

Parent Peer Support: Impact on Children with Mental Illness

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Parenting can be a daunting endeavor. Parenting a child with special needs, such as mental illness, can be even more daunting (Ireys, Chernoff, Stein, DeVet, & Silver, 2001). Parents who have children with mental illness and emotional/behavioral disorders often experience higher levels of stress and anxiety than do parents of children without these issues (Scharer, 2005; Ireys et. al, 2001). The term “emotional/behavioral disorders” is typically used in the special education community, and describes a child with behavior that is significantly different from others and adversely affects the child in one of several areas including personal relationships, academic progress, and/or daily living activities. The behaviors are severe, chronic and frequent. The behaviors occur at school and at least one other setting, such as home or community (Wisconsin Department of Public Instruction EBD Eligibility Checklist, 2009). There is general agreement that the mental and emotional health of the parent affects the health of the child. While several studies have evaluated the impact of parent peer support on parents of children with mental illness or special needs, there has not been as much research on the potential impact of parent peer support on the children. Silver, Ireys, Bauman, and Stein (1997) described parent peer support as support that is provided by parents who have experience with similar issues as the parents they assist and who have been trained in mentoring and communication skills. Using an online survey of parents working with a Wisconsin nonprofit advocacy agency, the present study evaluated the impact of parent peer support on children and their families.

Literature Review

Although it is not quite clear in what ways and how much parent peer support impacts parents, there is little doubt that parent peer support does have an effect on caregivers. Some of

the existing literature also discusses the possibility of parent peer support having an impact on children as well but focus of studies remain largely on parents and not on the outcomes for children. Nevertheless, in general, most studies on the topic of parent peer support and children with mental illnesses agree that parents' mental health and emotional state have a direct impact on the family and, particularly, the children (Davis-Groves, Barfield, McCave, & Corrigan, 2007; Scharer, 2005; Ireys et. al, 2001; Silver et. al, 1997; Hartman, Radin, & McConnell, 1992).

In their ongoing study of parent support and children with mental illness, Davis-Groves et al. (2007) find that parent support offers some important benefits to the parents, the children and the entire family. Some key benefits include better outcomes for the children, improved identification of best services for families, improved parenting abilities, and increased efficiency of community-based services.

Scharer (2005) examined the use of the Internet as a tool to provide social support to parents of emotionally disturbed children. Her study cites research supporting the need for and value of peer support for parents of children with emotional disorders. According to Scharer, parents of children with emotional disorders reported higher levels of stress than parents of children without emotional disorders. A direct relationship was demonstrated between social support and maternal mental health. Scharer proposes the relationship between lower social support, increased illness, and increased levels of stress. In addition, her study addresses the problem of barriers that parents of children with emotional disorders may encounter in creating and maintaining social support networks. Some of these challenges include lack of resources, geographical isolation (rural areas), and anxiety over leaving children with challenging behaviors with babysitters. Another reason discussed by Scharer is the increased availability and use of the Internet among all backgrounds and socioeconomic levels; the Internet thus can be a valuable

tool for parents to develop social support networks.

Ireys et al. (2001) conducted a study that examines the outcomes of three different family support networks over the course of ten years (2001). The study focused on parents of children with chronic health issues. The three networks were composed as follows: Network 1 included 365 parents of children with a wide variety of conditions, Network 2 included 53 parents of children with arthritis, and Network 3 was composed of 193 parents of children with diabetes, cystic fibrosis, sickle cell anemia, and moderate to severe asthma. In all of the studies, parents of children with similar issues were hired and trained to serve as support partners. The support partners had children who were young adults (or older). The intention was to convey to younger parents the message that the support partners had “been there, had survived and are still going” (Ireys et al., 2001). The support partners were to connect with their assigned parents via telephone every two weeks, meet with them in person at least six times during the program, and attend three special events. While all three of the groups were quite consistent structure and procedures, they did not all show statistically significant results. The primary effect noted by Ireys et al. was a decrease in anxiety among the parents. Due to the study’s design, Ireys et al. were unable to address whether or not the improvement in anxiety level had any direct effects on the family environment or whether the decrease in anxiety was clinically significant.

Silver et al. (1997) studied the psychological outcomes in mothers involved in a specific parent support program, The Parent-To-Parent Network (PTPN). The PTPN is a community-based support program for mothers of children, ages 5 to 8, with a variety of health conditions. Silvers et al. referred to previous findings that mothers of children with chronic health conditions are at increased risk for psychological distress and pointed at the relationship between maternal mental health and child mental health. Based on previous studies, Silver et al. designed their

study to focus on three specific issues: overall program effects, whether or not some subgroups benefited more than others, and the impact on children (as observed by changes in the children's behavior and psychological adjustment). Silver et al.'s participants were recruited from two large urban medical centers that served a predominantly low-income, minority population. A total of 365 mothers were enrolled in the study, with a 94% participant retention rate. Participants were connected to a trained parent, and they were expected to have phone contact at least every other week, meet in person six times during the program, and attend three scheduled activities. The results of the study show a decrease in maternal anxiety, as well as maternal anger. There was no discussion of whether or not there was any impact on the children.

Hartman et al. (1992) examined the challenges faced by families of children with chronic illness and disabilities. In their work, they discuss the fact that these families often have to understand complex medical information, make difficult medical decisions, and at the same time try to balance those tasks with the day-to-day business of a family. Hartman et al. also talk about the importance of social support and the relationship that social support has to improved health and tolerance for stress. Hartman et al. focused on a specific parent support program, the Family Support Network of Michigan (FSN). Hartman et al. detailed the training and responsibilities of the support parents. They propose that parent peer support is an effective coping tool for parents of children with special needs, since shared experiences can help create an atmosphere of trust, allowing parents to discuss their concerns and vent their feelings. In fact, support offered by support parents helps parents become more confident in their abilities to manage the many challenges that are part of parenting children with special needs (Hartman et al., 1992).

While current literature demonstrates the effectiveness of parent peer support for parents in terms of decreased anxiety (Ireys et al., 2001; Silver et al., 1997), increased confidence in

parenting skills (Hartman et al., 1992), and ability to manage and tolerate stress (Scharer, 2005), there is little specific information on the impact of parent peer support on children. Several of the aforementioned studies imply that since a parent's mental health has a direct influence on a child's mental health, parent peer support, with its positive impact on parent's mental health, will also have a positive impact on children's mental health. The present study focused on the impact of parent peer support on children.

Theoretical Framework

This study used Systems Theory as the theoretical framework. Systems Theory states that family members are interdependent upon one another; no family member functions in isolation from the others (DeGenova & Rice, 2002). Each family member impacts all of the other family members. If one family member is struggling with mental illness, for example, Systems Theory suggests that this family member's struggles will have direct effects on all of the other family members.

This theory directly supports the claim of this study that successful treatment of children with mental illness requires the involvement of the entire family, particularly the support of the parents. Systems Theory proposes that within families there is not only the family system as a whole but also subsystems within the family. Based on the Systems Theory, I hypothesized that working with the parent of a child with mental illness, and providing them direct support, would directly impact the child in a positive way.

Purpose Statement

The purpose of this study was threefold: (1) to examine the impact of parent peer support on children with mental illness and/or emotional/behavioral disorders with a sample of parents working with a nonprofit advocacy agency in Wisconsin, (2) to develop a reliable online survey

instrument that would measure the impact of parent peer support on the children from the perspective of the parents, and (3) to bring increased awareness of the value of parent peer support to mental health and human services professionals. The study also aims to inform policy-makers of the importance of parent peer support as they make decisions in regard to the funding of public mental health services.

The central research question in this study was “What is the impact of parent peer support on children with mental illness and emotional/behavioral disorders?” I predicted that there would be improvement in parents’ coping skills, emotional health and confidence, and improvement in the children’s behavior. The literature strongly supports the belief that parents gain confidence and coping ability with the use of parent peer support. There was some discussion in literature about improvement in children’s behavior and based on the Systems Theory framework, one can expect that if parents do better, children will do better as well.

Method

Participants

The participants of this study were 35 parents of children with mental illness and/or emotional/behavioral disorders who were using or had used the parent peer support services of a Wisconsin nonprofit advocacy agency. Initial online survey invitations were sent to 220 parents in the agency’s database. Of those, 48 began the online survey, with 35 completing it. There were 32 female participants and 3 male participants. Of these, four were between the ages of 26 and 35, seventeen were between the ages of 36 and 49, and fourteen were 50 or older. There were 10 participants who had one child, 12 who had two children, 6 who had three children, 3 who had four children, 3 who had five or more children, and 1 participant did not report the number of children. Twenty-one participants had one child with a mental illness and/or

emotional/behavioral disability. Fourteen participants had two children with a mental illness and/or emotional/behavioral disability.

Research Design

The purpose of this survey research was to be able to generalize to a similar, larger population to make some inferences about characteristics, attitudes, or behaviors of this population of parents of children with mental illness and/or emotional/behavioral disorders, and the children, themselves (Babbie, 1990). The study research design was a cross-sectional survey, with data collected from a cross-section of parents of children with mental illness and/or emotional/behavioral disorders, captured at one point in time. The form of data collection was a self-administered online questionnaire. The sample population consisted of parents who either currently worked with a peer support person (family advocate) with a Wisconsin nonprofit advocacy agency or who had done so in the past. The sampling design used in this research was both snowball and purposive type nonrandom probability. The snowball type was utilized because the sampling used a network to which I had access and purposive because the agency from which the participants were drawn serves parents of children with mental illness and emotional/behavioral disorders, the study's target population. Randomization was not used because of sample size and the use of an online survey. The study was approved by the Institutional Review Board (IRB).

Data Collection Instrument

In order to evaluate the impact of parent peer support on children with mental illness and/or emotional behavioral disorder, an online survey was designed. The survey included five demographic questions relating to gender, age of participant, number of children, age of children, and number of children with mental illness and/or emotional/behavioral disorder. Following the

demographic questions, there were eight close-ended statements based on a five-point Likert scale which measured the intensity of respondents' agreement with the statement, ranging from one (*strongly disagree*) to five (*strongly agree*). There was also one open-ended question inviting participants to share any other information they felt was relevant. Survey questions were informed by literature and theory in relation to parent peer support and Family Systems Theory.

The survey instrument had both face validity and content validity. Face validity refers to the instrument questions having a logical connection to the concept and research question. Because the statements in the survey were literature-based, it was determined that they clearly related to the impact of parent peer support on children with mental illness and/or emotional/behavioral disability. Content validity refers to the instrument statements' coverage of the full range of concepts under the larger topic. The statements covered a wide range of areas in which parent peer support could have an impact, including parents' coping skills and behavior management skills, as well as children's school attendance and grades. The survey was piloted to two parents to increase validity; their feedback was used to ensure clarity of the survey questions.

Procedure

E-mail invitations to take the survey were sent out by the executive director of the nonprofit agency to 234 e-mail addresses in the agency's database. Fourteen e-mails were undeliverable. Thirty-five surveys were completed and returned.

Data Analysis Plan

The data was first cleaned and checked for any missing data. The cleaned surveys were then coded using acronyms for each variable. As there was no group comparison on this survey, all statements were dependent variables. Each dependent variable was given an acronym name:

After working with a family advocate, I am better able to cope with stress (COP); After working with a family advocate, I am more knowledgeable about resources for my child and my family (KNO); After working with a family advocate, I am more able to effectively manage my child's behavior (MAN); After working with a family advocate, I am more comfortable advocating for my child's needs in school and with professionals (ADV); My child has fewer absences and/or less tardiness after my work with a family advocate (LAT); My child is more able to manage transitions without acting out or becoming upset, after my work with a support parent (TRA); My child has had less interaction with law enforcement, after my work with a family advocate (LAW); My child's grades have improved, after my work with a family advocate (GRA); There is less arguing in my home since my work with a family advocate (ARG).

To analyze the data, the data-analyzing computer program called the *Statistical Package for the Social Sciences (SPSS)* was used. The individual was used as the level of analysis. The statistical analyses done were frequencies, mean comparisons, and correlations, as well as reliability analysis, the Cronbach's Alpha.

Results

There were 220 online surveys distributed, with a return rate of 16%. All variables were subjected to frequency distribution analysis. Results indicated that there was no missing data. However, the demographic variable *Ages of Children (AGC)* was omitted from the results as the online survey did not allow for more than one answer, so the data was not valid.

The majority of respondents agreed and/or strongly agreed that after using a family advocate they were better able to cope, had more knowledge of resources, were better able to manage their child's behavior, and were more effective advocates for their children. In regard to whether their children had fewer absences or incidences of tardiness, were better able to manage

transitions, had less contact with law enforcement, or had improved grades after their parents had with a family advocate, the majority of respondents were undecided or neutral.

Table 1

Frequency Distribution

Variable	SD	D	U	A	SA	Total
COP	5.7%	2.9%	25.7%	51.4%	14.3%	100.0%
KNO	5.7%	5.7%	11.4%	54.3%	22.9%	100.0%
MAN	8.6%	5.7%	34.3%	45.7%	5.7%	100.0%
ADV	5.7%	2.9%	22.9%	48.6%	20.0%	100.0%
LAT	11.4%	20.0%	45.7%	17.1%	5.7%	100.0%
TRA	8.6%	11.4%	45.7%	34.3%	0.0%	100.0%
LAW	2.9%	5.7%	68.6%	14.3%	8.6%	100.0%
ARG	8.6%	11.4%	54.3%	22.9%	2.9%	100.0%

Note. (COP)=After working with a family advocate, I am better able to cope with stress; (KNO) =After working with a family advocate, I am more knowledgeable about resources for my child and my family; (MAN) =After working with a family advocate, I am more able to effectively manage my child's behavior; (ADV) =After working with a family advocate, I am more comfortable advocating for my child's needs in school and with professionals; (LAT) = My child has fewer absences and/or less tardiness, after my work with a family advocate; (TRA)=My child is more able to manage transitions without acting out or becoming upset, after my work with a family advocate; (LAW)=My child has had less interaction with law enforcement, after my work with a family advocate; (ARG)=My child's grades have improved, after my work with a family advocate.

Table 2

Compare Means

	LAW	COP ARG	KNO	MAN	ADV	LAT	TRA
Mean:	3.20	3.66 3.00	3.83	3.34	3.74	2.86	3.06
SD:	0.80	0.97 0.91	1.04	1.00	1.01	1.03	0.91
Range:	4.00 4.00	4.00 4.00	4.00	4.00	4.00	4.00	3.00

Note. (COP)=After working with a family advocate, I am better able to cope with stress; (KNO) =After working with a family advocate, I am more knowledgeable about resources for my child and my family; (MAN) =After working with a family advocate, I am more able to effectively manage my child’s behavior; (ADV) =After working with a family advocate, I am more comfortable advocating for my child’s needs in school and with professionals; (LAT) = My child has fewer absences and/or less tardiness, after my work with a family advocate; (TRA)=My child is more able to manage transitions without acting out or becoming upset, after my work with a family advocate; (LAW)=My child has had less interaction with law enforcement, after my work with a family advocate; (ARG)=My child’s grades have improved, after my work with a family advocate.

In analyzing the correlations data, there appears to be significant relationships between Coping and Knowledge, Coping and Managing Behavior, Coping and Advocating, Coping and Grades, Knowledge and Advocacy, Managing Behavior and Less Absences/Tardiness, as well as less Law Enforcement Contact and Grades.

Table 3

Pearson Correlation Matrix

Variable	COP	KNO	MAN	ADV	LAT	TRA
LAW						
ARG						
COP		.523**	.582**	.629**		
KNO				.460**		
MAN					.477**	
LAW						.488**

Note. (COP)=After working with a family advocate, I am better able to cope with stress; (KNO) =After working with a family advocate, I am more knowledgeable about resources for my child and my family; (MAN) =After working with a family advocate, I am more able to effectively manage my child's behavior; (ADV) =After working with a family advocate, I am more comfortable advocating for my child's needs in school and with professionals; (LAT) = My child has fewer absences and/or less tardiness, after my work with a family advocate; (TRA)=My child is more able to manage transitions without acting out or becoming upset, after my work with a family advocate; (LAW)=My child has had less interaction with law enforcement, after my work with a family advocate; (ARG)=My child's grades have improved, after my work with a family advocate.

~N=35; **Correlation is significant at the $p < 0.01$ (two-tailed)

A reliability analysis was run to determine whether the eight variables (COP, KNO, MAN, ADV, LAT, TRA, LAW, & ARG) were a reliable index to measure the major concept, the impact of parent peer support on children with mental illness. Cronbach's Alpha is a measure of reliability and in this analysis was 0.831. This value indicates that the survey questions are a reliable measure of the major concept.

Qualitative comments were received at the end of a number of our surveys. These

comments will be analyzed in the discussion section.

Discussion

The hypothesis that parents would report improvements in their own coping skills, emotional health and confidence, and improvement in their children's behavior as a result of the parent being involved in parent peer support was supported by the data; however, the results were somewhat mixed. Frequency results data indicate strong support for the portion of the hypothesis that states that parents would experience improvement in coping skills, emotional health, and confidence. The data for the second part of the hypothesis (i.e., that there would be improvement in children's behavior) indicates, for the most part, that parents were undecided.

Statistically significant correlations ($p < 0.01$ level) were found between several of the variables. There are significant correlations between all of the variables relating to the parents: ability to cope with stress, knowledge of available resources, ability to effectively manage child's behavior and ability to be a more effective advocate for their child. These findings are also supported by previous studies, such as Scharer (2005), Ireys et al. (2001), and Silver et al. (1997) who reported that parents experienced decreased anxiety and were better able to handle stress when provided parent peer support either in formal support groups or with one-on-one parent peer support. Hartman et al. (1992) concluded that parent peer support increases parents' ability to handle the many challenges of raising children with special needs and makes them more confident in their parenting skills. Additionally, correlations were found between two of the variables relating to the children and to the parents. There is a correlation between parents' ability to effectively manage their children's behavior and children experiencing less frequent tardiness or absences. There is also a correlation between parents' ability to cope with stress and children improving their grades. Davis-Groves et al. (2007) reported that children whose parents

received parent support services had better outcomes in term of academic performance and school attendance.

The frequency distribution data demonstrates strong support for the hypothesis that parents would experience improvements in several areas, but there is less support in regard to the areas of impact on the children. A majority of parents agreed or strongly agreed that they are better able to cope with stress after working with a family advocate. Scharer (2005), Ireys et al. (2001), and Silver et al. (1997) all reported parents experiencing an improvement in their ability to cope with stress but did not indicate whether or not this had an impact on the children.

A majority of parents agreed or strongly agreed that they were more knowledgeable about resources for their child and their family after working with a family advocate. This result is not surprising because family advocates have first-hand experience in dealing with the various agencies and systems available for children with mental illness, and their families. Helping parents to learn more about available resources and systems is often a key component to the family advocate's responsibilities (Davis-Groves et al., 2007).

A majority of parents agreed or strongly agreed that they were more able to effectively manage their children's behavior. The findings of Davis-Groves et al. (2007) are very similar; they reported that parents who worked with family advocates showed improvements in their ability to manage their children's behavior and were more confident in their parenting skills.

In the area of confidence in advocating for their children's needs in school and with professionals, the majority of parents, again, agreed or strongly agreed that this had been a benefit of their work with a family advocate. According to Hartman et al. (1992), parent peer support helps parents to "develop skills to participate fully on a peer basis in decisions regarding their families' unique needs" (p. 56). Interestingly, the majority of parents responded

“undecided” on all four statements regarding their children’s behavior. Approximately one-half of the respondents were undecided in regard to improvement for their children in the areas of attendance, ability to manage transitions, and grades. Over two-thirds of the respondents were undecided about improvement for their children with regard to contact with law enforcement. In all four areas, Davis-Groves et al. (2007) noted improvement for children whose parents had received parent peer support. One reason for the current findings could be that it is difficult for parents to identify improvements in their children’s behavior because they have not been looking for markers or milestones to indicate improvement. Perhaps because they are not actively trying to observe specific improvements, it is difficult for them to identify positive changes, particularly if these are very gradual. Another possibility could be that there is a need for more questions on the survey that classify a child’s behaviors more specifically. For example, if a child has not had previous contact with law enforcement, there would not be improvement in that area; yet, to disagree may indicate that there has been a problem that did not improve. There should first be a question asking if the child has had contact with law enforcement. At that point, if the answer is yes, the question about improvement is asked. Although parents did not identify improvements in their children’s behavior when directly questioned about a specific behavior, a correlation exists between parents’ improved behavior management skills and their children’s reduction in absences. Again, this indicates that parents may have difficulty identifying improvements in their children.

Qualitative Analysis

One central theme emerged from the qualitative comments. Parents found that having support in meetings and having support when working with professionals gave them confidence and empowered them to advocate more effectively for their children. This theme becomes

apparent through comments such as “Advocates are very important to families. Dealing with the school is a struggle—even when things are going good at home, things seem to be ‘out of control’ at school. It’s much easier to attend a school meeting with support.” Another participant commented, “By being in touch with [the agency] and having an advocate, the school has been nudged into considering different ideas that are more proactive. It helps to have outside support for what I know is helpful for my child.” Hartman et al. (1992) addressed similar findings in their study and assert that parent peer support helps parents develop skills that make them effective advocates with professionals.

Limitations

The major limitation to this study was the small sample size and the nonrandom design. Because Wisconsin’s population is relatively homogenous, there was also a lack of diversity among the respondents. Another limitation may have been the use of an online survey. This method may have contributed to possible hidden biases in the survey results. Parents would have needed to have computer and e-mail access to complete the survey. Parents with lower socioeconomic status, or limited education, may have inadvertently been excluded from participation.

Implications for Practitioners

The data overwhelmingly demonstrates that parents of children with mental illness benefit from parent peer support; yet, few of them recognized improvements in their children, even though there is a correlation between parent impact and impact on children. The data shows significant correlations between parents having improved behavior management skills and children having less truancy issues. There is also a significant correlation between parents reporting improved coping skills and children earning better grades. This lack of recognition, on

the parents' part, may indicate that the issue is related to parents not recognizing markers or milestones that would indicate improvement. It may be helpful for practitioners to educate parents about how to measure improvements in their children's behavior. Often when practitioners start working with a child, they administer evaluations to assess the current level of functioning. It would be useful to evaluate the child again, later in the treatment process, to measure and demonstrate any improvements that may have occurred.

Implications for Future Research

There are several suggestions for future research. First, future research should include a random, large sample in order to generalize the findings nationwide. Using a variety of means to deliver the survey would provide more people from diverse backgrounds to participate. Additionally, providing some sort of incentive for completing the survey may increase the response rate.

If the same survey would be used again, some additional statements and/or questions should be added. For example, as mentioned earlier, it would be helpful to ask if the child has had contact with law enforcement before asking parents to report whether or not there is less contact with law enforcement. It may also be useful to further evaluate the correlation between parents' improved coping skills and children's better grades, as well as the correlation between parents' improved behavior management skills and children's improvement in tardiness and absences.

Another suggestion is the use of several different study designs. For example, it would be interesting to do a comparison between a group of parents who do not use parent peer support services and a group of parents who do use those services. Similarly, a longitudinal study could provide further insights, beginning with parents who are not using parent peer support services,

adding services, and following participants over time to evaluate the long-term impact of those services. Conducting a study using the child's behavior evaluations and assessments utilized by practitioners (both before and after using a parent peer advocate) may be another method to obtain valuable information about the impact of parent peer support on children. Finally, it would certainly be useful to do qualitative research with both parents and children. Parents, in sharing their lived experiences, could add context and depth to the study, and may provide ideas for additional future research. Likewise, it would be interesting to interview the children to determine if they believe their behavior has improved since their parents began working with a family advocate, and to compare their answers with those of their parents.

Conclusion

As in previous studies, the study at hand clearly demonstrates that parent peer support benefits parents of children with mental illness. Parents can develop, or improve, their skills in a variety of areas including coping skills, behavior management, advocacy, and accessing resources. Parenting a mentally ill child can be an isolating experience, and connecting to a person who truly understands can make the journey a little less lonely. Parent peer support can be a powerful, cost-effective means for helping parents meet the daunting challenges of raising a child with special needs such as mental illness. In a difficult economy, social services are often some of the first government services to be cut or reduced, while at the same time the need for those services increases. In Wisconsin, for example, there are very few family advocates who work with families of children who have mental illnesses; the low number may be due to a lack of funding. Research can provide evidence of the value of these services, and may help to increase support for using them.

References

- Babbie, E. (1990). *Survey research methods*. (2nd ed.). Belmont, CA: Wadsworth.
- Davis-Groves, S.A., Barfield, S.T., McCave, E., & Corrigan, S.K. (2007). Parent support: Building structures that support and assist children. Retrieved from <http://www.socwel.ku.edu>
- DeGenova, M.K. & Rice, F.P. (2002). *Intimate relationships, marriages, and families* (5th ed.). New York: McGraw-Hill.
- Hartman, A., Radin, M., & McConnell, B. (1992). Parent-to-parent support: A critical component of health care services for families. *Issues in Comprehensive Pediatric Nursing, 15*, 55-67.
- Ireys, H.T., Chernoff, R., Stein, R.E.K., DeVet, K.A., & Silver, E. (2001). Outcomes of community-based family-to-family support: Lessons learned from a decade of randomized trials. *Children's Services: Social Policy, Research, and Practice, 4*(4), 201-216.
- Scharer, K. (2005). Internet social support for parents: The state of science. *Journal of Child and Adolescent Psychiatric Nursing, 18*(1), 26-35.
- Silver, E.J., Ireys, H.T., Bauman, L.J., & Stein, E.K. (1997). Psychological outcomes of a support intervention in mothers of children with ongoing health conditions: The parent-to-parent network. *Journal of Community Psychology, 25*(3), 249-264.
- Wisconsin Department of Public Instruction. (2009). EBD Eligibility Checklist. Retrieved from <http://www.dpi.wi.gov/forms/pdf/podelg-ebd-001.pdf>.