

# Stress and Coping in Siblings of Individuals with IDDs Miles Abney, Jessika Boles\*, PhD, CCLS



## Background & Research Questions

#### **Background:**

- In the United States alone, approximately one in every six children and adolescents are living with intellectual and/or developmental disability (IDDs) (Cogswell et al., 2022)
- Impacts of caring for a child with IDD can include increased overall stress and anxiety, adjustment problems, worsened physical health, increased problem behaviors and mental health struggles, financial difficulties, and more (Marquis et al., 2020)
- In one study, sibling of individuals without IDD reported lower levels of anxiety towards the target child compared to siblings of individuals with IDD (Shivers and Dykens, 2017)
- Siblings of individuals with ASD often report feeling secondary to their sibling with ASD (Leedham et al., 2022)
- Factors contributing to sibling outcomes include type of IDD, sibling characteristics, family income, birth order, and neighborhood characteristics (Marquis et al., 2020)
- Barriers within healthcare systems often contribute to a limited provision of services for siblings of individuals with IDDs (Bronson et al., 2022)
- Coping mechanisms utilized by adult siblings of individuals with IDDs remain understudied warranting future research to better understand their support needs and experiences

#### **Research Questions:**

- 1. What are the coping mechanisms of adult siblings of individuals with intellectual and developmental disabilities?
- 2. What associations may exist between sociodemographic factors and coping mechanisms in this population?
- 3. How do adult siblings of individuals with IDD perceive the impact of their siblings' disability as adults?

## Objectives

To explore and better understand the coping mechanisms and stressors of adult siblings of individuals with intellectual and/or developmental disabilities (IDDs) in order to identify opportunities for better supporting this population.

## Scan for Virtual Poster & References



## Methods

- Mixed methods online survey design with optional semistructured interviews
- Participants recruited through Facebook groups, the Vanderbilt University Medical Center, the Organization for Autism Research, the Vanderbilt University Psychology Department's Research Sign Up System (SONA), and the personal social media profiles of researchers

#### **Instruments:**

- Coping Resources Inventory (CRI); (Marting & Hammer, 1988)
- The Brief Coping Orientations to Problems Experienced Inventory (Brief COPE); (Carver, 1977)
- The Perceived Stress Scale (PSS); (Siqueira Reis et al., 2010)
- Optional Semi-Structured Interview utilizing an inductive content coding system; (Boles et al., 2017)

## **Participants**

#### **Inclusion Criteria:**

- Age 18+
- One or more siblings with intellectual and/or developmental disability
- English as a primary language

#### **Demographics:**

- 27 total participants (24 completed the CRI; 26 completed the Brief COPE; 27 completed the PSS; and 13 participated in optional interviews)
- Participant gender: 22.2% male, 77.8% female
- 29 siblings of participants (individuals with IDDs)
- Sibling gender: 58.6% male, 41.4% female
- Mean participant age: 25.41

## Results (Qualitative)

Throughout semi-structured interviews participant responses highlighted four major themes:

### 1. Caretaking across the lifespan

- 1. "My mom was made to do it alone, everything alone." (participant 43)
- 2. "I couldn't do anything because everyone had to take care of my brother" (participant 7)

#### 2. Parental transparency about sibling diagnosis

1. "my parents were a little less focused on me per se" (participant 14)

## 3. Negotiating normalcy inside and outside the household

1. "He would run around the house making noises and flapping or clapping his arms... so I was confused when I was in trouble for doing a cartwheel in the house" (participant 41)

#### 4. Reframing the sibling experience

1. "I don't wish everyone had a disabled sister, but I wish people could step into my shoes and see how beautiful their lives are, and how much they teach you. It is really incredible" (participant 48)

## Results (Quantitative)

#### Figure 1; Coping Resources Inventory

Coping Type	Primary	Secondary	Tertiary
Cognitive (COG)	0.00% (n=0)	4.17% (n=1)	25.00% (n=6)
Social (SOC)	20.83% (n=5)	75.00% (n=18)	4.17% (n=1)
Emotional (EMO)	75.00% (n=18)	4.17% (n=1)	4.17% (n=1)
Spiritual/Philosophical (S/P)	0.00% (n=0)	4.17% (n=1)	54.17% (n=13)
<del>_</del>	4.17% (n=1)	8.33% (n=2)	12.50% (n=3)

#### Figure 3; Perceived Stress Scale

Perceived Stress Level	Frequency	Proportion	Range	Mean
High	7	25.93%	27-35	31
Moderate	15	55.56%	14-26	19.4
Low	5	18.52%	3-12	8.2

#### **Coping Resources Inventory (CRI):**

- 75% of participants (n=18) identified that emotional coping resources were their most utilized coping resources
- 75% of participants (n=18) identified that social coping resources were their second most utilized coping resources
- 54.17% of participants (n=13) identified that spiritual/philosophical were their third most utilized coping resources
- See Figure 1

#### **Brief Coping Orientations to Problems Experienced Inventory (COPE):**

- The three most common coping mechanisms utilized were Self-Blame, Instrumental Support, and Acceptance
- The three least common coping mechanisms utilized were Behavioral Disengagement, Denial, and Substance Usage
- More than half of the participants demonstrated a regular use of Religion, Humor, Distraction, Planning, Positive Reframing, Self-Blame, Instrumental Support, and Acceptance by scoring a 2 or higher in those scales
- See Figure 2

#### Perceived Stress Scale (PSS):

- 55.56% of participants (n=15) demonstrated moderate stress levels
- 25.93% of participants (n=7) demonstrated high stress levels
- 28.52% of participants (n=5) demonstrated low stress levels
- The mean score was 20.33, which falls in the moderate stress level category

## Results (Integrated)

- Many interviewed participants highlighted the importance of community support when caring for their sibling with IDD, in congruence with the quantitative data from the CRI and Brief COPE
- Throughout participant interviews, it was clear that many participants used positive reframing as an approach to their relationship with their sibling even though positive reframing was not one of the top 3 coping mechanisms seen in the Brief COPE data
- Similar to the moderate stress levels reported in the PSS, many participants stated that aspects of their lived experience with a sibling with IDD were a source of stress at times

#### Figure 2; Brief COPE

Coping Style	Mode	Mean	Median
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Behavioral Disengagement	1	1.5	1
Denial	1	1.63	1
Substance	1	1.73	1
Emotional Support	2	2.5	2.5
Religion	1	2.52	2.75
Active Coping	2	2.52	2.5
Humor	3	2.58	3
Venting	2.5	2.65	2.5
Self-Distraction	3	2.67	3
Planning	3	2.77	3
Positive Reframing	2	2.83	3
Self-Blame	4	2.87	3
Instrumental Support	4	2.87	3
Acceptance	4	2.92	3

## Conclusions

- From caretaking responsibilities to unique stressors and increased life perspectives, this population faces challenges and experiences unique to their relationship with their sibling
- Common stressors include caring for their sibling across the lifespan, negotiating normalcy inside and outside the household, and parental transparency about sibling diagnosis
- Participants in this study highlighted Self-Blame, Instrumental Support, and Acceptance as commonly utilized coping mechanisms, with emotional and social coping resources most often used by this population
- Many siblings also reported gratitude for their sibling and all they have learned from them.
- Healthcare providers, teachers, and other professionals can better support siblings by recognizing the negotiation of normalcy that siblings experience and in which they live
- Future research can further explore the implications of siblings utilizing specific coping strategies, as well as the factors that influence which strategies are utilized, in order to continue building resources and interventions to better support siblings and their families

## **Author Contributions**

MA: Designed poster, generated data in Figures 1, 2, & 3 JB: Contributed to the designing and execution of study, oversaw project design and execution



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