Introduction

On July 10, 2015 Oklahoma closed the two remaining large state-run institutions for individuals with intellectual and developmental disabilities (IDD). The challenges deinstitutionalization introduces for families of individuals withIDD may lead to enhanced risk to the family system throughout and following the transition. However, some families are resilient despite significant risk (Henry, Morris, & Harrist, 2015).

Family empowerment, the ability to navigate complex service systems, may provide the mechanism for increasing positive outcomes for families overall. However, the majority of individuals transitioning from institutions along with their family caregivers (i.e., parents, siblings) are among the aging population. While family empowerment may serve as a mechanism for families to move toward positive adaptation, the difficulties that caregivers may begin to experience due to aging (Hahn et al., 2016) coupled with the disruption in routines and rituals that families experience after the transition may impact overall family adaptation and well-being.

One theoretical model that seeks to understand protective factors in the context of risk, vulnerability, and adaptation across systems is the family resilience model (Henry et al., 2016). The family resilience model (FRM) is a flexible theoretical model that suggests in part that a relationship exists between protective factors, vulnerability factors, and adaptation.

Current Study

To better understand relationships between factors which theoretically impact family adaptation following deinstitutionalization, the family resilience model was used. Specifically, the following research questions were addressed:

1. How are family empowerment and family resilience related?
2. How are family member age and family relative number of years institutionalized related to family resilience?
3. Do demographic variables moderate the relationship between family empowerment and family resilience?

Participants

Family Members (n = 56)

- 48.2% mothers (n = 27), 28.6% sisters (n = 16), 16.1% fathers (n = 9), and 7.1% brothers (n = 4)
- Age ranged from 29 to 89 years of age (M = 66.7, SD = 9.9)
- Race/ethnicity included 80.4% Caucasian (n = 45), 12.5% American Indian or Alaska Native (n = 7), 3.6% African American (n = 2), 1.8% Hispanic or Latino (n = 1), and 1.8% Asian or Pacific Islander (n = 1).

Family Relatives with IDD (n = 56)

- Age ranged from 35 to 66 years (M = 50.3, SD = 8.5)
- Number of years lived in institutional settings ranged from 22 to 66 years (M = 42.3, SD = 8.7)
- Number of family members ranged from 2 to 7
- Number of years lived in institutional settings ranged from 22 to 62
- Race/ethnicity included 80.4% Caucasian (n = 45), 12.5% American Indian or Alaska Native (n = 7), 3.6% African American (n = 2), 1.8% Hispanic or Latino (n = 1), and 1.8% Asian or Pacific Islander (n = 1).

Demographic information assessed as part of the Oklahoma National Core Indicators (NCI) Project

Measures

Family Members

- The Family Empowerment Scale (Koren, Dechillo, & Friesen, 2002)
- Multidimensional Individual and Interpersonal Resilience Measure (Martin, Dilsbeber, Palmier, & Jube, 2014)

Family Relatives with IDD

- Demographic information assessed as part of the Oklahoma National Core Indicators (NCI) Project

Results

Total scale scores were correlated using Pearson product-moment correlation coefficients. Total family empowerment was positively and significantly associated with total family resilience, r(54) = .499, p < .01. No significant direct relationship was found between either age or number of years institutionalized and family resilience.

Results of the regression analysis indicated that the set of predictors explained 32.2% of the total variance in family resilience. Complete results of the regression analysis are presented in Table 1.

Table 1

<table>
<thead>
<tr>
<th>Predictor</th>
<th>b</th>
<th>SE b</th>
<th>β</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Empowerment</td>
<td>.193</td>
<td>.053</td>
<td>.504</td>
</tr>
<tr>
<td>Years Institutionalized (Family Relative)</td>
<td>.239†</td>
<td>.132</td>
<td>.193†</td>
</tr>
<tr>
<td>Constant</td>
<td>-.006</td>
<td>1.115</td>
<td>-.092</td>
</tr>
</tbody>
</table>

Table 2

Post hoc multiple regression analysis of family resilience by Years Institutionalized and Family Empowerment

<table>
<thead>
<tr>
<th>Predictor</th>
<th>b</th>
<th>SE b</th>
<th>β</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Empowerment</td>
<td>.193***</td>
<td>.050</td>
<td>.471***</td>
</tr>
<tr>
<td>Years Institutionalized X Family Empowerment</td>
<td>-0.04</td>
<td>.006</td>
<td>-.092</td>
</tr>
</tbody>
</table>

Implications

Previous research suggests that empowerment should be a central focus for services for families of individuals with IDD in order to improve outcomes for families (Koren et al., 1992; Reardon, Olley, & Hendrick, 2000; Song et al., 1990). The results of the present study strongly indicate that, at least for families of adults with IDD experiencing mandated deinstitutionalization, empowerment plays a key role in positive family adaptation.

Applying resilience perspectives to the field of IDD allows for the exploration of factors that may help families adapt to risk. Thus, evidence supporting the family resilience model’s theorized relationship between a protective factor critical to the disability population and overall adaptation would provide the foundation for understanding factors that may impact well-being in families experiencing significant risk during transitions across the lifespan (e.g., segregated classrooms to inclusive classrooms, high school to employment) as well as future OTSS transitions (e.g., sheltered workshop closure).

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