The annotated bibliography contains 170 citations on factors that affect parental responses to their physically handicapped infants. References are given for the following specific disabilities: blind, cardiac, cerebral palsied, deaf, deaf blind, hemophiliac, mentally retarded, metabolic, neurological, and orthopedic. About 90 citations deal with nonspecified or various disabilities. References usually date from 1965 through 1975, are arranged alphabetically by author within each handicapping category, and include nonevaluative annotations of approximately 50 words each. (DEB)
Selected and Annotated BIBLIOGRAPHY on the REACTIONS OF PARENTS TO PHYSICALLY DISABLED INFANTS 1965 - 1975

Compiled by Clara Shaw Schuster R. N., M. Ed.
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Introduction</td>
<td>2</td>
</tr>
<tr>
<td>II. Bibliography</td>
<td></td>
</tr>
<tr>
<td>A. Reactions to Specific Disabilities</td>
<td></td>
</tr>
<tr>
<td>1. Blind</td>
<td>4</td>
</tr>
<tr>
<td>2. Cardiac</td>
<td>5</td>
</tr>
<tr>
<td>3. Cerebral Palsy</td>
<td>6</td>
</tr>
<tr>
<td>4. Cleft Lip and Palate</td>
<td>7</td>
</tr>
<tr>
<td>5. Deaf</td>
<td>9</td>
</tr>
<tr>
<td>6. Deaf-Blind</td>
<td>12</td>
</tr>
<tr>
<td>7. Hemophilia</td>
<td>12</td>
</tr>
<tr>
<td>8. Mentally Retarded</td>
<td>13</td>
</tr>
<tr>
<td>9. Metabolic</td>
<td>14</td>
</tr>
<tr>
<td>10. Neurological</td>
<td>15</td>
</tr>
<tr>
<td>11. Orthopedic</td>
<td>16</td>
</tr>
<tr>
<td>B. Non-Specified or More Than One Disability</td>
<td>17</td>
</tr>
<tr>
<td>III. Index to Bibliography</td>
<td></td>
</tr>
<tr>
<td>A. Author</td>
<td>32</td>
</tr>
<tr>
<td>B. Subject</td>
<td>37</td>
</tr>
</tbody>
</table>
INTRODUCTION

Early childhood education of physically disabled children has been spurred both by public law and growing community awareness of and sensitivity to the needs of these children. Both research and personal experiences are indicating the importance of early childhood experiences and relationships in an individual's total adjustment to life. Professional persons are becoming more aware of the need to include the parents as a part of the habilitation team meeting the needs of the young physically disabled child.

This bibliography is designed to assist the professional person interested in understanding and assisting the parents and families of physically disabled infants. It is primarily limited to pertinent literature published since 1964, although several earlier entries are included because of their uniqueness or classic reference value. It is limited to literature published in English.

This bibliography is not primarily concerned with counseling techniques, intervention strategies or the effect of the disability on the child's self image and development. Its focus is the affective domain of the parents: (a) factors that effect parental response and (b) reactive behavior patterns of the parents in response to the disabled infant.

The bibliography uses a multidisciplinary approach, recognizing that professionals from many disciplines will have contact with these parents. The entries attempt to give a holistic perspective of the stressors parents face with a focus on sociological, interpersonal adjustments facing families as well as psychological, intrapersonal adjustments of the individual parents.
Since this bibliography is prepared for professional persons, all entries are appropriate for multidisciplinary professional reading. Those entries which are focused toward or are appropriate for parents or lay persons are so indicated by (L) following the bibliographic data. Entries which are focused primarily toward medical personnel are indicated by (M). Entries which contain unique or comprehensive data are preceded by an asterisk.

My appreciation is extended to Dr. James Collins, Professor and Assistant Chairman of Education of Exceptional Children, and to Carol Winchell, Research Librarian, both of The Ohio State University, for their supportive encouragement in this undertaking, and to my husband, Richard Schuster, for typing the manuscript.
Reactions to Specific Disabilities

Blind

   Personal narration by a mother of twin girls, both blind (RLF) who shares the story of the diagnosis, reaction, behavior patterns, relationships and eventual acceptance. Identifies construction of interventions for positive child, personal and family development. Covers period from prebirth through adolescent years.

   A practical guide written for parents includes brief section on normalcy, of negative reactions and importance of positive attitudes to foster child's potentials. Mainly concerned with practical suggestions for approaches to normal developmental task achievement. Comprehensive list of social systems available in Illinois.

   Relation of how a mother and father reached and finally accepted diagnosis of blindness in one twin. Practical ideas on how they stimulated development shared.


   Discusses need for a family-centered approach to working with parents of blind infants that integrates educational data with supportive counseling. Several case studies illustrate long range effect of unresolved grief reactions.

    Detailed exploration of behavior patterns of blind infants and preschool age children. Related to symbolic meaning of blindness to parents and subsequent parental interaction patterns based on levels of acceptance and involvement. Includes 7 page developmental scale for preschool blind children.


    Comprehensive discussion of longitudinal effect of blindness on achievement of development tasks by blind child. Discusses relationship between maternal adjustment and maternal child relationship. Intervention strategies identified.


    Indepth discussion of psycho-social development as related to mother-child interaction. Brief discussion of mother's adjustment to disability scattered throughout as related to child's developmental tasks. Well supported by significant development theories.


    General discussion of factors affecting parental acceptance and adjustment to life with blind infant. Identification of stress factors and areas important for counseling.

Cardiac


    Hypothesizes that parents of a defective child cannot complete the final phase of mourning (resolution of loss of idealized child) because of the continued care required by the defective child. Discusses variables effecting the parental coping processes and corresponding professional intervention strategies.


    Exploration of implications of diagnosis of congenital heart defect on child, parents and siblings through 5 years. Developmental analysis of 100 affected children. Tables compare interplay of severity of defect with specific variables. Role of physician in family attitude and role of mother in child's adjustment analyzed.
   Suggests that parental anxiety is transmitted to child and prohibits maximal development of every family member. Explores paternal behavior patterns and effect on cognitive and social development of the child.

   Discussion and analysis of dynamics of group discussions with parents of 13 children with cyanotic heart disease. Behavior manifestations - overt and covert - analyzed, related to individual coping, family dynamics and parent-child relationship.

Cerebral palsy

   Discussion of the emotions and questions facing the parents after being told of a child's disability. Exploration of causes of social isolation. Constructive ideas for fostering adaptation to the diagnosis and developmental factors that need to be considered to facilitate play, discipline, independence and individuality. Thoughts on how to achieve a mature, satisfying and mutually fulfilling parent-child relationship shared.

   Brief discussion of emotional stressors of parents and siblings of cerebral palsy child. Identification of some of the factors affecting the reactions. Includes section on the effected child's self-image during childhood and adolescence.


   A mother discusses her discovery of son's disability and identification of the family's coping powers. Indicates that insensitive professional persons created more stress on the family's ability to cope than the degree of disability itself.
   Personal narrative of factors aiding a mother to recognize her lack of acceptance of her cerebral palsy child as an individual with capabilities and rights to develop at her own pace.

   Personal account of responses of nuclear family members to birth of child with Cerebral Palsy. Illustrated with case-study followup.

   Research presented to analyze quantitative and qualitative aspects of interaction between mother and C.P. children. Observation, case study approach to identify and correlate parental behavior patterns with child's cognitive functioning level. Identifies that severely disabled child is in double jeopardy: (1) lack of maternal gratification by positive responses in infant creates a "vicious circle of mutual frustration" and (2) inability to actualize desired behaviors which in turn enhance cognitive skill development. Offers conceptual, supported framework for ameliorating both factors to facilitate cognitive development and improved family dynamics.

   Final report on a project evaluating effect of group counseling on parental attitudes and adjustment to task of rearing a C.P. child. For analysis, separates attitudes toward child, disability, and self as expressed through identifiable changes in behavior patterns. Holistic approach to effect of parenting on child's development at 9-24 months of age conclude that adjustment process more difficult for, and therapy sessions more successful with mother than father.

**Cleft lip and palate**

   A nurse discusses how maternal reactions to the physically disabled child may lead to breakdown of adaptive mothering patterns, produce pathological interaction with child. Relationship of inappropriate mothering patterns to physical and emotional illness in child identified and illustrated. Intervention strategies for aiding parents with grief process identified.
   In depth discussion of reactions of parents to physically deformed child with implications for physician intervention strategies identified throughout. Illustrated by analysis of family with facially deformed child. Encourages consideration of total child and total family in planning.

   Study compares 75 mothers with cleft palate babies to 100 mothers of normal infants to explore effect of birth on marital adjustment and sexual satisfaction. Also explores effect of time lapse from birth to seeing child vs. impact of defect on mother and perceived self-image following birth of defective child.

   Investigation of 51 families of children born with cleft lips reveals that mothers preferred to be told immediately about infant's anomaly and see infant within 48 hours. Explores parental concerns and suggests counseling approaches.

   Compares decline in birth rate in mothers, aunts and aunts-in-law following birth of child with mongolism, cleft lip and palate or hay fever. Indicates that any decline is not statistically significant and that increased maternal age may be a more significant factor than defect.

   A mother discusses some of her immediate reactions, fears and questions following the birth of a baby with cleft lip and palate. Explores in 3rd person some preexisting factors which effect reactions as well as comments and behaviors of hospital personnel that hampered or aided initiation of positive coping behaviors.

   Explores why mothers go through a grief reaction consisting of 3 phases after the birth of a child with cleft lip. Discusses behavior manifestations of each. Suggests strategies to facilitate resolution of grief of new mother during hospital stay.
   Discusses the stress of separation as well as cleft lip on the mother-infant bonding process and ways to aid the symbiotic relationship even though mother-infant contact is maintained only through telephone calls (via nurse).

   Exploration of the meaning of a child to the mother. Parental anxieties and needs identified as related to birth of child with cleft palate. Factors affecting maternal coping behaviors analyzed with implications for intervention identified.

Deaf

   An annotated bibliography for parents covering topics of (1) Parent child interaction (2) Parent to parent discussion (3) Communication (4) Education (5) Diagnosis (6) Life problems (7) General references and social systems.

   Extensive study of 120 prelingually deaf children and their families to identify specific direct and indirect factors affecting the development of the child. Sociological factors explored in depth. Very holistic approach. Limited discussion of specific coping skills of parent. Implications for intervention identified. Extensive supporting recent bibliography.

   A presentation of the program of the Bill Wilkerson Hearing and Speech Center in Nashville, Tenn. Explores parental responses to the disability and the need to cope with their feelings before the parent can fully utilize therapeutic approaches with the child. Discusses conflicts parents face in various facets of interaction with others.

   Discussion of data obtained from group and individual sessions with 12 fathers of young deaf children at Bill Wilkerson Hearing and Speech Center, Nashville, Tenn. Identification of factors which create a discrepancy between the actual and desired involvement of the fathers.

A mother narrates her thoughts, fears and feelings surrounding the deafening of her young child by meningitis. Followed by discussion of and comparison of the experience with those of other parents including some from literature. Concentration on assessment of the total child and capitalizing on assets.


Personal account of a nurse-mother and her problems of adjustment to the diagnosis and life with a deaf child. Attention given to her relationship to professional persons and social systems. Developmental approach to techniques of child rearing unique to deaf child.


Very intimate discussion of parental reactions and frustrations to discovery of and living through the early months of a deaf child's life. Generalized description of reactions as well as individualization of reactions identified. Discusses some reasons for hatred of child, (one of the only articles which identifies hate as a normal reaction). Discussion of effect on family relations, coping behaviors, religious beliefs and self esteem of parents. Identification of differences between educating and parenting a disabled child.


Discusses necessity of a supportive, interdisciplinary approach to strengthen family members and facilitate positive attitudes toward self and disabled child.


Analysis of interviews with parents of deaf children for events leading to discovery, confirmation and acceptance of diagnosis. Three stages of reactions of parents in the developmental process of diagnosis are identified and discussed with implications for doctor-parent interaction and transaction. Illustrated with case studies. Discussion well supported by literature review.


A psychiatrist discusses factors affecting a deaf child's adjustment to and progress in school as related to adaptation of parents to the disability. Retrospective discussion of early phases of reaction and problems encountered due to incomplete resolution of reactions.

A psychiatrist and a psychologist comprehensively identify factors actively involved in the social and psychological systems of the deaf child's parents and family. Discussion of how these factors may affect identification of the disability, parental adaptation, parent-parent and parent-child relationships. Deals with many of the problems encountered in activities of daily living.


Brief synopsis of representative family attitudes towards having a deaf child as obtained through interview by a psychiatric social worker. Results of a questionnaire exploring family stress, adaptability and involvement is included. Factors from family of origin as well as current factors are explored as stressors effecting adaptability.


A psychiatrist discusses for parents, the importance of warm, solid parent-child interaction for the successful development of self esteem and adjustment by the child. Identification of ways to promote positive relationships including acceptance of own negative reaction to disability of deafness.


A doctor, father of 2 deaf children, discusses the alienation which is often present between the parents of a disabled child and the trained professional. Explores the effect of this on parental coping and child-parent relationship. Conceptual, holistic approach to how to help child by helping the parents.


Schematic presentation and discussion of 5 sequential phases individuals experience when facing a crisis. Each phase is related to self experience, reality perception and the 4 domains of the self system. Conceptually related to parental reactions to child's deafness.


Psychologist discusses the psychodynamics surrounding the diagnosis of deafness in a child using a longitudinal time perspective starting with pregnancy. Particular attention to factors inhibiting recognition of disability, misdiagnosis and effect on parent-child relationship. Implications for aiding family communication skills identified.
17. Williams, Pat. "The Fears we Face," The Volta Review, Vol 72 No 5 (May 70) p 303-309. (L)

A mother explores in depth and on a personal level the fears parents of deaf children face and factors aiding or hindering resolution of fear. Sharing of practical problems parents face in communicating with and educating the child. Relation of difficult community incidents precipitated by the child's deafness.

Deaf-Blind


Identification and discussion of parental needs and developmental crisis points. Conceptual approach. Implications for intervention identified.


Clinical description and analysis of reactions of parent to birth of and life with a deaf-blind child. Illustrated with case study. Implications of intervention identified.


Identification and discussion of medical, economic, emotional and professional factors that can become stressors to parents. Illustrated with case studies. Many implications for prophylactic and ameliorative intervention offered.

Hemophilia.


Affective reactions of parents to having an infant or child with hemophilia as related to therapist during group therapy sessions. Discussion of coping skills used by parents to aid adaptive processes of both parent and child. Follow up. Discussion on value and effect of therapy on parent-child relationship.


Study of 32 families to identify variables affecting adjustment to living with the disability as differentiated from other disabilities as well as between families. In depth look at sociological factors as well as adjustment over time. Identification of implications for intervention.
Mentally Retarded

   Study of 95 mothers indicates that most prefer to be informed of a diagnosis promptly — before they build up false hopes for the child.

   Discussion of factors affecting father's response and coping skills including relationship to parents, community, spouse, medical staff and knowledge about the disability. Illustrated with examples taken from group interviews and counseling sessions.

   Conceptual frame offered for understanding and aiding the parents of a disabled child (geared to developmentally delayed infant) restore positive interpersonal relationships.

   Personal narrative of a nurse who discovers her child is mongoloid. Open account of inner emotions and interrelationships with other persons and child during first weeks after birth. List of agencies to assist parents included.

   A doctor and social worker investigate and discuss why parents of defective children may seek repeated evaluation of child even when diagnosis is clear and financial resources limited. 6 underlying motivating factors identified, 4 of which indicate inability of professionals to meet the needs of the clients. 2 represent difficulty in accepting diagnosis. Offers suggestions to facilitate relationship.

   Discussion of expression of sorrow by parents and factors affecting intensity of the emotion. Implications for counseling explored.

   Medical doctor discusses rationale for telling parents immediately. Suggests that diagnosis may be incorrect. Advocates a deliberate delay to allow mother-infant bonding process to occur.

Presentation and analysis of 7 case studies with identification of core threads and implications for intervention. Exploration of mechanisms underlying rejection of diagnosis.


Research related regarding factors affecting parental decisions to keep child at home or institutionalize defective infant with exploration of long range effects on parental coping behaviors. Implications identified.


Since guilt is a significant religious concept, research explores the parental acceptance of a child's disability as reflected in expression or resolution of personal guilt for the disability. Greater emotional support given by Catholic faith appeared to benefit mother and aid acceptance of disabled child. Indicates need to explore religious attitudes as a part of parental therapy.

### Metabolic


Presents one family's efforts to cope with the physical and medical stressors unique to caring for children with cystic fibrosis and yet continue to meet the personal developmental needs of each individual member.


Delineation and discussion of emotional stressors encountered by families with PKU child (ren). Data Obtained via questionnaire, analyzed with implications for professional intervention identified.


Identification of key sources of parental stress and anxiety as identified in a 4 phase adaptational process of 65 families of children with cystic fibrosis. Phase-specific crises of child are identified with intervention strategies offered.


Neurological


2. Freeston, B. M. "An Enquiry Into the Effect of a Spina Bifida Child Upon Family Life," Developmental Medicine and Child Neurology Vol 13 No 4 (Aug 71) p 456-461. Discussion of stressors parents of disabled child must cope with besides their own reaction to the disability, i.e., separation from child, transportation and time for hospital visits, family planning, extra marital complications, and financial factors. These are related to the availability of social systems to support family members and family cohesiveness. Data compiled from survey of 85 families of children under 4 years of age with Spina Bifida.


Orthopedic


Non-Specified: More Than One Disability, or Generally Applicable


Approximately 2500 individuals were asked to rank 10 disabling childhood conditions in order of severity. Subjects included professionals, lay persons and parents. The parents of disabled children indicated other conditions were more serious to cope with than the one their child experienced.


Extremely comprehensive text based heavily on replicable research 1959-1963. Very readable analysis and presentation of data. Covers broad spectrum of intra and extra-familial stressors with subsequent coping patterns. Also explores practical aspects of living with child such as responsibilities, sex education, community relations, discipline. Data gathering tools included many graphs, charts.


In depth study of immediate emotional responses of parents to birth of defective child using Bowlby's conceptual frame. Discussion of effect on ego identity, interpersonal relationships, and parent-child relationships. Offers conceptual framework to aid professional persons to construct realistic goal-oriented intervention strategies. Supported with extensive literature search.


A physician uses a developmental approach to compare reactions of parents to birth of normal child vs. defective infant. Implications to the parent-child interaction and bonding process discussed. Factors affecting parental coping skills during child's early years discussed.


In depth discussion of how a parent's perception of a child as being defective can lead to over-protective behavior which ultimately leads to pseudoretardation due to experience deprivation. Supported with case studies from Developmental Evaluation Clinic of Western North Carolina, Inc. Intervention strategies of 'ered. Stressing need for prophylactic counseling to be initiated immediately by the identifier of child's disability.


Discussion of initial reactions of parents to birth of defective infant. Suggests intervention strategies to help parents plan for future.

Conceptual exploration of the 3 most commonly observed parental reactions. Discussion of etiology, manifestations, compensations with implications for effect on habilitation and parental counseling.


9 chapters devoted to in depth exploration of cultural and developmental factors influencing parental and family reactions to birth of a physically disabled child. Rest of book looks at the disabled individual and counseling challenges. Extensive bibliography.


Extensive well-organized review of 65 articles published between 1937 and 1970 for (1) factors influencing maternal reactions and (2) reactive maternal behaviors. Identifies need for more empirical research to be conducted in immediate postpartal period.


Case study shares details of intra and interpersonal experiences affecting behavior patterns and bonding process of a mother to her child. Explores the evolution of a mother's reactions from revulsion to acceptance of her infant with a dislocated hip.


Discussion of the problems of communicating news of defect to the parents. Expected reactions identified with suggestions of approaches to aid acceptance. Relationship of approaches to future parent-child relationships emphasized.


A nurse very sensitively and personally applies Kubler-Ross' and Kavanaugh's theories on grief and loss to birth and death of her disabled infant. Particular focus on her reactions to interactions with staff, visitors, other mothers and baby. Discusses struggle to maintain contact with reality and need for more effective communication.


A social worker discusses the adjustments parents of disabled children have to make and how reactions and coping skills may effect quality of family life. Implications for intervention strategies to facilitate the coping process.

187 mothers of physically disabled children were administered the PARI. The results were superimposed on a two-dimensional schema using Fels parent behavior scale with hostility-love and autonomy-control axis. Significant differences in parental attitudes are identified in relationship to severity and type of disability.


In depth discussion of psychological components constituting loads and powers to children with specific disabilities. Parental reactions and influence on child's psychological health scattered throughout book.


240 mothers of defective children were interviewed and tested for adaptive competence in areas such as self-esteem and child rearing attitudes. Mothers of mentally defective children show more psychological stress than mothers of physically defective children.


Presentation of how, when and from whom 694 mothers first learned about an infant's defect and how these and other variables effected the adaptation process in the immediate postpartal period as well as years later. Many implications for intervention strategies inferred.


Identification and discussion of the stigmatizing and isolating effect of having a disabled child on the family unit. Exploration of changes in social interaction patterns and effect on long range self esteem, intra- and extra-familial adjustment patterns. Panel members responses with application to activities of daily living and community-focused intervention strategies to reduce alienation.


Analysis of relationship between structure and reaction patterns of 58 families with a physically disabled child. Discussion of factors contributing to short and long range dysfunction.


Discussion of how normal anxiety and guilt of the parenthood experience can become magnified and distorted when facing illness of child. Uses Futterman's frame for explaining 5 steps of anticipatory mourning. Discusses need to accept parent's feelings and behavior in perspective of the crisis.

Research design to correlate 8 maternal variables with self esteem and overall adjustment of 80 disabled children 8 - 14 years of age. Three of the variables involve retrospective descriptions of mothers' reactions immediately following discovery of defect.


Explores factors affecting the establishment of homeostasis in the dyadic relationship between disabled child and his family via literature review. Three family-oriented programs suggested to maximize child's and family's potentials.


Discussion of how professionals can compassionately and competently meet parents' affective needs following crisis of birth of defective child.


In depth review of literature with comparison of conceptual frames, discussion of variables including predisposing factors, siblings, relatives. Outline of principles of management reasons for failure of medical personnel to intervene appropriately. Section on reaction of the child to his own disability as related to parental attitude. Extensive bibliography.


A child psychiatrist challenges the classical guilt process of Freudian psychoanalytic theory through intensive interview and testing of 23 parents of physically disabled children. Offers the hypothesis that guilt may also represent an attempt to control the uncontrollable. Presents and discusses 4 psychopathological process models.


In depth developmental approach to the phenomena of guilt reactions with brief application to parents of disabled children. Relating to religious beliefs.
   Discussion of approaches to working with mothers of congenitally defective newborns based on anticipation of behavior patterns.

   Brief discussion of overt behavior patterns parents may exhibit. Discussion of appropriate verbal and non-verbal communication skills nursing staff may implement to facilitate parental communication and activation of positive coping skills.

   Discussion of the impact of chronic or fatal illness on the stability of the family. In depth discussion of implications to the role of the family. Conceptual frame offered for parental counseling and identification of specific research needs.

   Director of the Institute for Family Research encourages parents of disabled children to meet their own emotional needs as individuals. Infers the child as well as parent will benefit from a positive approach to living expressed in 22 axioms.

   Discussion of the parent education program at the James Whitcomb Riley Hospital, Indianapolis, Ind., which was inaugurated on the premise that disabled children exhibited preventable secondary handicaps traceable to the family interaction patterns. By recognizing the parents as the "most important member of the treatment team," staff developed multidisciplinary programs to educate and support parents as one facet of treating the child.

   Brief discussion of sociological factors affecting a parent's ego identity following birth of defective child. Call to form parent groups for support.

   A book written specifically for parents by a physically disabled psychologist to stimulate heightened awareness of the meanings and resolution of their reactions to their child's disability and the problems of parenting. Presentation and exploration of case studies to aid self-exploration and identification of inner resources to external stressors. Both theoretical and pragmatic in approach. Challenge to use the situation as a stepping stone to higher personal growth.

Conceptual discussion of relationship of parental coping skills to disabled child's chances of attaining maximal functioning level and actualizing of potentials. Plea for educational consultants and facilities to be made available to parents of disabled infants.


In depth discussion of the impact of a defect on the ego identity, coping skills and interpersonal relationship of the child, family members and health care team members. Also explores diagnostic methods and approaches to psychiatric intervention methods.


Discussion of how maternal adjustment affects infant's emotional development. Identification of factors affecting adjustment and some intervention strategies.


Study of 12 families over 6 months to identify early and later reactions to birth of defective infant. Identification of factors affecting coping skills and fears for future of child and self. Illustrated with case studies. Implications for intervention identified.


Review of the literature for major conceptual approaches to description and understanding of parental responses and behavior patterns. Differentiates responses of individual family members according to roles. Related to constructs of crisis theories, religion, attitudes towards independence and nurturateness. Identifies areas for further research. Extensive bibliography.


Discussion of unresolved emotional reactions to birth of defective child and effect upon parent-child and parent-school relationship. Explores some of the causes and implications of anger, guilt and self-depreciation with some conceptual approaches to resolution.


Investigation of the grief process as exhibited by mothers of defective infants. Behaviors of 3 phases identified with sequencing and time limits identified using Lindemann's model. Implications identified.
24


Literature review and research is presented to explore whether the demands of caring for a defective infant may delay resolution of the grief and mourning process in the mother. Explores both behavior pattern progression and time limitations of uncomplicated grief process. Physical presence of defective infant in mother's care was found to interrupt the grief process.


Presentation and analysis of 5 case studies involving physically defective newborn infants and their mothers. Identification and discussion of specific intervention strategies for physician.


Mother-child interaction patterns of 10 preschool age children with physical disabilities is compared with mother-child patterns of children who are mentally retarded. Identifies some habitual interactive patterns and communication styles utilized by the family to perform daily living activities.


A collection of personal accounts of parents of exceptional children. Written for parents of exceptional child as well as professional persons who work with them. Covers broad spectrum of aspects the parents confront in rearing the exceptional child from parental acceptance to child acceptance; discipline to religious training; preparation of child for leadership to preparation for death; culminating chapter stresses need to focus on family as much as child, early intervention. Excellent summary of implications.


Two nurses explore the dual effect of loss or expected child and separation from high risk or defective child on maternal attitudes toward neonate. Offers conceptual and specific intervention strategies to reduce impact of stressors.


Description and discussion of somatic and psychic characteristics accompanying acute grief following loss of significant other. Differentiation of normal from pathological grieving. Conceptual frame applicable to any loss. Illustrated with case examples.

Presents and discusses how weekly group meetings by mothers of disabled children helped to ease the pain of alienation and enable most of the mothers to adapt to the stresses of living with a disabled child more successfully.


Presentation of statistics regarding prevalence of birth defects in the U.S.A. by The National Foundation, with discussion of the impact on family and community. Specific strategies for prevention, community education and education offered.


Based on presupposition that the child's emotional adjustment to life is related to the parent's adjustment and ability to cope with the child and disability. Discusses cause and resolution of shock, refusal, guilt, bitterness, envy and rejection. Recognizes evaluational patterns of adjustment (p 27-40). Discusses differences of reaction according to type of disability, family member. Indicates mother reacts more strongly than father due to provision of intrauterine environment and frequency of contact. Bibliography following each chapter.


Conceptual, yet specific overview of immediate and long range reaction of parents to the birth of disabled child with recognition of factors influencing the behaviors. Identifies crisis periods on a longitudinal perspective. Identification of factors significant to decision to institutionalize.


Discussion of factors affecting parental coping skills as observed at the Children's Services of the Menninger Clinic, Topeka, Kansas. In depth discussion of defense patterns with identification of specific intervention strategies to reduce stress and facilitate adjustment.


Brief discussion of factors influencing parental response and coping skills following the birth of a defective child.
Brief letter to medical personnel to encourage them to tell the parents together about an infant's defect and not force the father to tell the mother.

Author-to-parent discussion of inner reactions to birth and life with a disabled child. Fears, anxieties, social problems, relationships to family members, responses, medical personnel, discussed in terms of normalcy of reactions and how to mobilize coping skills. Separate chapters devoted to parenting disabled children of various developmental phases. Discussion of family planning and resources to assist both parents and child. Appendix lists agencies offering information on help.

Discussion of questions, fears and emotions parents of defective newborns experience with their characteristic overt expression. Identification of strategies to aid adaptation to the situation of parenting a disabled child. Stresses need for open communication and recognition of reactions and feelings as normal.

In depth exploration of etiology and expression of parental feelings upon learning of and living with physically disabled child. Approaches the feelings as universal and normal. Uses developmental, holistic, family approach to discussion of specific areas of inter- and intra-personal relationships of parents. Theorizes that pathology occurs only if feelings are not recognized, understood or are misdirected. Goal is prevention of handicapped family due to presence of disabled child. Very specific professional and parental intervention strategies identified and discussed.

Study of 50 families for in depth exploration of factors affecting coping behaviors of parents and siblings. Attention to multiply handicapped infant with extended diagnostic time span. Amply illustrated with case studies. Discussion of emotional adjustment of specific family members. Long range as well as immediate reactions identified. Effect on family interaction patterns.

Explores factors affecting a parent's responses to the birth of a physically defective child and the subsequent effect on parental ability to successfully assist the child to positive socialization and adjustment to disability. Includes religious orientation and ordinal position.
Nurse offers overview of factors affecting parental responses to birth of infant with special problems. Discusses in detail effect of separation from infant on maternal attitudes and suggests correlation with emotional disorders of child later in life.

A collection of 55 articles dealing with a wide variety of stressors and variables affecting parents coping skills. Many identify and discuss intervention strategies for specific disabling situations. Focus appears to be maintaining integrity of family system.


A psychiatric nurse encourages early parental involvement in care of a disabled infant in a supportive environment and as a means to aid acceptance of the reality of the situation. Discusses extensively the nurse's role in aiding the mother-infant bonding process.

Abstract of 76 references dealing with parental counseling. References for both professional and parent included. High percentage of retardation. Minimal data on parental attitudes. Indexed.

Abstract of 92 references written for or about parents of exceptional children. Most are oriented to the realities and practicalities of daily living. Minimal reference to parental attitudes. Indexed.

Abstracts of 98 citations of references with index for professional and parent usage. Many dealing with parental attitudes in part or all of entry.
   In depth discussion by a psychiatrist of emotional responses of parents to pregnancy and subsequent birth and rearing of disabled child. Discusses internal coping, overt behavior and specific emotional issues parents must face and cope with.

   Director of the National Bureau for Co-operation in Child Care extracts salient features from 34 years of literature. Organizes presentation into 6 study areas for conciseness and clarity: (1) General descriptive studies (2) Comparative studies (3) Education and achievement (4) Therapy and rehabilitation (5) Case studies and (6) Relationship between adjustment and maternal/parent attitudes. 50+ references. Indicates that the majority of studies conclude that child's adjustment to disability is primarily dependent on parental attitudes and relationship.

   An open letter to professional personnel for a more sensitive awareness of the parent's emotional reactions upon learning of a child's disability. Ways to show acceptance of parent as individuals and offer cooperative continuity of care for mutual respect identified.

   In depth discussion of psychological adaptive processes parents of disabled children experience. Covert and overt behavior as well as relationships between manifestations of reactions discussed. Conceptual guidelines for intervention strategies offered.

   Based on the presupposition that a child's ego identity and subsequent success in coping with life is reflective of the family's identity and coping ability. A psychologist uses conceptual approach to help professional persons understand the unique stressors facing an exceptional family in a complex, changing society. Emphasizes the individuality of family dynamics and need for principles not prescriptions for intervention. Reaction explanation oriented toward Freudian depth psychology (p 51-70). Indicates mother has more difficulty with initial adjustment, father with child's school entrance. Interdependent nature of reactions of family members explored and supported. Brief annotated bibliography for parental referral included. Extensive bibliography.

Doctor and nurse discuss immediate responses of mother to birth of defective child. Stresses need for nutritive support to aid coping process during hospitalization and after discharge. Brief discussion of long range effects on parent-child relationship.


Discussion of various factors influencing the child's development, including parental attitudes and community. Identification of implications for futuristic oriented intervention.


In depth discussion of development of grief reaction of mothers to birth of defective child as response to loss of "wished-for" child. Illustrated with case studies of retarded children. Implications for intervention offered.


Sensitive, practical discussion written for parents. Explores sociological and personal factors affecting parental reactions to the defective infant. Interspersed with his own thoughts, reactions, case examples and evolution of ideas regarding reactions and placement. Positive, normalcy aspects of child emphasized with sources of support agencies listed.


Very positive discussion of how to recognize and accept inner reactions to child's disability as normal responses shared by other parents. Parental acceptance level related to child's adjustment to his disability. Discusses strategies to maximize potentials of each family member and reduce stigmatizing effect in community relationships.


Recognizes the parents and siblings as an integral part of the ill child's milieu. Encourages "sensitive" attention to reactions of entire family as part of client therapy.

Discussion of the impact of a disabled child on the family system. Identification and analysis of specific factors affecting role relationships. In depth analysis of emotional coping mechanisms and overt behavior patterns. Explores self concept of child from a developmental perspective. Identifies specific counseling strategies.


Psychiatrist uses a conceptual framework to discuss emotional response of parents to the news of a disabling chronic condition of an infant or child. Explores in detail the need for sensitivity to these responses for construction of therapeutic intervention strategies.


Child psychiatrist observes that parents are often aware of diagnosis before discussion with professional persons. Professional warned to approach the parents gradually, in several sessions to aid communication and acceptance.


Discussion of how the hospital obstetrical unit personnel can influence a mother's feelings of isolation and stigma following the birth of a defective child. Discussion of mother's coping skills and long range effects of intervention strategies on family life.


General discussion of the stressors to ego identity in parents of disabled children, particularly in regards to interaction behaviors with child, community and professionals. Compares to normal developmental tasks of parenthood. Explores relationship of behavior patterns to degree of role identity in regards to responsibility and power. Implications related to parental competencies.


In depth exploration and analysis of factors affecting parental adjustment to birth of disabled child. Cross-cultural and historical views shared. Intervention strategies shared as case studies. Extensive literature review used to support.

A child psychologist and educator of exceptional children, who is also the mother of a physically disabled, mentally retarded daughter, extensively discusses basic affective reactions to the birth of a defective child, why the attitudes occur, how they express themselves in relationship to others and own ego identity. Separate sections deal with various family members. Shares ideas on how parents can cope with their own reactions, improve interpersonal relationships and maintain self esteem. Appendix lists resources for additional assistance.


Identification of factors affecting both short and long-range reactions and adaptations of the parents to the birth of a defective child. Identification and discussion of overt behavior patterns with suggestions for appropriate, positive intervention strategies. Comparison of differences of parental stressors with physically vs. mentally disabled child.


Psychologist discusses the relationship between anger and guilt reactions in parents of defective children with factors influencing their manifestation. Review of literature with discussion of influence of religious beliefs on coping and behavior patterns.
## AUTHOR INDEX

Key to index abbreviations:

- **B** - Blind
- **C** - Cardiac
- **CP** - Cerebral Palsy
- **CL** - Cleft Lip and Palate
- **D** - Deaf
- **DB** - Deaf-Blind
- **H** - Hemophilia
- **M** - Metabolic
- **MR** - Mentally Retarded
- **N** - Neurological
- **O** - Orthopedic
- **NS** - Non-Specified or More Than One Disability

<table>
<thead>
<tr>
<th>Name</th>
<th>Index</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agle, David P.</td>
<td>H-1</td>
</tr>
<tr>
<td>Apgar, Virginia</td>
<td>NS-1</td>
</tr>
<tr>
<td>Auerbach, Aline</td>
<td>NS-2</td>
</tr>
<tr>
<td>Babbitt, Paul H.</td>
<td>NS-3</td>
</tr>
<tr>
<td>Bakwin, Ruth M.</td>
<td>NS-4</td>
</tr>
<tr>
<td>Banks, Mary Jane D.</td>
<td>CL-1</td>
</tr>
<tr>
<td>Barsch, Ray H.</td>
<td>NS-5, NS-6</td>
</tr>
<tr>
<td>Battle, Constance U.</td>
<td>CL-2</td>
</tr>
<tr>
<td>Baum, Marian Hooper</td>
<td>NS-7</td>
</tr>
<tr>
<td>Bavin, Jack</td>
<td>CP-1</td>
</tr>
<tr>
<td>Bayley, Helen C.</td>
<td>NS-20</td>
</tr>
<tr>
<td>Beasley, Ann</td>
<td>D-1</td>
</tr>
<tr>
<td>Beck, Joan</td>
<td>NS-1</td>
</tr>
<tr>
<td>Bentovim, Arnon</td>
<td>NS-8</td>
</tr>
<tr>
<td>Berg, J. M.</td>
<td>MR-1</td>
</tr>
<tr>
<td>Bessken, Pauline</td>
<td>M-1</td>
</tr>
<tr>
<td>Blakeslee, Berton</td>
<td>O-1</td>
</tr>
<tr>
<td>Bognar, Carol</td>
<td>D-1</td>
</tr>
<tr>
<td>Boone, Donald R.</td>
<td>NS-9</td>
</tr>
<tr>
<td>Branson, Helen Kitchen</td>
<td>NS-10</td>
</tr>
<tr>
<td>Bryan, Dorothy</td>
<td>B-2</td>
</tr>
<tr>
<td>Bryant, John E.</td>
<td>NS-11</td>
</tr>
<tr>
<td>Buscaglia, Leo</td>
<td>NS-12</td>
</tr>
<tr>
<td>Butani, Pushpa</td>
<td>NS-13</td>
</tr>
<tr>
<td>Byers, Margery</td>
<td>B-3</td>
</tr>
<tr>
<td>Byers, Mary Lou</td>
<td>NS-14</td>
</tr>
<tr>
<td>Carr, E. F.</td>
<td>NS-15</td>
</tr>
<tr>
<td>Clay, Cherie</td>
<td>NS-16</td>
</tr>
<tr>
<td>Clifford, Edward</td>
<td>CL-3</td>
</tr>
<tr>
<td>Closer Look</td>
<td>NS-73</td>
</tr>
<tr>
<td>Cohen, Pauline C.</td>
<td>NS-17</td>
</tr>
<tr>
<td>Cook, John J.</td>
<td>NS-18</td>
</tr>
</tbody>
</table>
Council for Exceptional Children NS-68, NS-69, NS-70
Cowie, Valerie N-1
Creal, Dorothy NS-26
Crocker, Eleanor C. CL-3
Cruickshank, William M. NS-19
Cummings, S. Thomas NS-20

Dar, H. CL-4
D'arcy, Elizabeth NS-21
Davis, Fred NS-22
Dow, Thomas E. NS-23
Dunn, Olive Jean C-2
Durocher, Mary Ann L. NS-35

Elfert, Helen NS-24
Erickson, Marcene Powell MR-2

Fischman, Claire A. NS-25
Fischman, Daniel B. NS-25
Fotheringham, John B. NS-26
Fox, Mervyn A. NS-27
Fraser, F. C. CL-5
Freeman, Roger D. D-2, NS-28
Freeston, B. M. N-2
Froyd, Helen F. B-4

Gardner, Richard A. NS-29, NS-30
Gibbs, Jeanne Marie CL-6
Gibson, Lewis E. M-3
Gilderdale, Suzie MR-1
Gillis, Leon NS-31
Gonzalez, Mary Theresa NS-32
Good Housekeeping B-1, CP-5
Gordon, Norman B. NS-33
Gordon, Sol NS-34
Grana, Gregory M. D-4, D-5
Granich, Belle H-2
Green, Morris NS-35
Greer, Bobby G. NS-36
Gumpertz, Elizabeth CL-9
Gurney, Wilma O-2

Hammer, Edwin K. DB-1
Hare, E. H. N-3
Harrison-Covel, A. B-6
Hartman, B. H. NS-9
Hastings, Jane O. D-2
Hawke, Wm. A. CP-2
Hayes, E. Nelson NS-48
Heisler, Verda NS-37
Hersey, William J. MR-3
Hewett, Sheila CP-3
Hicks, John CP-8
Hilgarten, Margaret H-2
Holdaway, David NS-38
Hosey, Carole CP-4
Howell, Sarah Esselstyn NS-39

Irvine, Elizabeth E. NS-40
Jackson, Pat Ludder C-1
Johns, Nan NS-41
Jordon, Thomas E. NS-42

Kallaus, Jane CL-7
Kaplan, Bert L. NS-43
Kastenbaum, Robert CP-7
Keleske, Lorelei M-2
Kennedy, James F. NS-44, NS-45
Kennell, John H. NS-46
Knox, Laura L. D-3
Kogan, Kate L. NS-47
Koziert, Ada B-5
Kutner, Bernard NS-33
Kvaraceus, William NS-48

Lairy, G. C. B-6
Lancaster, Jean NS-49
Latour, Anne CL-5
Laurence, K. M. N-3, N-6
Lerrigo, Marion O. NS-80
Lightel, Helena D-1
Linde, Leonard C-2, C-4
Lindemann, Erich NS-50
Linder, Ralph NS-51
Lipton, May NS-52
Liverman, Lonis B-7
Liversidge, Ellen B. D-4, D-5
Love, Harold D. NS-53
Lowenfeld, Berthold NS-54

MacKeith, Ronald NS-55
Malkin, Susan F D-2
Mandelbaum, Arthur NS-56
Martin, Harold P. NS-57
Martin, Veneda S. D-6
Mattsson, Ake H-1
May, E. NS-58
McAree, Ruth D-7
McCollum, Audrey T. NS-59, M-3
McConnell, Freeman D-3
McDonald, Eugene T. NS-60, NS-61
McKibbin, Elsie D-8
McMichael, Joan K. NS-62
Meade, Kathryn P. D-9, NS-63
Meadow, Lloyd NS-63.
Medical Tribune NS-66
Mercer, Ramona T. O-3.
Miller, Wenda Lee M-1
Mindel, Eugene D. D-10, D-11
Moore, Mary Lou NS-64
Mori, Waltraut MR-4
Murphy, Ann MR-5

Newson, Elizabeth CP-3
Newson, John CP-3
Noland, Robert L. NS-65

Oliver, Rosemary D-12
Olshansky, Simon MR-6
Opitz, Erica M-2
Oppen, T. E. NS-15
Owens, Charlotte NS-67

Parmelee, Arthur B-7
Parnicky, Joseph J. MR-9
Paynes, Helly N-3, N-6
Penfold, Kathleen McNally CL-8
Pickworth, K. H. MR-7
Pinkerton, Philip MR-8
Pounds, Lois MR-5
Poznanski, Elva O. NS-71
Pringle, M. L. Kellmer NS-72

Rasof, Beatrice C-2
Rawnsley, K. N-3
Richmond, Julius B. NS-74
Rie, Herbert E. NS-20
Robb, Ethel C-2
Roberts, Florence Bright C-3, NS-49
Rolnick, Alice R. NS-46
Ross, Alan O. NS-75
Rozansky, Gerald I. C-4
Russell, I. T. N-7

Salk, Lee H-2
Sawrey, James M. NS-82
Schild, Sylvia M-4, M-5
Schleifer, Maxwell J. CP-6
Schlesinger, Hilda D-13
Schwartz, Jane Linker NS-76
Schwartz, Lawrence H. NS-76
Shepherd, Bruce D. D-14
Shere, Eugenia CP-7
Short-Randle, John NS-77
Shontz, Franklin C. D-15
Solnit, Albert J. NS-78
Solomons, Gerald M-2
Spock, Benjamin NS-79, NS-80
Stanko, Barbara N-4
Stark, Mary H. NS-78
Stone, Nellie D. MR-9
Strauss, Anselm L. NS-81
Tait, Perla B-8
Tal, Y. CL-4
Telford, Charles W. NS-82
Tew, Brian J. N-5, N-6
Thomas, M. N-7
Tiza, Veronica B. CL-9, NS-83
Torrie, Carolyn DB-2
Tyler, Nancy NS-47

Vernon, McCay D-11, D-16
Von Krevelen, D. Arn NS-84
Von Schilling, Karin C. NS-85
Voysey, Margaret NS-86

Walker, J. H. N-7
Warnick, Lillian B-9
Warren, Sue Allen NS-87
Way, Jean MR-1
Weller, S. D. V. N-8
Wentworth, Elsie H. NS-88
Wheeler, Mary Ella NS-56
Wieder, Daniel CP-8
Williams, Pat D-17
Wilson, James L. NS-89
Winter, S. T. CL-4

Yu, Muriel DB-3

Zachary, R. B. N-9
Zuk, G. H. MR-10, NS-90
SUBJECT INDEX

Key to index abbreviations:
B - Blind
C - Cardiac
CP - Cerebral Palsy
CL - Cleft Lip and Palate
D - Deaf
DB - Deaf-Blind
H - Hemophilia
M - Metabolic
MR - Mentally Retarded
N - Neurological
O - Orthopedic
NS - Non-Specified or More Than One Disability

Allergies
CL-5, NS-65

Anencephaly
N-3, NS-21

Blind
B-1 through B-9, NS-1, 4, 5, 6, 18, 19, 48, 53, 54, 65, 68, 69, 70,
NS-75, 77, 87

Cardiac
C-1 through C-4, NS-1, 5, 19, 21, 51, 53, 62, 65, 77

Cerebral Palsy
C-4, CP-1 through CP-8, NS-1, 4, 5, 6, 18, 47, 48, 53, 62, 65,
NS-68, 69, 70, 75, 87

Cleft Lip and Palate
CL-1 through CL-9, NS-1, 21, 65, 69, 70, 0-3

Community relationships
CP-1, 2, 3, D-1, 2, 9, 11, 14, 17, DB-3, MR-4, N-9, 0-1, 2,
NS-6, 12, 22, 28, 37, 48, 53, 54, 61, 62, 63, 72, 75, 77, 79, 82,
NS-86, 88, 89

Cystic Fibrosis
M-1, 3

Deaf
D-1 through D-17, NS-1, 4, 5, 6, 18, 19, 48, 53, 65, 68, 69, 70, 75, 87

Deaf-Blind
DB-1, 2, 3, NS-1, 48, 53, 69, 70
Diabetes
NS-65

Dwarfism
NS-62

Effect on child's development
B-1 through B-9, C-2, 4, CP-1, 2, 5, 7, D-1, 10, 11, 14, DB-2, 3, H-1, 2, M-1, 0-1, 2, NS-4, 6, 7, 9, 11, 12, 15, 25, 26, 28, 35, 37, NS-38, 39, 40, 48, 53, 60, 62, 63, 64, 72, 75, 76, 77, 79, 80, 82, 87, 88

Encephalocele
N-4

Epilepsy
CP-4, NS-48, 70

Family member reactions
B-5, CL-1, 5, CP-1, 2, 4, 5, D-2, 3, 7, 9, 11, 12, 17, H-2, N-3, 6, NS-6, 7, 12, 22, 28, 33, 39, 42, 48, 53, 56, 59, 61, 72, 75, 81, NS-85, 87, 88

Father reaction
B-3, 5, C-4, CP-1, 2, 5, 6, 8, D-4, 7, DB-3, H-1, M-2, 4, MR-2, 6, 8, N-7, 8, 0-1, 2, NS-5, 6, 7, 10, 12, 26, 28, 37, 39, 41, 42, 48, 53, NS-57, 58, 62, 63, 72, 75, 82, 86, 88

Hemophilia
H-1, 2

Hydrocephalus
N-3

Intervention strategies
B-4, 5, 9, C-1, CL-1, 2, 4, 7, 8, 9, CP-7, D-3, 8, 16, DB-1, H-1, 2, M-2, 4, MR-3, 5, 7, N-1, 3, 4, 8, 9, O-1, NS-2, 6, 9, 12 NS-15, 27, 28, 31, 32, 33, 39, 44, 46, 48, 53, 56, 57, 58, 61, 64, NS-65, 67, 72, through NS-77, 81, 84, 85, 87

Literature for parents
NS-1, 12, 34, 36, 37, 48, 54, 59, 60, 61, 68, 69, 70, 79, 80

Mental Retardation
CP-4, D-8, MR-1 through MR-10, N-8, 0-3, NS-1, 4, 5, 19, 20, 48, NS-53, 65, 68, 69, 70, 75, 78, 87

Mongolism
CL-5, MR-1, 2, 4, 7, 8, 9, N-1, 8, NS-1, 6, 18, 21, 32, 53, 65, 69

Mother reaction
B-1, 3, 5 through B-9, C-1, 2, 3, 4, CL-1 through CL-4, CL-6 through CL-9, CP-1 through CP-8, D-1, D-5 through D-8, 10, 11, 17, DB-3, H-1, M-4, MR-1, 4, 5, 6, 8, 9, 10, N-4, 5, 7, 8, O-1, 2, 3, NS-2, NS-5 through NS-18, 20, 21, 25, 26, 28, 29, 31, 32, 34, 35, 37, NS-39 through NS-51, NS-53 through NS-57, NS-62, 63, 64, 67, 71, 72, NS-75 through NS-79, 82, 83, 85, NS-87 through NS-90
Multiply handicapped
D-8, NS-56, 68, 69, 70

Orthopedic
CL-7: 0-1, 2, 3, NS-1, 14, 19, 48, 53, 62, 68, 69, 70, 77

Parent-child relationship
B-1, B-3 through B-9, C-2, 4, CL-6, 8, 9, CP-1 through CP-8, D-1, D-3 through D-8, D-10 through D-14, 16, DB-2, 3, H-1, 2, 8, 10, M-1, 2, N-5, 9, 0-1, 2, 3, NS-4, 6, 8, 9, 11, 12, 13, 15, 16, 20, 25, NS-26, 28, 29, 35, NS-37 through NS-40, 42, 43, 47, 48, 53, 54, 56, 59, NS-60, 61, 62, 63, 67, 71, 72, 75, 79, 80, 82, 87, 88, 89, 90

Parent-professional relationship
B-5, C-1, 2, 3, CL-2, 4, CL-6 through CL-9, CP-4, 7, D-3, 6, 7, 11, D-14, 16, DB-1, 2, 3, H-1, M-4, MR-1, 5, 6, 8, 9, 10, N-1, 4, 8, 9, 0-1, 2, NS-2, 6, 8, 9, 10, 12, 13, 14, 15, 16, 21, 22, 26, 27, NS-28, 33, 35, 37, 38, 39, 43, 46, 48, 50, 51, 53, 55, 61, 63, 67, NS-71 through NS-75, 79, 83, 84, 85, 88

Phenylketonuria
M-2, 4, 5

Religion
NS-30, 48, 61, 88, 89, 90

Research
NS-5, 6, 18, 20, 25, 44, 45

Sibling reaction
D-2, M-5, N-5, 7, NS-6, 28, 37, 41, 42, 48, 53, 59, 62, 67, 75, 82, NS-88, 89

Spina Bifida
CL-7, N-1, 2, 3, N-5 through N-9, NS-1, 21, 53, 62, 69