Understanding Caregivers Who Are Raising Young Children With Disabilities: Two Clinical Case Studies

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When providing educational counseling to caregivers who are raising young children with disabilities, it is important that the counselors understand the caregivers' ideas and mental state so that they can offer support. To communicate with and promote support to caregivers raising young children with disabilities, assessment of not only the children but also the caregivers is needed. The purpose of the present article is, through studies of educational counseling cases that dealt with caregivers raising young children with disabilities, to identify perspectives that are necessary to enable educational counselors to understand caregivers. Case Study 1 involved a baby boy (7 months old) with a hearing impairment. The boy was his parents' first child, and they were worried not only about their first experience of childrearing but also about raising a child with a hearing impairment. Case Study 2 was a young girl (2 years old) who was hyperactive and had trouble interacting with people. The viewpoints that would help caregivers understand their cases were categorized as follows: caregivers' conditions, the family's conditions, the child's conditions, and the environment surrounding the family.

Key Words: supporting caregivers, case study, family conditions, understanding caregivers, environment surrounding families of young children with disabilities

Introduction

In providing educational counseling to caregivers who are raising young children with disabilities, it is important for counselors to understand the caregivers' ideas and mental state, so they can offer appropriate support. Counselors must know the actual situation of the child and must give the caregivers specific principles and methods for interacting with the child. It is important for the counselors to understand the caregivers' mental state and environmental situations adequately, because raising

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young children with disabilities is stressful for caregivers (Dyson, 1997), and there are deep relationships to the caregivers’ social supports and possible stress (Barakat & Linney, 1992).

When counselors dealing with caregivers do not have sufficient understanding of the caregivers’ feelings toward their children, including the caregivers’ understanding of and acceptance of their children’s disabilities, mutual relationships break down, and counseling becomes difficult. To communicate with and promote support for caregivers who are raising young children with disabilities, assessment of not only the children but also the caregivers is needed. Based on a literature review, Kobayashi (2008), in line with such thinking, has already attempted to create a list of perspectives helpful for understanding caregivers. Kobayashi (2008) reviewed published literature on stress, social support, and reception of disability of caregivers who were raising young children with disabilities, and identified the following list of perspectives helpful for understanding the caregivers: (a) the caregivers themselves; (b) the children themselves; (c) the parent-child relationship; (d) the environment surrounding the parents and child (the family); and (e) environments surrounding the parents and children (the community). Heshiyama, Kamiyama, and Hoshiyama (2005) introduced the Individual Family Service Plan (IFSP) in Massachusetts, a site for families that allows them to write about their strengths, anxieties, and access to community services, enabling support from other families that relates to their demands.

Raising children with disabilities is believed to impose burdens on the caregivers, burdens that are different both quantitatively and qualitatively from those involved in raising children without disabilities, e.g., difficulties in communication, need for assistance with movements and eating, time spent seeing specialized physicians, and implementing training at home. Raising such children exhausts caregivers both mentally and physically, and places constraints on their time, leading to restrictions on the caregivers’ own social activities.

In educational counseling of caregivers who are raising young children with disabilities, it is important to comprehend the caregivers’ situation.

Considerable research has been published on caregivers’ stress and on the process of psychosocial adaptation (e.g., Drotar, Baskiewicz, Irvin, Kennell, & Klaus, 1975; Orr, Cameron, & Day, 1991; Smith, Tobin, & Fullmer, 1995; Willoughby & Glidden, 1995). However, although Kobayashi (2008) examines viewpoints that understand caregivers on the basis of a literature review, no published article that the present authors could find has used case studies to describe a viewpoint that understands caregivers’ need for counseling.

Therefore, the purpose of the present paper is to use case studies of educational counseling that dealt with caregivers who were raising children with disabilities, in order to identify perspectives necessary so that educational counselors can understand caregivers.
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Method

Participants and Procedure

The present paper reports two case studies in which the first author was involved as an educational counselor. Case 1 concerns an infant with a hearing impairment; Case 2 concerns a young child with difficult behavior but without a specific psychiatric diagnosis. The profile of the two cases and the progress of educational counseling is based on the record of the first author’s educational counseling.

In order to protect the privacy of the families involved in these cases, the progress of the educational counseling is summarized for a fixed period, and hypotheses are described regarding the focus for communication with the caregivers.

Educational counseling was offered in the form of play therapy. The first author communicated with one person in each family. Although the times when the educational counseling was offered were irregular, counseling sessions were held approximately once every month or two. Each session lasted about 90 minutes. Depending on the case, the first author met with the caregiver and the child for about 40 minutes, and information was exchanged with the caregiver for another 40 minutes.

The caregiver was told about the child’s development and the meaning of playing with the child. Moreover, the caregiver’s problems were discussed, as was the situation in the child’s home. The first author tried to understand the caregiver’s situation on the basis of this interview. While the first author was interviewing the caregiver, the child was playing freely in the same room.

Case Study 1

Profile of the Child

The child in Case Study 1 was a boy born after 39 weeks of gestation, weighing 2,680 g at birth. No abnormality was identified during the perinatal period. His delay in development was pointed out during a health checkup 4 months after his birth, and that led to the finding that the boy had a hearing impairment (ABR: Auditory Brain Response, right ear: 60 dB, left ear: 70 dB). No other members of his family have hearing disabilities. When the boy was getting treatment for his hearing impairment (e.g., getting fitted for a hearing aid at a general hospital), the caregivers attended educational counseling mainly focused on the issue of communicating with the child.

Six educational counseling sessions were held to support the caregivers’ child-rearing during the period when the child was from the age of 7 to 21 months.

The family consists of the father, the mother, the child, the paternal grandfather, and the paternal grandmother.

First Counseling Session: When the Boy Was 7 Months Old

The physical development of the child appeared to be normal. He was able to
sit up, reach out for toys, and play, for example, waving the toy in his hand. However, his facial expressions were poor; no smiles or phonation were observed, which was a concern.

**Condition of the Boy’s Mother**

The boy’s mother seemed to be greatly puzzled with her first experience of childbirth and raising a child. Furthermore, she did not know how to treat the child after being told that he has a hearing disability. She did not make eye contact with her son.

The mother came to the counseling sessions with her mother (the boy’s grandmother). The mother seemed to be blaming herself. She also wanted her husband, who was working away from their home, to be more cooperative in raising the child.

**Process of Counseling the Caregivers**

The following is an outline of the counseling given to the caregivers in two periods.

*Counseling in Period 1: The child was 7 to 10 months old (sessions #1–3).* The mother seemed to have several worries, anxieties, and complaints. She wished that her child “could become able to hear even a little bit of sound.” The father was away from home for his job, and the mother hoped that he would cooperate more in raising the child. The mother stated that she “felt sorry for both sides of grandparents” because their grandson had a hearing impairment, and she seemed to be hesitant to live together with her grandparents. Because the boy’s grandfather was not happy with the mother going to educational counseling sessions, the mother wanted “to live separately from the grandparents.” It appeared that there was no one supporting the mother at home. She often came to the counseling session with her own mother; it seemed that the child’s mother relied much on her own mother for support. (#1)

In order to ease the mother’s anxiety, the first author attempted to listen to her grievances, and then showed her how to enjoy interactions with the child.

As the counseling sessions advanced, it became evident that the grandparents living with their son’s family felt that “the child is sweet but cannot interact well.” They said that they “did not want the neighbors to know about the child’s disability.” (#2)

In response, the first author gave the boy’s mother a handout that explains, through examples of playing and eating, how words do not develop independently but through interactions with people and/or surrounding things, in an attempt to convey accurate information not only to the boy’s mother but also to the boy’s father and his grandparents. The author also encouraged the mother to come to the counseling sessions with her husband when he could take time off from work. The mother began to ask, “Can I raise my child in a normal way?” and showed a positive attitude toward childrearing. (#3)

*Counseling in Period 2: The child was 10 to 21 months old (sessions #4–6).* The mother began to learn that her child was responding to various sounds, and as the
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child had begun to call his parents “papa” and “mama,” she was able to feel that the child was growing. She began to enjoy raising the child, and had a more active attitude toward childrearing, saying that, “There’s nothing special about raising my child.” (#4)

Furthermore, when the boy’s father was off from work, he began coming to the educational counseling sessions with his wife. The father asked for information on how to respond to a child with hearing disabilities, including details about sign language, finger spelling, and artificial cochlea.

The grandparents with whom the family lived said they were “worried about the future of their grandson.” The grandfather particularly wished that the child “would not get defeated by those who can hear,” and he said that he was willing to cooperate in whatever way he could.

Although the grandparents continued to hope that relatives or people in the community would not know about the child’s disability, the mother began to participate in a community group supporting child development and childrearing, and began making friends with parents who were raising similar children. (#5) The mother was able to take such action because her husband was understanding and cooperative.

Afterward, the mother began going to a school for the deaf for educational counseling sessions for parents of young children with hearing impairments. Through meeting people who were deaf and visiting kindergartens at the school for the deaf, the mother gained understanding about the disability and also seemed to be beginning to think about her son’s future prospects.

Findings From This Case Study

In this case, the following three points were implemented as support for the caregivers.

1) Accepting the mother’s feelings and easing her anxiety about childrearing.
2) Engaging the father in childrearing.
3) Thinking together about how to deal with the grandparents.

In the following section, the authors will analyze how to promote support for caregivers raising children with disabilities based on the points learned from this case.

Accepting the mother’s feelings and easing her anxiety about childrearing. At the first session of educational counseling, the facial expressions of the mother and the child showed a lack of vigor. Although the mother did respond to the child’s physiological desires, she seemed to do so without any feeling. She did not think of her child as “cute” and seemed to suffer from feeling the burden of having to raise the child in a special way.

As one can tell from her question, “Can I raise my child in a normal way?” she had thought that something special must be done to bring up a child with a hearing impairment. However, she did not know what to do, lacking ideas even about how to interact with the child. Furthermore, because the father was working away from home while the mother lived with her parents-in-law, she was experiencing a high
level of stress in her daily life. The first author listened to the mother and responded so that the mother herself could organize her feelings. In doing so, the mother expressed complaints about her husband and his parents, which were then organized, leading her to discover what must be done.

This case study shows the importance of predicting the caretakers' stress from childrearing and understanding the mother's mental state, in order to understand how caregivers can provide support.

Furthermore, by comparing the condition of the child from a previous counseling session in order to identify the child's growth, the mother seemed to have gained confidence in childrearing. The fact that she was able to say, "There is nothing special about raising my child. Raising children is raising children," shows that she was beginning to develop a secure feeling about raising her child.

This case study demonstrates the importance of counselors comprehending caregivers' thoughts toward their children and their way of interacting with their children, including their attitude toward childrearing. It is also important to provide the caregivers with motivation for enjoying childrearing.

Engaging the father in childrearing. During the counseling session, the first author demonstrated and acted out specific ideas for enjoying interacting with the child. In particular, when the father was in attendance, the first author demonstrated activities that involved physical movements. The father became able to play with his child at home. This was based on the counselor's understanding of the father's original nature.

The mother also began saying that "My husband now listens to me more. He says he wants to know more about hearing impairments than I do, and he is eager to interact with people who are deaf. He also is trying to learn sign language and finger spelling. He has changed a lot." (#6)

Understanding and cooperation within the family is an important perspective for the environment surrounding the parents and the child. It is especially encouraging for a mother to have her husband close to her so they can plan together for the child with a disability.

This case study shows that while it is important to understand caregivers from the perspective of understanding and cooperation within the family, it is also important to understand the family not in a monolithic manner but from a perspective that discriminates between the cooperation of the father and other members of the family.

Thinking together about how to deal with the paternal grandparents. In order to ease the paternal grandparents' feeling that "the child is lovely but cannot interact well," the first author gave the mother a handout that explained how to interact with infants with hearing disabilities, as well as the kind of sounds that would be easy for her child to hear, and encouraged her to show the handout with her husband and his parents. The handout eased the mother's burden about conveying information and also delivered more accurate information to the family members than she might have been able to do. Furthermore, the handout might have helped the father take a leading role in rearing his son. The role of counselors is not to persuade the grandparents to
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change their feelings, but rather to create an opportunity for promoting understanding within the family.

This case study shows that, in order to understand caregivers, it is necessity to understand the family structure, dynamic relationships within the family, and educational philosophy and values, considered as environments surrounding the parents and child. In addition, it is important to offer information about the child's disability.

Case Study 2

Profile of the Child
The child in Case Study 2 was a girl born almost at the predicted date, weighing 2,730 g at birth. She was able to hold her head up at around 3 or 4 months after birth, started sitting up after 8 months, and walked alone after 13 months. No history of abnormality was identified, except for the mother being asked to limit of her salt and water intake around the eighth month of her pregnancy. Times of the appearance of stranger anxiety and other follow-up with the mother are unknown, as the mother's memory was unclear. From the age of 12 to 22 months, the child was enrolled in the day care center of the company where the mother worked part-time. From the age of 23 months, the child went to a nearby public nursery school with her sister.

When the child was 2 years old, she did not follow verbal directions, and she was brought for educational consultation, because her behavior in a group had become impossible, according to the staff at the nursery school. Eight educational counseling sessions were held to support the caregivers' raising the child, from when she was 2 years old to when she was 3 years 6 months old.

The family consists of the father, the mother, a sister (age 6), a brother (age 4), and the child.

First Counseling Session: When the Girl Was 2 Years Old
The girl showed interest in drums and toys that make sounds, and was able to play with blocks for a relatively long time. However, she was restless in the playroom, moving around and making no eye contact when the first author approached her. Although her sister and brother were also in the playroom, no interactions with them were observed. The girl did not speak, and her facial expressions were poor, for example, she rarely smiled.

The nursery staff who had accompanied her described the troublesome situation at the nursery school, e.g., "she does not play with other children," "no eye contact," "does not eat," "does not behave well in groups," and "does not follow verbal instructions."

Condition of the Girl's Mother
The girl's mother had felt that "this child is different from her brother and
sister," but she could not distinguish clearly what the difference was. Although the mother must have been having a hard time raising three children at the same time, based on the words she used and her attitude toward this child, she seemed to have negative feelings about this girl.

Moreover, when asked the reason for sending the girl to a public nursery school, the mother replied, "Things might go well if I put her in the town nursery school."

**Process of Counseling the Caregivers**

The following is an outline of the counseling given to the caregivers in three periods.

*Counseling in Period 1: The child was 2 to 2 years 4 months old (sessions #1–2).* From the way the mother described the girl, she seemed to regard her as "a disobedient, difficult child to deal with." "When everyone is eating, she is by herself doing something else. When she gets sleepy, she licks soy sauce, butter, or ketchup. When I take them away, she cries very loud, so I just let her have them."

Yet, the mother also seemed to have vague memories about this girl being a little different from her brother and sister. In response, the first author suggested specific ways of interacting with the child, e.g., (a) to describe the child's actions verbally in daily life, (b) to increase body contact with her, such as through hugging, brushing cheeks, and tickling, and (c) to have the child eat with the family and stick to the timing of meals as much as possible, that is, to have a regular daily rhythm in the home. (#1)

As the mother followed these instructions at home, the child began to hang around her. Although the mother seemed to be bothered by the child's condition, she was delighted. (#2) It is thought that recognizing the change in the child led her mother to change her mind about the child.

*Counseling in Period 2: The child was from 2 years 5 months old to 2 years 10 months old (sessions #3–5).* The mother began to talk about the child, e.g., "When her father scolds her sister, the child does not go close to her father for a while," and "She pulls out new underwear from the closet and wears it after wetting her pants." The first author was able to feel that, unlike in the initial period of counseling, the mother was beginning to accept the child positively, and was beginning to understand the child in greater detail. (#4)

In every counseling session, there were questions about the child's condition, and the first author explained the meaning of her behavior. The questions were mainly about how the mother should interact with the child at home, which also showed that the mother had begun to observe the child in detail. When the father came to the counseling along with the mother, he said that he "was aware of the child's problems well before the mother," and that he had "thought things eventually will work out."

However, the first author told the father that the child would not improve by herself, if he did not also change his ways. (#5)

*Counseling in Period 3: The child was from 2 years 11 months old to 3 years 6 months old (sessions #6–8).* The girl began to enjoy playing with clay and drawing with her
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mother, but it became clear that once she had become involved in playing alone, she
did not respond to others, even to her mother. This increased the mother's anxiety.
She said, "It will be troubling if she grows up the way she is behaving right now,"
and "I cannot feel comfortable until she reaches a point where things are OK."

These words can be understood as an indication that the mother had began
thinking about her child's future. The first author therefore introduced a book written
by parents of a child with a disability, and provided information on the nature of
various types of families. (#6)

During this period, the mother had trouble understanding the child's demands,
and the child seemed to be pushing through her intentions with power. For example,
although the child had used to be satisfied with any drawing of a person when
demanding that her mother draw a picture of a person, now she began to demand
not a simple drawing of any person but a picture of a person in various specific styles.
The first author noticed this when playing with the child in the playroom, and
explained to the mother that the girl's demands were beginning to differentiate. The
mother was able to understand the girl's perceptive development as well as her
immature ways of demanding things. (#7)

Afterward, the mother began to participate in small group rehabilitation activi-
ties, and the educational counseling at the institution was terminated.

Findings From This Case Study

In this case, the child was not diagnosed as having a disability. Rather, staff of
the nursery, observing the mother's attitude toward the child and the inability of the
child to adapt to group activities, nearly forced the mother and the child to go to the
institution for educational counseling. The girl was her parents' third child, and
although they felt that the child was a little different from her older siblings, they had
thought, "Things will eventually work out" and "Things might change if she went to
nursery school."

In this case, the following three points were implemented as support for the
caregivers.
1) Establishing a closer mother-child relationship, and changing the mother's
feelings toward the girl.
2) Directing the mother to observe the girl's condition and demands in detail.
3) Thinking about the child's future.

In the following section, the authors will analyze how to promote support for
caregivers raising children with disabilities based on the points learned from this case.

Establishing a closer mother-child relationship and turning the mother's feelings toward her
daughter. The mother's facial expression at the first educational counseling session
seemed to reflect her negative feelings toward her daughter. In daily life, the girl was
being selfish. The mother appeared to have given up on changing her selfishness. The
mother also seemed to leave things for others to handle, thinking that "Things would
work out" if she relied on nursery schools to discipline the girl.

In response, the first author, in the initial stage of counseling, made the following
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three suggestions for the caregivers (especially the mother) to keep in mind: (a) to describe the child’s actions verbally in daily life, (b) to increase body contacts, such as through hugging, brushing cheeks, and tickling, and (c) the establish a regular daily rhythm in the activities at home. When the mother followed these instructions, the girl came to realize the presence of the mother and began to hang around her. Furthermore, the child’s doing this changed the mother’s feelings toward her child.

The case suggests that in order to understand the caregivers, it is important to understand the child. In other words, a mother’s feelings toward her child emerge from the relationship between the mother and her child, and involve the mental state of both of them. When the focus is only on the mother, it is difficult to understand the mother’s situation. It therefore is necessary to have in addition the child’s perspective, e.g., the state of the child (the level of necessary care), and approach to the caregiver (from the child to her mother).

Furthermore, it is also necessary to understand the caregivers from the perspective of the mother’s way of interacting with children (attitude toward childrearing) and her feelings about children.

In this case, the caregiver had a job, and the child had been enrolled in a day care center ever since she was very small. Kobayashi (2006) indicated that caregivers with jobs have a tendency to have a positive attitude toward childrearing as a result of being away from their children and having their own time. However, in this case, in the initial phase of counseling, it was not thought that the mother’s working status had had a positive influence on her childrearing. Rather, it was thought that the mother’s work shortened the time that she could be in touch with her child and made it more difficult for her to understand her child.

This case suggests that whether a caregiver is employed or unemployed may influence the interactions between a mother and her child.

Directing the mother to observe her child’s condition and demands in detail. The mother had a rather laissez-faire attitude toward her child’s behavior, unlike mothers who are obsessed with their child’s education, who tend to have many things to say, thus she had few chances to capture the signs given out by the child. Furthermore, a vicious cycle seemed to have emerged between the mother and the child in understanding the child’s demands, because the child lacked sufficient means for expressing her demands.

In response, at the counseling session, the first author called attention to the child’s personal growth by comparing her condition with that in the previous session. In repeating these things, the first author provided the girl’s mother a perspective for observing her daughter in detail. In the process of continuing to do this, the mother began asking questions about the child’s behavior. The mother nodded strongly when the first author pointed out that, although “she doesn’t seem to be paying attention, she knows where her clothes are stored and remembers that. The fact that she pulled her underwear out from the right place means that she is aware of what she did, thinking about what should be done, and now can remember where such necessary things are.” The mother seemed to be convinced, once what she had felt
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vaguely had been stated clearly.

This case shows the importance of the counselor’s comprehending the caregiver’s understanding of the child, as a perspective for understanding the caregiver. Another important point is the caregiver’s feelings about the child.

Thinking about the child’s future (entering school). Although the mother came to understand the child and perceive her personal growth, she also began to worry about the girl’s immature social skills. When she stated, “It will be troubling if she grows up the way she is behaving right now,” the mother’s anxiety about the child’s future seemed to have increased. This shows that the mother, who had initially left things to others, thinking that “Things might change if she went to nursery school,” had begun to think about the child’s future. In order to ease her anxiety, the first author introduced a book written by parents of a child with a disability, so that the mother could acquire information on the nature of various types of families. If the girl had begun going to a rehabilitation institution at this point, the mother’s anxiety might have been eased through exchange of information among caregivers in similar situations. However, at this point, the only place the mother could obtain information on the girl’s behavior was the educational counseling session at the first author’s institution.

This case shows, as a perspective for understanding caregivers, the necessity of comprehending the environment surrounding the parents and the child, e.g., the child’s affiliation and the caregivers’ participation in parents’ groups (e.g., organizations related to children with disabilities).

Afterward, the mother and the child in the present case study began participating in small-group rehabilitation activities. Even at this point, the child had not received medical attention. However, it was clear that her caregivers understood what was necessary for her, and had thought and decided for themselves to overcome the challenge.

This case shows the importance of counselors dealing with caregivers based on their educational philosophy and values. It also is important to be sensitive to caregivers’ feelings and their expectations for the child’s future.

Discussion

In the following section, the authors will select and organize perspectives considered necessary for understanding the caregivers from each of the case studies considered in the present article.

In the first case study, the child, who had a hearing impairment, was 7 months old at the time of the start of counseling. The nuclear family lived together with the paternal grandparents, and spreading awareness about the child’s disability within the family itself was a challenge. This case showed that, in understanding caregivers, factors of the family environment (especially whether the family lived in a multi-generational situation, and the extent of the father’s cooperation with childrearing) and factors of the family’s understanding and cooperation influence the mother’s
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stress and mental state in raising her child.

Furthermore, this case demonstrated the importance of understanding the family not in a monolithic manner, but from the perspective of the father’s (the spouse’s) cooperation and the cooperation of other family members sharing the home, as well as environments surrounding the parents and child, e.g., family structure and dynamic relationships within family.

In the second case study, the child, who had a developmental disorder, was 2 years old at the time of the first counseling. She was the third child in the family, and there was a challenge of interaction between the mother and the child. In this case, the mother had a job.

This case showed the importance for understanding the caregivers of comprehending perspectives of factors concerning the child, e.g., the state of the child (the level of necessary care) and approach to the caregiver (from the child to the mother), the environments surrounding the parents and the child, e.g., the caregivers’ understanding of the children, the caregivers’ feelings toward the child, the caregiver’s expectations for the child’s future, the level of the caregivers’ participation in the child’s affiliations and parents’ groups (e.g., groups for families who have children with disabilities), and counseling based on the caregiver’s educational philosophy and values.

Combining the viewpoint that understands a caregiver together with the viewpoints extracted from these two cases and the present authors’ earlier experiences, the following four viewpoints have emerged: the caregivers’ condition, the family condition, the child’s condition, and the environment surrounding the family. These viewpoints are the same as those relating to understanding the caregiver’s situation, as described in the literature review by Kobayashi (2008).

**Understanding the Caregivers**

Regarding the caregivers’ condition, perspectives include the way of interacting with child, the caregivers’ attitudes toward childrearing, their attitude about childrearing, and behavior that reflects how the caregivers feel about their child. Furthermore, the perspective of understanding the child shows the caregivers’ understanding of their child’s situation. These perspectives may be observed in promoting educational counseling, when showing examples of interacting with a child, or while providing examples of how to play with the child.

It also is necessary to comprehend caregivers’ understanding of disabilities and the stress that they feel while raising a child with a disability. It is important, in addition, to comprehend caregivers’ educational philosophy and values, as well as their expectations for their child’s future.

These perspectives lead to comprehending caregivers’ efforts to raise their child, as well as their suffering from several burdens, as pointed out by Hassiotis (1997). Kobayashi (2006) indicated that caregivers with jobs tend to have a positive attitude about childrearing, as a result of being away from the child and having their own time. However, Koegel, Schreibman, Loos, Dirlich-Wilhelm, Dunlap, Robbins, &
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Plienis (1992) suggested that caregivers may suffer from stress, as they attempt to respond to child's various needs.

As these studies indicate, the cases described in the present article portray several perspectives needed to understand caregivers, e.g., their mental state, whether they are employed or unemployed, their usual lifestyle, and having their own time in their daily life.

To show that an educational counselor in charge has to be careful, there are cases in which a caregiver needed to receive medical treatment. Glidden and Floyd (1997) have suggested that parents' stress may cause depressive symptoms. In such an instance, the educational counselor in charge may need to refer the parents to a medical institution or welfare agency where medical treatment can be obtained.

Understanding the Family

By learning about the family's understanding and cooperation, i.e., how the family accepts children with disabilities, counselors can approach an understanding of the caregivers’ feelings. In order to understand caregivers, it is necessary to comprehend the family structure, the extent of cooperation of the spouse in childrearing, the situation of any siblings, whether the nuclear family lives in a multigenerational setting, and dynamic relationships within family. Fukushima (2005) found factors of instability in families with children who had hearing disabilities, e.g., the presence of siblings, and a relationship with the grandparents.

Kitagawa, Nanakida, and Imashioya (1995) reported that dynamics within families, e.g., the extent of intimacy between the husband and the wife, relate to the mental stability of the caregivers. Harris and McHale (1989) reported that as a problem in a family grows more serious, the time that a mother spends on her child's participation in rehabilitation increases. Thus, as derived from the case studies, the perspective of understanding the family is important.

Understanding the Children

In educational counseling about raising children with disabilities, it is ideal to comprehend the children in detail. However, the aim of understanding the children is in order to be able to understand the caregivers. Therefore, while the extent of understanding the children is debatable, it is necessary to understand the children's state, e.g., the nature of the child's disability, the degree of disability, any burden on the caregivers when raising the child, and the extent to which the child makes demands on the caregivers.

Environment Surrounding the Family

The ease of raising children with disabilities in a community depends on the extent of understanding of surrounding people, interactions with people in the community, and the community's system. The situation of the community surrounding a family that has a child with the disability can be predicted to influence the caregivers’ mental state and lifestyle.
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Thomas (1996) has reported that understanding the society to which a client belongs is important, because environment has a great influence on people. It is necessary to know the level of understanding among neighbors in the community and the relationship between the family and other people in the community in order to be able to comprehend the caregivers. It also is necessary to understand the child’s affiliations, the caregivers’ participation in parents’ groups (e.g., organizations related to children with disabilities), and situations in which there is someone to consult and be with, where the caregivers can interact with each other and obtain information on disabilities.

The viewpoint learned from case studies in understanding caregivers comprises the above four points (Kobayashi, 2008).

Important for understanding caregivers from this viewpoint is the educational counselor’s nature. The educational counselor cannot cope with various obstacles and the contents of counseling together, if the counselor does not have all the necessary information. Thus, it is important to understand that the educational counselor has to collaborate with other staff and seek out information on related issues.

Conclusion

In the present article, four categories of viewpoints for understanding caregivers through case studies were presented: (a) the caregivers’ condition, (b) family members’ condition, (c) the children’s condition, and (d) the environment surrounding the family.

These results are consistent with those reported by Adachi (1999), who attempted to intervene so as to enhance mothers’ adaptation toward their children with disabilities. Adachi’s (1999) list included the following items: those related to family attribution, those related to the mother’s social support, those related to the mother’s perception of her child’s disabilities, and those related to the mother’s physical condition.

In educational counseling of caregivers for children with disabilities, counselors interact with the caregivers with a focus on understanding the children, and especially issues related to how to interact with children with disabilities. In doing such counseling, the first author seeks to understand the characteristics of the children’s behavior, the meaning of that behavior, and the children’s feelings as reflected in their behavior, and then convey that information to the children’s caregivers. The first author also interacts with the children at the time of counseling in order to show the caregivers examples of how to interact with their children and to give them an idea of how to play with them. Conveying various activities for better interactions with the children, those centered on the children themselves, is one way to promote support for the caregivers.

However, it also is important to support the caregivers themselves. By understanding the relation between the caregivers and their children, as well as the environment surrounding them, different methods for supporting caregivers emerge.
Understanding Caregivers Who Are Raising Children With Disabilities

It is also important to provide information on disabilities, as well as on social welfare institutions and systems.

What are the perspectives necessary for understanding caregivers, recognizing the environment in which the caregivers live, and providing necessary information to support them? The present article has attempted to derive perspectives considered necessary for understanding caregivers on the basis of two case studies of educational counseling. These perspectives are derived from the authors’ clinical experience.

In the future, the authors intend to accumulate further clinical cases and reviews of the published literature, and think about methods of assessing of caregiver support.

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