

## **STRESS AND WELLBEING FOR FAMILIES OF CHILDREN WITH SPECIAL NEEDS**

### **ROMANIAN NATIONAL REPORT**

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#### **1. General background information**

Romania (is a sovereign state located in Southeastern Europe. It has an area of 238,397 square kilometres and almost 20 million inhabitants. The country is the seventh most populous member state of the European Union. Capital city of Romania is Bucharest.

In October 2011, Romanians made up 88.9% of the population. The largest ethnic minorities are the Hungarians, 6.1% of the population, and the Roma, 3.0% of the population. Hungarians constitute a majority in the counties of Harghita and Covasna. Other minorities include Ukrainians, Germans, Turks, Lipovans, Aromanians, Tatars, and Serbs.

After the Romanian Revolution of 1989, a significant number of Romanians emigrated to other European countries, North America or Australia. For example, in 1990, 96,919 Romanians permanently settled abroad.

#### **2. Description for situation of parents of children with special needs**

Researchers have posited that families of a child diagnosed with a disability are negatively impacted and therefore experience more instability and dysfunction than „typical“ families (Watson, Hayes & Radford-Paz, 2011; Hayes & Watson, 2013). When parents learn that their child has a disability or a chronic illness, they begin a journey that takes them into a life that is often filled with strong emotion, difficult choices, interactions with many different professionals and specialists, and an ongoing need for information and services. Initially, parents may feel isolated and alone, and not know where to begin their search for information, assistance, understanding, and support (ND20, 3<sup>rd</sup> Edition, 2003).

Looking after a child with disability is challenging both physically and psychosocially given that it usually spans the course of a child's life, exceeding typical child development needs and that parents as well as families are not at all prepared for it (Ceylan & Aral, 2007; McCubbin & McCubbin, 1987). As a part of the care giving responsibility, parents encounter a variety of challenges such as overcoming the disappointments attendant to the original diagnosis and the need to coordinate the child's multifaceted medical, educational, and developmental interventions while balancing competing family needs (Silver, Westbrook & Stein, 1998). Furthermore, caring for a child with disability often requires additional physical, emotional, social, and financial resources (Murphy, Christian, Caplin & Young, 2007). Parents fear social stigma, often have a lack of understanding of their child's needs and some live in poverty. They are given very little or no support in parenting children with disabilities. As a result children with special needs are vulnerable and at high risk of being put into state institutions. Institutional state care further delays the development of children with special needs as often children develop associated disabilities. Children who develop in state

institutions are not integrated into society. These children will often require long term nursing care, which ironically results in significantly higher social efforts and costs (<http://www.childrenontheedge.org/romania-early-intervention-for-children-with-special-needs.html>). It is also noted that having a child with disabilities affects not only the parents, but also siblings and the relationships among the family members (Harris, 1994).

Parents of children with disabilities live more intensely the experience of school commencement, because insufficient information or inconsistent support from state institutions make them feel helpless. Most of these parents want mainstreaming school integration and support for them as parents but also as first educators (Gliga & Popa, 2010). The lack of access to education was considered as one of the most significant infringements of the rights of children with disabilities. The *Country Report on Romania for the Study on Member States' Policies for Children with Disabilities* (2013) shows that children with disabilities face several impediments to access the educational system: (1) refusal of the schools to register a child with disabilities, particularly with intellectual disabilities; (2) expelling children with disabilities from schools in the course of the school year (in this case children with intellectual disabilities also represent a more vulnerable segment); (3) difficulty in the formal participation to the educational system. Even if children with disabilities are included in a mainstream class, no particular attention is paid to them (Deteseanu, Ballesteros & Meurens, 2013).

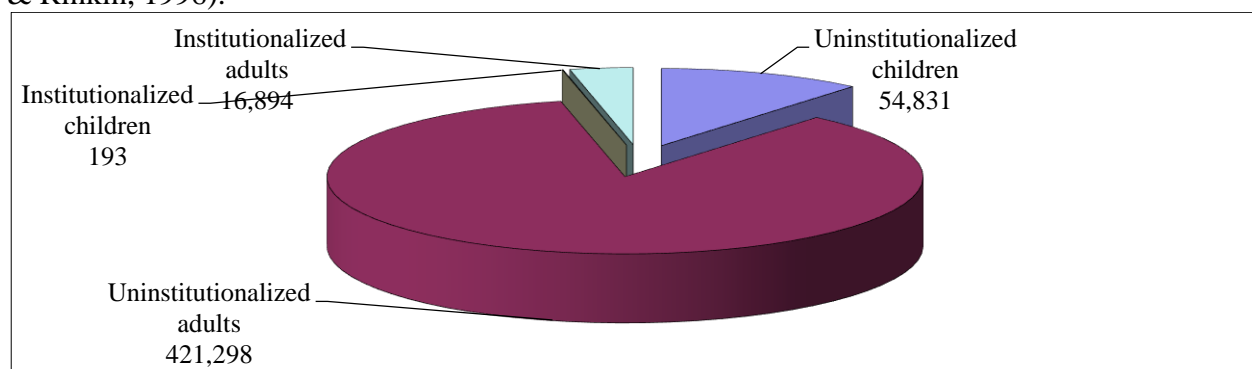
The school authorities justify the non-registration or expulsion arguing that the educational management becomes particularly difficult if a child with disabilities is included in the educational community due to the lack of adapted curricula, personal reluctance of other children or parents, and a lack of information. In principle, abusive exclusion of a child from school can be appealed in front of the courts of law, but usually the procedures are lengthy, therefore the practical efficiency of such step can be very low (Deteseanu, Ballesteros & Meurens, 2013). The ministerial authority revealed, from a monitoring report on the rights of children with intellectual disabilities performed during a project of Inclusion Europe in 2011 (questionnaires submitted to families), that almost half of children with disabilities have not attended a nursery school. From those who attended, most of them attended a nursery school for children with special needs. The access to the regular nursery schools is regularly being refused because of the disability (<http://www.disability-europe.net/>). Therefore, parents of children with special needs tend to be faced with a continuous barrage of challenges from societal isolation, financial strain, difficulty finding resources to outright exhaustion or feelings of confusion or burn out.

Studies show that some countries are developing early intervention plans for social services for families with children with disabilities in order to increase the chances that these children are educationally and socially integrated. The role of the family in promoting early social and emotional attitudes and appropriate behavior is crucial for stimulating the potential of children with disabilities (Baily & Bruder, 2005). In this sense, some researches (Guimond, Wilcox & Lamorey, 2008) took into account parental beliefs on the effectiveness of their protective and educational interventions in relation with the role of the environment on child's development.

### **3. National statistics (number/ types of disabilities)(parents,children,disabilities types)**

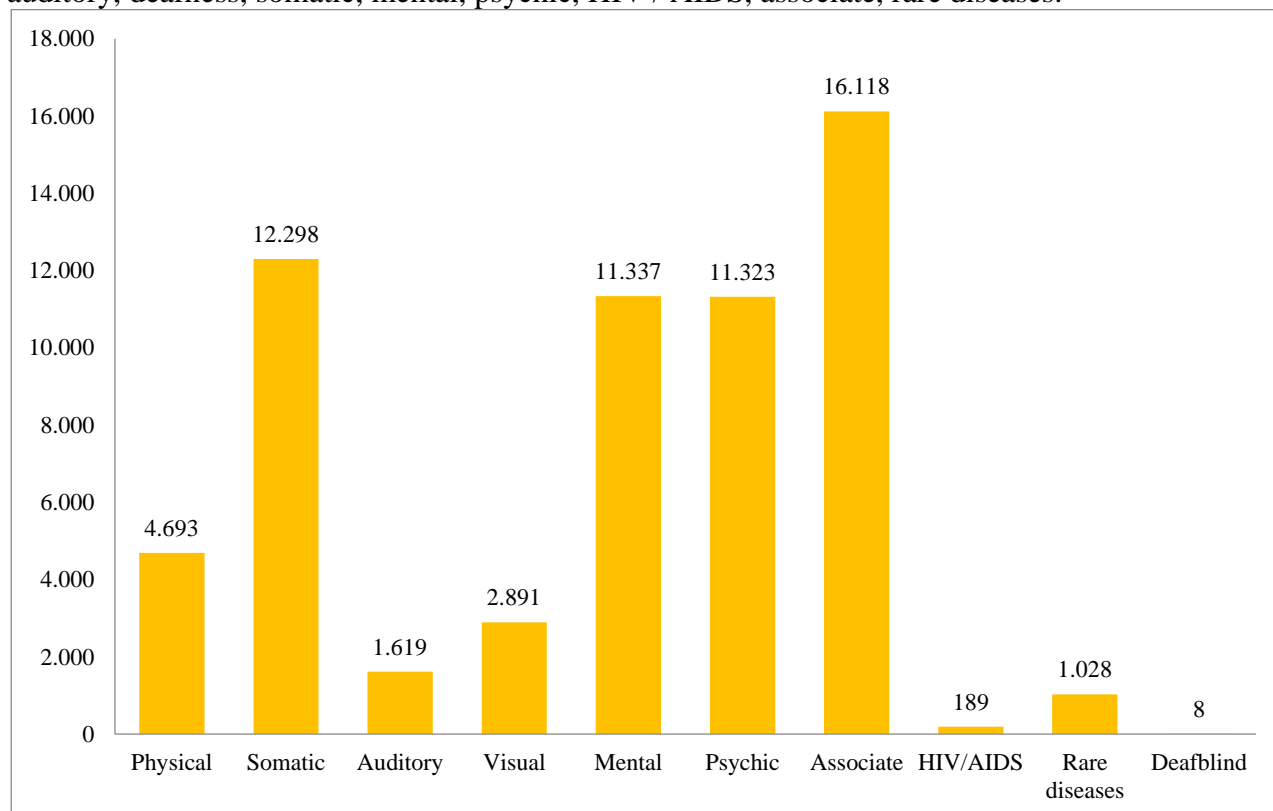
On March 31, 2017, the total number of persons with disabilities communicated to the National Authority for Disabled Persons within the Ministry of Labor and Social Justice, through the general directorates for social assistance and child protection of the county, respectively local ones of the Bucharest municipalities, was 784 527 persons. Of these, were 61 504 children with disabilities registered in Romania. Most of them are not living in institutions (NADP, 2017). So they are cared by family members. Having a family member with a disability can have an effect on the entire family; the parents, siblings, and extended family members. It is a *unique shared experience* for families and can affect all aspects of

family functioning. The importance of valuing the families of these youth, building on their strengths, and having available an array of social supports has been widely endorsed in the children's mental health field (Cheney & Osher, 1997; Karp, 1993; Koroloff, Friesen, Reilly & Rinkin, 1996).



**Figure 1. Institutionalised and uninstitutionalized disabled persons (adults and children), on March 31, 2017 (NADP, 2017)**

On the other hand, according to law no. 448/2006 on the protection and promotion of the rights of persons with disabilities, republished, the types of disabilities are: physical, visual, auditory, deafness, somatic, mental, psychic, HIV / AIDS, associate, rare diseases.



**Figure 2. Number of children with disabilities by type of disability, on March 31, 2017 (NADP, 2017)**

Also, according to law no. 448/2006 on the protection and promotion of the rights of persons with disabilities, republished, the degrees of disability are: severe, accentuated, medium and easy. The number of persons with severe disabilities represents 36.91% of the total, the disabled with accentuated disabilities represents 51.66% and with medium and easy disabilities represents 11.43% (NADP, 2017).

However, reports indicate that this figure does not take into account all of the children with disabilities in Romania since it only includes children with disabilities registered in the

official database. Such registrations are only being made on a voluntary basis by a child's parents or guardians. In addition, such data does not reflect the real number of children with intellectual disabilities because the legislation and public policies do not define clearly what falls under the scope of intellectual and psychosocial disabilities and mental illness, which generates confusion in providing specialised services and registration.

#### **4. Inclusion Policies**

In the past 27 years in Romania there have been major changes at a political, social, economic and educational level. The economic and social transition in Romania, after communist regime, had mixed implications for the education of children seen as having special needs. Policy, research and practice in special education and inclusion of children with disabilities in the mainstream school system and social life are one of the most important priorities in Romanian educational policies. The basic premise of the integration/inclusion movement is that principles of anti-discrimination, equity, social justice, and basic human rights make it imperative that students with disabilities and special needs should enjoy the same access as all other students to a regular school environment and to a broad, balanced and relevant curriculum (Gherguț, 2011).

Romania takes account about international bodies recommendations and created the legislation on the education of persons with special educational needs, in according with international documents which was joined: *United Nations Convention on the Rights of the Child (1990)*, *The Jomtien Statement on Education for All (1990)*, *The Standard Rules on Equalisation of Opportunities for People with Disabilities (1993)* and *The Salamanca Statement (1994)* (Vrașmas & Daunt, 1997; Gherguț, 2011).

Gherguț (2011) made a brief presentation of principal moments and events which have marked reform process of inclusion on Romanian educational system after communist regime:

- Since 1993 the Ministry of Education in Romania, with support from UNICEF, has carried out a series of initiatives in order to explore ways of encouraging the development of more inclusive practices. The Romanian initiative has included a programme of awareness-raising involving teachers, inspectors and teacher trainers from around the country;
- The Salamanca Conference on Special Needs Education from 1994 came in a ripped time for Romania - one year after the two pilot projects have started – focusing on integration. The concept of inclusive education was launched inside the two pilot projects and in the RENINCO (National Network of Information and Cooperation for Integration into the Community of Children with Special Needs) activities, starting with the autumn of 1994;
- Other teacher education initiatives, such as the Tempus Programs, since 1995, which fund collaborative partnerships between Western universities and East European teachers and their trainers, have taken steps towards developing the understanding of leaders in this field about how to manage and support the process of change;
- The Education Law from 1995 has included an implicit inclusive approach: all Romanian citizens have an equal right to education, at all levels and in all forms, regardless of gender, race, nationality, religious, or political affiliation and social or economical status; also, the state is ensuring the principles of democratic education, and guarantees the right to differentiated education, on the basis of educational pluralism;
- After 1997 has extended the development of partnerships between schools and national and relevant international organizations in the field (RENINCO, UNICEF, UNESCO, etc), developing training programs about integration for teachers in regular schools and special schools, developing local projects for inclusion, developing partnerships between professionals, parents and volunteers;
- The isolation in special schools has been slightly stopped in 2001, when 18.000 children with disabilities from special schools were transferred to ordinary schools. Unfortunately this decision has generated many convulsions and resistances to change from schools and

parents because the conditions needed here were not enough developed (for example, adapted curriculum, training of teachers and the development of a supportive attitude in schools);

- Between June 2002 - December 2003 was developed National Program *A School for All* launched by the MEC in partnership with UNICEF Romania, National Authority for Child Protection and Adoption (NACP) and the RENINCO, which has sought information, awareness and preparation of school and community to integrate children and youth with special educational needs;
- Between 2004-2007 was applied *Develop National Action Plan on Education for Children with Special Educational Needs* with 3 directions: develop and implement ongoing training programs for teaching staff in schools; schools, families and communities awareness on the importance and positive effects of socialization process and social integration of children with disabilities; acceptance of human diversity as a natural fact necessary in society.
- A Government Decree, 1251 from 2005 has introduced a new concept – *integrated special education* – not clearly defined. The terms *inclusion*, *inclusive education* and *inclusive school* have been also introduced in this recent piece of legislation, but under the umbrella of *integrated special education*. The definition of *inclusion* in the Decree from 2005 is the following: “*Inclusive education means an ongoing process of upgrading the school institution, with the aim of exploiting (valuing) the existing resources, particularly human resources, in order to support the participation in learning of all pupils from inside a community.*” It has taken 10 years since the inclusive concept already launched in the scientific and practical work in Romania to be included in a piece of legislation;
- Legislation has been supplemented by rules, methodologies and regulations developed and approved by order of minister by Ministry of Education (MEC): Order by Minister no. 4378/7.09.1999 regarding the approval of the program: “*Measures for the organization of special education*”; Order by Minister no. 3634/12.04.2000 to maintain the approving the national program: *The integration and rehabilitation of children with disabilities in/by community*; Order Minister of Education and Research, no. 5379/25.11.2004 on methodology of organization and operation of educational services by teachers support/peripatetic teacher for children with special educational needs in mainstreaming education; Order MEC no. 3662/27.03.2003 approving the Methodology for establishing and functioning of the Commission of Internal Continuous Assessment of children with special needs; Government Decision 1251/2005, which has structure, organization, forms and types of institutions and personnel in special schools and especially integrated Government Decision no. nr.1251 / 2005 on the organization of special education; Order Ministry of Education, Research and Youth, no.1529/18.07.2007 diversity on development issues in the national curriculum; Order of Ministry of Education, Research and Innovation, no. 3414 of 16.03.2009 on approval of the Framework Plan for special education school.

At present, there are frequent debates around the role of environmental and attitude factors, in order to emphasize that disability is not an attribute of the person but rather a relationship between a person with a particular disability and / environment. The unadjusted environment is the one that “disables” the person, especially due to architectural obstacles but not only, and in this relationship the assumption of responsibility to remove barriers and to facilitate active participation in the social life of people with disabilities becomes an obligation of each of us (UNICEF, 2013).

Currently, the most powerful international disability instrument is the United Nations Convention on the Rights of Persons with Disabilities, adopted by the United Nations General Assembly on 13 December 2006, together with the Optional and Open Protocol for the United Nations Headquarters in New York, starting with March 30, 2007. The Convention is the highest legal document that ensures the full enjoyment of all human rights and freedoms by all

persons with disabilities. Romania signed the Convention on September 26, 2007 and ratified it by Law no. 221/2010, published in the Official Gazette no. 792 of 26 November 2010 but has not yet ratified the Optional Protocol. In order to ensure the effective implementation of the Convention, the European Commission adopted, on 15 November 2010, *The European Disability Strategy 2010-2020: a renewed commitment to a barrier-free Europe*, setting out the priorities and the work plan for the coming years. The overall objective of this strategy is to give people with disabilities the capacity to enjoy full rights and to fully benefit from participation in European social and economic life. The strategy focuses on removing barriers in eight main areas of action: Accessibility, Participation, Equality, Employment, Education and Training, Social Protection, Health and External Action (UNICEF, 2013).

#### **5. Programs (educational, social...) for families of children SN**

The support and caretaking of people with disabilities is the focus of the educators, pediatric doctors, kineto-therapists, logopedy but also of the parents/legal guardians of the children with disabilities. The Salamanca Declaration (UNESCO, 1994) underlines the role that parents need to play in education: *"...the purpose of a successful education of the children with SEN is not only the duty of the Ministry of Education and of the schools. A successful education necessitates the cooperation of families, community, volunteer organizations as well as the public at large", and later "Parents [...] as much as possible, need to be given the choice of the type of education they want for their children."* Thus, the currently accepted model for inclusive education is that of a partnership between the educational psychologist and the parent. This partnership involves a distribution of responsibilities (O'Connor, 2003; Gliga & Popa, 2010) where the parent overcomes his/her role of "client" and takes an active role in their children education. Whether this partnership is successful depends on the interplay between traditional and modern values in society. In many societies teachers are traditionally considered as being the sole actors in taking educational decisions, and parents of children without disabilities are reluctant to any changes in their children educational environment (Mitchell, 2005). Glica and Popa (2010) focus on parents' views about inclusive education because of the crucial role those have as "teachers", "partners" and "lawyers", especially at the moment where children finish kindergarten and start school. Their role of teachers is required to reinforce and generalize the skills required for formal schooling. As partners, they work along with the educational psychologists to help the child familiarize with the new environment and demands and solve any difficulties encountered. Also they often have to navigate through legislative procedures in order to obtain the financial and educational benefits their child requires. The belief that inclusive education can and will work for their child is therefore the crucial drive, without which many will not have the strength to embark on this path (Gliga & Popa, 2010).

To increase the access of children with disabilities to community life, day care and recovery centers are of vital importance. The number, diversity and availability of such services are limited and on the other hand, transport insurance is a key element. In June 2013, the Bucharest Branch of ASCHF-R organized 4 focus groups to investigate the obstacles faced by parents and their needs. The report shows how hard it is for parents to find solutions for the complex, educational, rehabilitation and socialization services their children need (UNICEF, 2013; [www.czaurora.ro](http://www.czaurora.ro)). In order to prevent and / or overcome the situations that could lead to separation of the child with disabilities from his / her family but also the aggravation of the child's deficiencies, day services should be present in all communities in different forms such as day centers, counseling and support for parents, recovery centers, occupational therapy centers, assistance and support, and others. Local councils and county councils should intervene by providing assistance and support to parents and by developing diversified, affordable and quality services tailored to the needs of the child in order to grow and develop (UNICEF, 2013).



Social Assistance Law no. 292/2011 mentions the possibility of organizing social services in an integrated system, along with those in the field of employment, health, education or other social services in the community. This way of providing services implies a very good coordination of activities in different areas of intervention, as well as a close and effective collaboration between professionals in these areas. The purpose of providing integrated services is to better meet the complex needs of users, as well as to make better use of existing resources at the local level (Social Assistance Law no. 292/2011).

And yet, even if there is an encouraging legislative framework, the diverse needs of children make parents persistently look for the type of center where the child has access to more services and be cared for, encouraged and supported in everything he does. Sometimes parents have the initiative to set up such a center, as it did in 1995, when parents of children with severe and associated neuromotor disabilities decided to set up the Aurora Day Center or in February 2000 ([www.czaurora.ro](http://www.czaurora.ro)), when the parents of the St. Ana Association have established a day care center with direct care, recovery, socialization and support for school education for their children with mental and associated disabilities ([www.sf-ana.ro](http://www.sf-ana.ro)) and examples can continue. Caritas Romania ([www.caritasromania.ro](http://www.caritasromania.ro)) founded in 1992 a center for children with Langdon-Down Syndrome, which since 2008 has become a center for supporting preschool and school children with disabilities and their families, and which, besides the specific services of recovery, therapy occupational, speech therapy, psychomotricity, provides parents with information and guidance, emotional support, psychological counseling, counseling, and parental school programs (UNICEF, 2013).

Many services have been set up and / or developed by non-governmental organizations in the early intervention area, precisely because of the importance to be given to it but, at the same time, have a limited sphere of action. The Inocenti Foundation in Bistrita has initiated an early intervention program for children with developmental and neuro-psycho-motor deficiencies in the county and offers therapeutic and psychological rehabilitation and kineto services at home and at home, counseling and information , support groups for parents but also support in taking steps related to the medical recovery of the child ([www.inocenti.ro](http://www.inocenti.ro)). Another type of early intervention takes place at Târgu Mureș Center for Early Prevention and Intervention of Neuro - Psycho - Motors Disabilities, organized by the Alpha Transilvania Foundation. The Impuls Center has in time developed an efficient way of collaboration and partnership with the local authorities, the Neonatology Clinic and the Premature Clinic of the Mureș County Clinic Hospital, with family doctors, so far over 1000 children have benefited by specialized services aimed at reducing or eliminating neuro-psycho-motor delays of young children aged 0 to 3, as well as counseling and assistance to parents ([www.alphatransilvania.ro](http://www.alphatransilvania.ro)).

Opportunities for developing specialized services have been created in recent years by the active funding lines through the Structural Funds. Through the project "And they must have a chance! - support program for the social and professional integration of people with Autistic Spectrum Disorders ", for example, 40 counseling and assistance centers were set up and endowed for children / young people with TSA and their dependents (UNICEF, 2013). In the same context, the Ministry of Labor, Family, Social Protection and Elderly People implemented the project "Increasing the Capacity of Local Public Authorities in Romania to Support Children with Disabilities within Their Own Family". Twenty multidisciplinary mobile teams, consisting of a speech therapist, physical therapist, occupational therapist, pediatrician, specialized educator, social worker, have been created to provide support to children with disabilities, their parents and specialists in the community where the children are in order to meet the objectives set in the recovery plan and the formation of its members in the counties: Arad, Arges, Bihor, Bistrita Nasaud, Braila, Brasov, Dambovita, Dolj, Galati, Giurgiu, Gorj, Mehedinti, Vaslui, sector 4 and sector 6 - Bucharest. The mobile teams set up

by the project have subsequently become an integral part of the services provided by the DGASPC in the counties involved ([www.mmuncii.ro](http://www.mmuncii.ro)).

The functioning of the family can not be separated from the societal context. No matter how strong it may be, however much cohesion is among its members, the family also needs support from other members of society. In addition, the social perception of disability is often not favorable, social inclusion is inevitably affected by societal and cultural barriers (Gherguț, 2007; Roth & Rebeleanu, 2007). As we can see here, the role of society, of the values that it promotes, intervenes, which also contribute to the integration of this population into the community.

Synthesizing the data obtained from qualitative analyzes and quantitative analysis, Chercheș (2011) reported the most important problems / needs encountered in families with a disabled child: difficulties in accessing specialized medical services, problems with the integration of children into an educational structure, insufficient resources financial difficulties, difficulties for children and families in rural areas in accessing services (specific therapies, medical recovery services, etc.), the fact that they do not have information about the services they can benefit from, they have difficulties in understanding the information provided by the specialists, on the future of children, given that there are no services such as: sheltered workshops, occupational therapy centers, residential centers, respiration centers etc. Taking into account these specific needs of children with disabilities and their families, in order to improve the quality of individual and family life, the researchers propose a series of steps: accessing non-reimbursable funds for the development of new services of those mentioned as nonexistent; public awareness campaigns on the implications of individual, family, community and social disability, and the role of the active involvement of each member of society in helping those who face such problems; initiating and developing research in the field to assess the phenomenon and proposing appropriate intervention measures; developing partnerships between public, private and civil society institutions; the compatibility of legislation in the field with the real needs of this category (Chercheș, 2011).



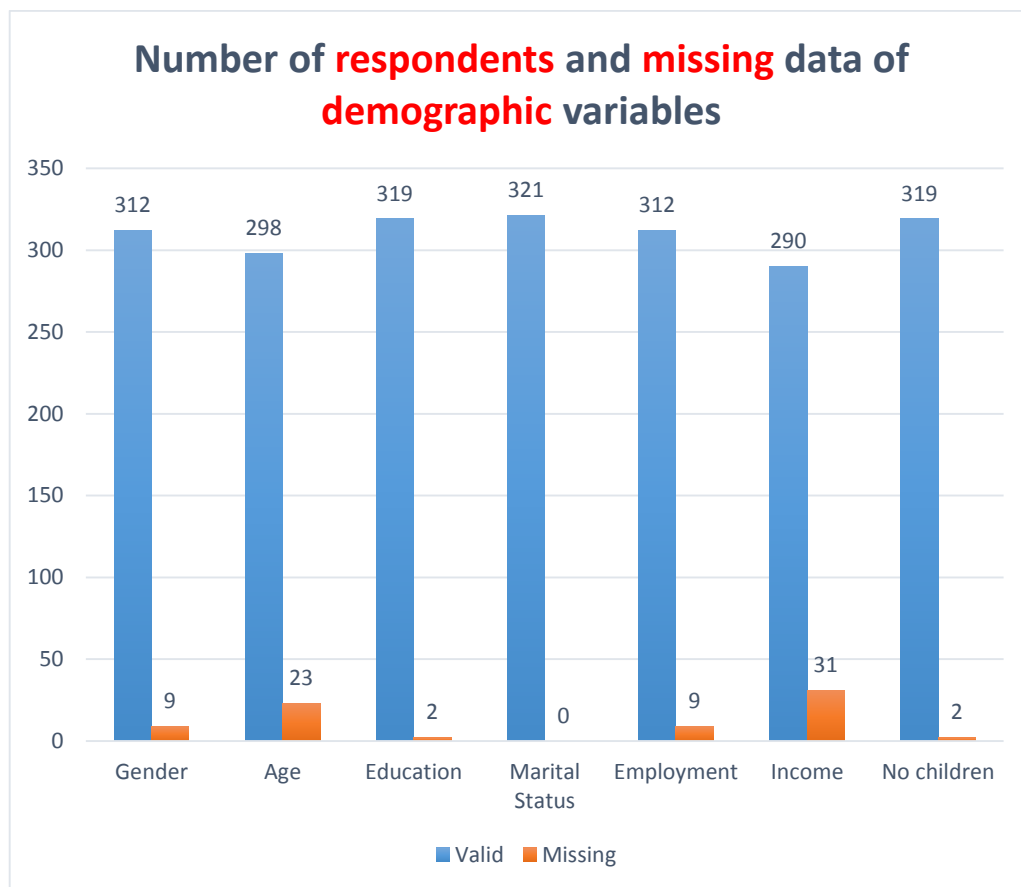
## PART II. RESULTS

### *Description of the sample*

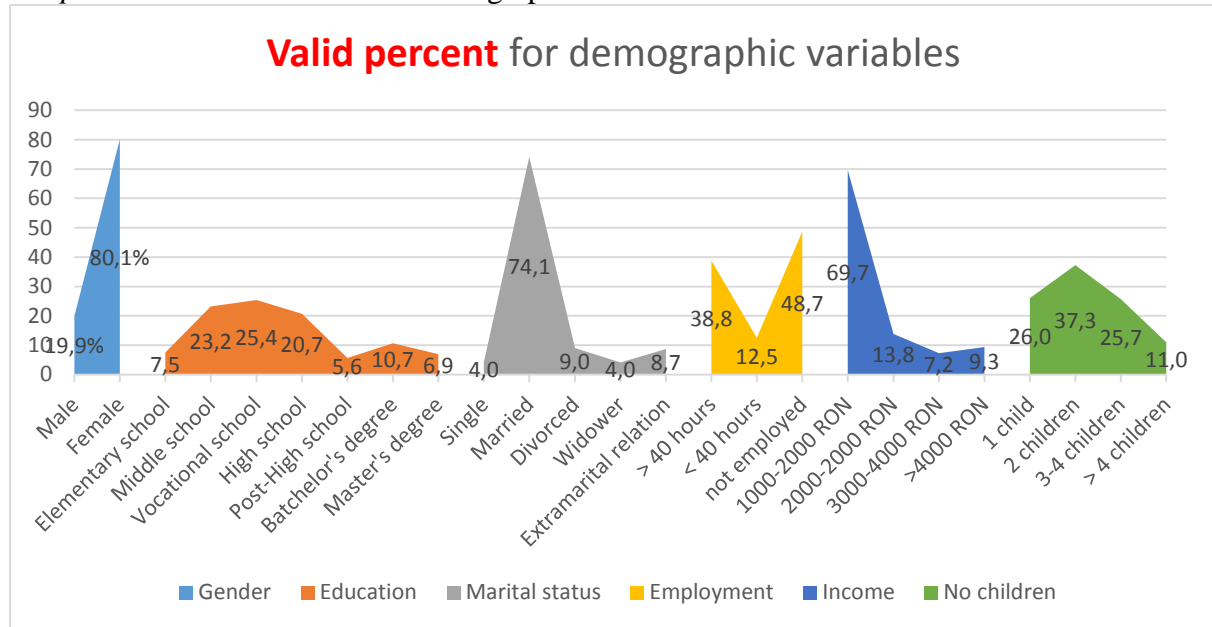
The research sample has 321 respondents of which 81,1 women and 9,1 men.

„Income”, which is a sensitive subject, was reported by 290 respondents and 31 of them didn't provide data at all. A second variable which scored high, regarding missing data, was “Age”: 23 missing data from 298 respondents. “Marital status” reported no missing data.

*Graph 1: Missing data*



Graph 2: Characteristics of the demographic variables.



The sample consists of 81% women and 9.9% men, most participants graduated a vocational school (25.4%), and the least graduated Post-High school (5.6%).

The vast majority are „married” (74.1%), and only 4% are “widowers”.

Most of them are „not employed” (48.7%), 38.8% work more than 40 hours per day, and only 12.5% work less than 12.5 hours a day.

Most respondents in our sample earn on average between 1000 and 2000 RON per month, that would be between 230 Euro and 460 Euro, per month. 9.3% of the respondents earn more than 4000 RON per month (about 890 EURO).

37.3% have got 2 children, 26% have got 1 child and 25.7% have between 3 or 4 children. 11% have got more than 4 children.

Age of the respondents ranges between 22 and 66. The mean was 41.51. 33% of the respondents are no more than 37 years old, and cumulative 66% are no more than 46 years old.

**To sum up, our sample consists mainly from participants with a ~42 mean age, who are women, with vocational school diploma, married, not employed, earning about 230 Euro and 460 Euro per month, and who have got 1 child.**

### Description of results

Descriptive statistics below show some results regarding the number of respondents (N), missing data (Missing) or valid number of respondents (Valid), mean, standard deviation, the minimum and maximum value. (See Table 1)

Table 1: Descriptive statistics

	N		Mean	Std. Deviation	Minimum	Maximum
	Valid	Missing				
emwarmth	319	2	4.4190	.64818	2.00	5.00
negcom	314	7	2.4007	.80123	1.00	5.00
gstress	317	4	2.0917	.65649	1.00	4.00
pstress	321	0	2.1495	.53542	1.00	3.50
posRC	319	2	3.4213	.74444	1.00	5.00

negRC	318	3	2.6882	1.05581	1.00	5.00
SDCpart	296	25	3.6845	1.24974	1.00	5.00
SDC	296	25	3.9708	.96398	1.00	5.00
awar	315	6	2.5402	.95343	1.00	4.67
clarity	315	6	2.2275	.85560	1.00	5.00
goals	315	6	1.9397	.79657	1.00	5.00
impuls	317	4	1.8649	.75407	1.00	5.00
nonacc	315	6	2.3720	.83905	1.00	5.00
strat	318	3	2.0383	.73483	1.00	5.00
DERStot	318	3	2.1646	.57270	1.00	4.31
support	134	187	4.1953	.71811	1.00	5.00
community	133	188	3.9987	.71583	1.00	5.00
trust	134	187	3.4403	.73758	1.00	5.00
respect	134	187	4.0050	.67164	1.33	5.00
loneliness	317	4	2.3423	.96557	1.00	5.00
belong	316	5	3.6366	.94592	1.00	5.00
relsat	296	25	3.3109	.45616	1.67	5.00

The only difference between male and female participants was regarding emotional warmth. T test indicates that there is a significant difference between male participants ( $M = 4.14$ ,  $SD = .75$ ) and female participants ( $M = 4.48$ ,  $SD = 0.61$ ),  $p = 0.002$ . (see Table 2). In other words, in the vast majority of cases, there is not a significant influence of sex on the main variables in the present research.

Table 2: Descriptive statistics regarding research variables split by sex

	t	df	Sig. (2- tailed )	Mean Differenc e	Std. Error Differenc e	95% Confidence Interval of the Difference	
						Lower	Upper
Emotional Warmth	- 3.20 3	78.310	<b>.002</b>	-.33556	.10478	-. 5441 4	-. 1269 7
Negative Communication	1.53 3	303	.126	.17957	.11712	-. 0508 9	.4100 4
General Stress	.734	306	.463	.06956	.09471	-. 1168 2	.2559 3
Parental Stress	.241	310	.810	.01828	.07589	-. 1310 5	.1676 1
Positive Religious Coping	-. 418	308	.676	-.04437	.10619	-. 2533 2	.1645 8
Negative Religious Coping	.541	307	.589	.08181	.15115	-. 2156 2	.3792 3

Supportive Dyadic Coping by partner	- .636	286	.525	-.11640	.18308	- .4767 7	.2439 6
Supportive Dyadic Coping by oneself	- 1.53 6	286	.126	-.22116	.14394	- .5044 8	.0621 6
Awareness	1.92 5	306	.055	.26220	.13617	- .0057 6	.5301 5
Clarity	.751	306	.453	.09272	.12347	- .1502 4	.3356 8
Goals	1.07 7	306	.282	.12276	.11394	- .1014 3	.3469 6
Impulse	1.24 3	306	.215	.13327	.10720	- .0776 7	.3442 2
Nonacceptanc e	.139	101.07 9	.890	.01561	.11226	- .2070 9	.2383 1
Strategies	1.10 1	307	.272	.11641	.10577	- .0917 1	.3245 3
DERStot	1.52 8	307	.128	.12455	.08152	- .0358 6	.2849 7
Support	- .299	128	.765	-.04978	.16620	- .3786 3	.2790 8
Community	.321	127	.749	.05291	.16471	- .2730 1	.3788 4
Trust	1.25 5	128	.212	.21089	.16799	- .1215 0	.5432 8
Respect	- 1.29 6	128	.197	-.19992	.15429	- .5052 1	.1053 7
Lonely	- .295	306	.768	-.04085	.13852	- .3134 2	.2317 2
Belonging	- .722	305	.471	-.09703	.13437	- .3614 4	.1673 8

Relations	- 1.04 4	286	.297	-.06935	.06644	-. .2001 2	.0614 3
Wellbeing	-. .148	306	.882	-.01371	.09265	-. .1960 1	.1686 0
loneliness_r	.295	306	.768	.04085	.13852	-. .2317 2	.3134 2

The correlation matrix indicated that there are multiple correlations between the most variables analyzed. ‘Wellbeing’, which is a dependent variable in the research, correlates with the most variables, except for ‘negative communication’ ‘Supportive Dyadic Coping by oneself’ and ‘non-acceptance’. Most of the correlations have highly significant p values, which indicates a high probability that the sample data fits the populations.

Table 3: Correlations

		goal s	impul s	nonac c	stra t	DERSt ot	suppo rt	communi ty	trus t	respe ct
Goals	Pearson Correlati on	1	.677	.680	.66 8	.807	-.025	.186	-. .05 6	-.042
	Sig. (2- tailed)		.000	.000	.00 0	.000	.779	.033	.52 1	.627
	N	315	314	315	315	315	133	132	133	133
Impulse	Pearson Correlati on	.677	1	.506	.71 1	.790	-.143	.028	-. .14 8	-.199
	Sig. (2- tailed)	.000		.000	.00 0	.000	.100	.750	.08 7	.021
	N	314	317	314	317	317	134	133	134	134
Nonacceptanc e	Pearson Correlati on	.680	.506	1	.62 0	.758	-.086	.049	-. .09 8	-.167
	Sig. (2- tailed)	.000	.000		.00 0	.000	.326	.577	.26 0	.055
	N	315	314	315	315	315	133	132	133	133
Strategies	Pearson Correlati on	.668	.711	.620	1	.836	-.043	.086	-. .16 9	-.066
	Sig. (2- tailed)	.000	.000	.000		.000	.621	.323	.05 1	.449
	N	315	317	315	318	318	134	133	134	134
DERStot	Pearson Correlati on	.807	.790	.758	.83 6	1	-.149	.040	-. .23 8	-.221
	Sig. (2- tailed)	.000	.000	.000	.00 0		.085	.649	.00 6	.010
	N	315	317	315	318	318	134	133	134	134

Support	Pearson Correlation	-.025	-.143	-.086	-.043	-.149	1	.496	.368	.428
	Sig. (2-tailed)	.779	.100	.326	.621	.085		.000	.000	.000
	N	133	134	133	134	134	134	133	134	134
Community	Pearson Correlation	.186	.028	.049	.086	.040	.496	1	.341	.416
	Sig. (2-tailed)	.033	.750	.577	.323	.649	.000		.000	.000
	N	132	133	132	133	133	133	133	133	133
Trust	Pearson Correlation	-.056	-.148	-.098	.169	-.238	.368	.341	1	.363
	Sig. (2-tailed)	.521	.087	.260	.051	.006	.000	.000		.000
	N	133	134	133	134	134	134	133	134	134
Respect	Pearson Correlation	-.042	-.199	-.167	.066	-.221	.428	.416	.363	1
	Sig. (2-tailed)	.627	.021	.055	.449	.010	.000	.000	.000	
	N	133	134	133	134	134	134	133	134	134
Loneliness	Pearson Correlation	.265	.343	.236	.376	.394	-.418	-.417	-.207	-.285
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.000	.000	.017	.001
	N	314	315	314	316	316	134	133	134	134
Emotional Warmth	Pearson Correlation	-.026	-.046	.026	.024	-.123	.203	.258	.037	.299
	Sig. (2-tailed)	.644	.414	.647	.677	.028	.019	.003	.672	.000
	N	313	315	313	316	316	134	133	134	134
Negative Communication	Pearson Correlation	.282	.267	.122	.211	.224	.006	.002	.103	.019
	Sig. (2-tailed)	.000	.000	.032	.000	.000	.947	.985	.238	.824
	N	308	310	308	311	311	133	132	133	133
General Stress	Pearson Correlation	.305	.299	.220	.298	.356	-.214	-.069	.171	-.074
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.014	.434	.049	.395
	N	312	314	312	315	315	133	132	133	133



Parental Stress	Pearson Correlation	.305	.334	.192	.295	.404	-.165	.010	-.268	-.041
	Sig. (2-tailed)	.000	.000	.001	.000	.000	.057	.912	.002	.637
	N	315	317	315	318	318	134	133	134	134
Positive Religious Coping	Pearson Correlation	.021	-.045	.071	.026	-.079	.143	.237	.102	.099
	Sig. (2-tailed)	.716	.425	.206	.643	.161	.099	.006	.240	.257
	N	315	317	315	318	318	134	133	134	134
Negative Religious Coping	Pearson Correlation	.047	.056	.024	.041	.049	-.148	-.123	-.230	-.061
	Sig. (2-tailed)	.402	.319	.673	.464	.389	.089	.161	.008	.486
	N	314	316	314	317	317	133	132	133	133
Supportive Dyadic Coping by partner	Pearson Correlation	-.045	-.089	-.029	-.214	-.212	.082	.105	.231	.042
	Sig. (2-tailed)	.441	.127	.617	.000	.000	.353	.239	.008	.634
	N	293	293	293	294	294	129	128	129	129
Supportive Dyadic Coping by oneself	Pearson Correlation	-.046	-.102	-.008	-.172	-.198	.117	.110	.126	.081
	Sig. (2-tailed)	.433	.082	.897	.003	.001	.185	.216	.156	.364
	N	292	293	292	294	294	129	128	129	129
Awareness	Pearson Correlation	.067	.129	.045	.097	.384	-.194	-.161	-.211	-.203
	Sig. (2-tailed)	.236	.023	.431	.084	.000	.025	.065	.015	.019
	N	314	314	314	315	315	133	132	133	133
Clarity	Pearson Correlation	.363	.373	.368	.508	.655	-.108	-.014	-.197	-.160
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.217	.875	.024	.067
	N	314	314	314	315	315	132	131	132	132
Belonging	Pearson Correlation	.068	.045	.114	.078	.028	.154	.196	.072	.256
	Sig. (2-tailed)	.229	.424	.044	.170	.621	.075	.024	.411	.003
	N	313	314	313	315	315	134	133	134	134

Relations	Pearson Correlation	-.103	-.194	-.070	-.257	-.259	.008	.090	.059	-.070
	Sig. (2-tailed)	.079	.001	.232	.000	.000	.929	.312	.503	.430
	N	293	294	293	295	295	130	129	130	130
loneliness_r	Pearson Correlation	-.265	-.343	-.236	-.376	-.394	.418	.417	.207	.285
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.000	.000	.017	.001
	N	314	315	314	316	316	134	133	134	134
Wellbeing	Pearson Correlation	-.174	-.234	-.109	-.202	-.266	.721	.734	.385	.682
	Sig. (2-tailed)	.002	.000	.053	.000	.000	.000	.000	.000	.000
	N	314	315	314	316	316	134	133	134	134

Table 4: Correlations

		Loneliness	Emotional Warmth	Negative Communication	General Stress	Parental Stress	Positive Religious Coping	Negative Religious Coping	Supportive Dyadic Coping by partner	Supportive Dyadic Coping by one self	Awareness
Goals	Pearson Correlation	.265	-.026	.282	.305	.305	.021	.047	-.045	-.046	.067
	Sig. (2-tailed)	.000	.644	.000	.000	.000	.716	.402	.441	.433	.236
	N	314	313	308	312	315	315	314	293	292	314
Impulse	Pearson Correlation	.343	-.046	.267	.299	.334	-.045	.056	-.089	-.102	.129

	Sig. (2-tailed)	.000	.414	.000	.000	.000	.425	.319	.127	.082	.023
	N	315	315	310	314	317	317	316	293	293	314
Nonacceptance	Pearson Correlation	.236	.026	.122	.220	.192	.071	.024	-.029	-.008	.045
	Sig. (2-tailed)	.000	.647	.032	.000	.001	.206	.673	.617	.897	.431
	N	314	313	308	312	315	315	314	293	292	314
Strategies	Pearson Correlation	.376	-.024	.211	.298	.295	-.026	.041	-.214	-.172	.097
	Sig. (2-tailed)	.000	.677	.000	.000	.000	.643	.464	.000	.003	.084
	N	316	316	311	315	318	318	317	294	294	315
DERStot	Pearson Correlation	.394	-.123	.224	.356	.404	-.079	.049	-.212	-.198	.384
	Sig. (2-tailed)	.000	.028	.000	.000	.000	.161	.389	.000	.001	.000
	N	316	316	311	315	318	318	317	294	294	315
Support	Pearson Correlation	-.418	.203	.006	-.214	-.165	.143	-.148	.082	.117	-.194
	Sig. (2-tailed)	.000	.019	.947	.014	.057	.099	.089	.353	.185	.025
	N	134	134	133	133	134	134	133	129	129	133
Community	Pearson Correlation	-.417	.258	.002	-.069	.010	.237	-.123	.105	.110	-.161
	Sig. (2-tailed)	.000	.003	.985	.434	.912	.006	.161	.239	.216	.065
	N	133	133	132	132	133	133	132	128	128	132
Trust	Pearson Correlation	-.207	-.037	-.103	-.171	-.268	.102	-.230	.231	.126	-.211
	Sig. (2-tailed)	.017	.672	.238	.049	.002	.240	.008	.008	.156	.015
	N	134	134	133	133	134	134	133	129	129	133
Respect	Pearson Correlation	-.285	.299	.019	-.074	-.041	.099	-.061	.042	.081	-.203

	Sig. (2-tailed)	.001	.000	.824	.395	.637	.257	.486	.634	.364	.019
	N	134	134	133	133	134	134	133	129	129	133
loneliness	Pearson Correlation	1	-.017	.116	.195	.353	-.011	.259	-.216	-.089	.146
	Sig. (2-tailed)		.758	.041	.001	.000	.845	.000	.000	.130	.010
	N	317	315	311	314	317	317	316	294	293	313
Emotional Warmth	Pearson Correlation	-.017	1	-.131	-.171	-.384	.219	-.014	.221	.331	-.413
	Sig. (2-tailed)	.758		.021	.002	.000	.000	.805	.000	.000	.000
	N	315	319	314	317	319	317	316	294	294	313
Negative Communication	Pearson Correlation	.116	-.131	1	.169	.179	.092	.135	-.082	-.058	.070
	Sig. (2-tailed)	.041	.021		.003	.001	.105	.017	.165	.323	.218
	N	311	314	314	312	314	312	311	289	289	308
General Stress	Pearson Correlation	.195	-.171	.169	1	.412	-.115	-.042	-.211	-.147	.239
	Sig. (2-tailed)	.001	.002	.003		.000	.040	.458	.000	.012	.000
	N	314	317	312	317	317	316	316	292	292	312
Parental Stress	Pearson Correlation	.353	-.384	.179	.412	1	-.118	.157	-.258	-.199	.379
	Sig. (2-tailed)	.000	.000	.001	.000		.036	.005	.000	.001	.000
	N	317	319	314	317	321	319	318	296	296	315
Positive Religious Coping	Pearson Correlation	-.011	.219	.092	-.115	-.118	1	.578	.223	.202	-.253
	Sig. (2-tailed)	.845	.000	.105	.040	.036		.000	.000	.000	.000
	N	317	317	312	316	319	319	318	295	295	315
	Pearson Correlation	.259	-.014	.135	-.042	.157	.578	1	.040	.050	.052

Negative Religious Coping	Sig. (2-tailed)	.000	.805	.017	.458	.005	.000		.499	.389	.358
	N	316	316	311	316	318	318	318	294	294	314
Supportive Dyadic Coping by partner	Pearson Correlation	-.216	.221	-.082	-.211	-.258	.223	.040	1	.760	-.343
	Sig. (2-tailed)	.000	.000	.165	.000	.000	.000	.499		.000	.000
	N	294	294	289	292	296	295	294	296	295	292
Supportive Dyadic Coping by oneself	Pearson Correlation	-.089	.331	-.058	-.147	-.199	.202	.050	.760	1	-.343
	Sig. (2-tailed)	.130	.000	.323	.012	.001	.000	.389	.000		.000
	N	293	294	289	292	296	295	294	295	296	292
Awareness	Pearson Correlation	.146	-.413	.070	.239	.379	-.253	.052	-.343	-.343	1
	Sig. (2-tailed)	.010	.000	.218	.000	.000	.000	.358	.000	.000	
	N	313	313	308	312	315	315	314	292	292	315
Clarity	Pearson Correlation	.297	.012	.031	.172	.236	-.035	.008	-.105	-.106	.116
	Sig. (2-tailed)	.000	.828	.591	.002	.000	.540	.882	.074	.071	.040
	N	313	313	308	312	315	315	314	292	292	314
Belonging	Pearson Correlation	-.012	.146	.002	.014	.019	.217	.029	-.007	-.036	-.162
	Sig. (2-tailed)	.829	.010	.968	.811	.732	.000	.613	.899	.535	.004
	N	316	314	310	313	316	316	315	293	292	312
Relations	Pearson Correlation	-.324	.088	-.097	-.155	-.205	.168	.044	.610	.495	-.219
	Sig. (2-tailed)	.000	.131	.099	.008	.000	.004	.453	.000	.000	.000
	N	294	294	289	293	296	296	295	293	293	293
loneliness_r	Pearson Correlation	-1.000	.017	-.116	-.195	-.353	.011	-.259	.216	.089	-.146

	Sig. (2-tailed)	.000	.758	.041	.001	.000	.845	.000	.000	.130	.010
	N	317	315	311	314	317	317	316	294	293	313
Wellbeing	Pearson Correlation	-.705	.167	-.102	-.154	-.267	.119	-.256	.141	.075	-.236
	Sig. (2-tailed)	.000	.003	.073	.006	.000	.034	.000	.015	.202	.000
	N	317	315	311	314	317	317	316	294	293	313

**Table 5: Correlations**

		Clarity	Belonging	Relations	Loneliness	Wellbeing
Goals	Pearson Correlation	.363	.068	-.103	-.265	-.174
	Sig. (2-tailed)	.000	.229	.079	.000	.002
	N	314	313	293	314	314
Impulse	Pearson Correlation	.373	.045	-.194	-.343	-.234
	Sig. (2-tailed)	.000	.424	.001	.000	.000
	N	314	314	294	315	315
Nonacceptance	Pearson Correlation	.368	.114	-.070	-.236	-.109
	Sig. (2-tailed)	.000	.044	.232	.000	.053
	N	314	313	293	314	314
Strategies	Pearson Correlation	.508	.078	-.257	-.376	-.202
	Sig. (2-tailed)	.000	.170	.000	.000	.000
	N	315	315	295	316	316
DERStot	Pearson Correlation	.655	.028	-.259	-.394	-.266
	Sig. (2-tailed)	.000	.621	.000	.000	.000
	N	315	315	295	316	316
Support	Pearson Correlation	-.108	.154	.008	.418	.721
	Sig. (2-tailed)	.217	.075	.929	.000	.000
	N	132	134	130	134	134
Community	Pearson Correlation	-.014	.196	.090	.417	.734
	Sig. (2-tailed)	.875	.024	.312	.000	.000
	N	131	133	129	133	133
Trust	Pearson Correlation	-.197	.072	.059	.207	.385
	Sig. (2-tailed)	.024	.411	.503	.017	.000
	N	132	134	130	134	134



Respect	Pearson Correlation	-.160	.256	-.070	.285	.682
	Sig. (2-tailed)	.067	.003	.430	.001	.000
	N	132	134	130	134	134
Loneliness	Pearson Correlation	.297	-.012	-.324	-1.000	-.705
	Sig. (2-tailed)	.000	.829	.000	.000	.000
	N	313	316	294	317	317
Emotional Warmth	Pearson Correlation	.012	.146	.088	.017	.167
	Sig. (2-tailed)	.828	.010	.131	.758	.003
	N	313	314	294	315	315
Negative Communication	Pearson Correlation	.031	.002	-.097	-.116	-.102
	Sig. (2-tailed)	.591	.968	.099	.041	.073
	N	308	310	289	311	311
General Stress	Pearson Correlation	.172	.014	-.155	-.195	-.154
	Sig. (2-tailed)	.002	.811	.008	.001	.006
	N	312	313	293	314	314
Parental Stress	Pearson Correlation	.236	.019	-.205	-.353	-.267
	Sig. (2-tailed)	.000	.732	.000	.000	.000
	N	315	316	296	317	317
Positive Religious Coping	Pearson Correlation	-.035	.217	.168	.011	.119
	Sig. (2-tailed)	.540	.000	.004	.845	.034
	N	315	316	296	317	317
Negative Religious Coping	Pearson Correlation	.008	.029	.044	-.259	-.256
	Sig. (2-tailed)	.882	.613	.453	.000	.000
	N	314	315	295	316	316
Supportive Dyadic Coping by partner	Pearson Correlation	-.105	-.007	.610	.216	.141
	Sig. (2-tailed)	.074	.899	.000	.000	.015
	N	292	293	293	294	294
Supportive Dyadic Coping by oneself	Pearson Correlation	-.106	-.036	.495	.089	.075
	Sig. (2-tailed)	.071	.535	.000	.130	.202
	N	292	292	293	293	293
Awareness	Pearson Correlation	.116	-.162	-.219	-.146	-.236
	Sig. (2-tailed)	.040	.004	.000	.010	.000
	N	314	312	293	313	313
Clarity	Pearson Correlation	1	.025	-.175	-.297	-.147
	Sig. (2-tailed)		.657	.003	.000	.009
	N	315	312	293	313	313

Belonging	Pearson Correlation	.025	1	-.026	.012	.614
	Sig. (2-tailed)	.657		.664	.829	.000
	N	312	316	293	316	316
Relations	Pearson Correlation	-.175	-.026	1	.324	.174
	Sig. (2-tailed)	.003	.664		.000	.003
	N	293	293	296	294	294
loneliness_r	Pearson Correlation	-.297	.012	.324	1	.705
	Sig. (2-tailed)	.000	.829	.000		.000
	N	313	316	294	317	317
Wellbeing	Pearson Correlation	-.147	.614	.174	.705	1
	Sig. (2-tailed)	.009	.000	.003	.000	
	N	313	316	294	317	317

### 3.d. Differences in Emotional Regulation Scale regarding Parents' Education

In order to assess the influence of education on emotional regulation scales we performed an ANOVA analysis. The table below indicated that most scales correlate with education, except for “non-acceptance”, “support”, “trust”, “respect”, or “relations”.

Table 6: Correlations

		education
Awareness	Pearson Correlation	-.194
	Sig. (2-tailed)	.001
	N	313
Clarity	Pearson Correlation	-.250
	Sig. (2-tailed)	.000
	N	313
Goals	Pearson Correlation	-.127
	Sig. (2-tailed)	.025
	N	313
Impulse	Pearson Correlation	-.170
	Sig. (2-tailed)	.003
	N	315
Non-acceptance	Pearson Correlation	-.050
	Sig. (2-tailed)	.376
	N	313
Strategies	Pearson Correlation	-.204
	Sig. (2-tailed)	.000
	N	316
DERStot	Pearson Correlation	-.242
	Sig. (2-tailed)	.000
	N	316
Support	Pearson Correlation	-.132
	Sig. (2-tailed)	.131
	N	133

Community	Pearson Correlation	-.322
	Sig. (2-tailed)	.000
	N	132
Trust	Pearson Correlation	-.017
	Sig. (2-tailed)	.847
	N	133
Respect	Pearson Correlation	-.128
	Sig. (2-tailed)	.142
	N	133
Loneliness	Pearson Correlation	-.153
	Sig. (2-tailed)	.007
	N	315
Belonging	Pearson Correlation	.043
	Sig. (2-tailed)	.444
	N	314
Relations	Pearson Correlation	.105
	Sig. (2-tailed)	.072
	N	294
Wellbeing	Pearson Correlation	.120
	Sig. (2-tailed)	.033
	N	315
education	Pearson Correlation	1
	N	319

The ANOVA table shows that there are significant effects of education on most scales of emotional regulation construct. The analysis did not find any effect for “support”, “trust”, “respect”, “loneliness”, “belonging” and “wellbeing”.

Using ANOVA and Bonferroni Post Hoc Test the results showed (Table 7) that there are differences between groups on the following variables:

Awareness (F=2.887; p=0.009);  
Clarity (F=4.331; p=0.000);  
Goals (F=3.060; p=0.006);  
Impulse (F=3.893; p=0.046);  
Non-acceptance (F=2.678; p=0.015);  
Strategies (F=3.308; p=0.004);  
DERStot (F=4.343; p=0.000);  
Community (F=3.957; p=0.001);  
Relations (F=2.197; p=0.043);

Table 7: ANOVA table

ANOVA						
		Sum of Squares	df	Mean Square	F	Sig.
Awareness	Between Groups	15.293	6	2.549	2.887	.009
	Within Groups	270.125	306	.883		
	Total	285.417	312			
Clarity	Between Groups	17.967	6	2.994	4.331	.000

	Within Groups	211.568	306	.691		
	Total	229.535	312			
Goals	Between Groups	11.223	6	1.871	3.060	.006
	Within Groups	187.057	306	.611		
	Total	198.281	312			
Impulse	Between Groups	7.286	6	1.214	2.170	.046
	Within Groups	172.341	308	.560		
	Total	179.627	314			
Nonacceptance	Between Groups	11.014	6	1.836	2.678	.015
	Within Groups	209.765	306	.686		
	Total	220.779	312			
Strategies	Between Groups	10.322	6	1.720	3.308	.004
	Within Groups	160.711	309	.520		
	Total	171.033	315			
DERStot	Between Groups	8.077	6	1.346	4.343	.000
	Within Groups	95.779	309	.310		
	Total	103.856	315			
Support	Between Groups	3.730	6	.622	1.209	.306
	Within Groups	64.816	126	.514		
	Total	68.546	132			
Community	Between Groups	10.778	6	1.796	3.957	.001
	Within Groups	56.748	125	.454		
	Total	67.526	131			
Trust	Between Groups	1.842	6	.307	.558	.763
	Within Groups	69.279	126	.550		
	Total	71.121	132			
Respect	Between Groups	4.458	6	.743	1.717	.122
	Within Groups	54.541	126	.433		
	Total	58.999	132			

loneliness	Between Groups	11.174	6	1.862	2.047	.059
	Within Groups	280.242	308	.910		
	Total	291.416	314			
Belonging	Between Groups	1.988	6	.331	.367	.900
	Within Groups	277.508	307	.904		
	Total	279.495	313			
Relations	Between Groups	2.672	6	.445	2.197	.043
	Within Groups	58.170	287	.203		
	Total	60.842	293			
Wellbeing	Between Groups	4.196	6	.699	1.707	.119
	Within Groups	126.203	308	.410		
	Total	130.399	314			

### Correlation between stress and other variables

The present research includes variables which refer to “general parental stress” and “parental stress”. Both variables correlate with most constructs included in the present research.

‘Parental stress’ negatively correlates with ‘emotional warmth’ ( $r = -.384, p = .000$ ) with ‘positive religious coping’ ( $r = -.118, p = .036$ ), ‘Supportive Dyadic Coping by partner’ ( $r = -.258, p = .000$ ), ‘Supportive Dyadic Coping by oneself’ ( $r = -.199, p = .001$ ), ‘trust’ ( $r = -.268, p = .002$ ), ‘relations’ ( $r = -.205, p = .000$ ), ‘loneliness’ ( $r = -.353, p = .000$ ), ‘wellbeing’ ( $r = -.267, p = .000$ ), ‘education’ ( $r = -.214, p = .000$ ), ‘income’ ( $r = -.130, p = .027$ ). All these correlations are of a small size effect.

‘Parental stress’ positively correlates with: ‘negative communication’ ( $r = .179, p = .001$ ), ‘negative religious coping’ ( $r = .157, p = .005$ ), ‘awareness’ ( $r = .379, p = .000$ ), ‘clarity’ ( $r = .236, p = .000$ ) ‘goals’ ( $r = .305, p = .000$ ), ‘impulse’ ( $r = .334, p = .000$ ) ‘non-acceptance’ ( $r = .192, p = .001$ ), ‘strategies’ ( $r = .295, p = .000$ ), ‘DERStot’ ( $r = .404, p = .000$ ), ‘loneliness’ ( $r = .353, p = .000$ ) ‘employment’ ( $r = .154, p = .006$ ) ‘religious faith’ ( $r = .197, p = .000$ ).

‘General stress’ negatively correlates with: ‘emotional warmth’ ( $r = .171, p = .002$ ), ‘positive religious coping’ ( $r = -.115, p = .040$ ), ‘Supportive Dyadic Coping by partner’ ( $r = -.211, p = .000$ ), ‘Supportive Dyadic Coping by oneself’ ( $r = -.147, p = .012$ ) ‘support’ ( $r = -.214, p = .014$ ), ‘trust’ ( $r = -.171, p = .049$ ) ‘relations’ ( $r = -.155, p = .008$ ) ‘loneliness’ ( $r = -.195, p = .001$ ) ‘wellbeing’ ( $r = .154, p = .006$ ) ‘income’ ( $r = -.132, p = .026$ ).

‘General stress’ positively correlates with: negative communication ( $r = .169, p = .003$ ), awareness ( $r = .239, p = .000$ ), clarity ( $r = .172, p = .002$ ), goals ( $r = .305, p = .000$ ), impulse

( $r = .299$ ,  $p = .000$ ), non-acceptance ( $r = .220$ ,  $p = .000$ ), strategies ( $r = .298$ ,  $p = .000$ ), DERStot ( $r = .356$ ,  $p = .000$ ), loneliness ( $r = .195$ ,  $p = .001$ ).

## **Discussion**

These results show that there is a difference between males and females participants regarding emotional warmth. Female subjects are emotionally warmer than males.

Then, 'Wellbeing' correlates with most variables analysis. Beyond the semantics regarding the significant correlations, these results indicate that the database is sufficiently large to underline significant associations between variables, which are shown in international literature to correlate. As a matter of fact, given the fact that there are enough number of subjects, and the data collection was correctly performed, theoretically, most variables should negatively or positively correlate. Most correlations are significant at a significance level close to .000, indicating that the likeability of these results to be found in the main population is high. Any correlation close to .050 would definitely require a retest.

Moreover, parental education level is negatively or positively associated with most variables. It is important to notice that the more educated parents are the higher levels of wellbeing they live.

In addition, stress is a major factor affecting family life and parenting satisfaction. That's why, results indicated that general parental stress or parental stress correlate with most variables in the matrix. Parental stress is inversely related to supportive dyadic coping or loneliness or even education. The more educated are the parents, the less parental stress they experience. It is also to be noticed that 'general stress' negatively correlates with 'income', meaning that, the higher the income, the less stress parents experience. In addition, parental general stress is negatively correlated with oneself or partner supportive dyadic coping, meaning that the more coping there is, the less general stress is felt.

## **Conclusions**

These results are based on descriptive statistics or preliminary data analysis using correlations. Yet, the data indicates that parental wellbeing is definitely related to a lot of variables that count in the equation describing the parent-child interactions. Further analysis will show that there are more complex associations between variables, and that wellbeing and low levels of stress are related to certain conditions regarding psycho-interactional constructs.



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