients are reported in Table 2 (Appendix A). In general, internal consistency of the subscales scores is judged to be adequate to good for most purposes.

Second, to examine the stability of the measures, a randomly selected subsample of 100 respondents completed the questionnaire booklet a second time about six weeks after the initial administration. Data from the 62 respondents who returned booklets were used to calculate stability coefficients for each of the subscales. For Positive Contributions subscales, coefficients ranged from .30 to .74, with a mean of .56. For Social Comparison subscales, coefficients ranged from .28 to .42 (mean = .34). Causal Attributions coefficients ranged from .35 to .90 (mean = .56), and Mastery/Control coefficients were .16 and .62 (mean = .39). Stability coefficients are reported in Table 2 (Appendix A). As expected, scores on these measures were relatively unstable, reflecting the changeable nature of perceptions of daily experiences, emotions, and moods. These low stability coefficients suggest that KIPP scores should be interpreted to describe a respondent's cognitions at a particular time and not to describe characteristic, or global, perceptions or beliefs. Caution should be exercised when interpreting results from investigations involving changes in cognitions over time.

Content Validity

Evidence for the content validity of KIPP instruments can be adduced from the procedures for developing them. For the Positive Contributions measure, no literature existed to guide instrument development. Anecdotal, clinical, and interview data were used to ascertain likely dimensions and to generate items for the measure. Extensive reviews of the theoretical and research literature were used to inform the design and item construction of the other three instruments – Social Comparisons, Causal Attributions, and Mastery/Control.

Construct Validity

Evidence of construct validity has been produced by factor analytic and correlational analyses. Theoretically grounded factors were identified in the Phase II factor study, and subscales were refined to reflect those factors. In the subsequent large-scale validation study, these same factors were largely confirmed, with the exception of the four new factors identified on the Positive Contributions instrument. Factors on the Social Comparisons, Causal Attributions, and Mastery/Control instruments were confirmed. These data supporting the statistical independence and conceptual distinctiveness of the underlying dimensions of the scales contribute to their construct validity.

Correlational analyses were conducted to examine relationships in the nomological net (Cronbach, 1955). Notable significant relationships support the construct validity of many of the subscales. For example, scores on the Positive Contributions subscale *Strength and Family Closeness* had a significant correlation with scores on the Family APGAR ($r = .30$).

Respondents who reported that their child with a disability contributed to a stronger, closer family also reported greater satisfaction with their families' functioning. Scores on the Positive Contributions subscale *Understanding Life's Purpose* were significantly correlated with scores on the Causal Attributions subscale *Special Purpose* ($r = .32$). Respondents who reported that their child had contributed to the respondents' greater understanding of life's purpose and had increased their religious faith were more likely to attribute the child's disability to God's will or some special purpose.

Finally, scores on the Social Comparisons subscale *Upward, Unfavorable Comparison* were correlated with scores on many measures reflecting dissatisfaction with one's present state. Persons who compared themselves unfavorably with those whom they believed to be better off were more depressed ($r = .43$), had a worse self image ($r = -.41$), reported fewer joys ($r = -.36$) and more frustrations ($r = .32$), felt less in charge of their lives ($r = -.34$), and felt less able to make changes in their lives ($r = -.35$). They were also less satisfied with their social relationships ($r = -.32$), family relationships ($r = -.42$), and life in general ($r = -.38$).

However, other observations were less conclusive. For example, the Mastery/Control subscale *Personal Control* was not even moderately correlated with the CSI subscales *Feeling in Charge* ($r = .21$) or *Ability to Make Changes* ($r = .13$). Positive Contributions subscale *Happiness and Fulfillment* was not, as expected, correlated with measures of life satisfaction ($r = .02$), joys ($r = .01$), frustrations ($r = -.01$), or depression ($r = -.05$).

Taken together, correlational analyses provide mixed support for the construct validity of KIPP measures. More research is needed to gather more evidence.

Uses for the KIPP

The KIPP was designed to be used only by researchers in investigations of perceptions related to coping with the challenges of caring for individuals with special needs. *Special needs* refers to physical and/or mental impairments that may be related to developmental disabilities, learning disabilities, neurologic problems (e.g., Alzheimer's Disease, stroke, head injuries), and chronic illness. The KIPP *should not* be used for clinical purposes.

The KIPP (or adaptations of it) has been used in several research studies. Brown (1989) used the Positive Contributions measure in a study of parents' perceptions of their children's contributions among parents of preschool-age children, with and without disabilities. Shaffer (1991) employed secondary analyses on data from the Family Perceptions Research Project to search for evidence of periodicity in stress for parents of children with disabilities in several age groups. The KIPP was adapted by Tebb (1992) for use in her study of cognitive coping strategies used by older spouses caring for one with Alzheimer's Disease.

Behr and Murphy (1992) used the KIPP along with other measures to investigate the effects of a workshop, Coping with Change, designed to enhance awareness of naturally occurring cognitive coping strategies among parents of young children (birth to age five) with disabilities. Finally, McDonald, Poertner, and Donner (1992) adapted the KIPP for use in a study designed to test a theoretical model of family caregiving for families of children and youth with serious emotional disabilities. The study identified determinants of family functioning and well-being and the coping strategies used by these families.

At this time, many questions about cognitive coping strategies remain to be answered. Researchers might consider using the KIPP to address the following issues and questions about cognitive coping:

Developmental Issues

1. How are cognitive coping strategies acquired? Are they learned, or are they innate?
2. Is there a predictable sequence of acquisition or manifestation of cognitive coping strategies? How is the sequence related to other developmental processes (e.g., cognitive, social/psychological)?

Functional Issues

1. What are the functional relationships among perceptions, cognitive coping strategies, and other forms of coping (e.g., behavioral, problem-focused, or emotion-focused coping)?
2. What environmental or personological conditions serve to enhance or inhibit the use of cognitive coping strategies?
3. Can the use of cognitive coping strategies be influenced by interventions (e.g., teaching or counseling)?

Theoretical Issues

1. Are perceptions (as measured by the KIPP) the strategies of cognitive coping, or are they the goals of coping?
2. Are perceptions (as measured by the KIPP) independent, or are they manifestations of more basic constructs (e.g., sense of coherence, optimism, or pessimism)?

Scoring the KIPP

The KIPP consists of four separate instruments, each measuring several aspects of a class of perceptions related to having and raising a child with a disability: Positive Contributions, Social Comparisons, Causal Attributions, and Mastery/Control. It was designed to be used as a paper-and-pencil self-report instrument, and may be administered by mail or in person in settings where anonymity or confidentiality can be assured. Caution should be exercised if the KIPP is administered in an interview setting; at this time nothing is known about its reliability and validity in that condition.

Each of the four instruments has been organized into subscales based on factors found in the principal components analyses. Subscale scores are obtained by calculating the mean for items on the subscale. Scores from the Positive Contributions, Social Comparisons, and Causal Attributions instruments are interpreted conventionally. That is, higher scores indicate that the parent agrees more strongly with items on the subscales. One can infer that higher scores are associated with greater awareness of the perceptions, stronger perceptions, or greater use of the perceptions. Higher scores on the Mastery/Control instrument indicate that the parent feels greater control over the outcomes associated with the subscale.

Scoring Instructions

For most items on the Positive Contributions, Social Comparisons, and Causal Attributions measures, convert responses to numerical values by using the following scale:

SD (STRONGLY DISAGREE) = 1
d (DISAGREE) = 2
a (AGREE) = 3
SA (STRONGLY AGREE) = 4

For Social Comparisons items 11 and 18, convert responses to numerical values by using the following scale:

SD (STRONGLY DISAGREE) = 4
d (DISAGREE) = 3
a (AGREE) = 2
SA (STRONGLY AGREE) = 1

Use the numerical values to calculate means of items in the subscales.

Positive Contributions Subscales

Learning Through Experience with
Special Problems in Life
Mean of items: 7, 16, 27, 41, 42, 43, 48

Happiness and Fulfillment
Mean of items: 8, 11, 22, 29, 33, 49

Strength and Family Closeness
Mean of items: 36, 37, 44, 45, 46, 47, 50

Understanding Life's Purpose
Mean of items: 1, 30, 34, 35

Awareness about Future Issues
Mean of items: 10, 17, 23

Personal Growth and Maturity
Mean of items: 3, 4, 5, 6, 18, 20, 21

Expanded Social Network
Mean of items: 2, 14, 32, 38, 40

Career/Job Growth
Mean of items: 9, 19, 26, 31

Pride and Cooperation
Mean of items: 12, 13, 15, 24, 25, 28, 39

Social Comparisons Subscales

Similar Comparison
Mean of items: 6, 13, 14, 16, 17

Downward Comparison:
Code Item 18 (SD = 4, d = 3, a = 2,
SA = 1)
Mean of items: 2, 3, 9, 18

Upward, Favorable Comparison
Mean of items: 1, 4, 8, 10

Upward, Unfavorable Comparison
Code Item 11 (SD = 4, d = 3, a = 2,
SA = 1)
Mean of items: 5, 7, 11, 12

Causal Attribution Subscales

Fate/Chance
Mean of items: 5, 11

Special Purpose
Mean of items: 3, 4

Physiologic Causes
Mean of items: 1, 7, 13

Professional Blame
Mean of items: 2, 6, 8, 9

Self Blame
Mean of items: 10, 12, 14, 15, 62

For items on the Mastery/Control measure,
convert responses to numerical values by
using the following scale:

A (A LOT of control) = 4
B (SOME control) = 3
C (NOT MUCH control) = 2
D (NO control) = 1

Use the numerical values to calculate means
of items in the subscales.

Mastery/Control Subscales

Personal Control
Mean of items: 2, 3, 6, 7, 9, 10, 12, 13

Professional Control
Mean of items: 1, 4, 5, 8, 11, 14

Appendix A

1: Principal Components Analysis

2: Internal Consistency and Stability Coefficients

Table 1: Principal Components Analyses

Positive Contributions, Social Comparisons, Causal Attributions, and Mastery/Control scales: factors, scale variance accounted for, subMean of items and SDs, items, and loadings.

Section One: Positive Contributions Scale

9 factors, 57% of scale variance

Source of Learning Through Experience with Special Problems in Life

Mean of items: 3.29

SD: .48

<u>Item #</u>	<u>Item</u>	<u>Factor Loading</u>
7	increased awareness of people with disabilities	.69
42	learned about mental retardation	.63
27	helps me understand people who are different	.60
43	family is more understanding about special problem	.60
41	I am more compassionate	.53
16	increased sensitivity	.51
48	other children aware of peoples' needs and feelings	.48

Source of Happiness and Fulfillment

Mean of items: 3.16

SD: .62

<u>Item #</u>	<u>Item</u>	<u>Factor Loading</u>
8	fun to be around	.75
11	kind and loving	.72
22	very affectionate	.71
29	cheers me up	.69
33	very uplifting	.67
49	have many unexpected pleasures	.47

Source of Strength and Family Closeness

Mean of items: 3.05

SD: .56

<u>Item #</u>	<u>Item</u>	<u>Factor Loading</u>
50	I am more accepting of things	.69
47	learned to adjust things I cannot change	.64
37	helps me take things as they come	.61
45	family has become closer	.56
46	more sensitive to family issues	.56
36	more in charge of ourselves as a family	.54
44	grateful for each day	.48

Cont'd

Table One, cont'd

Source of Understanding of Life's Purpose

Mean of items: 2.93 SD: .54

<u>Item #</u>	<u>Item</u>	<u>Factor Loading</u>
35	everyone has purpose in life	.55
34	all children need to be loved	.52
30	confirms my faith in God	.49
1	attend religious services more frequently	.49

Source of Awareness about Future Issues

Mean of items: 2.89 SD: .58

<u>Item #</u>	<u>Item</u>	<u>Factor Loading</u>
23	realize importance of planning for family future	.54
10	more aware and concerned for the future of humankind	.49
17	gives family a sense of continuity, a sense of history	.47

Source of Personal Growth and Maturity

Mean of items: 2.64 SD: .59

<u>Item #</u>	<u>Item</u>	<u>Factor Loading</u>
5	learned to control temper	.75
6	learned patience	.70
4	am a more responsible person	.70
3	my life has better structure	.59
18	I am more productive	.46
21	I cope better with stress and problems	.46
20	I budget my time better	.39

Source of Expanded Social Network

Mean of items: 2.50 SD: .62

<u>Item #</u>	<u>Item</u>	<u>Factor Loading</u>
40	expanded social contact with other parents	.76
38	circle of friends is larger	.74
2	met some of my best friends	.65
14	common ground with other parents	.53
32	renews my interest in participating in different activities	.41

Cont'd

Table One, cont'd

Source of Career/Job Growth

Mean of items: 2.42 SD: .65

<u>Item #</u>	<u>Item</u>	<u>Factor Loading</u>
31	gives new perspective to my job	.78
26	gives inspiration to improve my job skills	.78
19	is an advantage to my career	.69
9	am more realistic about job	.54

Source of Pride and Cooperation

Mean of items 2.21 SD: .65

<u>Item #</u>	<u>Item</u>	<u>Factor Loading</u>
25	help around the house	.84
15	helpful without having to be asked	.78
12	helpful to other family members	.78
24	able to use good judgment	.63
13	pride in child's artistic accomplishments	.62
28	pride in child's athletic ability	.60
39	child shares responsibility for doing several tasks around house	.57

Section Two: Social Comparisons Scale

4 factors, 50.4% of scale variance

Similar Comparisons

Mean of items: 2.86 SD: .40

<u>Item #</u>	<u>Item</u>	<u>Factor Loading</u>
17	my family is managing about as well as other families who have children with disabilities	.80
13	in most ways my family is pretty much like other families who have children with disabilities	.69
16	my child is making about the same progress as others with similar disabilities	.66
6	I am getting along about as well as other parents who have children with the same disability my child has	.57
14	my child's disability creates the same kinds of challenges faced by most others with a similar disability	.57

Cont'd

Table One, cont'd

Downward Comparisons

Mean of items: 2.70 SD: .41

<u>Item #</u>	<u>Item</u>	<u>Factor Loading</u>
18	it doesn't make me feel any better about my child's disability when I think about other children who have more severe disabilities	-.70
3	I feel better when I think about other families who have more problems than my family has	.66
2	I feel fortunate that my child doesn't have as many serious problems as other children have	.66
9	my child seems to be making better progress than others who have disabilities	.54

Upward, Favorable Comparisons

Mean of items: 2.54 SD: .58

<u>Item #</u>	<u>Item</u>	<u>Factor Loading</u>
8	it gives me hope to think about other families who seem to handle their children's disabilities better than my family does	.82
4	I find it encouraging to think about parents of children with disabilities who are doing better than I am	.81
1	it gives me hope to think about other parents who seem to manage better than I do	.79
10	I feel good about my child's future when I think about others with disabilities who are doing better than my child	.60

Upward, Unfavorable Comparisons

Mean of items: 2.17 SD: .39

<u>Item #</u>	<u>Item</u>	<u>Factor Loading</u>
5	I get discouraged when I see other parents who are coping with their children's disabilities better than I am	.71
12	when I compare my child with other children who are doing better, I feel bad that my child isn't making better progress	.67
7	I don't think that my family will ever be as well adjusted as other families who have children with disabilities seem to be	.66
11	I seem to manage better than other people who have children with disabilities	-.53

Cont'd

Table One, cont'd

Section Three: Causal Attribution Scale

5 factors, 69.5% of scale variance

Fate/Chance

Mean of items: 2.43 SD: .89

<u>Item #</u>	<u>Item</u>	<u>Factor Load</u>
11	fate	.85
5	chance	.78

Special Purpose

Mean of items: 2.24 SD: 1.02

<u>Item #</u>	<u>Item</u>	<u>Factor Load</u>
3	God's will	.91
4	special purpose	.91

Physiologic Cause

Mean of items: 1.72 SD: .62

<u>Item #</u>	<u>Item</u>	<u>Factor Load</u>
1	because of a hormonal condition	.68
13	because of a chemical imbalance	.65
7	heredity	.63

Professional Blame

Mean of items: 1.72 SD: .76

<u>Item #</u>	<u>Item</u>	<u>Factor Load</u>
8	something professionals did	.90
9	something professionals failed to do	.88
2	an injury during child's birth	.71
6	medications/medical treatments received	.57

Self-Blame

Mean of items: 1.39 SD: .53

<u>Item #</u>	<u>Item</u>	<u>Factor Load</u>
15	because of something I did	.89
10	because of something I failed to do	.84
14	because of my overall state of mind (attitude)	.82
12	because of something someone else in my family did	.71

Cont'd

Section Four: Mastery/Control Scale

2 factors, 60.4% of scale variance

Professional Control

Mean of items: 2.04

SD: .59

<u>Item #</u>	<u>Item</u>	<u>Factor Loading</u>
12	professionals (decisions day to day)	.82
13	professionals (decisions as child gets older)	.79
10	professionals (over your participation in child's training /education in years to come)	.78
6	professionals (over your participation in child's daily training/education activities)	.73
7	professionals (over what will happen to child as he/she gets older)	.68
2	professionals (managing child's activities from day to day)	.64
3	professionals (providing useful information about what to expect from and for your child day to day)	.49
9	professionals (providing useful information about what to expect as your child develops in the future)	.53

Personal Control

Mean of items: 1.69

SD: .57

<u>Item #</u>	<u>Item</u>	<u>Factor Loading</u>
11	personally (managing child's activities as he/she gets older)	.82
8	personally (decisions about what will happen for child day to day)	.79
5	personally (managing child's activities day to day)	.78
14	personally (decisions about what happens to and for child in future)	.74
4	personally (participation in child's education and training in years to come)	.71
1	personally (participation in child's daily education/ training activities)	.68

Table 2: Internal Consistency and Stability Coefficients

	Reliability alpha	Coefficient r_{tt} (n)*
Positive Contributions Subscales		
Source of Learning through Experience		
With Special Problems in Life	.80	.57 (53)
Source of Happiness and Fulfillment	.85	.61 (58)
Source of Strength and Family Closeness	.86	.30 (59)
Source of Understanding of Life's Purpose	.62	.61 (59)
Source of Awareness about Future Issues	.56	.52 (60)
Source of Personal Growth and Maturity	.84	.56 (59)
Source of Expanded Social Network	.76	.64 (57)
Source of Career/Job Growth	.78	.50 (60)
Source of Pride and Cooperation	.85	.74 (55)
Mean of subscale coefficients	.80	.77
Social Comparisons Subscales		
Similar Comparisons	.69	.35 (61)
Downward Comparisons	.58	.32 (60)
Upward, Favorable Comparisons	.78	.42 (58)
Upward, Unfavorable Comparisons	.60	.28 (61)
Mean of subscale coefficients	.66	.34
Causal Attributions Subscales		
Fate/Chance	.57	.35 (57)
Special Purpose	.82	.90 (58)
Physiological Causes	.42	.40 (58)
Professional Blame	.81	.73 (59)
Self-Blame	.88	.44 (60)
Mean of subscale coefficients	.70	.56
Mastery/Control Subscales		
Professional Control	.87	.16 (62)
Personal Control	.86	.62 (60)
Mean of subscale coefficients	.87	.39

*n varies because of missing data for some respondents

Appendix B

1: Positive Contributions

2: Social Comparisons

3: Causal Attributions

4: Mastery/Control

Section One

Many parents who have a child with special needs believe that particular child has had a special effect on them and on other members of their family. What effect do you believe your child with a disability has had on you and other members of your family?

DIRECTIONS: The statements in this section are divided into four parts: A, B, C, and D. Each part begins with a different sentence. The statements complete the sentence at the top of each section. For example, the sentence at the top of **Part A** is:

MY CHILD _____ IS:

All the statements in Part A complete this sentence. The blank space after the word "**child**" is there to remind you to think only of your child with special needs when you answer each statement.

Read each statement and circle the one response that best describes how much you agree or disagree with each statement. The answers and their meanings are:

SD = STRONGLY DISAGREE
d = DISAGREE
a = AGREE
SA = STRONGLY AGREE

Some statements have an asterisk (*) in front of them. Respond to these statements only if your child with a disability is age four or older.

Remember: Read each statement carefully. Circle only one response for each statement.

Section One

SD = STRONGLY DISAGREE
d = DISAGREE
a = AGREE
SA = STRONGLY AGREE

Part A (Circle only one response for each statement.)

* Respond to starred items only if child is four or older.

MY CHILD _____ IS:

- | | | | | |
|--|----|---|---|----|
| 1. the reason I attend religious services more frequently. | SD | d | a | SA |
| 2. why I met some of my best friends. | SD | d | a | SA |
| 3. the reason my life has better structure. | SD | d | a | SA |
| 4. why I am a more responsible person. | SD | d | a | SA |
| 5. the reason I've learned to control my temper. | SD | d | a | SA |
| 6. responsible for my learning patience. | SD | d | a | SA |
| 7. responsible for my increased awareness of people with special needs. | SD | d | a | SA |
| 8. fun to be around. | SD | d | a | SA |
| 9. the reason I am more realistic about my job. | SD | d | a | SA |
| 10. responsible for my being more aware and concerned for the future of mankind. | SD | d | a | SA |
| 11. kind and loving. | SD | d | a | SA |
| *12. helpful to other family members, which saves time and energy for me. | SD | d | a | SA |
| *13. a source of pride because of his/her artistic accomplishments. | SD | d | a | SA |

Part B (Circle only one response for each statement.)

*Respond to starred times only if child is four or older.

I CONSIDER MY CHILD _____ TO BE:

- | | | | | |
|---|----|---|---|----|
| 14. what gives me common ground with other parents. | SD | d | a | SA |
| *15. helpful without having to be asked. | SD | d | a | SA |
| 16. responsible for my increased sensitivity to people. | SD | d | a | SA |
| 17. what gives our family a sense of continuity - a sense of history | SD | d | a | SA |
| 18. the reason I am more productive. | SD | d | a | SA |
| 19. an advantage to my career. | SD | d | a | SA |
| 20. the reason I budget my time better. | SD | d | a | SA |
| 21. the reason I am able to cope better with stress and problems. | SD | d | a | SA |
| 22. very affectionate. | SD | d | a | SA |
| 23. what makes me realize the importance of planning for my family's
future. | SD | d | a | SA |
| *24. able to use good judgment. | SD | d | a | SA |
| *25. a great help around the house. | SD | d | a | SA |

Section One

Part C (Circle only one response for each statement.)

SD = STRONGLY DISAGREE
d = DISAGREE
a = AGREE
SA = STRONGLY AGREE

* Respond to starred items only if child is four or older.

THE PRESENCE OF MY CHILD _____:

26. is an inspiration to improve my job skills.	SD	d	a	SA
27. helps me understand people who are different.	SD	d	a	SA
*28. is a source of pride because of his/her athletic achievements.	SD	d	a	SA
29. cheers me up.	SD	d	a	SA
30. confirms my faith in God.	SD	d	a	SA
31. gives a new perspective to my job.	SD	d	a	SA
32. renews my interest in participating in different activities.	SD	d	a	SA
33. is very uplifting.	SD	d	a	SA
34. is a reminder that all children, including those with special needs, need to be loved.	SD	d	a	SA
35. is a reminder that everyone has a purpose in life.	SD	d	a	SA
36. makes us more in charge of ourselves as a family.	SD	d	a	SA
37. helps me take things as they come.	SD	d	a	SA

PART D (Circle only one response for each statement.)

*Respond to starred items only if child is four or older.

BECAUSE OF MY CHILD _____:

38. my circle of friends has grown larger.	SD	d	a	SA
*39. I have someone who shares responsibility for doing several tasks around the house.	SD	d	a	SA
40. my social life has expanded by bringing me into contact with other parents.	SD	d	a	SA
41. I am more compassionate.	SD	d	a	SA
42. I learned about mental retardation.	SD	d	a	SA
43. my family is more understanding about special problems.	SD	d	a	SA
44. I am grateful for each day.	SD	d	a	SA
45. our family has become closer.	SD	d	a	SA
46. I am more sensitive to family issues.	SD	d	a	SA
47. I have learned to adjust to things I cannot change.	SD	d	a	SA
48. my other children have learned to be aware of people's needs and their feelings.	SD	d	a	SA
49. I have many unexpected pleasures.	SD	d	a	SA
50. I am more accepting of things.	SD	d	a	SA

Section Two

At one time or another, most of us compare ourselves, our children, or our families with others. We often compare ourselves to find out how we're doing or to learn from other people. In this section, we are interested in learning how **you** personally feel when you compare yourself, your child with special needs, and your family with others.

DIRECTIONS: Below are 18 statements that people might make when they make comparisons with others. Decide how much you agree or disagree with each statement. Read each statement and circle the one response that best describes **your** opinion of each statement. The answers and their meanings are:

SD = STRONGLY DISAGREE
d = DISAGREE
a = AGREE
SA = STRONGLY AGREE

Remember: Read each statement carefully. Circle only one answer for each statement.

Section Two

(Circle only one response for each statement.)

SD = STRONGLY DISAGREE

d = DISAGREE

a = AGREE

SA = STRONGLY AGREE

- | | | | | |
|--|-----------|----------|----------|-----------|
| 1. It gives me hope to think about other parents who seem to manage better than I do. | SD | d | a | SA |
| 2. I feel fortunate that my child doesn't have as many serious problems as other children have. | SD | d | a | SA |
| 3. I feel better when I think about other families who have more problems than my family has. | SD | d | a | SA |
| 4. I find it encouraging to think about parents of children with special needs who are doing better than I am. | SD | d | a | SA |
| 5. I get discouraged when I see other parents who are coping with their children's special needs better than I am. | SD | d | a | SA |
| 6. I am getting along about as well as other parents who have children with the same special needs my child has. | SD | d | a | SA |
| 7. I don't think that my family will ever be as well adjusted as other families who have children with special needs seem to be. | SD | d | a | SA |
| 8. It gives me hope to think about other families who seem to handle their children's special needs better than my family does. | SD | d | a | SA |
| 9. My child seems to be making better progress than others who have special needs. | SD | d | a | SA |
| 10. I feel good about my child's future when I think about others with special needs who are doing better than my child. | SD | d | a | SA |
| 11. I seem to manage better than other people who have children with special needs. | SD | d | a | SA |
| 12. When I compare my child with other children who are doing better, I feel bad that my child isn't making better progress. | SD | d | a | SA |
| 13. In most ways my family is pretty much like other families who have children with special needs. | SD | d | a | SA |
| 14. My child's special needs create the same kinds of challenges faced by most others with similar special needs. | SD | d | a | SA |
| 15. It encourages me to believe that my child will make even more progress when I think about others with special needs who are doing very well. | SD | d | a | SA |
| 16. My child is making about the same progress as others with similar special needs. | SD | d | a | SA |
| 17. My family is managing about as well as other families who have children with special needs. | SD | d | a | SA |
| 18. It doesn't make me feel better about my child's special needs when I think about other children who have more severe special needs. | SD | d | a | SA |

Section Three

When certain events occur in our lives, we frequently ask ourselves, "**WHY DID THIS HAPPEN?**" Many parents who have a child with special needs often ask themselves that very question. What are your personal beliefs about your child's special needs?

DIRECTIONS: Each statement completes the sentence:

MY CHILD'S SPECIAL NEEDS ARE:

Read each statement and circle the one response that best describes what you believe about each statement in relation to your child's special needs. The answers and their meanings are:

SD = STRONGLY DISAGREE
d = DISAGREE
a = AGREE
SA = STRONGLY AGREE

Remember: Read each statement carefully. Circle only one answer for each statement.

Section Three

(Circle only one response for each statement.)

MY CHILD'S SPECIAL NEEDS ARE:

- | | | | | |
|---|-----------|----------|----------|-----------|
| 1. because of a hormonal condition. | SD | d | a | SA |
| 2. because of an injury that occurred during birth. | SD | d | a | SA |
| 3. because of God's will. | SD | d | a | SA |
| 4. because of some special purpose. | SD | d | a | SA |
| 5. because of chance. | SD | d | a | SA |
| 6. because of medications or medical treatments received (hormones, birth control pills, X-rays, etc.). | SD | d | a | SA |
| 7. because of heredity (genetics, inherited health from parent or other family members, etc.). | SD | d | a | SA |
| 8. because of something professionals did (doctors, nurses, etc.). | SD | d | a | SA |
| 9. because of something professionals failed to do (doctors, nurses, etc.). | SD | d | a | SA |
| 10. because of something I failed to do. | SD | d | a | SA |
| 11. because of fate. | SD | d | a | SA |
| 12. because of something someone else in my family did. | SD | d | a | SA |
| 13. because of a chemical imbalance. | SD | d | a | SA |
| 14. because of my overall state of mind (my attitude). | SD | d | a | SA |
| 15. because of something I did. | SD | d | a | SA |

SD = STRONGLY DISAGREE

d = DISAGREE

a = AGREE

SA = STRONGLY AGREE

Section Four

People have different opinions about the amount of control they and others have over the lives of their children with special needs. In this section, we are interested in learning your opinions about two things:

1. How much control you believe **you** personally have over your child's life.
2. How much control you believe **professionals** have over your child's life. Professionals are those who are specially trained to work with people with special needs. Professionals are people such as doctors, teachers, therapists, and counselors.

DIRECTIONS: Each question begins with:

HOW MUCH CONTROL:

Read each question and circle the one answer that best describes the amount of control you believe either **you** personally or **professionals** have. Remember to answer the questions as they relate only to your child with special needs. The answers and their meanings are:

A = A LOT of control
B = SOME control
C = NOT MUCH control
D = NO control

Remember: Read each question carefully. Circle only one answer for each question.

Section Four

(Circle only one answer for each question.)

A = A LOT of control
B = SOME control
C = NOT MUCH control
D = NO control

HOW MUCH CONTROL:

- | | | | | |
|---|----------|----------|----------|----------|
| 1. do you personally have over your participation in your child's daily educational and training activities? | A | B | C | D |
| 2. do professionals have over managing your child's activities from day to day? | A | B | C | D |
| 3. do professionals have over providing useful information about what you can expect from <u>and</u> for your child from day to day? | A | B | C | D |
| 4. do you personally have over your participation in your child's education or training in the years to come? | A | B | C | D |
| 5. do you personally have over managing your child's activities from day to day? | A | B | C | D |
| 6. do professionals have over your participation in your child's daily educational and training activities? | A | B | C | D |
| 7. do professionals have over decisions about what will happen to <u>and</u> for your child as he/she gets older? | A | B | C | D |
| 8. do you personally have over decisions about what will happen to your child from day to day? | A | B | C | D |
| 9. do professionals have over providing useful information about what you can expect as your child develops in the future? | A | B | C | D |
| 10. do professionals have over your participation in your child's education or training in the years to come? | A | B | C | D |
| 11. do you personally have over managing your child's activities as he/she gets older? | A | B | C | D |
| 12. do professionals have over decisions about what will happen to <u>and</u> for your child from day to day? | A | B | C | D |
| 13. do professionals have over managing your child's activities as he/she gets older? | A | B | C | D |
| 14. do you personally have over decisions about what will happen to <u>and</u> for your child in the future? | A | B | C | D |

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