# The Needs of Korean-American and Korean Families of Children with Disabilities

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The Needs of Korean-American and Korean Families
of Children with Disabilities

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Dedication

This dissertation is dedicated to

my husband, Dongsoo Kim, and my daughter, Gina Kim.

# Acknowledgments

While writing this dissertation, I remembered an acquaintance sharing that the most important thing I will learn during the doctoral course is how to conduct research. The whole process of this dissertation, from preliminary pilot study to discussion, was a learning experience from which I built a foundation of research every step of the way.

I deeply appreciate my committee members. I would especially like to thank Dr. Marian Jarrett who guided me through my whole academic life. Without her advice and encouragement, I would not be able to achieve what I have this far. In addition, I value Dr. Michael Castleberry who provided meaningful lectures and advice for my dissertation and Dr. Jaehwa Choi provided valuable advice for my dissertation and guided me to understand statistics.

I would like to thank family members for their support during the time it took to finish this dissertation including my husband, Dongsoo Kim, and my lovely daughter, Gina Kim. I also appreciate Evelyn Asher who has edited my writing since I started the doctoral course, Coretta Mallery who provided guidance for research methodology, and Dr. LaFauci Schutt who informed me how to defend my research as a doctoral student.

To God, I offer very special thanks for giving me the opportunity to study in the United States and for involving me in this worthy academic context.

Abstract of Dissertation

The Needs of Korean-American and Korean Families of Children with Disabilities

The purpose of this study was to identify the needs of Korean-American families and Korean families of children with disabilities by determining Korean-American and Korean mothers' perception of family needs related to their children with disabilities aged birth to 18. The conceptual framework of this study rests on family systems theory and ecological theory. Fifty-nine Korean-American mothers and 435 Korean mothers participated in the study.

The results of the study were that 1) Korean-American mothers perceived slightly lower needs than Korean mothers, 2) both Korean-American and Korean mothers reported Information as the highest need and Explaining to Others as the lowest need, 3) there was not a statistically significant difference of family needs overall between Korean-American and Korean mothers, 4) there was no statistically significant difference of sub-categories of family needs between Korean-American and Korean mothers, 5) the significant predictor variables for family needs in Korean-American mothers' characteristics were English Skill and City Size, 6) the significant predictor variables for family needs in Korean mothers' characteristics were Income, Education Level, Helping Person for Household, and Number of Children, 7) the significant predictor variables for family needs in Korean-American children's characteristics were Degree of Disability, Number of Disability, and Education Program, and 8) the significant predictor variables for family needs in Korean children's characteristics were Child Gender, Child Age, Degree of Disability, Main Type of Disability, Education Program, and Years of Service.

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# CHAPTER 1

# Introduction

## *Overview*

One of the fastest growing populations in the United States is the Korean-American ethnic group (Chen & Lee, 2004). Some Korean-American families have children with disabilities. In Korea, the general public stereotypes and devalues individuals with disabilities (Kim & Kang, 2003). In the Korean culture, disabilities tend to be regarded as God's punishment of the previous faults of parents (Erickson, Devlieger, & Sung, 1999). Thus, Korean-American families believe that, in comparison to native Koreans, they live in a more conducive environment to obtain better education for their children with disabilities and receive support for the entire family (Cho, Singer, &.Brenner, 2000; 2003). Although Korean-American families of children with disabilities have educational and support services available to them, their needs are unique due to environmental change and cultural contextual differences.

The experience of Korean-American families is distinguished from the mainstream of the United States due to lack of English skill (Park & Turnbull, 2001) and from Korean families residing in Korea due to social supports (Cho, Singer &.Brenner, 2000; 2003). Korean-American families of children with disabilities who experience social barriers as a minority group may have difficulty receiving proper intervention services, which may affect their family needs. In addition, Korean-American families of children with disabilities experience the change of cultural context from oriental to

western. Thus, Korean-American families of children with disabilities encounter unique family needs.

Although Korean families of children with disabilities residing in Korea do not experience minority life and cultural change like their counterparts in the U.S., they encounter different systems related to disabilities. Thus, Korean families of children with disabilities may express family needs distinct from Korean-American families.

This study will provide educators, early interventionists, and special education professionals information about family needs, and subsequently, a design for appropriate services for children of both populations. This study will enhance knowledge about challenges minority ethnic families face.

A review of the literature reveals that research on needs of various ethnic families of children with disabilities has rarely been conducted. Research is focused largely on the Caucasian-American, African-American, and Latino-American families. Therefore, it is essential to identify and address family needs of Korean-American families of children with disabilities to provide effective intervention.

The purpose of this study is to identify the needs of Korean-American families living in the United States and of Korean families of children with disabilities living in Korea. In particular, this study investigates Korean-American mothers and Korean mothers' perception of family needs with regard to their children with disabilities, age birth to 18.

## *Statement of the Problem*

Recent immigration by various ethnic groups has resulted in increasing numbers of ethnic families with children with disabilities in the United States. The United States incurs time and labor costs in terms of the delivery of early intervention and special education services. The early intervention services and special education programs in the United States have been developed targeting the mainstream population (Bailey & Blasco, 1990; Bailey, Blasco, & Simeonsson, 1992; Bailey & Simeonsson, 1988; Dunst, Trivette, & Deal, 1988; Rawlins, Rawlins, & Horner, 1990; Sexton, Burrell, & Thompson, 1992; Trivette & Dunst, 1990). At this point, the disability system of the United States may prove ineffective for interventions with ethnic minorities. Therefore, it is urgent to develop and provide appropriate intervention services to various ethnic families of children with disabilities.

The investigation of family needs should precede the development and delivery of appropriate intervention services to ethnic families of children with disabilities. This is due to the cultural characteristics of ethnic families with children with disabilities that produce specific family needs and require targeted intervention services.

Korean-Americans are the fifth largest ethnic group in the United States (Chen & Lee, 2004). The number of Korean-Americans, 10.5% of the Asian-American population, has reached one million. From 1980 to 1990, the Korean-American population increased 135%; from 1990 to 2000 it again grew 35% (U.S. Bureau of the Census, 2000). In 2005, the Asian population in the United States neared 12 million and occupied 4 % of the entire 296 million population (U.S. Census Bureau Population Division, 2005). The

magnitude of this population begs immediate investigation before interventionists can address family needs.

The Korean-American culture differs from western culture. Unlike other ethnic groups, Asian-Americans experience communication challenges not only with other ethnic groups but also within Asian-American groups because each Asian country has its own language and possesses a culture distinguished from other Asian countries. This challenge in communication inhibits sharing social service information for disabilities and building strong communities among Asian-Americans. This phenomenon makes Asian Americans feel like a minority within a minority (Choi & Wynne, 2000). Therefore, Korean-Americans may have unique family needs related to their children's disabilities.

Although Korean-American families have more educational and social services available compared to native Korean families of children with disabilities (Cho, Singer &.Brenner, 2000; 2003), they do not enjoy the full benefit of these services. Korean-American families of children with disabilities, experiencing the change of cultural context from oriental to western, encounter unique family needs different from needs of families in the mainstream United States. In addition, Korean-American families of children with disabilities may have family needs different from Korean families of children with disabilities living in their native country.

There are three barriers to effectively identifying the needs of Korean-American families. The first barrier is communication. This population cannot effectively express their needs because of tremendous challenges with the English language. The second barrier is ill-versed intervention service providers that do not understand the Korean-American culture and therefore cannot address the specific needs of this population.

Thirdly, the Korean-American community in the U.S. is close-knit; their reluctance to communicate with the outside world further complicates the challenge of identifying family needs.

The results of this study offer insight into the dual demands of Korean-American families of children with disabilities as a minority with a disability and as an ethnic minority by identifying the needs of Korean-American families of children with disabilities and comparing their needs to those of Korean families residing in Korea. The needs of Korean-American families are further explored through discussion of the study results in the context of family needs of mainstream American families. The results of this study serve as a resource for the development of more effective early intervention and special education programs for Korean-American ethnic populations with disabilities. In addition, the results of this study inform and provide guidelines for Korean special education professionals about the needs of Korean families of children with disabilities.

### *Purpose and Research Questions*

The purpose of this study is to identify the needs of Korean-American families and Korean families of children with disabilities by determining Korean-American mothers and Korean mothers' perception of family needs related to their children with disabilities aged birth to 18.

This study will be guided by the following research questions:

1-1. How do Korean-American and Korean mothers of children with disabilities perceive their family needs?

1-2. What are the most and least family needs Korean-American and Korean mothers of children with disabilities perceive among information, family and social support, financial, explaining to others, child care, professional support, and community support?

2-1. Is there a difference in perceived family needs between Korean-American and Korean mothers?

2-2. Is there a difference in perceived family needs between Korean-American and Korean mothers with respect to information, family and social support, financial, explaining to others, child care, professional support, and community support?

3-1. Do perceived family needs differ according to the demographic characteristics of Korean-American mothers: age, residence location, marital status, educational level, job status, and household annual income, spoken language, supporters, and number of children?

3-2. Do perceived family needs differ according to the demographic characteristics of Korean mothers: age, residence location, marital status, educational level, job status, and household annual income, spoken language, supporters, and number of children?

3-3. Do perceived family needs differ according to demographic characteristics of Korean-American children with disabilities: gender, age, type of disability, the years receiving the services, and the type of service the child receives?

3-4. Do perceived family needs differ according to demographic characteristics of Korean children with disabilities: gender, age, type of disability, the years receiving the services, and the type of service the child receives?

### *Potential Significance*

This study was conducted to identify the needs of Korean-American families and Korean families of children with disabilities by focusing on the mothers' perception of family needs. This study enlightens educators, early interventionists, and special education professionals about family needs and subsequent design of appropriate services for Korean-Americans families in the United States and Korean families in Korea with children with disabilities. This study enhances knowledge about challenges of Korean-American families of children with disabilities and of Korea families residing in their own country.

### *Theoretical Framework*

A brief summary of the conceptual framework is introduced here; a more detailed explanation is presented in Chapter Two. The conceptual framework of this study rests on family systems theory and ecological theory.

According to family systems theory, children with disabilities should be viewed within the family system because the children are influenced by the interaction among four subsystems: 1) marital, 2) parental, 3) sibling, and 4) extended family. In addition to these four concepts, two other concepts are important in understanding family systems theory: family characteristics and family functions. Family characteristics provide input to the four subsystems. The output (family functions) may be different according to how the four subsystems interact. The family is a social unit where various interactions

systematically take place. Therefore, the needs of each family differ according to how each family system operates.

The ecological theory of Bronfenbrenner provides four levels of context for a child: 1) microsystem, 2) mesosystem, 3) exosystem, and 4) macrosystem. These levels are constantly changing and affecting each other. Change at any level of the system influences not only the other levels but also the entire system. According to Bronfenbrenner (1979), a child interacts with others in the immediate contextual settings such as family, school, and neighborhood. These immediate settings are influenced by communities and societies that are located outside the immediate settings and that interact with one another. Communities and societies are affected by outer worlds such as culture, values, laws, and customs. According to ecological theory, cultural context influences the family system located in the innermost level of the ecological systems.

Minority Korean-American ethnic families may seek to preserve their native Korean culture while living in the United States and at the same time they become acculturated. Thus, the needs of Korean-American families of children with disabilities are likely to differ from those of Korean families. In addition to attitudes toward disabilities, Korean families differ in the amount of educational and financial support available to them. .

Figure 1.1 illustrates the structure of the study from theory through research questions to instruments used in the study. The ecological theory accounts for the influence of cultural factors. Cultural factors affect the family because the family system is located in the center of the ecological system. Family systems theory provides the context for understanding how a child with a disability can impact the entire family. The

research questions were developed to identify the needs of Korean-American families and Korean families living in different cultural environments. The Family Needs Survey (Bailey and Simeonsson, 1988) was chosen to survey the many areas of need of families of children with disabilities.

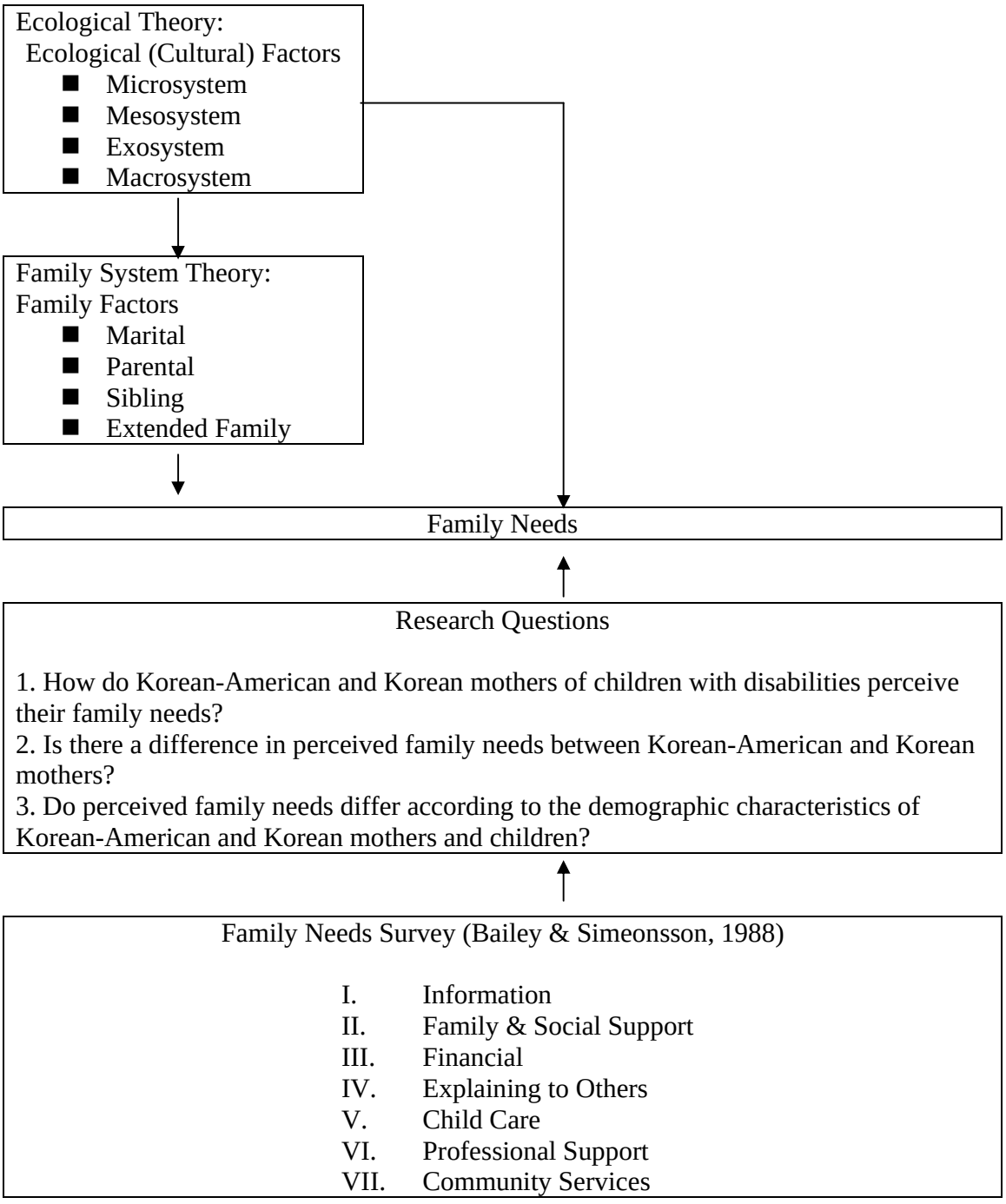


Figure 1.1 Relationship of theory, research questions and the family needs survey

## Summary of the Methodology

### *Research Design*

This study employed a quantitative research method in order to identify the needs of Korean-American families and Korean families of children with disabilities aged birth to 18 years. The survey method was used.

### *Participants*

The study population was Korean-American and Korean families of children with disabilities, aged birth to 18, living in the United States or in Korea. Study participants were recruited through the American Wheat Mission Inc. (AWMI) and Korean Wheat Mission Inc. (KWMI). AWMI is an organization providing support to Korean-American families of individuals with disabilities in the United States; KWMI is an organization supporting Korean families of individuals with disabilities in Korea.

### *Instrumentation*

The Family Needs Survey of Bailey and Simeonsson (1988) was used to measure mothers' perception of needs. The reliability of the original survey has been established in studies with families of children with disabilities. Sexton, Burrell, and Thompson (1992) reported that the Cronbach's Alpha coefficient for the total survey score was .91 and .65 to .86 for the subscales. By using 53 mothers of children with disabilities, the researchers conducted classical test theory analyses and factor analysis, and compared the needs of the mothers with the data from a previous study.

The author translated the survey into Korean for Korean-American and Korean participants. The author conducted a pilot study that tested the possibility of using the translated version of the survey. Cronbach's Alpha coefficient of the translated survey was investigated in the study with professionals and Korean-American families of individuals with disabilities (Jarrett & Moon, 2006b). The Cronbach's Alpha coefficient for the total score was .93, and those of the subscales ranged from .68 to .86.

When the correlations between survey items are high, the Cronbach's Alpha coefficient is high; the high Cronbach's Alpha coefficient means high internal consistency that represents reliability. The coefficient higher than .60 is acceptable and higher than .70 is desirable. The coefficient between .80 and .90 represents high reliability.

In addition to the Family Needs Survey, the author constructed a questionnaire for this study to determine demographic data: mother's age, residence location, marital status, educational level, job, household annual income, family composition, spoken language, child's sex and age, type of disability, type of services the child receives, and years receiving the services.

*Data Collection*

Survey packets were sent via Postal Service, emails, or, whenever possible, delivered in person to the branches of AWMI and KWMI for distribution to the Korean-American and Korean families of children with disabilities. Along with the survey packets, there was a letter explaining the study to the directors and staff of each AWMI and KWMI branch as well as directions for distributing the survey. The survey packets

included a letter written in Korean explaining the study, a translated Family Needs Survey form, the demographic questionnaire, and a self-stamped, self-addressed return envelope for completed survey forms.

For the return process, families completing survey forms returned them via the postal service system to designated post office boxes in the United States. The author's Korean colleague collected the completed survey forms from the post office box, and sent them to the author residing in Korea via international postal service system. Families also could hand in their completed survey form to their respective branch of AWMI or KWMI or sites referred by AWMI and KWMI. The completed survey forms were filed in each branch; in turn, the branch delivered the completed forms to the author in person or by the postal service system.

### *Data Analysis*

For the survey data, statistic procedures were used with SPSS. These included descriptive statistics, *t*-test, analysis of variance, and multiple regression analysis.

## *Limitations*

In this study, the following limitations are recognized:

1. The number of participants were small, thus the results do not represent all Korean-American and Korean families of children with disabilities, aged birth to 18 years in the United States and Korea.

2. The instrument was translated from English into Korean. The process of translation may have affected the instrument.
3. The instrument used in this study is a self-report measurement of perception of needs and may not reflect true family needs.
4. All participants in the survey process were volunteers; therefore, the families may be better adjusted with less distress, fewer needs, and more resources than families outside this population.

### *Delimitations*

For the purpose of this study, the following were established:

1. This research was delimited to Korean-American families and Korean families served by the AWMIor KWMI and referred by AWMI or KWMI.
2. This research was delimited to families of children with disabilities.
3. This research was delimited to children aged birth to 18 years.

*Definition of Terms*

| | |
|---|---|
| Culture: | Culture is not a rigidly prescribed set of behaviors or characteristics, but rather, a framework through which actions are filtered or checked as individuals go about daily life (Hanson, 2004, p.4). Culture is something to which we have grown so accustomed that we have ceased to notice that is exists (Lynch, 2004, p.20) such as values, beliefs and practices. |
| Disability: | A disability is a substantially limiting physical or mental impairment which affects basic life activities such as hearing, seeing, speaking, walking, caring for oneself, learning, or working (Coleman, 1999, p.104) |
| Ethnicity: | Ethnicity is used in reference to groups that are characterized in terms of a common nationality, culture, or language. Ethnicity refers to the ethnic quality or affiliation of a group, which is morally characterized in terms of culture (Betancourt & Lopez, 1993). |
| Family needs: | A family's expressed desire for services to be obtained or outcomes to be achieved (Bailey & Blaseco, 1990, p.196). |
| Family: | Families consist of two or more people regarding themselves as a family and carrying out the typical family function. They may or may not live together (Poston, Turnbull, Park, Mannan, Marquis, & Wang, 2003) |
| Early Intervention: | Specialized services provided to infants and toddlers who are at-risk for, or are showing signs of, developmental delay. Services emphasize the continued development of basic skills through planned interactions that will minimize the effects of the baby's condition (Coleman, 1999, p.115) |
| Mainstream: | Mainstream has been most closely associated with Anglo-European population who has large influence on the legal and governmental structure and large proportions they represent of the citizenry in the United States (Hanson, 2004, p.88) |

# CHAPTER 2

## Literature Review

### *Introduction*

The purpose of this study is to identify the needs of Korean-American and Korean families of children with disabilities by determining Korean-American and Korean mothers' perception of family needs related to their children with disabilities, aged birth to 18. Literature for this study was reviewed in two phases: theoretical literature review and empirical literature review.

The purpose of the theoretical literature review is to understand the theoretical basis for how family members interact and affect each other and to determine whether family systems are affected by their ecological context. This review also provides knowledge to apply these theories to families of children with disabilities and to determine what is known about family needs of Korean-American and Korean families of children with disabilities. Family systems theory by Bowen, Satir, Minuchin, and Haley is followed by Bronfenbrenner's ecological theory. Family systems theory was chosen as the conceptual foundation for the study because it explains family characteristics, interaction, and functions that influence the needs of families of children with disabilities. Ecological theory was chosen because it provides insight to understand the contextual

impact on various ethnic families of children with disabilities living in USA as well as on families of children with disabilities residing on their own country.

The purpose of the empirical research review is to identify research about the needs of families of children with disabilities in different ethnic minorities in the United States in order to identify cultural influences on family needs. Another purpose is to identify research about the needs of Korean families of children with disabilities in order to understand the cultural influence on family needs. In order to review this literature, EBSCO, ERIC, and Dissertation data bases were searched using all combinations of key words such as family, needs, disability, intervention, and terms of ethnic groups such as African, Latino, Hispanic, Asian, and Korean. Empirical literature for family needs was reviewed. The literature targeting Caucasian-Americans, African-Americans, Latino-Americans, and Asian-Americans was first reviewed. Then, research conducted in Asia and in Korea was reviewed. Finally, the literature of the Korean-American and Korean culture of disability was presented in order to provide information for understanding the family needs of the Korean-American and Korean populations.

### *Theoretical Framework*

Family systems theory and ecological theory are used as theoretical framework for this study. The theoretical framework is illustrated in Figure 2.1.

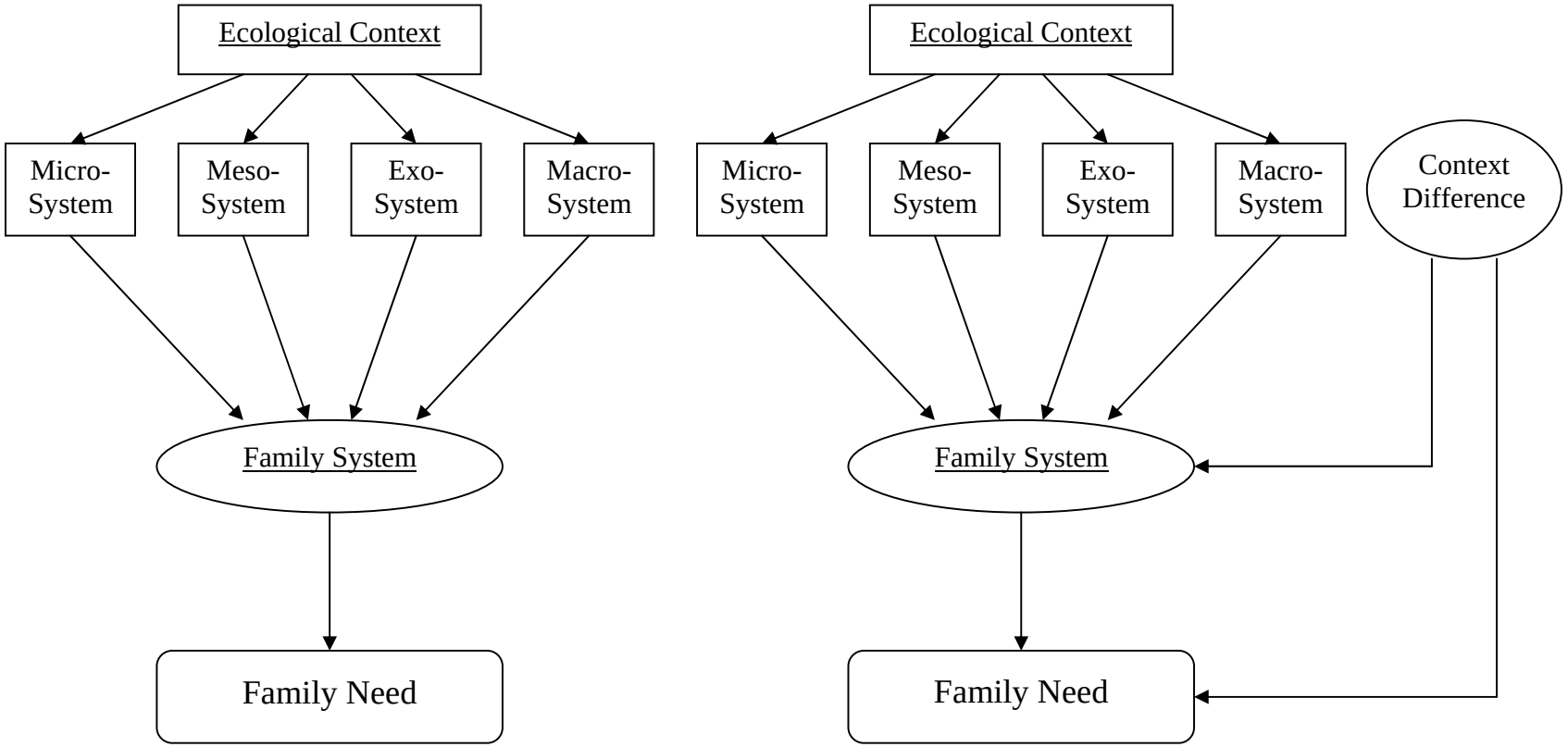


Figure 2.1 Conceptual framework of family needs between majority and minority group

*Family Systems Theory*

Research for children with disabilities has traditionally focused on children, but the focus has gradually changed to include other family members. In the1980s, researchers started to pay attention to interaction among family members, social networks, and family context at the family systems level (Beckman, 1983; Crnic, Friedrich, & Greenberg, 1983; Bailey & Simeonsson, 1988). Family research with a family systems perspective continues to the present (Ayvazoglu, Oh, & Kozub, 2006; Kennedy, Oakland, & Brotherson, 2000; Laroi, 2003; Macfie, Mcelwain, Houts, & Cox, 2005; Rhodes, 2003; Wark, Thomas, & Peterson, 2001). Four theories related to family systems are especially important: 1) Satir's communication process model, 2) Bowen's transgenerational theory, 3) Minuchin's structural family therapy theory, and 4) strategic family therapy theory.

*Satir's communication process model.* Virginia Satir, an early scholar who played a key role in pioneering the field of family systems, focused on family history and personal experience in resolving family issues and problems. Satir was interested in how family members feel about themselves and other family members and how they respond to each other. Her book, *People Making* (Satir, 1972; 1988), reflects her thoughts about family systems and family therapy.

From a systemic family perspective, Satir stated, "every part (of the family) is related to the other parts in such a way that a change in one brings about a change in all the others. Indeed, in the family, everyone and everything impacts and is impacted by every other person, event, and thing" (Satir & Baldwin, 1983, p.191).

Satir and Baldwin (1983) proposed two types of systems: open system and closed system. A closed system does not consider uniqueness and appropriateness. It has dominant, harmful elements such as power, obedience of children to adults, and guilt. Open systems welcome environmental change outside of individuals and include a variety of feelings such as hope, love, anger, frustration, sadness, joy, and compassion. Each family falls on a continuum from closed to open. The family with more characteristics of an open system frequently undergoes change and appropriately adapts to the change in comparison to the family with more closed system characteristics. The parents of a child with disabilities in an open system more easily adapts to the challenges brought about by the child.

Homeostasis, the tendency to create balance when conditions and relationships are changed, is an important concept in Satir's theory. According to Satir, families tend to adapt to and adjust to change in order to keep homeostasis. In the case of the parents of children with disabilities, they experience great change and stress, but gradually become accustomed to the change in the family due to the homeostasis trait of family systems.

Among Satir's theoretical concepts explaining her family systems theory, is the important concept of self-worth. Self-worth is the value that one assigns to oneself such as self-respect and self-love. Satir stated that a positive relationship with significant others and a positive environment enhance the level of self-worth. Family members of a child with disabilities may have low self-worth that produces greater family needs. For example, a mother may have low self-esteem because of the child with a disability (the significant other) and a negative family environment due to the child's disabilities. The

mother may have more psychological needs in comparison to mothers without children with disabilities.

*Bowen's transgenerational theory.* Bowen (1978) took into account the individual background and family history in reducing family problems. While Satir was a practitioner who was pragmatically oriented rather than a theorist, Bowen (1978) was a theorist who developed the transgenerational theory through a solid connection between theory and practice. According to Bowen, most family problems are caused because parents could not separate from their original family. For example, a father and a mother who remain closely related to their own families may worsen the family's problems they face because they are still dependent on their own parents rather than giving attention to their current family. That is, family problems may result from emotional fusion from one generation to the other. This is the rationale of transgenerational theory.

One must understand the concept of separateness-togetherness to comprehend Bowen (1978)'s transgenerational theory. Separateness-togetherness is a dyadic force in human relationships. Separateness means individuality in human relationships whereas togetherness means closeness in human relationships. Balance between separateness and togetherness is necessary in all human relationships. When these two forces preserve equilibrium, ideal human relationships develop. When these two forces do not maintain equilibrium, the condition is called fusion or undifferentiation. Family problems result from the conditions of fusion and undifferentiation.

A father and a mother of a child with disabilities who do not preserve the equilibrium between separateness-togetherness is a good example of separateness When

the parents are very separate from their original family members (paternal grandparents and maternal grandparents), the parents may not ask for help from their original family members. Therefore, the parents may experience more problems and express more family needs. On the contrary, when the parents lean toward togetherness in the relationship with their original family members, they may be greatly dependent on their own parents. Thus, the parents may lose the ability to resolve their problems by themselves. When they no longer receive support from family members, the family may have tremendous needs.

Another important notion is differentiation of self, the ability to maintain balance between separateness and togetherness in human relationships. A mother with well-developed differentiation of self more effectively controls her situation having a child with disabilities than a mother who lacks differentiation of self because she can maintain the equilibrium between separation and togetherness. The parents who have differentiation of self tend to develop a solid ego, to possess constant faith, and to live an independent life; thus they appropriately adapt to the disabilities of their child and express fewer needs.

In summary, Satir's theory views family systems as open or closed systems. Homeostasis and self-worth are the main concepts of her family systems theory. In Bowen's theory, the main dyadic concept is separateness-togetherness. The dyadic concept is influenced by differentiation of self.

Two other family system theories developed at the same time at different institutions are important to address: structural family therapy theory and strategic family therapy theory. These two theories are focused on instant therapy for reducing current symptoms as opposed to using a person's background and family history that Satir and

Bowen favored in resolving family problems. Structural family therapy theory focuses on families' changing behaviors in their present situation: strategic family therapy advocates a change in communication patterns.

*Structural family therapy theory*. The structural family therapy model was mainly researched and practiced in the 1970s. The structural family therapy theory developed by Minuchin (1974) is practical and directive rather than merely theoretical.

The basic premise of Minuchin's theory is that a family has structure, that the change of family members' behaviors can transform the existing structure into a new structure, and that the structure's change can resolve family problems. Minuchin proposed this premise with two characteristics of family systems: predictability (stability) and flexibility. Family members interact with predictable patterns that are repeated (predictability or stability); thus, the family system can maintain a steady structure for a short-lived period.

Another trait of family systems is flexibility that helps family members adapt, adjust and cope with the change of circumstance. For example, if a mother's behavior changes, the family structure changes. As a result of the changed family structure, the father and children's experiences change. A new structure evolves reflecting changed interaction among the mother, the father, and children. The new structure is maintained during a constant period. Finally, the family problems are resolved in the new family structure. That is, the transformation of family structure reduces family symptoms and family crisis.

Structural family therapy theory offers insight to lessen the needs of families of children with disabilities. When a family discovers a child's disability, the family members face various family issues. For example, the mother may feel burdened taking care of the child with a disability, the relationship between husband and wife may worsen by blaming each other as the cause for the child's disability, and siblings may receive less attention from parents. This family's subsystems may not function appropriately due to the child with a disability. According to this theory, a therapist may try to lessen the mother's needs; the therapist might suggest the husband not blame his wife and advise him to hire a nanny, if possible, to take care of the siblings. If the mother's needs are met, her behavior will change. The mother's changed behavior will affect other family members thereby constructing a new family structure. Ultimately, the family functions effectively.

Minuchin (1974) divided the family system into four subsystems: 1) spouse subsystem, 2) parental subsystem, 3) sibling subsystem, and 4) extrafamiliar subsystem. The spouse subsystem consists of the husband and wife, the parental subsystem is the parents and children, the sibling subsystem is composed of brothers and sisters, and the extrafamiliar subsystem includes social support, extended family, and friends. These four subsystems interplay with one another to affect change, to reduce family crisis, and to maintain the stability of the family.

According to Minuchin (1974), clear boundaries between subsystems as well as clear hierarchy in distribution of power within the family are needed for appropriate interactions between subsystems. The boundary among subsystems is identified as rules that control each family member's function in the household. In the family with clear

boundaries, subsystem members carry out their own role without interference from other subsystems. The hierarchy defines the possession of power within the family. The member in the top position of the hierarchy has the strongest power. A family appropriately functions when parents occupy the upper level of power and children take up the next level in order of seniority.

In families of children with disabilities, the boundary and hierarchy may not be clear. An example of this can be seen in the family who has an older son with mild mental disabilities and a younger daughter (Jarrett & Moon, 2006a). In the research, the mother was overly attached to the son in comparison to her attachment to her husband. In addition, the younger sister of the brother with disabilities tended to act as if she were the older sibling as she promised to care for her brother in the future. That is, the mother did not have a clear boundary between the parent subsystem and the spouse subsystem, and the typical hierarchy between the older brother and the younger sister was reversed. Minuchin's theory suggested that this kind of unclear boundary and reversed hierarchy might produce current and future family problems.

*Strategic family therapy theory.* The strategic family therapy model awakened researchers' and practitioners' interest in the mid 1980s. Many researchers such as Bateson, Erickson, Haley, Jackson, and Weakland contributed to this theory. Haley (1987) was influenced by Bateson, Erickson, Bateson, Jackson, and even Minuchin. According to Haley, the strategic family therapy theory was concentrated in the development of the therapy strategy rather than the theory development.

Strategic family therapy theory differs from Satir's and Bowen's theories as well as structural family therapy theory. This theory is technique-oriented rather than theory-based unlike Satir and Bowen's theories. In addition, while Satir and Bowen consider the personal background and historical context, strategic family therapists are concerned with the instant removal of current symptoms within the family system. In addition, while the same strategies are used with all family members in structural family therapy to change family structure, strategic family therapists use a variety of strategies with family members in order to resolve specific family problems. This theory focuses on the change of communication patterns among family members in order to resolve family problems while structural family therapy theory focuses on the change of behavior for solutions to family problems.

The stage of family development in the life cycle is a crucial factor producing family problems. Families tend to develop problems in transition periods such as a child's birth or family relocation. Therefore, family problems should be appropriately defined for the family's current situation. The therapist then provides strategic responses when needed. That is, there is no predetermined direction of therapy to solve problems. Therefore, the strategic therapist plays a more active role and persuades the family members to define their problems in a way they can be resolved. To achieve that, the therapist skillfully asks questions with strategies so that family members view their problems from different perspectives. This process is called reframing. Once family members begin to have a different view, the therapist begins to provide directive intervention in order to change the family members' communication patterns and behavior.

An interesting difference between structural and strategic family therapy theories is how goals are set to resolve family problems. The structural perspective prefers the same goals for all family members in order to reconstruct the family structure; on the contrary, the strategic perspective sets different goals for family members to resolve family problems quickly. For example, a family experiences a problem from a mother who is too dependent on the child's grandparents for taking care of her child with disabilities. Structural theory establishes a goal to enhance the mother's independence with the help of all family members. The structural therapists continuously remind the mother to be independent, the grandparents not to help the mother, and the children to ask help not from grandparents but from the mother. However, strategic therapists will assign various goals to family members. For instance, the therapist will encourage grandparents to set a goal to learn golf in order to reduce the time they help the mother and a goal for the mother to be independent. The siblings will have a goal to participate in activities that the mother should attend. Strategic perspective therapists believe that the strategic method works more quickly than the structural method.

In summary, structural and strategic family therapy theories focus on the *present* behavioral and communicational styles of the family. Structural family therapy theory (Minuchin, 1974) prevailed throughout the 1970s curing family problems through a change of family structure. The family structure is transformed by family systems' characteristics such as predictability (stability) and flexibility. Minuchin (1974) proposed four subsystems of family systems: 1) spouse, 2) parental, 3) sibling, and 4) extrafamiliar. Those interact with each other for appropriate family functions. Strategic family therapy theory was developed by several researchers in the 1980s, namely Bateson, Erickson,

Heley, and Weakland. In this theory, family stage of development and problem definition are the important concepts in addition to homeostasis. According to this theory, the same problems may appear differently according to each family's life cycle; therefore, problem definition is important for resolution. Although both structural and strategic family therapy theories bear similarity in focusing on a current instant remedy to reduce family symptoms, they contrast in goal settings for therapy. Structural family therapy theory usually defines the therapy objective or goal in order to change behavior or roles of family members. On the contrary, strategic family therapists technically respond by using action and strategy without assuming the therapy goals for problem solutions.

According to these theories, family is systematic and is composed of interrelated subsystems that influence family members' lives. Hierarchy (power) and boundaries among family members are important. The family systems theory can be applied to understanding families of children with disabilities.

*Family systems theory related to disability issues*. The existence of a family member with a disability affects the function of each family member and the family subsystems as well as the family as a whole. Researchers incorporated disability issues into family systems theory by including family members with disabilities (Summers & Turnbull, 1990; Morningstar, Turnbull, & Turnbull, 1995). Family systems theory provides the fundamental base for understanding the impact of an individual's disability on a family (Kozub, 2001). Family systems theory was expanded by the researchers (Turnbull & Turnbull, 1986; Turnbull, Turnbull, Erwin, & Soodak, 2006) including the family characteristics as inputs and family functions as outputs. Figure 2.2 illustrates this.

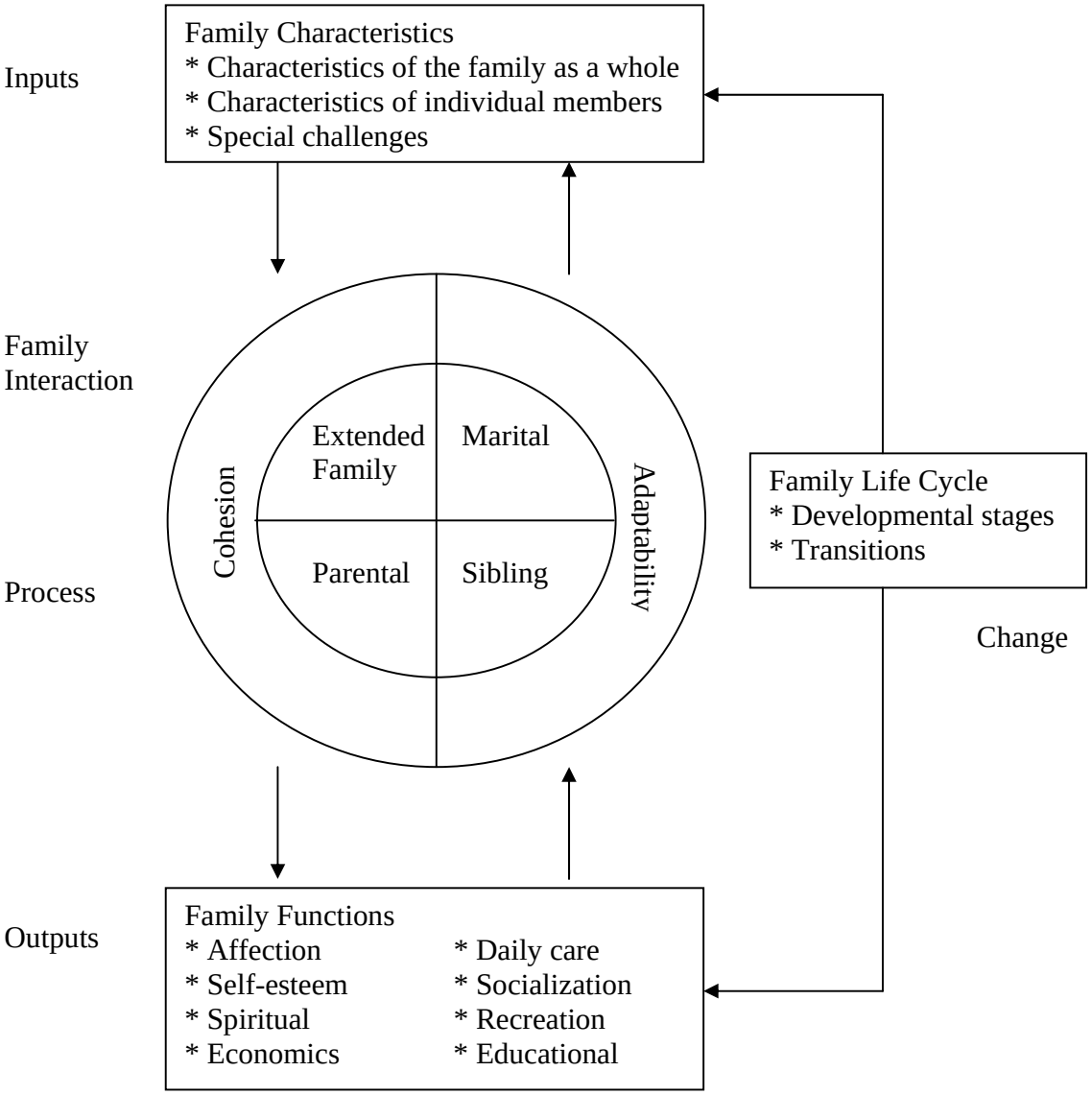


Figure 2.2 Family systems framework: emphasis on family characteristics
(Turnbull, Turnbull, Erwin, & Soodak, 2006)

When certain characteristics of the family provide input to the systems, the subsystems respond to the input. The interaction among subsystems alters output or the family functions. Family characteristics (input) consist of the traits of the family as a whole and those of individual members as well as special challenges. Family functions (output) include affection, self-esteem, spirituality, economics, daily care, socialization, recreation, and education.

According to family systems theory (Turnbull & Turnbull, 1986; Turnbull, Turnbull, Erwin, & Soodak, 2006), when challenge from a child with disabilities is placed on the family system, the challenge affects the interaction of family subsystems, and finally the affected interaction changes family functions. That is, challenge from a disability influences the family function. A study of mothers of children with disabilities revealed the influence of children's disabilities on several areas of family function (Jarrett & Moon, 2006a). In the affection functioning, some mothers favored a child with disabilities more than his/her siblings. In the function of self-esteem, a mother revealed that her self-respect and pride diminished due to her child's disabilities, and she felt unhappy due to others' negative reaction to her child's disability. Spiritual functioning in most families was affected; most mothers had overcome the challenge from their child's disability by leaning on God more intensively than before. In the functioning of socialization, some mothers avoided meeting others during the short period after birth, and one mother often refused to participate in dinners in others' homes. Most mothers were very interested in their children's education so the children could overcome their disabilities. These changes in family functions often increased family needs.

Turnbull and Turnbull (1986) considered developmental stages and transition while explaining the concept of family life cycle. They stated that the process from input to output and family interaction in family subsystems is influenced by changes in the family life cycle. That is, although the same input comes into the family system, the family function may be different depending on the family's developmental stage. For example, the impact of a second child's birth on the family members when the first child has disabilities may be different if the first child is an infant, preschooler or adolescent. Therefore, the family needs also differ according to the first child's developmental stages.

In summary, Turnbull and Turnbull (1986) elaborated the structural and the strategic family therapy theory by combining the subsystems concept and the life cycle concept. Family systems theory also included the concepts of family characteristics and family functions while applying family systems theory to disability issues. Family systems theory contributes to family needs studies by enabling researchers to focus on family interaction, inputs and outputs in family systems, family function, and the impact of the family life cycle on family needs.

*Ecological Theory*

Bronfenbrenner (1979) developed the ecological theory to explain the relationship between the child and the child's nested context. Ecological theory is one of the theories important to understanding the needs of minority ethnic families (Figure 3).

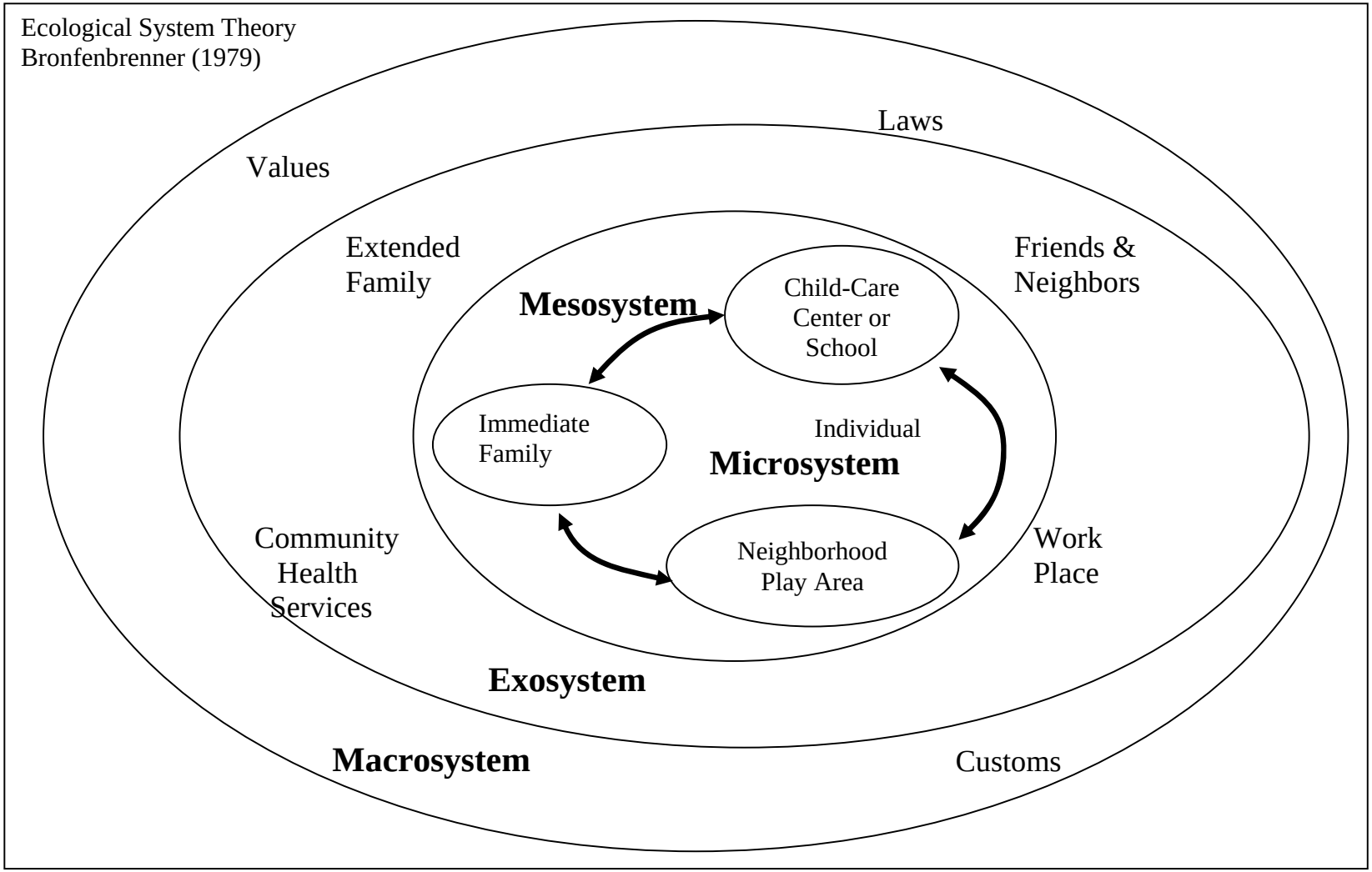


Figure 2.3 Ecological framework (adapted from Berk, 2000)

According to ecological theory, a child interacts with parents, teachers, and peers in the immediate contextual settings such as family, school, and neighborhood. These immediate settings interact with one another. The immediate settings are also influenced by the outer world such as community and society, which in turn are affected by culture and values. The context of a child is composed of four levels: 1) microsystem, 2) mesosystem, 3) exosystem, and 4) macrosystem. The microsystem is the innermost level; the macrosystem is the outermost level. These four environments continuously change and affect each another. Change in any part of the system influences not only the other levels but also the entire system.

The first level is the microsystem, the immediate settings that interact on a face-to-face basis and directly affect child development. The microsystem includes family, child care, preschool, and even a child's play area. According to Bronfenbrenner, child-care and preschool are other settings that serve as an inclusive context for human development like the family home. The relationship between a child and the other person in the immediate settings is important because the relationship influences human development. Interconnectness between a child and a person in the immediate setting is a significant notion. The interconnectness exists in the relationship between a parent and a child in the family setting and between a child and a teacher or a child and the child's peers in a school setting. The interconnectedness also exists in the relationship between two adults in the immediate setting. For example, a mother responsive to school teachers may affect the experience of a child with disabilities in a positive manner. In addition, a close relationship between the mother and her supportive husband (third party) influences the experience of the child with disabilities.

The next level is the mesosystem that illustrates the connections between the contexts in microsystem. “The principle of interconnectness is seen as applying not only within settings but also with equal force and consequence to linkages between settings” (Bronfenbrenner, 1979, p.7). Bronfenbrenner (1979) defined mesosystem as “a set of interrelations between two or more settings in which the developing person becomes an active participant” (p. 209). That is, the mesosystem comprises the interrelationships among family, neighbors, and school. A study interviewing five Korean-American mothers offered good examples (Moon & Jarrett, 2006a). If a mother is actively involved in a school activity, a particular relationship between the mother and the teacher is formed. The relationship can affect the life of the mother’s child and subsequently the development of the child. For example, a mother of a daughter with developmental disabilities regularly volunteered in the preschool so that the teacher gave more attention to her daughter.

The third level, exosystem, is defined as “consisting of one or more settings that do not involve the developing person as an active participant but in which events occur that affect, or are affected by, what happens in that setting” (Bronfenbrenner, 1979, p. 237). That is, the exosystem means social settings that influence children’s experiences in immediate environments although the social settings do not include children. This system contains extended family members, friends, neighbors, workplace, and community health service. The immigrant families of children with disabilities are good examples to illustrate the influence of the exosystem. The families living their extended family members in the native country may receive less informal support and have more needs to take care of their child with disabilities (Cho, Singer, &.Brenner, 2000).

Korean-American families do not mix easily with mainstream families; they mainly keep tight connections with Korean-American families. Therefore, they tend to miss information about disability issues that is common knowledge to the mainstream population of the United States. This tendency to stay together results in a need of Korean-American families of children with disabilities that mainstream families do not experience.

The last level is the macrosystem that refers to "the consistency observed within a given culture or subculture in the form and content of its constituent micro-, meso-, and exosystems, as well as any belief systems or ideology underlying such consistencies" (Bronfenbrenner, 1979, p. 258). That is, the macrosystem includes cultural values, customs, laws, and traditions. Macrosystems with positive perspectives of disabilities affect the inner levels of the system. At the exosystem level, the community may provide efficient health services to children with disabilities and the workplace may offer a flexible work schedule. At the mesosystem level, extended family members and friends/neighbors may eagerly provide support without hesitation. Parents of children with disabilities who are content with efficient child care/preschool programs may enthusiastically interact with the teachers. At the microsystem level, the mother and the teacher form a satisfactory relationship with each other which influences the child's experience in positive manner. Families living in a society with this kind of macrosystem are less likely to express family needs.

The ecological theory provides the framework to understand the needs of the families of children with disabilities. The outer ecological systems can affect families of children with disabilities and can impact the needs of these families. For example, a

family who does not maintain a positive relationship with teachers may express a need for better education for their child with disabilities. A family living with extended family members may have less need for taking care of the child with disabilities due to the support the extended family members provide.

*Applying Theoretical Frameworks to Korean-American and Korean Families*

Family systems theory and ecological theory provide the basic framework for understanding the needs of Korean-American and Korean of children with disabilities. The theoretical framework for Korean-American is illustrated in Figure 2.4, and that for Korean is in Figure 2.5.

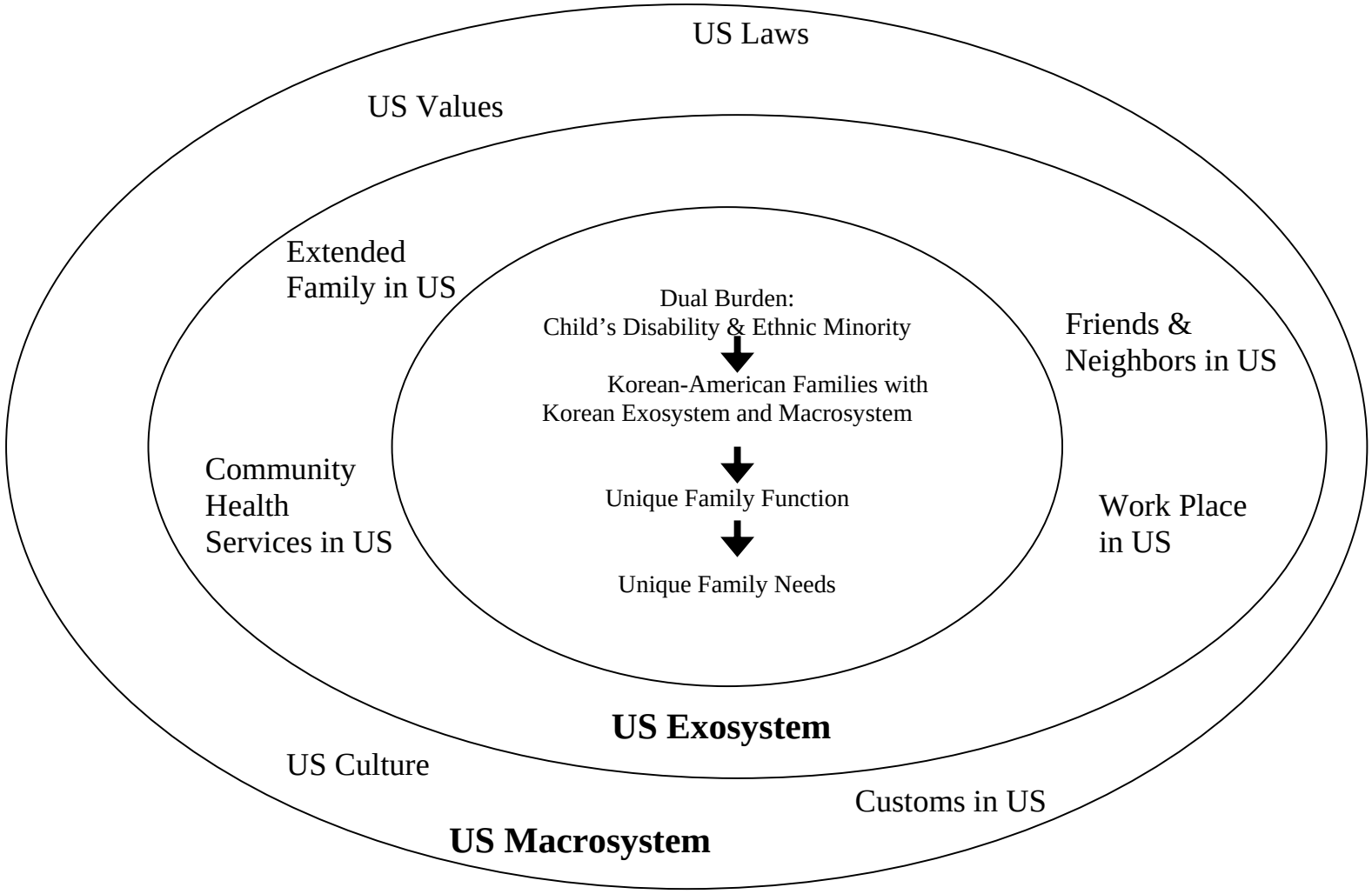


Figure 2.4 Unique needs of Korean-American families of children with disabilities

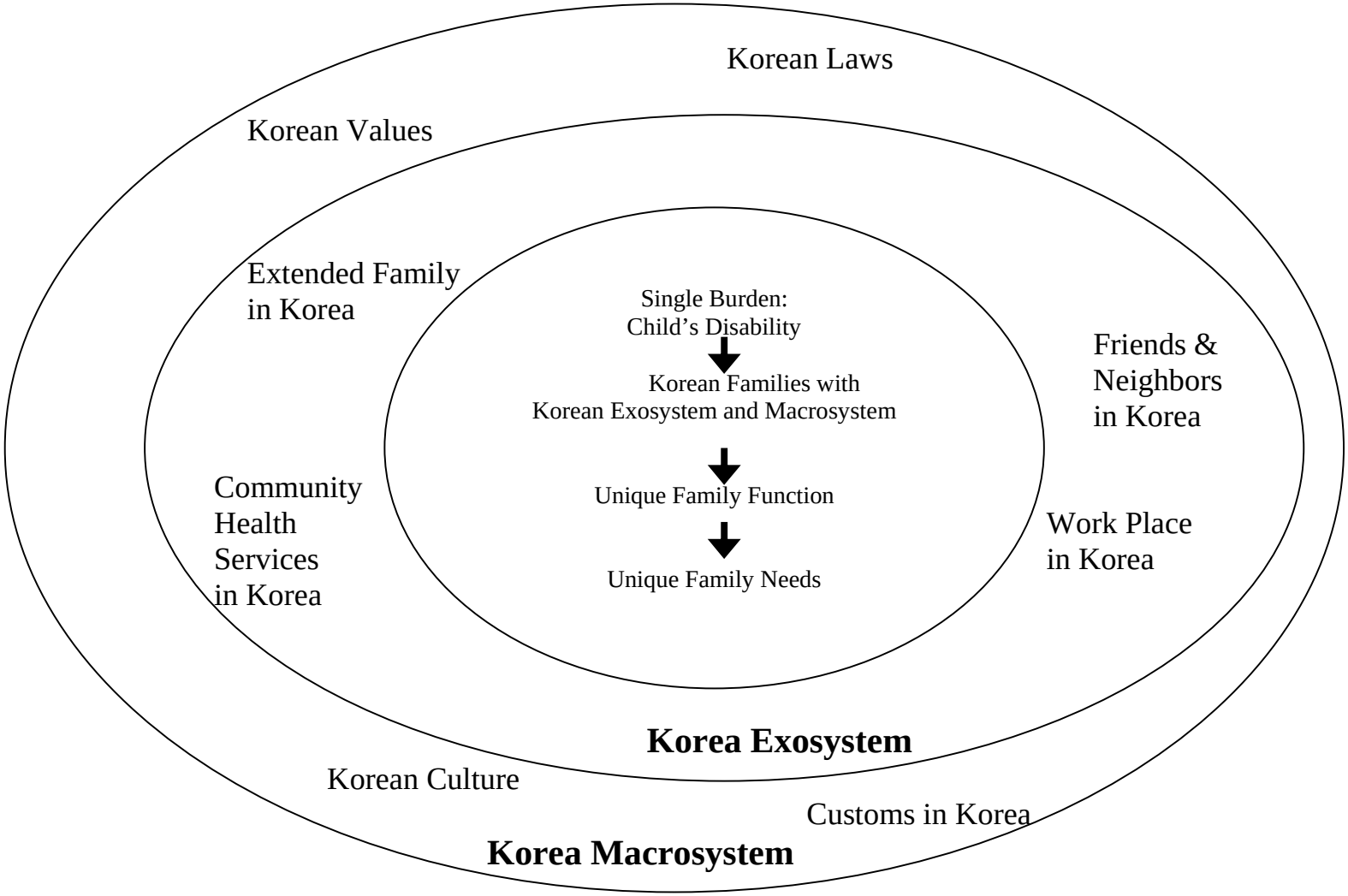


Figure 2.5 Unique needs of Korean families of children with disabilities

According to ecological theory, the family system is located in the inner levels of the outer societies, and the family system is influenced by the macrosystem. That is, when the macrosystem changes, the family system is impacted by this change. Therefore, the transformed macrosystem of cultural change directly influences family systems. According to the family systems theory, when a specific input enters into the family system, the subsystems interact with one another around the input; then the family system outputs appropriate family functions. That is, when the cultural change inputs to the family system, the subsystems interact to adapt to the cultural change, and finally the family system adapts and produces appropriate family functions in response to the cultural change.

A family's universality and uniqueness are influenced by the similarities and differences between cultures that each country possesses (Shin, 2002). Korean-American families experience the vast change of environmental context at the beginning of migration. They also face different cultures, values, and customs. In addition, they experience a cultural shift called 'acculturation' (Erikson, Devlieger, & Sung, 1999) and even cultural shock (Takaki, 1993). Therefore, Korean-American immigrant families face challenges in environments different from their mother country due to the cultural difference.

Moreover, Korean-American families tend to maintain their own culture, values, and customs while struggling in the United States (Jarret & Moon, 2006a). As a result, they are likely to establish a unique blended culture between Korean and American culture as a way of keeping Korean culture at home while trying to assimilate in the

United States. Therefore, Korean-Americans families form their own unique culture in the United States.

Due to immigration, their unique culture influences the family system of Korean-Americans of children with disabilities the same as other minority ethnic groups (Reyes-Blanes, Correa, & Bailey, 1999; Bailey, Skinner, Correa, Arcia, Reyes-Blanes, Rodriguez, Vazquez-Montilla, & Skinner, 1999). Thus, the functions of the family system are distinguished from that of the mainstream of the United States. Distinctive family functions result in the unique needs of Korean-American families of children with disabilities. For example, because they are a silent minority, Korean-American families of children with disabilities frequently express needs to the Korean-American community rather than to mainstream institutions (Chan & Lee, 2004). Korean-Americans are often reluctant to put their children with disabilities into inclusion settings (Jarrett & Moon, 2006a) due to lack of parents' English proficiency; therefore, they may express a need to improve their English skills or work with translators. Sometimes, Korean-American parents of children with disabilities are more likely to have feelings of ethnic discrimination in services because they are a minority with a passive attitude (Park, Turnbull, & Park, 2001). This passive attitude results in a need for knowledge, interaction with professionals, and advocacy (Choi & Wynne, 2000).

In summary, the ecological theory along with family systems theory offers insight to understanding the needs of Korean-Americans families of children with disabilities living as a minority ethnic group in the United States. Because of immigration, the macrosystem of Korean-American families changes and this in turn affects the family system of Korean-American families and produces unique family needs.

## *Empirical Research*

### *Family Needs Research*

The needs of families of children with disabilities have been researched with a variety of ethnic groups using various methodologies. Most of the research has been done with Caucasian-American families. However, recent studies have focused on specific ethnic populations in the United States and other parts of the world. The needs of families of children with disabilities reflect the values and beliefs unique to each ethnic population.

In this section, the studies of family needs targeting four populations are introduced: Caucasian-Americans, African-Americans, Latino-Americans, and Asian-Americans. The population of the United States consists of 67% Caucasian-Americans, 12 % African-Americans, 14% Latino-Americans, and 4 % Asian-Americans among a total population of 296 million (U.S. Census Bureau Population Division, 2005).

*Caucasian-Americans*. Caucasians number 198 million occupying 67% of the total population of 296 million in the United States (U.S. Census Bureau Population Division, 2005). In addition to studies of Caucasian-Americans in the U.S., this literature review included studies of family needs in Europe and Canada because they lack a description of ethnicity rate for participants.

In the1980s, researchers believed that defining the needs of families of children with disabilities was essential for interventionists to effectively support families; therefore it was necessary to develop instruments for identifying family needs and

objectives for family-oriented intervention programs as well as assessments of those instruments (Bailey & Simeonsson, 1988). The early research of family needs included Caucasian-Americans as a majority (Bailey & Blasco, 1990; Bailey, Blasco, & Simeonsson, 1992; Bailey & Simeonsson, 1988; Dunst, Trivette, & Deal, 1988; Rawlins, Rawlins, & Horner, 1990; Sexton, Burrell, & Thompson, 1992; Trivette & Dunst, 1990).

The need for respite care was investigated (Abelson, 1999; McConkey & Adams, 2000; Robinson, Jacson, & Townsley, 2001; Chadwick, Beecham, Piroth, Bernard, & Taylor, 2002). Some researchers probed information needs of families of children and adults with disabilities (Sontag & Schacht, 1994; McConkey, 2003, Miller, Collogan, & Colver, 2003; Avent, Glista, Wallace, Jackson, Nishiok, & Yip, 2005; Hummelinck & Pollock, 2006; Wray & Maynard, 2006).

Bailey and Simeonsson (1988) designed the Family Needs Survey to evaluate the needs of parents with young children with disabilities with a participant sample of 85% Caucasian and 15% minority families. Thirty-four 2-parent families of infants with disabilities participated. Results indicated the greatest need in the areas of information on social services, more opportunities to communicate with peer families, and educational material on their child's disability. The parents reported less need for talking with teachers, therapists, or counselors. The parents expressed that they were not comfortable sharing their children's disability issues with professionals. They further reported that peer families were more helpful than social service providers and teachers. A positive outcome of this survey was the development of the initial Family Needs Survey (FNS) that addressed several areas of need of families of children with disabilities. The FNS is

composed of 35 items within six categories: 1) information, 2) support, 3) explaining to others, 4) community services, 5) financial needs, and 6) family functioning.

Several studies were conducted to investigate the utility of the Family Needs Survey (Bailey & Blasco, 1990; Sexton, Burrell, & Thompson (1992). Bailey and Blasco (1990) investigated parents' perceptions of the survey. Participants included 229 parents and caregivers of young children with disabilities of which 62% were European-American, 30% African-American, and 8% Latino-American. The participants reported that the FNS would be helpful in identifying their needs for professionals who could then determine appropriate intervention. The participants expressed that they were at ease in sharing the survey's information. Results also indicated that the survey was equally acceptable and appropriate for minority and low-income parents. In their evaluations, both mothers and fathers perceived the value of the survey similarly.

Sexton, Burrell, and Thompson (1992) conducted a study to investigate the measurement integrity of the Family Needs Survey. Participants were 53 mothers of children from 4 to 64 months with disabilities of which 28 were European American and 24 were African American. The researchers conducted classical test theory analyses and factor analysis, and compared the needs of the mothers with the data from a previous study. Results demonstrated that the survey produced reasonably valid data for family needs. The FNS analysis results were consistent with the results of previous research done by Bailey and Simeonsson (1988) that reported that parents of children with disabilities have priority concerns in present and future services for their children and in interaction with other parents in the same situation.

The characteristics of family needs after traumatic brain injury were recently surveyed (Kolakowsky-Hayner, Miner, & Kreutzer, 2001). This research was particularly interested in the needs of the families of patients who had passed more than four years after injury. Fifty-seven caregivers from 19 to 82 years of age and persons with traumatic brain injury from 6 to 71 years of age participated. The percentage of caregiver participants was Caucasians 82.2%, African-Americans 11.1%, and other ethnic minorities 6.7%. The instrument used was the Family Needs Questionnaire (Serio, Kreutzer, Witol, 1997). The questionnaire was composed of 40 items asking which needs were met. Selection from one of three answers was limited to yes, partly, or no. The items were categorized into six subscales: 1) Health Information, 2) Emotional Support, 3) Instrumental Support, 4) Professional Support, 5) Community Support Network, and 6) Involvement with Care. Of the 250 surveys returned, only 145 surveys were complete. The researchers selected participants who suffered injury at least four years prior to the study; the number of selected participant was 57.

According to the results of this study, Health Information and Involvement with Care needs were often rated as met; Instrumental Support and Professional Support needs were rated the opposite. Partially met needs in six sub categories ranged between 26% and 32%. For each scale, needs rated as met were more than needs rated as partially met or not met. The family members of persons with disabilities wanted to enlist help from other family members to care for the person with TBI. They also revealed that they needed more rest and needed respite care to pay attention to their own needs. The wide range of the persons' ages (6 to 71) may have affected the results and therefore was a weakness of this study.

The specific needs of respite care have been investigated by several researchers (Abelson, 1999; McConkey & Adams, 2000; Robinson, Jacson, & Townsley, 2001; Chadwick, Beecham, Piroth, Bernard, & Taylor, 2002).

Abelson (1999) conducted research for respite care for parents of children with developmental disabilities in Iowa, a Caucasian-dominated state. The researcher created a questionnaire with items determining experiences, feelings, and perceptions of respite care. Among 2,388 families, 574 families (24%) returned the questionnaire. The researcher identified 18 areas where parents had need. The areas exceeding 50 % were Food Preparation (79%), Grooming (66%), Giving Medication (64%), Avoiding Danger (57%), Dressing (56%), and Dental Care (53%). The families also reported personal reasons for needed respite care: Emotional Strain (61%), Family Emergency (42%), Time for Siblings (36%), Vacation (36%), Shopping (32%), and Employment Schedule (27%). Similar to a previous study (Kolakowsky-Hayner, Miner, & Kreutzer, 2001), emotional strain was mentioned as a primary reason for needed respite care. The results demonstrated that there was a statistically significant association between the need for respite care and the degree of disability; the more severe the degree of the disability was, the more the expressed a need for respite care.

Abelson's results also indicated there was no statistically significant difference in respite care needs according to population size of counties (rural or urban). In addition, although there was statistically insignificant difference in respite care needs relative to income, the higher the family's income, the lesser the expression for respite care since respite care needs were met with personal funds. When the parents were asked if affordable respite care would improve family functioning and coping, 76% answered

respite care would increase family functioning; 82% responded that respire care would reduce burnout and fatigue. This research exhibits strength in that the questionnaire was developed through critique and revision with parents and professionals as well as through the field tests with relevant families. However, the researcher did not explain the structure of the questionnaire. It appears that this study is part of an larger research study.

Families of children with disabilities in the United Kingdom also have experienced difficulty in finding suitable respite services (Robinson et als., 2001; Chadwick et als., 2002; McConkey & Adams, 2000) The types of respite were hospital-based, overnight care, and overnight stays in a residential home, domiciliary service in the family home, respite provided in another family home, residential holidays, and leisure breaks (McConkey & Adams, 2000). The more severe disabilities the children had, the greater needs their parents expressed (Chadwick et als., 2002).

Some researchers conducted research on the information needs of families of children and adults with disabilities (Sontag & Schacht, 1994; McConkey, 2003, Miller, Collogan, & Colver, 2003; Avent, Glista, Wallace, Jackson, Nishioka, & Yip, 2005; Hummelinck & Pollock, 2006; Wray & Maynard, 2006).

McConkey (2003) surveyed parents' needs for information about learning disabilities in the United Kingdom. The self-completion questionnaire was designed by the researcher who served as a learning disabilities consultant to evaluate information and provide advice. One thousand questionnaires were distributed through six special schools for severe learning disabilities and five adult day-centers for persons with leaning disabilities. Four hundred and thirteen questionnaires were received; the return rate was 41%. According to the results, the areas of need for parents were Services Available

(60%), Leisure/Holiday (51%), Benefits (44%), Education (38%), Therapies (31%), Housing Options (18%), Employment (16%), and Making a Will (11%). This study also reported the results according to three age categories: children from 0 to 9 years of age, youths from 10 to 19, and adults over 20. Services, leisure, and benefits were popular topics the three groups expressed as needs. The parents of younger children with disabilities had a greater interest in educational issues and therapies. This study had strength in that the researcher clearly demonstrated the different needs between age groups of individuals with disabilities (zero to 9, 10 to 19, and over 20). However, this research had weakness in that the researcher used age groups differing by ten years. The parents' needs of children between zero to 9 years can vary greatly due to rapid child development and change in family settings.

A qualitative study was conducted in the U.K. for information needs of families of children with cerebral palsy (Miller, Colligan, & Colver, 2003). The researchers interviewed families selected through purposive sampling. Thirteen families of children from 2 to 16 years participated. The results indicated that the parents expressed the need for equipment and earlier/clearer diagnoses. In addition, they wanted their families treated equally by professionals.

Hummelinck and Pollock (2006) conducted qualitative research using interview method in United Kingdom. They investigated information needs for treatment by interviewing 27 parents with chronically ill children. The children ranged from zero to 15 years of age. The researchers discovered four main results concerning parents' information needs. First, parents' need for information developed immediately after diagnosis. Second, the nature of parents' need for information included diagnosis,

treatment, mechanism of drug action, potential side effects, expected outcome of treatment, prognosis and future development of the condition, potential complications, and daily psychological and medical care for their children. Third, the reasons why the parents had information needs were that they wanted to be involved in illness management, to understand decision-making, to answer the child's questions, to reassure them, and to find a means to validate the diagnosis. Fourth, most families expressed that provision of professional communication and information were inappropriate. This research has weakness in the relatively small number of participants. Because this research included not only children with disabilities but also children with illnesses such as asthma, diabetes, and cancer, the results were not exclusive to family needs of children with disabilities. However, as the parents' responses to diagnosis for disability and illness may be similar, the results may be applied to understand the needs parents have related to their children with disabilities.

In summary, Caucasians were largely targeted for early family needs research. Current studies for family needs are being conducted in and outside the United States. European research tends not to identify the ethnicity of the participants, thus the research has a weakness in comparison of ethnicity in family needs. In general, Caucasian families of children with disabilities had needs in various areas such as information, communication, services, respite, education, and instrumental devices. The families tended to share information with others and to communicate with other families with children with disabilities.

*African-Americans*. In 2005, African-Americans totaled 12% of the 296 million people in the United States (U.S. Census Bureau Population Division, 2005). The research for needs targeting the African-American population largely focuses on health care needs of young children; family needs of African-Americans have been rarely addressed. Although the African-American population was included in the overall research for family needs with Caucasians, it occupied only a minute portion (Bailey & Simeonsson, 1988; Bailey & Blasco, 1990; Bailey, Blasco, & Simeonsson, 1992; Sexton, Burrell, & Thompson, 1992; Kolakowsky-Hayner, Miner, & Kreutzer, 2001). Two studies of family needs targeting African-Americans were found (Marcenko, Keller, & Delaney, 2001; Darling & Gallagher, 2004).

Marcenko, Keller, and Delaney (2001) conducted a study investigating families of children with severe emotional disturbance including African-Americans as a majority population, to discover the characteristics, needs, and expectations of the families. The participants were caregivers and children aged 9 to 11 years who had received an above average number of services from a large urban public mental health system in an urban east coast city. The majority of participants were African-American (75%); Caucasian (18%) and Latino (7%) populations were also included. The participants received a token $15 as appreciation; refusal rate was less than 5%. This research investigated family needs by using the social service list and open-ended interview. The list of 42 types of social services was presented; participants were asked to mark any types of social services that they felt they needed. Selections of services ranged from 4 to 34; the average was 17.5. Over 90% of the participants requested services directly related to the children: 1) recreational/after-school activities, 2) summer camp, 3) support/self-help

groups for children, 4) group therapy, and 5) counseling for children. The intervention needs for caregivers such as parental training, support groups, counseling, and employment-related programs, were reported as significant. The participants also frequently reported the needs in family functioning (family therapy) and instrumental support (transportation, financial help, and parent aide). The family needs of participants were also reflected in the open-ended interview where participants expressed the need to change or improve their child's behavior (43%). Twenty-five percent of the participants also reported they needed to reduce the stress their children created and to enhance their lives through intervention services. The need for better performance at school (7%) and information about their child's disabilities (6%) were reported by a small percentage of the parents. This study has strength in that the researchers tried to lessen the variety of participants' variable. To do that, they delimited the children with severe emotional disabilities receiving above average services from the mental health system. In addition, the children were recruited from a small age range from 9 to 11 years. The children included in the study had lived in the same family unit for the past year, and displayed the same degree of disability. This study contributed to inclusion of African-American families as a majority population; however, the study did not present the uniqueness of the needs of African-Americans families of children with disabilities for which to conclude appropriate intervention. There is a need for further research to investigate the unique family needs of African-Americans.

Darling and Gallagher (2004) surveyed family needs of African-Americans and European-Americans while considering the location variable such as urban and rural settings. They targeted 120 mothers or primary caregivers of children with disabilities

aged birth to 36 years. The participants were composed of four groups: 1) 30 African-American/urban, 2) 30 African-American/rural, 3) 30 European-American/urban, and 4) 30 European-American/rural. To identify family needs, the Family Needs Scale (Dunst, Cooper, Weedreyer, Snyder, & Chase, 1987) was used. The instrument was composed of 41 items within nine categories: 1) Basic Resources, 2) Specialized Child Care, 3) Personal and Family Growth, 4) Financial and Medical Resources, 5) Child Education, 6) Meal Preparation, 7) Future Child Care, 8) Financial Budgeting, and 9) Household Supports. Results showed that African-Americans and European-Americans significantly differed in four subscales: 1) Financial and Medical Resources, 2) Child Care and Education, 3) Personal and Family Growth, 4) Meal Preparation and Household Support. Urban and rural respondents did not statistically significantly differ in those four subscales. The statistically significant interaction between race and location affected the sub scale of Personal and Family Growth. African-Americans living in urban settings reported they experienced higher levels of needs for personal and family growth than the other three groups. A limitation of this research was the representation of the sample because the recruiters might have approached participants whom they thought would agree to be included in the research. Another limitation was generalizability of the results based on ethnic comparison. This research had strength in considering two variables, ethnicity and location, affecting family needs. African-American families occupied the largest portion of the minority population possessing culture and context distinguishable from European-Americans; therefore, the research to identify this population's family needs is important.

In summary, African-Americans have been included in family needs studies since the 1980s. However, they occupied only a small portion of the participants in comparison to Caucasians. Therefore, the family needs of African-Americans have not been fully illustrated in the studies. Recently, researchers have started to focus on African-American family needs.

*Latino-Americans*. The Latino-American population (43 million, 14%) is the fastest growing ethnic group in the United States, exceeding the African-American populations (36 million, 12%) (U.S. Census Bureau Population Division, 2005). Among minority ethnic groups, most of the studies for family needs were targeted to Latino families (Reyes-Blanes, Correa, & Bailey, 1999; Torres-Burgo, Reyes-Wasson, and Brusca-Vega, 1999; Gannotti, Kaplan, Handwerker, & Groce, 2004; Buysse, Castro, West, & Skinner, 2005). Due to the fast growth rate of the Latino-American population, more studies of family needs of Latino-Americans have been conducted (Buysse, Castro, West, Skinner, 2005).

One study investigated perceived needs of and support for Puerto Rican mothers of young children with disabilities (Reyes-Blanes, Correa, & Bailey, 1999). The researchers compared mothers who live in Puerto Rico with those who reside in Florida. Participants were recruited through personal phone contact and mailings to schools, early intervention programs, religious institutions, and private organizations. After confirming the families' verbal consent, the agency in turn provided researchers with their contact information, and the researchers contacted, scheduled, and interviewed participants. Some agencies directly delivered the survey packet to families through contact persons.

These families allowed the researchers to contact them through a consent form in the packet. The mothers participating in the research received monetary compensation as gratitude for participation. Ninety-four mothers participated: 55 mothers (59%) lived in Puerto Rico, 39 mothers (41%) resided in Florida. The participants were mothers of children with developmental delay aged 3 months to 5 years. Results indicated that there was no statistically significant difference in family needs between Puerto Rican parents and Florida parents. According to the results, there was no relationship between mother's age, family's level of education, child's age, or government assistance and perceived family needs. However, mother's marital status was a strong predictor of perceived family needs. Single mothers expressed greater family needs.

This research has two strengths. First, in comparing families located in Puerto Rico and Florida, the researchers tried to identify the influence of acculturation on family needs. Second, because they limited the children's age from zero to five years, the results of this study were less affected by the age variable than research that includes a wider age range.

Other researchers have reported the perceived needs and supports for Latino families of young children with developmental disabilities (Bailey, Skinner, Correa, Arcia, Reyes-Blanes, Rodriguez, Vazquez-Montilla, & Skinner, 1999). Of the 100 Latino married couples that participated in this study; 50 originated from Mexico; the other 50 couples originated from Puerto Rico. All had children under six years of age with mental retardation or developmental disabilities. The Family Needs Survey (Bailey & Simeonsson, 1988) was used; open-ended questions were used in an interview to address the child with disabilities, family characteristics, family resources and supports, belief

about disabilities, family needs, and perceptions of services. Nine predictor variables were extracted from the interviews. Six demographic data were family characteristics such as gender, place of origin, years of education, number of years residing in the United States, and English language proficiency. Three demographic data were characteristics of the child with disabilities including age, gender, and severity of delay. According to the results, the greatest need that participants expressed was the need for information (70% or more). The five least identified needs were found among 35 items. These were the need to: decide who performs household tasks, talk with a minister, talk with a counselor, explain the child's condition to siblings, and explain the child's condition to parents. The results also demonstrated that there was no statistically significant difference for explaining the child's condition between Mexico and Puerto Rico origin parents, and no statistically significant difference between fathers and mothers. The lower the English proficiency, the higher needs participants expressed (in family and social support, community support, and explaining to others). The less severe the child's disabilities, the lower family needs were expressed (in explaining others). Lowest family needs were expressed among families who lived a shorter time in the United States and those less affected by the order of the child. This study had strength in exploring demographic factors as predictors to account for family needs.

Buysse, Castro, West, and Skinner (2005) conducted a nationwide survey to address the needs of Latino families. Surveying 117 state administrators of early childhood programs, the survey determined specific challenges, strategies, and beliefs of Latino children and families. The survey was composed of 48 items with six subscales. The first two authors created the survey after reviewing literature as well as survey

instruments. The findings revealed that administrators perceived the importance of maintaining the children's home language to reduce family needs. They also perceived the necessity of using either their native language or using both their native language and English. This research has strength in that the researchers investigated the perspectives of administrators for family needs of Latino-Americans of children with disabilities.

A study compared the perceptions and needs of Latino parents with those of non-Latino parents of children who receive learning disabilities services (Torres-Burgo, Reyes-Wasson, & Brusca-Vega, 1999). The researchers developed a survey with 10 questions focused on demographic characteristics and 35 questions regarding learning disabilities services. The survey forms were distributed through 13 schools that provided learning disabilities services to a mixed population of Hispanic and non-Hispanic students. Across the 10 schools, the non-Hispanic population included African-American (0 to 46%), White non-Hispanic (1 to 52%), Asian (0 to 24%), and Native-American (0-1%). One hundred and seventy-six survey forms printed in Spanish and 148 survey forms printed in English were distributed at the schools. The survey forms included a response card to receive $1 and the opportunity to request to be informed of the study results. Fifty survey forms were returned from 27 Latino parents and from 23 Non-Latino parents representing a return rate of 15% and 20% respectively. According to the results, Hispanic parents reported the desire (need) for bilingual special educators. They also wanted effective communication between home and school. In addition, they hoped more strict discipline procedures would be enforced and supported a smaller student-teacher ratio. On the contrary, non-Hispanic parents expressed the desire (need) for spacious classrooms, better classroom materials, and greater understanding of learning disabilities.

Both parent groups revealed a similar need for a formal program through which they would receive assistance for their children at home (81% among Hispanic parents and 64% among non-Hispanic parents). This research has strength in that the research compared the family needs between Latino and non-Latino, and reported the difference of family needs between the two populations.

Another study to compare Hispanic and non-Hispanic was conducted by Gannotti, Kaplan, Handwerker, and Groce (2004). The research compared Latino and Euro-American parents of children with special needs by using an open-ended interview method. Forty-two Latino families and 42 European-American families participated. The results indicated that the Latino families perceived more unmet needs in the area of health rehabilitation, information, and support groups. The Euro-American families expressed unmet needs in day care, respite services, recreational programs, and home health aides. This study also revealed that the expectation of service providers was statistically significantly different between the two populations. The study implied that Latino cultural issues resulted in communication barriers with providers and greater unmet needs. This research has merit in that it compares the family needs of Latinos and non-Latinos.

In summary, when comparing research of family needs, it was found that several studies of the needs of Latino families have been conducted. The Latino-American families of children with disabilities perceived family needs in the areas of English proficiency, bilingual special educators, health rehabilitation, information, and support groups. The needs of Latino-American families and Latinos living in their native countries revealed no difference in family needs.

*Asian-Americans.* According to the U.S. Census Bureau Population Division (2005), the number of Asian-Americans has reached 12 million, occupying 4% of the entire population of the United States. Because each Asian culture has uniqueness in language, lifestyle, religion, custom, food, value, tradition, and even political orientation (Park, Turnbull, & Park, 2001), each sector of Asian Americans develop a unique culture within the United States. Therefore, the family needs of each Asian-American sub-ethnic group may vary. To this point, the needs of each Asian subgroup need to be studied to provide appropriate services to meet their needs. Nevertheless, Asian children with disabilities and their families are rarely targeted in family needs research. Only one research targeting Asian-Americans in the United States was found (Choi & Wynne, 2000).

Choi and Wynne (2000) tried to identify the barriers of Asian-American families with developmental disabilities from a social service provider's perspective. The survey was distributed to professional social agencies in the Chicago area. Participants were 94 Asian-American clients (60 males and 34 females). Ethnic proportions of the participants were Asian Indian (22%), Chinese (18%), Filipino (15%), Korean (10%), and Japanese (7%). Other Asian ethnic groups included were Vietnamese, Pakistani, Thai, Cambodian, and Syrian. The types of developmental disabilities were mental retardation, autism, cerebral palsy, epilepsy, and Down syndrome. The results revealed that service providers reported six main barriers: 1) communication difficulties, 2) lack of knowledge of developmental disabilities, 3) issues of cultural differences, 4) being a minority in service delivery (not getting enough service due to being a minority), 5) ethnic group differences among Asian-Americans, and 6) lack of resources within the family. The strength of this

research is that the researchers determined the unique cultural differences within each sub-ethnic group of Asian-Americans. Unlike the other ethnic minority groups, Asian-Americans have a language barrier not only with Americans but also with other Asian-Americans. This makes them feel like a minority within a minority making it difficult to share social service information regarding disabilities. For example, Korean-Americans cannot share information for children with disabilities with Japanese-Americans or Chinese-Americans because their mother languages are extremely different. Each sub-ethnic family of Asian-Americans may have considerably different needs due to children's disabilities.

In summary of the section of family needs research, for Caucasian-Americans, the studies were mostly conducted 1970's in order to expand the knowledge of family needs and to develop instruments to identify family needs of children with disabilities.

Although there have been recent studies of the needs of the minority ethnic families of children with disabilities, more research is needed. There are a few of studies of family needs of African-Americans, although African-American families comprise a large minority population. Due to the growth of the Latino population in the United States, researchers developed an interest in Latino-American families of children with disabilities. Their needs were different from the Caucasian-Americans in that Latino-American families had more needs in language and communication. Only one research targeting Asian-Americans was found. This study indicated that Asian-Americans may possess unique family needs because of cultural and language differences between the sub-ethnic groups.

*Family Needs Research in Asia*

There are several studies that explored family needs of the Asian population in other parts of the world (Chen & Simeonsson, 1994; Wong & Wong, 2003; Wong, Wong, Martinson, Lai, Chen, & He, 2004).

Chen and Simeonsson (1994) explored the nature of child and family needs of Chinese families of children with disabilities living in their home country. One hundred and one families living in Hubei province in China were recruited from urban and rural settings and asked to respond to the Family Needs Survey (FNS) translated into Chinese (Bailey & Simeonsson, 1988). The sample families were classified in two groups based on the primary disability and region: 46 urban families with hearing-impaired children ranging from 8 to 13 years of age and 55 rural families with developmentally disabled children from birth to 13 years of age. The FNS asked 35 questions with a three point scale in seven needs categories: information, family and social support, financial support, explaining to others, child care, professional support, and community services. Researchers reported two main findings. First, the need for information was primary in both groups. Additionally, urban families of children with hearing impairment expressed a greater need to talk with teachers or friends while rural families of children with developmental disabilities wanted greater financial help for special services. Overall, urban families with hearing-impaired children expressed more significant needs than rural families with developmentally disabled children. Second, through comparing previous studies targeting American families, Chinese families expressed a greater need for medical and financial assistance, whereas American families of pre-school children

with a disability wanted to find more time to talk with peer parents and more time for themselves (Bailey, Blasco, & Simeonsson, 1992). This research contributes the following findings to the literature. First, researchers revealed that the pattern of needs was similar within other cultures. Second, this research is a cornerstone of empirical studies for family needs in Chinese families of children with disabilities by comparing family needs in terms of the type of disability and region. Moreover, it is very helpful to understand the family needs of Chinese families with children with disabilities, even though this study did not include Chinese-Americans. However, the differences in family needs should be considered more carefully because it is difficult to identify what formulates those differences within the two groups.

Another study identified the needs of parents rearing children with a disability in China (Wong, Wong, Martinson, Lai, Chen, & He, 2004). Twenty-three Chinese parents residing in China with children under age 10 with a developmental disability participated. The children were residents of a hospital and had participated in the rehabilitation program no less than two months. A focus group interview method was employed with the questions addressing six areas: 1) parenting experiences, 2) availability of support, 3) parental understanding of child's condition and its management, 4) parents' attitude, 5) family functioning and 6) extra needs. Qualitative analysis, cross-focus-group analysis, was conducted to identify common themes across the focus groups. The results revealed that the parents expressed needs in parenting, information, attitudes toward the child, coping, and support. In regard to parenting, the participants wanted to know how to manage the child's behavior; some mothers needed to learn basic care for their child with epilepsy. Parents wanted to acquire information on their child's growth and development

as well as developmental disability. In coping, parents needed help to cope with the child's disability and to overcome their sadness and shameful feelings. Parents needed support such as psychological relief, rehabilitation services, and financial needs. The research has three weaknesses. First, the sampling of participants was small. Second, because only two fathers participated in the research, the results cannot be generalized for all fathers with a child with a disability in China. Third, because the participants were recruited from only one hospital, the results cannot be generalized for all Chinese parents of children needing rehabilitation.

A similar qualitative study of Asians investigated the needs of parents of adults with severe learning disabilities in Hong Kong (Wong & Wong, 2003). Focus group research method was employed targeting 25 parents. The parents' offspring were the residents of the hospital. From the results, six categories of needs were identified: 1) parenthood, 2) information, 3) parental attitude, 4) coping, 5) family functioning, and 6) support. Identified needs were how to: overcome parenting difficulties, understand learning disabilities, establish the resident's condition, address questions about his/her child's growth and development, structure a solid plan for the future, participate in the rehabilitation, support other family members, obtain permanent residential support, and obtain quality services. This study collected data from the parents of offspring who resided in the hospital, thus the result cannot be generalized to individuals who do not reside in hospital settings. The study did not explain the condition of the offspring.

In summary, studies targeting Asian families in their own country were found (Chen & Simeonsson, 1994; Wong & Wong, 2003; Wong, Wong, Martinson, Lai, Chen, & He, 2004). Because each Asian ethnic group possesses their own cultural traits, unique

family needs related to children's disabilities may surface (Choi and Wynne, 2000). Therefore, more attention to research targeting Asians is needed. The literature of family needs in Asia revealed the need for information, talking with teachers or friends, finance, medical assistance, parenting, attitudes toward the child, coping, and support.

*Family Needs Research in Korea*

The total population of South Korea is approximately 50 million. While the number of children from three to five was reported as 3,057 (Korea Annual Congress Report, 2005), the number of children from birth to five was not identified because the number of children between birth and two is not currently reported in Korea.

Relatively few children receive early intervention and early childhood special education because the number of schools providing early special education is very limited: 1,456 children in special school kindergartens, 259 children in special education classes in general kindergartens, and 30 children in general kindergartens (Korea Ministry of Education and Human Resources Development, 2000; Park, 2002). The children who do not receive education from kindergarten programs are educated through a variety of private agencies, such as private preschools and kindergartens, clinics, early intervention centers, hospitals, and community welfare centers that require expensive tuition (Park, 2002).

The number of individuals in Korea with disabilities between 3 to 17 years old is 58,362; 3,057 for three to five years old, 31,064 for six to eleven years old, and 24,241 for twelve to seventeen years old (Korea Ministry of Education and Human Resources Development, 2005). The children and adolescents receive services from special or

general education kindergartens, special schools, special education classes in general education schools, and general education classrooms of general education schools (Korea Ministry of Education and Human Resources Development, 2000; Park, 2002).

In Korea, the needs of families of individuals with disabilities have been researched targeting young children to adults with disabilities. Korea has a homogeneous ethnic population; therefore the literature was reviewed focusing the children's age and disability types rather than ethnic group.

In this section, literature for the needs of Korean families of children with disabilities from 2001 is reviewed. Several studies of family needs with young children have been done (Kim, 2004; Lee, 2004; Kim & Choi, 2003; Jeon & Kim, 2005). Some studies identified the needs of families of children with mental disabilities (Park, 2001; Jeon, 2007) while another study investigated the needs of low-income families of children with disabilities (Park & You, 2004). Some studies identified the family needs according to the disabilities children had: emotional behavioral disorders (Seo, 2005), communication disorders (Kim, Lee, Kim, Kim, & Park, 2005), and developmental disabilities (Lee & Jang, 2005). One study surveyed parents of children with various disabilities (Han & Kim, 2003).

One study identified the needs of parents of young children with developmental delays in order to deliver family support services (Kim, 2004). The study targeted 99 parents of young children with disabilities who were attending preschools for children with disabilities (88 mothers and 11 fathers). The researcher used the Lee (1995) translated Family Needs Survey of Bailey and Simeonsson (1990). The researcher studied three areas of family needs for supports: 1) Care/Treatment/Education, 2) Family/Local

Society Support, and 3) Finance. According to the results, parents of young children with developmental delay expressed the greatest needs in the area of Care, Treatment, and Education. In the area of Family/Local Society Support, the parents revealed the greatest needs in improvement of facilities and environments for persons with disabilities. In the area of Finance, expenses related to care, treatment, and education for the children with disabilities were identified as the greatest area of need.

Lee (2004) conducted a study to identify the experiences and needs of families of young children with disabilities. Eighteen mothers of young children with disabilities from birth to preschool participated in the study. Six themes were drawn from the content of the mothers' interviews: 1) characteristics of young children with disabilities, 2) daily routines, 3) influences of young children with disabilities on their families, 4) supports and services young children received, 5) support networks of families of young children with disabilities, and 6) perceived needs of families of young children with disabilities. The greatest need the families perceived were the need for educational institutes. Perceived needs related to education were providing early childhood special education from birth, after school programs and programs during summer/winter vacations, day-care services, and education for family members. Other needs were useful information, consultation and emotional support, unified and centralized services, household assistance, improvement of perspectives for persons with disabilities, financial supports, and proper medical insurance for assistive equipment and medical expenses.

Kim and Choi (2003) investigated the needs of family of young children with disabilities. The participants of this study were 72 families of young children with disabilities. The average age of the children was 5.9 years. To identify the family needs,

the researchers used three translated scales of Dunst, Trivette, & Deal (1988): 1) Family Support Scale, 2) Family Resource Scale, and 3) Support Function Scale. The families whose income was less than two thousand dollars per month expressed greater needs in saving, leisure, and purchasing items. When the father's job was a salesman, the need for public and financial support was great. The mothers over 41 years of age expressed greater needs in spending time together with their spouses than those under 35 years of age.

Jeon and Kim (2005) recognized the needs for family support services targeting preschoolers with disabilities from 3 to 6years. The participants were 146 mothers and 138 teachers of preschoolers with disabilities. The instrument used was the translated Family Needs Survey (Bailey & Simeonsson, 1988). The results indicated that mothers identified information and financial support needs. The needs for parental training for children's problem behavior, mother-child interaction programs, and parental education to develop children's creativity also were reported by the mothers. Variables related to the level of the mothers' needs included: type of disability, degree of disability, child's sex and age, mothers' education level, and father's job.

The strength of the studies by Kim (2004), Lee (2004), Kim and Choi (2003), and Jeon and Kim (2005) was identifying the family needs of children of preschool age and younger. However, these researchers did not discuss the statistically significant difference of family needs between preschool children and older children.

Park (2001) investigated the needs of parents of children with mental delay according to their stage in school from kindergarten (including preschool) to high school. Five hundred parents were included in this study. The instrument used was Translated

Family Interest Survey (Cripe & Bricker, 1990). The results indicated that there were statistically significant differences in needs related to disability issues for kindergarten through high school children as expressed by parents. The parents expressed greater needs when the school stage was lower. For example, the parents of kindergarteners with disabilities had more interest in information for resolving family problems, involvement of family members or friends in taking care of children with disabilities, and explaining special needs of children with disabilities to others. However, the parents of high school students with disabilities expressed less need for support from others for spouses; support from friends, neighbors, and pastors for the parents; and consultation for family members. The strength of this study was that it compared needs according to school stage with a large number of participants.

Jeon (2007) examined the experiences and support needs of mothers of children with mental retardation attending special education schools using qualitative methods. The study targeted five mothers of children aged 7 to 10 years and used an interview method. The mothers stated that they had a need for emotional support, improving the social perception for individuals with disabilities, rearing and educating children, economical supports, and improving the social security system.

Park and You (2004) conducted a qualitative study to discover the need for support for low-income families of children with disabilities. The participants in this study were 18 primary caregivers of children with disabilities and 13 education professionals working with these families. The age range of primary caregivers was 28-72, and that of children was 2-17. An in-depth interview method was used to identify the needs of these families expressed by caregivers and professionals. The needs the

caregivers and professionals expressed were home visits, instrumental support, educational materials, and care system. In the area of home visits, the participants wanted social workers' to visit rather than special education teachers in order to consult, educate, and connect family needs to services. In addition, the caregivers and professionals expressed a need for other persons to visit their home and take care of and/or educate children when not staying at home. The need for instrumental support included school transportation needs because the majority of low-income families did not have cars; in addition, bathing facility needs were identified because the families had difficulty obtaining hot water during winter. For educational materials, caregivers and professionals stated that teaching materials, teaching tools, and toys were too expensive and pointed to the need for discounts for families of individuals with disabilities. Nearly all participants identified a care system as a family need including after-school care and short-term care. When both the father and mother were working to earn a living, the caregivers and professionals expressed the family needed after-school care; short-term care was needed when emergencies arose. This study had strength in identifying the needs of low-income families of children with disabilities because the low-income families tended to present family needs that were distinguished from middle class families.

Seo (2005) investigated the needs of families of children with emotional and behavioral disorders. The researcher analyzed the service needs related to social supports and maternal stress for families of children with emotional and behavioral disorders. Thirty mothers of children with emotional behavioral disorders attending an emotional disability school participated in the study; 28 participants were mothers of children from the first to third grades and two participants had children in the fourth to sixth grades. To

determine the need for social supports, the Social Support Needs (Nam, 2001) was used as a research tool. According to the results, the mothers expressed a need for informational, emotional, educational, and financial supports in that order.

The needs of families of children with communication disorders have been investigated (Kim, Lee, Kim, Kim, & Park, 2005). Sixteen mothers of children from 4 to 19 with communication disorders were interviewed using a qualitative research design. The results indicated that supports needed to raise children with communication disorders included the improvement of the communication abilities of the child , the improvement of communication between the child and family members, and a integrated service system to improve the child's and the parents' quality of life.

Lee and Jang (2005) reported the perceived needs of families of children with developmental disabilities. The researchers conducted interviews with 12 mothers of children with developmental disabilities between the ages of 2 and 13. Two family needs were reported. The mothers wanted their children to attend a general education institute rather than a special education school, and to have teachers deal equally with their children with developmental disabilities regardless of the existence of disabilities and wealth or poverty.

Han and Kim (2003) surveyed the family needs while conducting a study on supportive services for families of children with disabilities. The researchers targeted 200 parents of children with disabilities that utilized welfare centers (45% under 5 years, 46% between 6 to 10 years, and 9% over 11 years). To identify family needs, the researchers used a translated Family Needs Survey (Bailey & Simeonsson, 1990). Of the 200 surveys distributed, 173 were returned. The results reported that the parents expressed needs in

several areas: 1) protection, therapy, and education services, 2) community based services, 3) information, 4) social support services, 5) financial support, and 6) explanation to others, in this order. There were no statistically significant differences in needs according to parents' educational level, occupation, and income. The participation in agencies, special schools, and therapy influenced the needs the parents reported. This study showed a high return rate; the target population was well defined.

In summary, family needs research has been recently conducted in Korea. Some studies identified needs of family of young children with disabilities. Several studies focusing on specific types of disabilities such as mental disabilities, emotional and behavioral disorders, communication disorders, and developmental disabilities were found. In addition, a study for the needs of low-income families of children with disabilities was conducted as was another study surveying parents of children with various disabilities. The needs reported by literature were informational, educational, financial and emotional supports. In addition, the literature reported the needs in improvement of environments for individuals with disabilities, consultation, and centralized services, social security system, and home visits. The caregivers of younger children with disabilities tend to express greater needs.

*Korean-American and Korean Culture Related to Disability*

There are no studies specifically focused on the needs of Korean-American families of children with disabilities. Therefore, this section provides descriptions of Korean-American culture, values, and beliefs related to children with disabilities. An understanding of the Korean-American culture is necessary before investigating the needs

of Korean-American families of children with disabilities in the United States. It is necessary for professionals in early intervention and special education to be well-informed about the Korean-American culture to understand the needs of Korean-American families of children with disabilities.

Korean culture reflects collectivism to give weight to the wholeness of family, while individualism of American culture considers each member more important than the whole family (Cha, 1994). Korean culture believes that children's disabilities result from God's punishment; on the contrary, American culture finds the medical cause for disabilities such as toxic chemicals, drugs, or alcohol (Erickson, Devlieger, & Sung, 1999). The culture that Korean-Americans possess has been affected by American culture as they undergo acculturation process (Erickson, Devlieger, and Sung, 1999). That is, Korean-Americans are situated in environments distinguished from their native Korean or mainstream culture in the United States. Therefore, Korean-Americans form a unique culture distinguished from Korean culture and American culture; Korean-American families of children with disabilities are likely to have different needs according to the degree of acculturation.

To provide information about Korean-American culture, four studies are introduced: one study comparing Korean-Americans and native Koreans, another study reporting Korean-American women's attitude toward disabilities, and two studies dealing with cultural issues of Korean-American families of children with disabilities (Shin, 2004; Erickson, Devlieger, & Sung, 1999, Park, Turnbull, & Park, 2001; Park, & Turnbull, 2001).

Shin (2004) compared the levels of social support for Korean families and Korean-American families living in the United States; both populations had children with mental retardation. The collectivism culture places more weight on family; therefore, the researcher established hypotheses such that Korean mothers in the native country received more informal support than Korean-American mothers. Shin used interview data conducted in metropolitan areas of Korea and the United States in 1977. The number of mothers interviewed in the United States was 38; the number of Korean mothers was 40. Even though the mothers in the United States had slightly higher education, there was not a significant difference in their education. Norbeck's Social Support Questionnaire was adapted to measure the level of social support. The study revealed opposite results to the hypothesis. Korean-American mothers have more informal support from family members. Norbeck explained this phenomenon with the drawbacks of collectivism in the Korean culture. In other words, Korean mothers are double trapped in the negative social attitude to disability and the geographic segregation from their parents and relatives. The weakness of this research was that the researcher used relatively old data of 1977 although this study was reported in the mid 2000s. Korea has developed during the last decades; therefore it is doubtful that the research with the same topic conducted today would exhibit similar results.

A study of Korean-American women's perception toward disabilities (Erickson, Devlieger, & Sung, 1999) gave insight to understanding disabilities within the Korean-American culture. The researchers investigated Korean-Americans' familiarity with disabilities, their causes and treatments. The authors surveyed 30 Korean-American women without children with disabilities having at least an undergraduate degree

between 20 and 30 years of age face-to-face or by telephone interview. A three-part instrument was used addressing familiarity, etiology, and treatment of disabilities which were scored by five-, four- and, three-points on a Likert scale. According to the interviewees' responses, mental retardation was ranked as the most serious disability followed by Alzheimer's disease. Korean-American women mentioned medical causes more often that God's punishment as the etiology of disabilities. This reflects Korean-American women's Americanized perception of disability issues. However, Korean-American women still maintain their Korean cultural perspective for the treatment of disabilities. 73% off participants reported that praying to God is a good method to prevent disabilities; 67% believed that Korean ginseng can be used as a treatment for disabilities. This study has the strength in that the researchers considered the acculturation of Korean-Americans for disability issues. However, this research targeted only Korean-American women without children with disabilities, thus the results may not reflect the views of Korean-American women with children with disabilities.

No studies were found that directly investigated the family needs of Korean-American families of children with disabilities; however, some studies indicated that Korean-American families have unique family needs (Park, Turnbull, & Park, 2001; Park, & Turnbull, 2001).

Park, Turnbull, and Park (2001) demonstrated the U.S. cultural effect on Korean-American families by conducting research about partnerships between service providers and parents. The researchers used an in-depth interview method with 10 Korean-American parents. The results of the in-depth interview suggested that an interpreter who has knowledge about Korean-American culture and needs can deliver highly qualified

interpreter services because this population is comfortable in sharing feelings about family matters with someone of the same culture. The researchers found that, in general, the less English proficiency and the 'compliant' Korean culture limited Korean-Americans communication with professionals in services. This suggests that there is a need of a 'mediator' such as an interpreter or an assistant for parents to effectively communicate with service providers for their children with disabilities. However, the researchers reported that mediators tend to consider the perspective of professional service providers more than the families receiving services.

Park and Turnbull (2001) investigated the perception and experiences of Korean-American parents of children with special needs through interviews with parents from seven families. The researchers also reported that these families needed Korean-American mediators proficient in both the English and Korean language and culture.

These two qualitative research studies presented the need for mediators between service providers and Korean-American families of children with disabilities. Both studies suggest that cultural and linguistic aspects may impact the needs of Korean-American families of children with disabilities. However, only family needs in the language aspect were mentioned; overall family needs were not considered. Investigation of the various and specific needs of the Korean-American families of children with disabilities is needed.

In summary, research on the needs of Korean-American families of children with disabilities was not found. Therefore, this section reported research to provide knowledge about the Korean-American culture that can directly influence family needs of Korean-Americans due to their children's disabilities. Korean-American mothers informally

received more support from family members than Korean mothers (Shin, 2004). Korean-American women considered medical cause as the reason of disabilities rather than God's punishment (Erickson, Devlieger, & Sung, 1999). Cultural and linguistic features can influence the needs of Korean-American families of children with disabilities (Park, Turnbull, & Park, 2001; Park, & Turnbull, 2001).

In this Chapter Two, literature for this study was reviewed. Family systems theory and ecological theory were presented as the theoretical framework of this study and these two theories were applied to Korean-American families of children with disabilities. This was followed by a review of empirical research related to family needs of various groups and of the Korean-American culture related to disability. The research for Korean-American families of children with disabilities was rare, and there was especially no research for the needs of Korean-American families of children with disabilities.

Chapter Three is followed which addresses the methodology for this study: research questions, research hypothesis, sampling, data collection, and data analysis.

# CHAPTER 3

# Methodology

## *Introduction*

The purpose of this study is to identify the needs of Korean-American and Korean families of children with disabilities aged birth to 18 years by determining Korean-American and Korean mothers' perception of family needs related to their children with disabilities. This research was designed to identify what the perceived needs of Korean-American and Korean mothers of children with disabilities are and whether perceived needs differ according to demographic characteristics of mothers and children.

The participants were recruited from or referred by the American Wheat Mission Inc. (AWMI) and Korean Wheat Mission Inc. (KWMI) that provides services to Korean-American and Korean families of individuals with disabilities. The participants were the mothers of children aged birth to 18 years. Data were collected by using the Family Needs Survey (Bailey & Simeonsson, 1988) that has been translated into Korean by the author. The data were analyzed through SPSS by descriptive statistics, *t*-test, Analysis of Variance, and multiple regression procedure.

## *Research Questions and Hypotheses*

### *Research Questions*

The purpose of this study is to identify the needs of Korean-American and Korean families of children with disabilities by determining Korean-American and Korean mothers' perception of family needs related to their children with disabilities aged birth to 18 years.

This study was guided by the following research questions:

1-1. How do Korean-American and Korean mothers of children with disabilities perceive their family needs? [Descriptive statistics]

1-2. What are the most and least family needs of Korean-American and Korean mothers of children with disabilities perceive among information, family and social support, financial, explaining to others, child care, professional support, and community support? [Descriptive statistics]

2-1. Is there a difference in perceived family needs between Korean-American and Korean mothers? [Inferential statistics]

2-2. Is there a difference in perceived family needs between Korean-American and Korean mothers with respect to information, family and social support, financial, explaining to others, child care, professional support, and community support? [Inferential statistics]

3-1. Do perceived family needs differ according to the demographic characteristics of Korean-American mothers: age, residence location, marital status, educational level, job

status, and household annual income, spoken language, supporters, and number of children? [Inferential statistics]

3-2. Do perceived family needs differ according to the demographic characteristics of Korean mothers: age, residence location, marital status, educational level, job status, and household annual income, spoken language, supporters, and number of children? [Inferential statistics]

3-3. Do perceived family needs differ according to demographic characteristics of Korean-American children with disabilities: gender, age, type of disability, the years receiving the services, and the type of service the child receives? [Inferential statistics]

3-4. Do perceived family needs differ according to demographic characteristics of Korean children with disabilities: gender, age, type of disability, the years receiving the services, and the type of service the child receives? [Inferential statistics]

*Research Hypotheses*

To explore the perceived needs of Korean-American and Korean mothers of children with disabilities, the following hypotheses were formulated for the research questions:

H 2-1. There is a difference in perceived family needs between Korean-American and Korean mothers of children with disabilities. [Inferential statistics]

H 2-2. There is a difference in perceived family needs between Korean-American and Korean mothers with respect to information, family and social support, financial,

explaining to others, child care, professional support, and community support. [Inferential statistics]

H 3-1. Perceived family needs differs according to the demographic characteristics of Korean-American mothers: age, residence location, marital status, educational level, job status, and household annual income, spoken language, supporters, and number of children. [Inferential statistics]

H 3-2. Perceived family needs differs according to the demographic characteristics of Korean mothers: age, residence location, marital status, educational level, job status, and household annual income, spoken language, supporters, and number of children. [Inferential statistics]

3-3. Perceived family needs differs according to demographic characteristics of Korean-American children with disabilities: gender, age, type of disability, the years receiving the services, and the type of service the child receives. [Inferential statistics]

3-4. Perceived family needs differs according to demographic characteristics of Korean children with disabilities: gender, age, type of disability, the years receiving the services, and the type of service the child receives. [Inferential statistics]

### *Sampling*

This section reviews population, study site, participants, eligibility criteria of the participants, and expected sample size.

*Population*

The population of the study was Korean-American and Korean mothers of children with disabilities who reside in the United States and Korea, respectively.

*Study Sites*

The participants were recruited through the American Wheat Mission Inc. (AWMI) and Korean Wheat Mission Inc. (KWMI). AWMI and KWMI are the sub associations under the World Association of Milal (Korean for wheat) that includes Europe, New Zealand, Australia, Russia, and India in addition to the United States and Korea.

AWMI provides support to Korean-American families of individuals with disabilities in the United States. AWMI is composed of nine branches: 1) Seattle, 2) Northern California, 3) Southern California, 4) Chicago, 5) New York, 6) New Jersey, 7) Philadelphia, 8) Washington DC, and 9) Atlanta.

KWMI offers support to Korean families of individuals with disabilities in Korea as a mission organization. KWMI consists of 29 branches in metropolitan cities and provinces. Each branch is composed of a number of regional branches that vary according to the size of metropolitan cities and province.

AWMI and KWMI members represent families of individuals with disabilities, staff, and volunteers. The staff includes ministers, pastors, special educators, social workers, and volunteers. AWMI and KWMI are financed by funds donated from a variety of resources and offer free services to families of individuals with disabilities.

Both AWMI and KWMI provide weekly meetings, Saturday school, and an annual summer camp to families of individuals with disabilities. In addition, they offer various support to families of children with disabilities on a daily basis such as transportation, bathing, cleaning, and helping the families adapt to society. In addition to emotional support, the branches provide information related to disability issues, social work, education, translation services, transportation, and leisure activities. Some branches manage group or care homes.

*Participants*

The participants of this study were Korean-American and Korean mothers of children with disabilities. The participants were recruited in three ways.

1. Mothers who receive services from AWMI and KWMI.
2. Mothers referred to the study by AWMI and KWMI's directors, staff, and volunteers although they do not directly receive services from AWMI and KWMI.
3. Mothers referred by the families who receive services from AWMI and KWMI although they do not directly receive services from AWMI and KWMI

*Eligibility Criteria*

To be eligible to participate in this study, families must meet the following criteria: 1) the families are Korean-American or Korean, 2) the families have a child or children with disabilities, 3) the child or children are between birth and 18 years of age, 4) the families are receiving or have received services from the American Wheat Mission

Inc. (AWMI) and Korean Wheat Mission Inc. (KWMI), or are referred by AWMI and KWMI staff members or families who are served by AWMI and KWMI.

*Numbers of Families in Study Sites*

Participants were the Korean-American and Korean mothers of children with disabilities from birth to 18 years of age who receive services from AWMI and KWMI. In addition, participants were those mothers referred by directors, staff, and volunteers in AWMI and KWMI and by families receiving services from AWMI and KWMI.

The numbers of families in weekly meetings, students in Saturday school, and participants in summer camp of AWMI are the following (Table 3.1).

Table 3.1 The Number of Families in American Wheat Mission Inc.

| AWMI Branch | Registered | Weekly Meeting | Saturday School | Summer Camp |
|---|---|---|---|---|
| Seattle | 25 families | 20 families | 21 students | West Coast: 100 |
| Northern California | 30 families | 15 families | 21 students | w/disabilities |
| Southern California | 250 families | 50 families | 55 students | |
| Chicago | 25 families | 10 families | 18 students | East Coast: 200 |
| New York | 50 families | 30 families | 30 students | w/disabilities |
| New Jersey | 80 families | 20 families | 29 students | |
| Philadelphia | 50 families | 30 families | 22 students | |
| Washington DC | 150 families | 30 families | 39 students | |
| Atlanta. | 50 families | 25 families | 26 students | |
| Total | 710 families | 230 families | 268 students | 300 w/disabilities |

The number of registered families and the number of families in weekly meetings as well as the number of summer camp participants was reported by the Washington DC branch based on the data of the board of directors during the most recent five year period. The number of students in Saturday school was reported based on the data of AWMI Saturday school staff conference in 2006 hosted by the Southern California branch (Los Angeles).

The following Table 3.2 illustrates the estimated number of KWMI families in weekly meetings, students in Saturday school, and participants in summer camp

described by the head office of KWMI. Registrations in KWMI are greater than these numbers. The population of individuals with disabilities between 3 to 17 years of age in Korea is 58,362 according to the Annual Congress Report in 2005; 3,057 for 3 to 5 years of age, 31,064 for 6 to 11 years of age, and 24,241 for 12 to 17 years of age.

Table 3.2 The Number of Families in Korean Wheat Mission Inc.

| KWMI | Registered | Weekly Meeting | Saturday School | Summer Camp |
|---|---|---|---|---|
| KWMI | N/A | 2,000 families | N/A | 1,500 families |

On the basis of above, the number of Korean-American participants as 100 and Korean participants as 300 was estimated.

## *Data Collection*

In this section, instrumentation is introduced first. Then, the result from a pilot study that was conducted to investigate the validity and reliability of the translated instrument is presented. The procedure for data collection is also presented. Finally, the preliminary contact process for permission from the agency to distribute the survey forms was explained.

### *Instrumentation*

The Family Needs Survey (FNS) (Bailey & Simeonsson, 1988) [Appendix A] was used to measure the perception of Korean-American mothers and Korean mothers of family needs related to their children's disabilities.

The FNS is composed of 35 items designed to document the needs of families of children with disabilities. FNS is organized into seven categories of needs: (1) information, (2) family and social support, (3) financial needs, (4) explaining to others, (5) child care, (6) professional support, and (7) community services. The instrument has a five-point Likert scale (1 = strongly disagree; 5 = strongly agree).

For Bailey and Simeonsson's survey, Sexton, Burrell, and Thompson (1992) reported that the Cronbach's Alpha coefficient for the total survey score was .91. The researchers conducted classical test theory analyses and factor analysis by using 53 mothers of children with disabilities and compared the needs of the mothers with data in a previous study. The researchers also reported the Cronbach's Alpha coefficient for the subscales from .65 to .86. The Cronbach's Alpha coefficients for Explaining to Others

was .86, for Information .81, and for Financial Needs .80. The Cronbach's Alpha coefficients for Family Functioning, Support, and Community were .79, .73, and .65, respectively.

The higher the correlation between survey items, the higher the Cronbach's Alpha coefficient; the higher Cronbach's Alpha coefficient, the more internal consistency representing reliability. The Cronbach's Alpha coefficient higher than .60 is acceptable and that higher than .70 is desirable; that between .80 and .90 represents high reliability.

The FNS of Bailey and Simeonsson was translated into Korea by the author [Appendix B]. The translated Korean survey form was back-translated by a Korean doctoral student who is fluent English as well as Korean from Korean into English. The translated survey was compared to the original survey and judged to be identical.

Demographic characteristics of mothers were added to the survey such as mothers' age, residence location, marital status, educational level, job, and household annual income, family composition, and spoken language. In addition, the demographic characteristics of children with disabilities are included such as gender, age, types of disabilities, type of services the child receives, and years receiving the services.

After examining the appropriateness of the translated FNS instrument in the pilot study, some words and expressions were changed in order to make them more easily understood by Korean families. An example is the use of "Helping Person" to designate a paid employee or family member helping the mother in the home. Changes were also made in order to use the instrument with children from birth to 18 years of age. The revised translated FNS is attached in Appendix C. The literature review included the studies using Family Needs Survey (Bailey & Simeonsson, 1988; Bailey & Blasco, 1990)

for both younger and older children: from birth to 13 (Chen & Simeonsson, 1994), under 5, 6-10, and over 11 (Han & Kim, 2003), from 9 to 10 (Jeon, 2007), from elementary to middle school (Lee, 1999), from 2 to 16 years (Lee, 1995), and from preschool to high school (Kang, 1998).

The Family Needs Survey used in this study corresponds to the areas of the theoretical framework: family systems theory and ecological theory (Table 3.3 & Table 3.4).

Table 3.3 Survey Questions Corresponding to the Family Systems Theory Framework

| Family System Theory Framework | Survey Questions |
|---|---|
| Family Characteristics | ■ I-1, 2, 3, 4, 5<br>■ II-1, 2, 3, 4, 5, 6 |
| Family Interaction | |
| Marital | ■ II-4 |
| Parental | ■ I-2, 3, 4<br>■ II-1, 2, 3, 4, 5, 6 |
| Sibling | ■ IV-2 |
| Extended Family | ■ IV-1 |
| Family Functions | ■ I-3, 4, 6, 7<br>■ II-5, 6, 7, 8<br>■ III-1, 2, 3, 4, 5, 6<br>■ IV-3, 4, 5<br>■ V-1, 2, 3<br>■ VI-1, 2, 3<br>■ VII-1, 2, 3 |

Table 3.4 Survey Questions Corresponding to the Ecological Theory Framework

| Ecological Theory Framework | Survey Questions |
|---|---|
| Microsystem | |
| Immediate Family | ■ I-1, 2, 4, 5<br>■ II-4, 5, 6, 7, 8<br>■ III-1, 2, 6<br>■ IV-2 |
| Child-Care Center / School | ■ I-3<br>■ IV-4<br>■ V-2<br>■ VI-3 |
| Neighborhood / Play Area | ■ IV-3 |
| Mesosystem | ■ VI-3 |
| Exosystem | |
| Extended Family | ■ IV-1 |
| Friends / Neighbors | ■ II-1, 2<br>■ IV-3, 5<br>■ VII-1 |
| Community Health Service | ■ I-6, 7<br>■ III-3, 5<br>■ V-1, 3<br>■ VI-1, 2<br>■ VII-2, 3 |
| Work Place | ■ III-4 |
| Macrosystem | ■ N/A |

*Pilot Study for Translated Instrument*

A pilot study was conducted to determine the appropriateness of the translated survey by identifying its Cronbach's Alpha coefficient.

The Family Needs Survey (Bailey & Simeonsson, 1988) was translated from English into Korean by the author. The translated Korean survey form was back translated by another Korean into English. The translated survey was compared to the original survey and judged to be identical.

The pilot study comprised a survey of the needs of Korean families having an individual (including adults) with disabilities. The study population was a convenience sample of Korean-American families with disabilities including volunteers working with individuals with disabilities. Participants were recruited from 500 attendants at the Love Summer Camp sponsored by the American Wheat Mission Inc. (AWMI) held in New Jersey from August 5-7, 2004. Individuals with disabilities, their family members, and volunteers participated in the camp. FNS forms were distributed by the author at the Love Summer Camp on August 7, 2004 when adult attendants gathered for the final seminar.

Of 154 survey forms distributed, 80 survey forms were returned during the seminar session. Survey forms with over 20% missing items (over 8 items) were discarded. Seventy-six surveys were used to calculate the Cronbach's Alpha coefficient. For the translated surveys, the Cronbach's Alpha coefficient for the total score was .93 and those of the sub scales were .81 for Information, .79 for Family and Social Support, .79 for Financial, .86 for Explaining Others, .84 for Child Care, .68 for Professional Support, and .85 for Community Service (Moon & Jarrett, 2006b). The coefficients are illustrated in Table 3.5.

Table 3.5 Cronbach's Alpha Coefficient for the Translated Family Needs Survey

| Sub Categories | Cronbach's Alpha Coefficient |
|---|---|
| Information | .8113 |
| Family & Social Support | .7855 |
| Financial | .7959 |
| Explaining to Others | .8585 |
| Child Care | .8415 |
| Professional Support | .6853 |
| Community Services | .8340 |
| Total Items | .9285 |

*Data Evaluation in Translated Instrument*

The family needs assessment survey instrument is composed of 35 items divided into seven subcategories. Each item has five scale responses: 1) Strongly Needed, 2) Needed, 3) Uncertain, 4) Not Needed, and 5) Strongly Not Needed. The following table illustrates the points for each response (Table 3.6).

Table 3.6 Data Evaluation in Family Needs Survey

| Responses | Points |
|---|---|
| Strongly Needed | 5 points |
| Needed | 4 points |
| Uncertain | 3 points |
| Not Needed | 2 points |
| Strongly Not Needed | 1 points |

*Procedure for Data Collection*

For the process of survey distribution in both AWMI and KWMI, the author sent a pack of survey packets via postal service, email, or, whenever possible, delivered them in person to the branches of AWMI and KWMI and the sites referred by AWMI and

KWMI. 286 survey packets for AWMI and 801 survey packets for KWMI were distributed. The survey packets included a letter explaining the study to the directors and staff of each AWMI and KWMI branch; individual survey packets to be completed by each family of children with disabilities accompanied the packets for staff. The survey packets included a letter explaining the study, a translated Family Needs Survey form and a stamped, self-addressed return envelope for completed survey forms. All survey forms were coded with identification numbers in order to determine at which branch they were distributed. No identifying information was on the survey forms.

Three weeks hence, the author sent a letter, an email, or called each AWMI and KWMI branch to remind them to distribute the survey packets to families of children with disabilities. The author again contacted by letter, email or phone each branch after three weeks to ensure instructions were being followed.

For the return process, families completing survey forms returned them via the postal service system to designated post office boxes in the United States. The author's Korean colleague collected the completed survey forms from the post office box, and sent them to the author residing in Korea via international postal service system. Families also could hand in their completed survey form to their respective branch of AWMI or KWMI or sites referred by AWMI and KWMI. The completed survey forms were filed in each branch; in turn, the branch delivered the completed forms to the author in person or by the postal service system.

*Contact for Permission*

Preliminary contact for permission was accomplished though the president of the World Wheat Mission Inc., the upper level institute over AWMI and KWMI. The author met the president of the World Wheat Mission Inc. in 2005, at which time the author introduced the purpose of the survey. The president granted permission to conduct the survey through AWMI and KWMI. In addition, the author participated in the AWMI west coast summer camp and east coast summer camp in the summers of 2005 and 2006. There, the author met all directors of the branches of AWMI and introduced the author's study topic and purpose. The author verbally confirmed the directors' cooperation for the research.

In the summer of 2007, the author participated in the summer camps of west and east coast, and the author got the directors' signatures on the agreement document giving permission to conduct the survey through the AWMI.

In January, 2008, the author contacted the president of the World Wheat Mission Inc., the upper level organization of AWMI and KWMI. The author got his signature on the agreement document giving permission to conduct the surveys through AWMI and KWMI branches. The president of World Wheat Mission Inc. located in South Korea confirmed that his permission covers the research through the KWMI branch closely connected with the World Wheat Mission Inc. in South Korea.

*Data Analysis*

To identify perceived family needs of Korean-American and Korean mothers of children with disabilities, the mothers' response to the Family Needs Survey form was analyzed. There are eight research questions.

For the research questions 1-1, and 1-2, descriptive statistics was used to identify how Korean-American and Korean mothers of children with disabilities perceive their family needs by means and standard deviations.

For the research questions 2-1 and 2-2, *t*-test was employed to test the mean difference in perceived family needs between Korean-American mothers and Korean mothers.

For research questions 3-1, 3-2, 3-3, and 3-4, analysis of variance or multiple regression procedure was used to identify how characteristics of mothers and children explain perceived family needs: mother's age, residence location, marital status, educational level, job status, and household annual income, spoken language, supporters, and number of children, child's gender and age, type of disability, the years receiving the services, and the type of service the child receives.

In this study, *t*-test, ANOVA, and multiple regressions were used. The *t*-test, employed in the research question 2-1 and 2-2, was used to determine whether the means of two groups are statistically different from each other. When the researcher examined the difference between the means of two groups, the researcher judged the difference relative to the variability of the scores.

To test the significance of mean differences, the author set a risk level (alpha level = .05). In addition, to use *t*-test, the degrees of freedom (df) for the test is needed. With the alpha level, the degree of freedom, and the *t*-value, the researcher was able to determine if the difference of mean between two groups is statistically significant.

One-way ANOVA was used to test for differences among two or more groups of an independent variable; in this study, one-way ANOVA was used for research questions 3-1, 3-2, 3-3, and 3-4. For each demographic variable, one-way ANOVA was used to test if the difference of means among groups was statistically significant.

Multiple regression was used in the case of several predictor variables and one criterion variable. In this study, multiple regression was used for research questions 3-1, 3-2, 3-3, and 3-4.

If taking this study as an example, the author investigated the most powerful predictors for the needs of Korean-American and Korean families among mother's demographic characteristics (age, residence location, marital status, educational level, job status, and household annual income, spoken language, supporters, and number of children) and child's demographic characteristics (gender, age, type of disability, the years receiving the services, and the type of service the child receives) in the research questions 3-1, 3-2, 3-3, and 3-4.

### *Human Participants and Ethics Precautions*

The subjects' participation or non-participation did not affect the services they received at AWMI and KWMI. This was explained in the letters describing this study and

included in the survey packet. The participants were not identified in any data or reports of this study because the anonymous survey method was used. The participants were free to choose whether or not to partake in the study.

In this chapter, the methodology for this study was explained: Research questions, research hypothesis, sampling, data collection, and data analysis. The results of this study and obtained data are presented in Chapter Four.

# CHAPTER 4

# Results

## *Introduction*

In this chapter, the results of this study are introduced. The demographic information of the participants is presented. Then, analysis methods for each research questions are presented. After statistics and assumptions for each statistics used in the study are explained. Finally, the results for each research questions are presented.

The purpose of this study is to identify the needs of Korean-American families and Korean families of children with disabilities by determining Korean-American mothers and Korean mothers' perception of family needs related to their children with disabilities aged birth to 18.

The research questions of this study are the following:

1-1. How do Korean-American and Korean mothers of children with disabilities perceive their family needs?

1-2. What are the most and least family needs of Korean-American and Korean mothers of children with disabilities perceive among information, family and social support, financial, explaining to others, child care, professional support, and community support?

2-1. Is there a difference in perceived family needs between Korean-American and Korean mothers?

2-2. Is there a difference in perceived family needs between Korean-American and Korean mothers with respect to information, family and social support, financial, explaining to others, child care, professional support, and community support?

3-1. Do perceived family needs differ according to the demographic characteristics of Korean-American mothers: age, residence location, marital status, educational level, job status, and household annual income, spoken language, supporters, and number of children?

3-2. Do perceived family needs differ according to the demographic characteristics of Korean mothers: age, residence location, marital status, educational level, job status, and household annual income, spoken language, supporters, and number of children?

3-3. Do perceived family needs differ according to demographic characteristics of Korean-American children with disabilities: gender, age, type of disability, the years receiving the services, and the type of service the child receives?

3-4. Do perceived family needs differ according to demographic characteristics of Korean children with disabilities: gender, age, type of disability, the years receiving the services, and the type of service the child receives?

### *Participant Demographics*

Participants of this study were Korean-American and Korean mothers of children with disabilities. For Korean-American families, 286 survey forms were distributed and 87 survey forms were collected; for Korean families, 801 survey forms were distributed and 520 survey forms were collected. The return rate of Korean-American families was 30% and that of Korean families was 65%. The numbers of survey forms used in this study were 59 for Korean-American mothers and 435 for Korean mothers.

The following two tables present the demographic characteristics of participants in the study: Table 4.1 is data for mothers' characteristics; Table 4.2 lists data for children's characteristics.

For mothers' characteristics, 40s was predominant in both groups' age (Korean-American: 78.0% and Korean: 58.6%). In the United States, 49.2% of Korean-American mothers had lived under 10 years, and 33.9% had lived for 11 through 20 years. While Korean mothers mainly lived in big city (87.6%), Korean-American mothers lived in big city as well as middle city (44.1%, 40.7% respectively). Married marital status was predominant in both Korean-American and Korean mothers (89.8%, 94.5% respectively). In both groups, high school and bachelor degree were mothers' main education levels. Korean-American high school level was 23.7% and Korean-American bachelor degree level was 47.5%; Korean high school was 44.4% and Korean bachelor degree was 32.9%. More than half of Korean-American mothers as well as Korean mothers did not work (50.8%, 67.1% respectively). Korean-American mothers' incomes were distributed higher than Korean mothers. While Korean mothers mainly used Korean language home, Korean-American mothers differently reported. Among Korean-American mothers, 47.5% reported that they mainly used Korean home, 30.5% reported that they used more Korean than English, and 20.3% reported that they were bilingual. Most Korean-American mothers reported that their English skill was average (52.5%) or poor (33.9%). Most mothers in both groups have two children. Korean-American mothers with two children were 62.7% and Korean mothers were 68.3%. Korean-American mothers' citizenships were United States citizen, United States permanent residents, and Korean citizen (40.7%, 27.1%, 30.5% respectively).

For children's characteristics (Table, 4.2), males were predominant both Korean-Americans and Koreans (76.3%, 68.0% respectively). Korean-American children between 0 and 5 were 6.8%, those between 6 and 12 were 45.8%, and those between 13 and 18 were 47.5%; Korean children were 6.7%, 32.6%, 60.7% respectively. The types of disability of Korean-American children were Autism Spectrum Disorder (33.9%), Developmental Delay (25.4%), and Learning Disabilities (11.9%); those of Korean children were Autism Spectrum Disorder (16.3%), Developmental Delay (25.5%), Mental Retardation (30.1%) and Learning Disabilities (3.9%). For the degree of disability of Korean-American children, Very Severe was 8.5%, Severe was 23.7%, Moderate was 47.5%, Mild was 16.9%, and Very Mild was 3.4%; for Korean children were 19.3%, 40.0%, 34.0%, 4.6%, and 0.9% respectively. For the years receiving service years, less than 5 years was 30.5%, 6 to 10 years was 35.6%, 11 to 15 years was 23.7%, and over 16 years was 5.1%; for Korean children were 24.6%, 33.8%, 28.7%, and 4.8% respectively. The children attended in Early Intervention, Preschool Special Education, Elementary Special Education, Middle School Special Education, or High School Special Education. The percentages of Korean-American children were 3.4%, 1.7%, 44.1%, 18.6%, and 25.4% respectively, and Korean children were 1.8%, 12.4%, 30.6%, 27.8%, and 23.9% respectively. Korean-American children received more number of therapies than Korean children. For Korean-American children, None was 22.0%, One was 40.7%, Two was 20.3%, and Three was 11.9%; Korean children were 40.5%, 44.8%, 9.0%, and 0.9% respectively.

Table 4.1 Descriptive Statistics for Mothers' Characteristics

| Characteristics | Korean-American | Percentage | Korean | Percentage |
|---|---|---|---|---|
| Number of Observation | 59 | | 435 | |
| Age | | | | |
| 30s | 10 | 16.9 | 97 | 22.3 |
| 40s | 46 | 78.0 | 255 | 58.6 |
| 50s | 1 | 1.7 | 46 | 10.6 |
| Years Living in USA | | | | |
| Under 10 years | 29 | 49.2 | - | - |
| 11 to 20 years | 20 | 33.9 | - | - |
| Over 20 years | 7 | 11.9 | - | - |
| City Size | | | | |
| Big city | 26 | 44.1 | 381 | 87.6 |
| Middle city | 24 | 40.7 | 35 | 8.0 |
| Small town | 7 | 11.9 | 10 | 2.3 |
| Country | 0 | 0 | 3 | 0.7 |
| Marital Status | | | | |
| Single | 0 | 0 | 4 | 0.9 |
| Married | 53 | 89.8 | 411 | 94.5 |
| Separated | 3 | 5.1 | 2 | 0.5 |
| Divorced | 3 | 5.1 | 10 | 2.3 |
| Widowed | 0 | 0 | 2 | 0.5 |
| Education level | | | | |
| Some high school | 0 | 0 | 20 | 4.6 |
| High school graduate | 14 | 23.7 | 193 | 44.4 |
| 2-year college graduate | 6 | 10.2 | 55 | 12.6 |
| Bachelor degree | 28 | 47.5 | 143 | 32.9 |
| Masters degree | 9 | 15.3 | 7 | 1.6 |
| Doctoral degree | 0 | 0 | 4 | 0.9 |
| Job Status | | | | |
| Full Time | 17 | 28.8 | 58 | 13.3 |
| Part Time | 12 | 20.3 | 74 | 17.0 |
| Not Working | 30 | 50.8 | 292 | 67.1 |
| Income | | | | |
| Under $ 10,000 | 4 | 6.8 | 67 | 15.4 |
| $ 10,000 to $ 25,000 | 7 | 11.9 | 86 | 19.8 |
| $ 25,000 to $ 50,000 | 20 | 33.9 | 126 | 29.0 |
| $ 50,000 to $ 75,000 | 12 | 20.3 | 74 | 17.0 |
| $ 75,000 to $100,000 | 6 | 10.2 | 20 | 4.6 |
| $ 100,000 and over | 8 | 13.6 | 6 | 1.4 |
| Language at Home | | | | |
| Korean | 28 | 47.5 | 434 | 99.8 |
| English | 1 | 1.7 | 1 | 0.2 |
| More Korean | 18 | 30.5 | 0 | 0 |
| More English | 0 | 0 | 0 | 0 |

| | | | | |
|---|---|---|---|---|
| Bilingual | 12 | 20.3 | 0 | 0 |
| English Skill | | | | |
| Very Good | 1 | 1.7 | - | - |
| Good | 5 | 8.5 | - | - |
| Average | 31 | 52.5 | - | - |
| Poor | 20 | 33.9 | - | - |
| Very Poor | 2 | 3.4 | - | - |
| Number of Children | | | | |
| One | 6 | 10.2 | 73 | 16.8 |
| Two | 37 | 62.7 | 297 | 68.3 |
| Three | 14 | 23.7 | 53 | 12.2 |
| Four | 1 | 1.7 | 7 | 1.6 |
| Five | 0 | 0 | 2 | 0.5 |
| Mother Citizenship | | | | |
| US Citizen | 24 | 40.7 | - | - |
| US Permanent Resident | 16 | 27.1 | - | - |
| Korean Citizen | 18 | 30.5 | - | - |

Table 4.2 Descriptive Statistics for Children's Characteristics

| Characteristics | Korean-American | Percentage | Korean | Percentage |
|---|---|---|---|---|
| Numbers of Observation | 59 | | 435 | |
| Age | | | | |
| 0 to 5 | 4 | 6.8 | 29 | 6.7 |
| 6 to 12 | 27 | 45.8 | 142 | 32.6 |
| 13 to 18 | 28 | 47.5 | 264 | 60.7 |
| Gender | | | | |
| Male | 45 | 76.3 | 296 | 68.0 |
| Female | 14 | 23.7 | 137 | 31.5 |
| Type of disability | | | | |
| Autism Spectrum Disorder | 20 | 33.9 | 71 | 16.3 |
| Developmental Delay | 15 | 25.4 | 111 | 25.5 |
| Emotional Disturbance | 0 | 0 | 10 | 2.3 |
| Hearing Impairment | 1 | 1.7 | 2 | 0.5 |
| Mental Retardation | 3 | 5.1 | 131 | 30.1 |
| Physical Impairment | 2 | 3.4 | 11 | 2.5 |
| Learning Disabilities | 7 | 11.9 | 17 | 3.9 |
| Speech/Language Impairment | 4 | 6.8 | 50 | 11.5 |
| Visual Impairment | 1 | 1.7 | 2 | 0.5 |
| Other | 0 | 0 | 9 | 2.1 |
| Degree of Disability | | | | |
| Very severe | 5 | 8.5 | 84 | 19.3 |
| Severe | 14 | 23.7 | 174 | 40.0 |
| Moderate | 28 | 47.5 | 148 | 34.0 |
| Mild | 10 | 16.9 | 20 | 4.6 |
| Very mild | 2 | 3.4 | 4 | 0.9 |
| Years of Service | | | | |
| Under 5 years | 18 | 30.5 | 107 | 24.6 |
| 6 to 10 years | 21 | 35.6 | 147 | 33.8 |
| 11 to 15 years | 14 | 23.7 | 125 | 28.7 |
| Over 16 years | 3 | 5.1 | 21 | 4.8 |
| Education Program | | | | |
| Early Intervention | 2 | 3.4 | 8 | 1.8 |
| Preschool Special Education | 1 | 1.7 | 54 | 12.4 |
| Elementary Special Education | 26 | 44.1 | 133 | 30.6 |
| Middle School Special Education | 11 | 18.6 | 121 | 27.8 |
| High School Special Education | 15 | 25.4 | 104 | 23.9 |
| Number of Therapy | | | | |
| None | 13 | 22.0 | 176 | 40.5 |
| One | 24 | 40.7 | 195 | 44.8 |
| Two | 12 | 20.3 | 39 | 9.0 |
| Three | 7 | 11.9 | 4 | 0.9 |
| Citizenship | | | | |

| | | | | |
|---|---|---|---|---|
| US Citizen | 33 | 55.9 | 3 | 0.7 |
| US Permanent Resident | 8 | 13.6 | 0 | 0 |
| Korean Citizen | 15 | 25.4 | 341 | 78.4 |

*Analysis*

Research question 1-1, *How do Korean-American and Korean mothers of children with disabilities perceive their family needs?* This question was answered by descriptive statistics. The means of family need scores of Korean-American and Korean mothers were compared.

Research question 1-2, *what are the most and least family needs Korean-American and Korean mothers of children with disabilities perceive among information, family and social support, financial, explaining to others, child care, professional support, and community support?* The question was answered by descriptive statistics. The means for sub-categories of family need scores of Korean-American and Korean mothers were compared.

Research question 2-1, *is there a difference in perceived family needs between Korean-American and Korean mothers?* The question was answered by inferential statistics. An independent-sample t-test analysis was conducted to compare the means of family needs score between Korean-American and Korean mothers.

Research question 2-2, *is there a difference in perceived family needs between Korean-American and Korean mothers with respect to information, family and social support, financial, explaining to others, child care, professional support, and community support?* This question was answered by inferential statistics. An independent-sample *t*

test was conducted to compare the means for sub-categories of family need scores between Korean-American and Korean mothers

Research questions 3-1, 3-2, 3-3, 3-4, *do perceived family needs differ according to the demographic characteristics of Korean-American mothers, Korean mothers, Korean-American children, and Korean children: age, residence location, marital status, educational level, job status, and household annual income, spoken language, supporters, number of children, child' gender, child's age, type of disability, years receiving the services, and type of service the child receives?* These questions were answered by inferential statistics. Multiple regression analysis was used to identify how each demographic characteristics contribute to family needs of Korean-American and Korean mothers, and analysis of variance was used to figure out the difference of family needs according to each demographic variable with more than three levels for Korean-American and Korean mothers.

## *Statistics and Assumptions*

### *Multiple Regression*

In multiple regression, *R*, statistics from the analysis, is the correlation coefficient between the predicted value and the observed value of *Y* scores. This *R* is the final predictive utility of a regression model, and $R^2$ is the proportion of the variation between the predicted value and the observed value of Y scores.

Multiple regression method compares a specific regression model and the baseline model in order to assess the increment in predictive utility ($R^2$ change), or reduction in prediction errors related to the specific regression model. The regression

model includes a predictor variable, $X^k$, to predict the criterion variable. The regression model also include an additional model parameter of the predictor variable, $\beta_k$, to estimate for the predictor variable. Thus, multiple regression analysis is to assess the increment in predictive utility, or reduction in prediction errors resulting from adding one predictor variable with a model parameter, $\beta_k X^k$.

Multiple regression has several assumptions that must be met before proceeding with analysis: independence, normality, homoscedasticity, lineality, and multicollinearity. The independence assumption means that successive residual scores are not correlated. This assumption can be checked using the Durbin-Watson test. Durbin-Watson statistics is close to 2. As a rule of thumb, independence assumption is not violated when Durbin-Watson statistics falls between 1.5 and 2.5.

In the regression model, the predicted Y score is located on the regression line, and the actual Y score is located above and below the line at the specific value of X. The distribution of actual Y scores for the same value of X is referred to as "conditional distribution". The conditional distributions are regarded as normal, and the standard deviations of these conditional distributions are presumed to be equal (Hinkle, Wiersma, & Jurs, 1999). The former is called normality; the latter is called homoscedasticity. On the basis of the normality and homoscedasticity of conditional distributions, the property of normal distribution can be used in order to make probability statements for the predicted Y score. The normality assumption can be investigated by a histogram of residual scores: the shape of the residual should be bell-shaped. The homoscedasticity assumption can be done by plotting standardized residual scores against X or predicted Y. When residual scores are randomly scattered around horizontal line near zero, one can

say the assumption is satisfied. If one sees the shape of a funnel in plotting, the assumption becomes violated.

The linearity assumption states that there should be a linear relationship between each predictor variable and the criterion variable. To check this assumption, the plot of the standardized residual scores against X or predicted Y should be examined. When the assumption is met, the plot approximates a line. However, when the assumption is unmet, the shape of plotting will be any shape but a line.

Multicollinearity is an important assumption in multiple regression. As collinearity between two predictor variables can be checked by the Pearson correlation, multicollinearity among more than three predictor variables should be examined. When predictor variables are highly correlated, regression coefficients tend to inflate standardized error of estimate. Thus, the multicollinearity should be checked by tolerance and variance inflation factor (VIF). Tolerance is actual proportion of variances in one predictor independent from the other predictors. If one predictor is totally correlated with the rest of the predictors, tolerance will be zero; if the predictor is totally independent from the rest of the predictors, tolerance will be one. The range of tolerance value is between zero and one. As a rule of thumb, the multicollinearity assumption will be satisfied if the value of tolerance is larger than .10. The variance inflation factor (VIF) is the variance in the sampling distribution of sample regression coefficients. The sample regression coefficients are estimated from samples with the same sample size in the same population. As a rule of thumb, the multicollinearity assumption is not a serious concern if VIF is smaller than 10.

*Analysis of Variance*

Analysis of Variance is a statistic to figure out the difference of a dependent variable according to independent variables. There are three primary assumptions in analysis of variance: random and independence, normality, and homogeneity of variance (Hinkle, Wiersma, & Jurs, 1999).

The random and independence assumption means that the observations are random and independent sample from the population. Normality assumption means that the population that the samples will be selected from is normally distributed. This also means that the distribution of dependent variables is normal. The assumption of homogeneity of variance means that the variance of the distributions in the population is the same. It also means that the shape, means, and variances of the distributions in the populations are the same, which means that they come from the same population.

The t-test is used to figure out difference of dependent variable according to two levels of independent variables. This t-test is a special case of analysis of variance.

## *Results for Research Questions*

*Research Question 1*

To answer research question 1-1, *How do Korean-American and Korean mothers of children with disabilities perceive their family needs?*, means of family needs scores between Korean-American and Korean mothers were descriptively compared. The mean of family needs scores in Korean-American mothers was 4.24; the mean of family needs scores in Korean mothers was 4.27. These results, indicating that Korean-American mothers perceived slightly lower needs than Korean mothers, are presented in Table 4.3.

Table 4.3 Family Need Scores of Korean-American and Korean Mothers

| | Nationality | N | Mean | Std. Deviation |
|---|---|---|---|---|
| Family Needs | Korean-American | 59 | 4.23845 | .592093 |
| | Korean | 433 | 4.26952 | .584269 |

To answer research question 1-2, *what are the most and least family needs Korean-American and Korean mothers of children with disabilities perceive among information, family and social support, financial, explaining to others, child care, professional support, and community support?*, sub-category means of family needs scores between Korean-American and Korean mothers were descriptively compared. As a result, the highest family need of Korean-American mothers was *information* (*M* = 4.76), and the least was *explaining to others* (*M* = 3.79). Similarly, in Korean mothers, the highest need was *information* (*M*=4.75) and the least need was *explaining to others* (*M* = 3.98). These results are presented in Table 4.4.

Table 4.4 Sub-Categories of Family Need Scores of Korean-American and Korean Mothers

| | Nationality | N | Mean | Std. Deviation |
|---|---|---|---|---|
| Information | Korean-American | 59 | 4.76473 | .470825 |
| | Korean | 433 | 4.75349 | .471230 |
| Family & Social | Korean-American | 59 | 4.23850 | .738578 |
| Support | Korean | 432 | 4.23461 | .702252 |
| Financial | Korean-American | 59 | 4.07119 | .792988 |
| | Korean | 425 | 4.10212 | .820985 |
| Explaining to Others | Korean-American | 58 | 3.78621 | 1.017470 |
| | Korean | 430 | 3.97957 | .894456 |
| Child Care | Korean-American | 59 | 4.20904 | .894638 |
| | Korean | 429 | 4.21406 | .924363 |
| Professional Support | Korean-American | 59 | 4.06215 | .798645 |
| | Korean | 429 | 4.00311 | .873928 |
| Community Service | Korean-American | 59 | 4.30791 | .794988 |
| | Korean | 432 | 4.35108 | .742718 |

*Research Question 2*

To answer research question 2-1, *is there a difference in perceived family needs between Korean-American and Korean mothers?*, an independent-sample t-test analysis was conducted to compare the means of family needs score between Korean-American mothers and Korean mothers.

To test the assumption of homogeneity of variance, the values of Levene's test were investigated ($F$ = .050, $p$ = .823). The probability ($p$ = .823) is the actual probability for $F$ ratio of .050 by chance, if the null hypothesis is true. The null hypothesis is that the variance between Korean-American mothers and Korean mothers is the same. Since the actual probability ($p$ = .823) is more than the significant level set ($\alpha$ =.05), the null hypothesis was retained. Thus, one can conclude that the assumption of homogeneous of variance between Korean-American and Korean groups was met. This Levine's test is presented in the Table 4.5.

Table 4.5 *t*-test for Family Need Scores between Korean-American and Korean Mothers

| | | Levene's Test | | t-test for Equality of Means | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | F | Sig. | T | Df | Sig. | Mean Difference | Std. Error Difference | 95% Confidence |
| Family Needs | Equal variances assumed | .050 | .823 | -.383 | 490 | .702 | -.03107 | .081211 | -.190632 .128500 |
| | Equal variances not assumed | | | -.379 | 74.237 | .706 | -.03107 | .082039 | -.194522 .132391 |

To identify the difference of family needs scores between Korean-American mothers and Korean mothers, the values of *t*-test were investigated ($t$ = -.383, $p$ = .702). This result was presented in the Table 4.5. The probability ($p$ = .702) is the actual probability for $t$ value of .383 by chance, if the null hypothesis is true. The null hypothesis is that, in population level, the family needs between Korean-American mothers and Korean mothers are the same. Since the actual probability ($p$ = .702) is more than the significant level set ($\alpha$ = .05), the null hypothesis was retained. Thus, it is concluded that there is not a significant difference of family needs scores between Korean-American mothers and Korean mothers. The results of this *t*-test are presented in the Table 4.5.

To answer research question 2-2, *is there a difference in perceived family needs between Korean-American and Korean mothers with respect to information, family and social support, financial, explaining to others, child care, professional support, and community support?,* an independent-sample *t* test was conducted. Sub-category means of family needs scores between Korean-American and Korean mothers were compared.

To test the assumption of homogeneity of variance, the values of Levene's test were investigated for all sub-categories. The test values are presented in Table 4.6. The probabilities of sub-categories (Information: $p$ = .916, Family and Social Support: $p$ = .459, Financial: $p$ = .984, Explaining to Others: $p$ = .175, Child Care: $p$ = .972, Professional Support: $p$ = .552, and Community Services: $p$ = .368) is the actual probability for $F$ ratios (Information: $F$ = .011, Family and Social Support: $F$ = .548, Financial: $F$ = .000, Explaining to Others: $F$ = 1.845, Child Care: $F$ = .001, Professional

Support: $F$ = .355, and Community Services: $F$ = .812) by chance, if the null hypothesis is true. The null hypothesis is that the variance between Korean-American and Korean mothers is the same. Since the actual probability of those sub-categories is more than the significant level set ($\alpha$ = .05), the null hypothesis was retained. Thus, one can conclude that the assumption of homogeneity of variance between Korean-American and Korean groups was met for sub-categories of family needs.

Table 4.6 *t*-test for Sub-Categories of Family Need Scores between Korean-American and Korean Mothers

| | | Levene's Test | | t-test for Equality of Means | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | F | Sig. | t | Df | Sig. (2-tailed) | Mean Difference | Std. Error Difference | 95% Confidence | |
| Information | a | .011 | .916 | .172 | 490 | .864 | .01124 | .065389 | -.117239 | .139714 |
| | b | | | .172 | 74.727 | .864 | .01124 | .065346 | -.118945 | .141421 |
| Family & Social Support | a | .548 | .459 | .040 | 489 | .968 | .00389 | .098080 | -.188822 | .196601 |
| | b | | | .038 | 73.057 | .970 | .00389 | .101918 | -.199230 | .207009 |
| Financial | a | .000 | .984 | -.272 | 482 | .786 | -.03093 | .113600 | -.254144 | .192281 |
| | b | | | -.280 | 76.314 | .781 | -.03093 | .110653 | -.251301 | .189438 |
| Explaining to Others | a | 1.845 | .175 | -1.519 | 486 | .129 | -.19337 | .127257 | -.443408 | .056675 |
| | b | | | -1.377 | 69.403 | .173 | -.19337 | .140391 | -.473410 | .086677 |
| Child Care | a | .001 | .972 | -.039 | 486 | .969 | -.00502 | .127865 | -.256261 | .246212 |
| | b | | | -.040 | 76.059 | .968 | -.00502 | .124729 | -.253441 | .243393 |
| Professional Support | a | .355 | .552 | .491 | 486 | .623 | .05904 | .120148 | -.177034 | .295112 |
| | b | | | .526 | 78.388 | .600 | .05904 | .112210 | -.164336 | .282414 |
| Community Service | a | .812 | .368 | -.415 | 489 | .678 | -.04317 | .103972 | -.247458 | .161117 |
| | b | | | -.394 | 72.513 | .695 | -.04317 | .109494 | -.261416 | .175075 |

a: equal variances assumed, b: equal variances not assumed

To test the difference of sub-categories of family needs scores between Korean-American mothers and Korean mothers, the values of *t*-test were investigated. The results are presented in Table 4.6.

The probabilities of sub-categories are the actual probability for *t*-values by chance, if the null hypothesis is true. The null hypothesis is that sub-category of family needs scores between Korean-American and Korean mothers are the same. Since the actual probabilities of sub-categories are more than the significant level set ($\alpha$ = .05), the null hypothesis was retained. Thus, it is concluded that there is no difference of sub-categories of family needs scores between Korean-American mothers and Korean mothers.

*Research Question 3*

For the research questions 3-1, 3-2, 3-3, 3-4, analysis of variance and multiple regression were used. The number of observations used in multiple regression analysis of this study were reported in Table 4.7.

Table 4.7 Number of Observation in Multiple Regression Analysis

| Subjects | *N* |
|---|---|
| Korean-American | |
| Mothers' Characteristics | 52 |
| Children's Characteristics | 56 |
| Korean | |
| Mothers' Characteristics | 332 |
| Children's Characteristics | 359 |

To answer research question 3-1, *do perceived family needs differ according to the demographic characteristics of Korean-American mothers: age, residence location,*

*marital status, educational level, job status, and household annual income, spoken language, supporters, and number of children?*, multiple regression and analysis of variance were used.

*Multiple Regression.* The process determining the multiple regression model for the perceived needs of Korean-American mothers had two aspects. First, individual characteristics were independently analyzed by using multiple regression method, and then, the significant variables were selected as predictors. Second, additional variables under the author's interest were included as predictors. With the selected predictors, the following multiple regression equation was found.

Family Needs (Predicted) =

+ 5.681

– .757 (Good English Dummy)

+ .401 (Big City Dummy)

+ .234 (Mother US Permanent Dummy)

– .029 (Mother Age)

– .170 (Number of Children)

+ .168 (Full Time Dummy)

+ .422 (Husband's Mother Dummy)

– .119 (Bachelor Degree Dummy)

– .213 (English Language Dummy)

– .193 (Baby Sitter Dummy)

– .002 (Income)

Table 4.8 Multiple Regression Model Summary for Family Needs according to Korean-American Mothers' Characteristics

| R | R Square | Adjusted R Square | Std. Error of the Estimate | Change Statistics | | | | | Durbin-Watson |
|---|---|---|---|---|---|---|---|---|---|
| | | | | R Square Change | F Change | df1 | df2 | Sig. F Change | |
| .617 | .381 | .211 | .551508 | .381 | 2.237 | 11 | 40 | .031 | 2.408 |

Predictors: (Constant), Income, Mother US Permanent Dummy, Baby Sitter Dummy, Mother Age, Good English Dummy, Big City Dummy, Number of Children, Full Time Dummy, English Language Dummy, Husband's Mother Dummy, Bachelor Degree Dummy
Dependent Variable: Family Needs

Table 4.8 presented the summary of multiple regression model for family needs according to Korean-American mothers' characteristics. According to the Table 4.8, $R$ = .617, $R^2$ = .381, and Adjusted $R^2$ = .211. For Korean-American Mothers' characteristics, the Adjusted $R^2$ was used. "For studies with a small observation and numerous predictors, the multiple $R$ may be spuriously large simply as a result of the underlying geometry. In fact, if $k + 1 = n$, the multiple $R$ equals 1.0. However, in studies in which the number of observation is large ($n > 100$) and there are only five or six predictor variables, the researcher needs not be concerned with this characteristic. An adjustment $R^2$ can be made when there are numerous predictor variables and a small number of observations (Hinkle, Wiersma, & Jurs, 1998, p.491)." Thus, the adjusted $R^2$ was used to get a better estimation of the population $R^2$ for Korean-American mothers' characteristics.

The Adjusted $R^2$ = .211 indicated that approximately 21.1 % of the criterion variance (Family Needs) can be attributed to the combined predictor variables. Since the computed $p$-value was .031, the null hypothesis was rejected at the .05 significance level ($F$ [11, 40] = 2.237). The probability that the observed R = .617 would have occurred by chance, if the null hypothesis is true, is less than .05. The conclusion is that the

correlation between the criterion variable and the combined predictor variables was existent. Therefore, the criterion variable was predicted by combined predictor variables.

Table 4.9 The Coefficients in Regression Equation of Korean-American Mothers' Characteristics

| | Unstandardized Coefficients | | Standardized Coefficients | t | Sig. | Collinearity Statistics | |
|---|---|---|---|---|---|---|---|
| | B | Std. Error | Beta | | | Tolerance | VIF |
| (Constant) | 5.681 | .979 | | 5.802 | .000 | | |
| Good English Dummy | -.757 | .305 | -.328 | -2.481 | .017* | .886 | 1.129 |
| Big City Dummy | .401 | .181 | .324 | 2.212 | .033* | .722 | 1.386 |
| Mother US Permanent Dummy | .234 | .184 | .169 | 1.275 | .210 | .880 | 1.136 |
| Mother Age | -.029 | .023 | -.170 | -1.262 | .214 | .855 | 1.170 |
| Number of Children | -.170 | .146 | -.160 | -1.157 | .254 | .813 | 1.231 |
| Full Time Dummy | .168 | .197 | .121 | .853 | .399 | .768 | 1.302 |
| Husband's Mother Dummy | .422 | .615 | .094 | .686 | .497 | .819 | 1.221 |
| Bachelor Degree Dummy | -.119 | .197 | -.097 | -.601 | .551 | .601 | 1.665 |
| English Language Dummy | -.213 | .636 | -.048 | -.335 | .739 | .767 | 1.304 |
| Baby Sitter Dummy | -.193 | .594 | -.043 | -.325 | .747 | .879 | 1.138 |
| Income | -.002 | .056 | -.004 | -.030 | .976 | .762 | 1.313 |

Dependent Variable: Family Needs
* p<.05

Table 4.9 presents the multiple regression coefficients of Korean-American mothers' characteristics. According to the Table 4.9, the significant predictor variables at

the significant level set ($\alpha$ =.05) were English skill (Good English Dummy, $p$ = .017), and City Size (Big City Dummy, $p$ = .033). Other predictor variables were not significant at the significant level set ($\alpha$ =.05) such as Citizenship (Mother US Permanent Dummy), Mother Age, Number Of Children, Job Status (Full Time Dummy), Helping Person For Household (Husband's Mother Dummy, And Baby Sitter Dummy), Education (Bachelor Degree Dummy), Language At Home (English Language Dummy), Helping Person For Household, and Income.

The assumptions for multiple regression were satisfied such as 1) independence: Durbin-Watson statistics = 2.408 ≅ 2 (Table 4.8), 2) normality: bell-shaped histogram of standardized residual scores (Figure 4.1), 3) homoscedasticity: randomly scattered plot of standardized residual scores (Figure 4.2), 4) linearity: randomly scattered plot of standardized residual scores (Figure 4.2), and 5) multicollinearity : tolerance statistics = .886, and .722 > .10; variance inflation factor (VIF) statistics = 1.129, and 1.386 < 10 (Table 4.9).

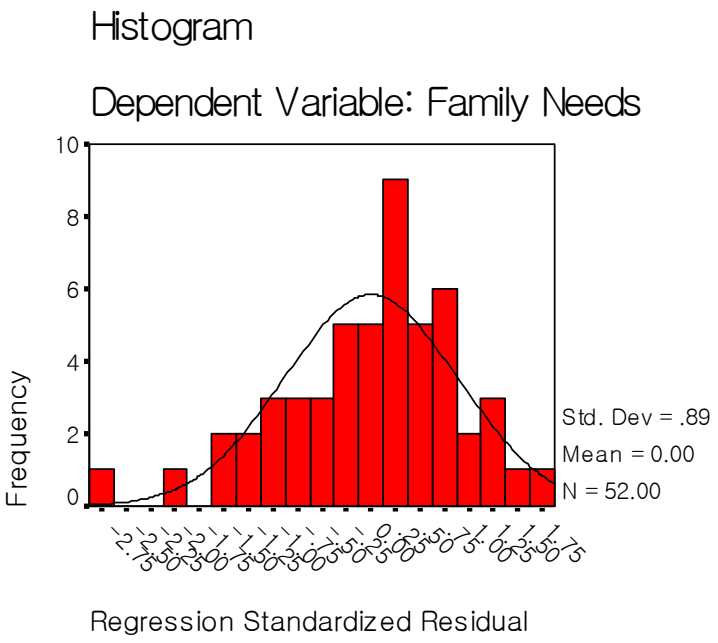


Figure 4.1The histogram of residual scores in regression model with Korean-American mothers' characteristics

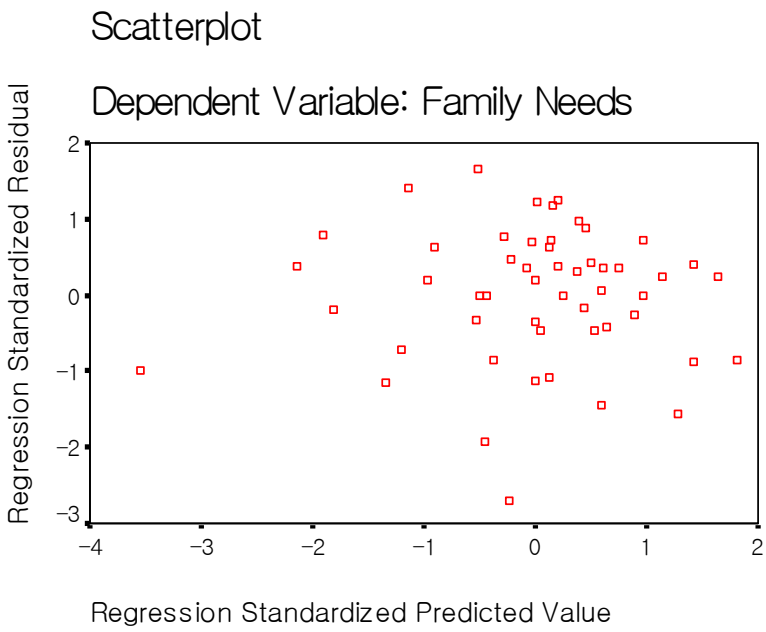


Figure 4.2 The scatterplot of the standardized residual scores in regression model with Korean-American mothers' characteristics

*Analysis of Variance*. In order to identify the impact of Korean-American mothers' characteristics on family needs, analysis of variance was also conducted. The significant variables in Korean-American mothers' characteristics were English Skill. *F*-value is 3.380 and $p = .041$ (Table 4.10). There was statistically significant difference between Good (M = 3.68) and Average (M = 4.34).

Table 4.10 Results of Analysis of Variance for Korean-American Mothers' Characteristics

| Characteristics | *F*-value | Df | Sig. |
|---|---|---|---|
| English Skill | 3.380 | (2, 56) | .041 * |

* $p<.05$

Assumptions for analysis of variance were checked such as 1) Random: unsatisfied due to convenience sampling, 2) independence: satisfied by residual plot (Figure 4.2), 3) normality: unsatisfied due to under 35 observation in one cell at least (central limit theorem), and 4) homogeneity: satisfied (Levene Statistic = 1.062, $p = .353$).

To answer research question 3-2, *do perceived family needs differ according to the demographic characteristics of Korean mothers: age, residence location, marital status, educational level, job status, and household annual income, spoken language, supporters, and number of children?*, multiple regression and analysis of variance and were used.

*Multiple Regression*. Like the previous research question, significant variables in independently analyzed regression and meaningful variables under the author's interest were selected as the predictors for the criterion variable (Family Needs) for Korean mothers' characteristics. The following multiple regression equation was generated from

the predictors and criterion variable.

Family Needs (Predicted) =

+ 5.313

– .111 (Income)

+ .822 (Doctoral Degree Dummy)

+ .159 (Bachelor Degree Dummy)

– .444 (Person working for you Dummy)

– .011 (Mother Age)

– .167 (Big City Dummy)

– .080 (Number of Children)

– .594 (Separated Dummy)

+ .571 (Widowed Dummy)

– .071 (Husband's Mother Dummy)

+ .053 (Full Time Dummy)

Table 4.11 Multiple Regression Model Summary for Family Needs according to Korean Mothers' Characteristics

| R | R Square | Adjusted R Square | Std. Error of the Estimate | Change Statistics | | | | | Durbin-Watson |
|---|---|---|---|---|---|---|---|---|---|
| | | | | R Square Change | F Change | Df1 | df2 | Sig. F Change | |
| .321 | .103 | .072 | .556955 | .103 | 3.340 | 11 | 320 | .000 | 1.877 |

Predictors: (Constant), Full Time Dummy, Income, Widowed Dummy, Husband's Mother Dummy, Number of Children, Big City Dummy, Doctoral Degree Dummy, Separated Dummy, Person working for you Dummy, Mother Age, Bachelor Degree Dummy

Dependent Variable: Family Needs

Table 4.11 presented that R = .321 and $R^2$ = .103. The $R^2$ = .103 indicated that 10.3 % of the criterion variable (Family Needs) is attributable to the combined predictor variables. Since the computed *p*-value was .000, the null hypothesis was retained at the .05 significance level (*F* [11, 320] = 3.340). The probability that the observed *R* = .321 would have occurred by chance, if the null hypothesis is true, is less than .05. The conclusion is that the correlation between the criterion variable and the combined predictor variables is different from zero in the population. Therefore, the criterion variable is predictable by combined predictor variables.

Table 4.12 The Coefficients in Regression Equation of Korean Mothers' Characteristics

| | Unstandardized Coefficients | | Standardized Coefficients | T | Sig. | Collinearity Statistics | |
|---|---|---|---|---|---|---|---|
| | B | Std. Error | Beta | | | Tolerance | VIF |
| (Constant) | 5.313 | .307 | | 17.280 | .000 | | |
| Income | -.111 | .027 | -.235 | -4.104 | .000* | .857 | 1.167 |
| Doctoral Degree Dummy | .822 | .332 | .135 | 2.478 | .014* | .949 | 1.054 |
| Bachelor Degree Dummy | .159 | .069 | .133 | 2.316 | .021* | .851 | 1.176 |
| Housemaid Dummy | -.444 | .205 | -.118 | -2.162 | .031* | .942 | 1.061 |
| Mother Age | -.011 | .006 | -.102 | -1.849 | .065 | .927 | 1.079 |
| Big City Dummy | -.167 | .102 | -.088 | -1.632 | .104 | .971 | 1.030 |
| Number of Children | -.080 | .051 | -.085 | -1.577 | .116 | .958 | 1.044 |
| Separated Dummy | -.594 | .570 | -.056 | -1.042 | .298 | .958 | 1.044 |
| Widowed Dummy | .571 | .564 | .054 | 1.012 | .312 | .977 | 1.023 |
| Husband's Mother Dummy | -.071 | .115 | -.033 | -.617 | .538 | .973 | 1.028 |
| Full Time Dummy | .053 | .087 | .033 | .607 | .545 | .941 | 1.063 |

Dependent Variable: Family Needs
* p<.05

Table 4.12 presented the coefficients of predictor variables. The significant predictor variables at the .05 significant level were Income ($p$ = .000), Education (Doctoral Degree Dummy, $p$ = 014; Bachelor Degree Dummy, $p$ = .021), Helping Person for Household (Housemaid Dummy, $p$ = .031). Other predictors were not significant at the .05 significant levels such as Mother Age, City Size (Big City Dummy), Number of Children, Marital Status (Separated Dummy, and Widowed Dummy), Helping Person for Household (Husband's Mother Dummy), and Job Status (Full Time Dummy).

The assumptions for multiple regression were satisfied such as 1) independence: Durbin-Watson statistics = 1.877 ≅ 2 (Table 4.11), 2) normality: bell-shaped histogram of standardized residual scores (Figure 4.3), 3) homoscedasticity: randomly scattered plot of standardized residual scores (Figure 4.4), 4) linearity: randomly scattered plot of standardized residual scores (Figure 4.4), and 5) multicollinearity : tolerance statistics = .857, .949, .851, and .942 > .10; variance inflation factor (VIF) statistics = 1.167, 1.054, 1.176, and 1.061 < 10 (Table 4.12).

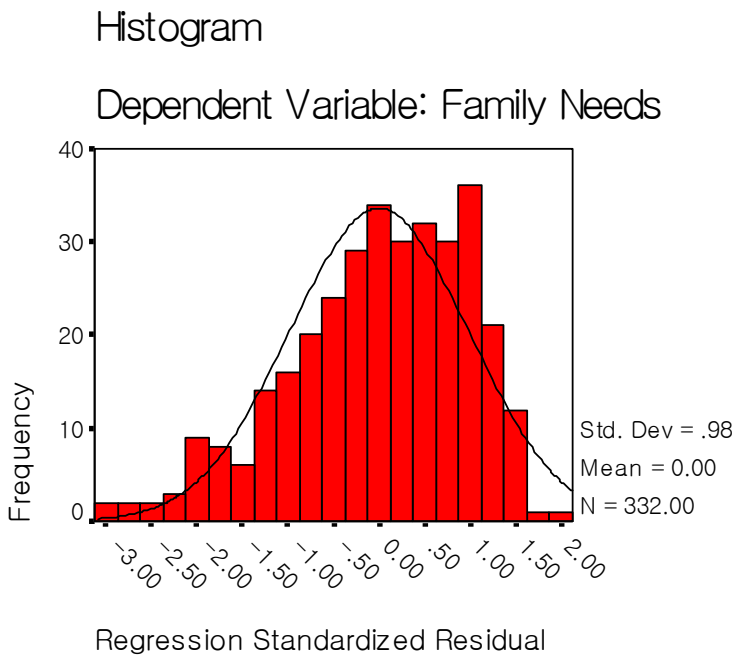


Figure 4.3 The histogram of residual scores in regression model with Korean mothers' characteristics

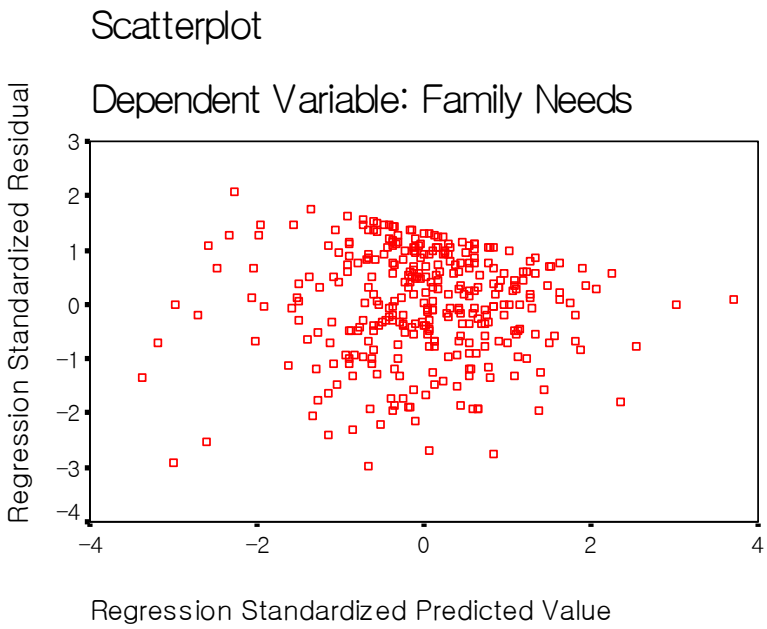


Figure 4.4 The scatterplot of the standardized residual scores in regression model with Korean mothers' characteristics

*Analysis of Variance*. Analysis of variance was applied to examine the effect of Korean mothers' characteristics on family needs. Two variables were identified as the significant one: Income and Number of Children (Table 4.13). The *F*-value of Income variable was 5.044 and $p = .000$, and the *F*-value of the variable of Number of Children was 3.142 and $p = .044$.

For Income, there were statistically significant differences between $50,000 - $75,000 (M = 4.00) and $10,000 - $25,000 (M = 4.37) as well as between $50,000 - $75,000 (M = 4.00) and $25,000 - $50,000 (M = 4.37). For Number of Children, there were statistically significant difference between More than Three (M = 4.11) and One (M = 4.33) as well as More than Three (M = 4.11) and Two (M = 4.30).

Table 4.13 Results of Analysis of Variance for Korean Mothers' Characteristics

| Characteristics | *F*-value | Df | Sig. | |
|---|---|---|---|---|
| Income | 5.044 | (5, 371) | .000 | * |
| Number of Children | 3.142 | (2, 427) | .044 | * |

* $p<.05$

Assumptions for analysis of variance were checked such as 1) Random: unsatisfied due to convenience sampling, 2) independence: satisfied by residual plot (Figure 4.4), 3) normality: unsatisfied due to under 35 observation in one cell at least (central limit theorem), and 4) homogeneity: satisfied in Number of Children (Levene Statistic = 1.777, $p = .170$) and unsatisfied in Income (Levene Statistic = 3.059, $p = .010$).

To answer research questions 3-3, *do perceived family needs differ according to demographic characteristics of Korean-American children with disabilities: gender, age, type of disability, the years receiving the services, and the type of service the child receives?*, multiple regression and analysis of variance were used.

*Multiple Regression.* As for the previous research questions, the predictors were selected by choosing individual significant variables by using simple regression and by choosing the meaningful variables under the author's interest. The following multiple regression equation was established.

Family Needs (Predicted) =

+ 4.134

– .554 (Severe Dummy)

+ .157 (Number of Disabilities)

– .373 (Program HSE Dummy)

– .250 (Developmental Dummy)

+ .144 (Speech Therapy Dummy)

Table 4.14 Multiple Regression Model Summary for Family Needs according to Korean-American Children Characteristics

| R | R Square | Adjusted R Square | Std. Error of the Estimate | Change Statistics | | | | | Durbin-Watson |
|---|---|---|---|---|---|---|---|---|---|
| | | | | R Square Change | F Change | df1 | df2 | Sig. F Change | |
| .502 | .252 | .177 | .543450 | .252 | 3.369 | 5 | 50 | .011 | 2.155 |

Predictors: (Constant), Speech Therapy Dummy, Severe Dummy, Program HSE Dummy, Developmental Dummy, Number of Disabilities
Dependent Variable: Family Needs

Table 4.14 represented that $R$ = .502, $R^2$ = .252, and Adjusted $R^2$ = .177. The Adjusted $R^2$ was used because the number of observations for Korean-American mothers who responded to Korean-American children's characteristics was small compared to the number of predictors used in regression equation (Hinkle, Wiersma, & Jurs, 1998). In the case with a small number of observation and numerous predictors, the $R$ of the sample was not representative the $R$ of population. Usually, $R$ of sample is larger than $R$ of population. Therefore, the Adjustment $R^2$ is used to get a better estimation of the population $R^2$.

The Adjusted $R^2$ = .177 indicated that approximately 17.7 % of the criterion variable (family needs) was attributable to the combined predictor variables. Since the computed $p$-value was .011, the null hypothesis was rejected at the .05 significance level ($F$ [5, 50] = 3.369). The probability that the observed $R$ = .502 would have occurred by chance, if the null hypothesis was true, was less than .05. Hence, it was concluded that there is correlation between the criterion variable (family needs) and the combined predictor variables. Therefore, the criterion variable (family needs) was predicted by combined predictor variables.

Table 4.15 The Coefficients in Multiple Regression Equation of Korean-American Children's Characteristics

| | Unstandardized Coefficients | | Standardized Coefficients | T | Sig. | Collinearity Statistics | |
|---|---|---|---|---|---|---|---|
| | B | Std. Error | Beta | | | Tolerance | VIF |
| (Constant) | 4.134 | .196 | | 21.063 | .000 | | |
| Severe Dummy | -.554 | .176 | -.404 | -3.137 | .003* | .903 | 1.107 |
| Number of Disabilities | .157 | .068 | .336 | 2.311 | .025* | .707 | 1.415 |
| Program HSE Dummy | -.373 | .178 | -.278 | -2.099 | .041* | .851 | 1.176 |
| Developmental Dummy | -.250 | .162 | -.208 | -1.548 | .128 | .825 | 1.212 |
| Speech Therapy Dummy | .144 | .162 | .114 | .893 | .376 | .924 | 1.082 |

Dependent Variable: Family Needs
* p<.05

Table 4.15 offered the coefficients in multiple regression equation of Korean-American children's characteristics. According to the Table 4.15, significant predictors were Degree of Disability (Severe Dummy, $p = .003$), Number of Disability ($p = .025$), and Education Program (Program High School Education, $p = .041$). Other variables were not significant such as Any Type of Disability (Developmental Dummy), and Type of Therapy (Speech Therapy Dummy).

The assumptions for multiple regression were satisfied such as 1) independence: Durbin-Watson statistics = 2.155 ≅ 2 (Table 4.14), 2) normality: bell-shaped histogram of standardized residual scores (Figure 4.5), 3) homoscedasticity: randomly scattered plot of standardized residual scores (Figure 4.6), 4) linearity: randomly scattered plot of standardized residual scores (Figure 4.6), and 5) multicollinearity : tolerance statistics = .903, .707, and .851 > .10; variance inflation factor (VIF) statistics = 1.107, 1.145, and 1.176 < 10 (Table 4.15).

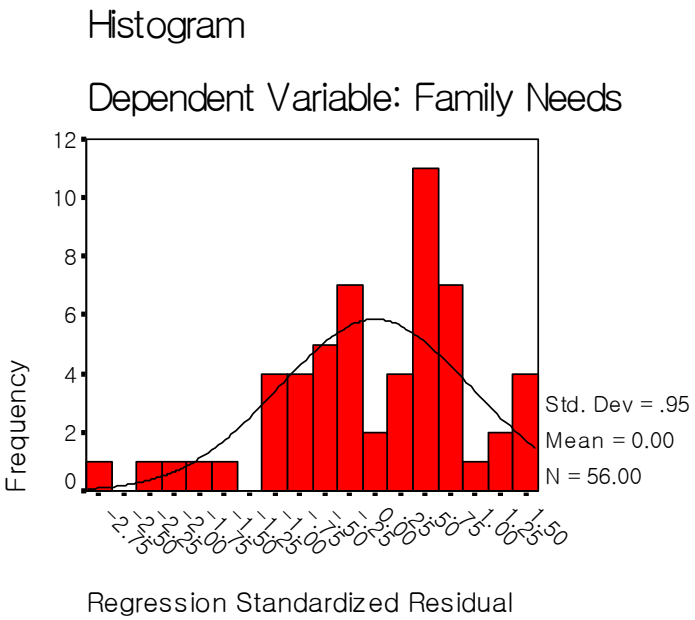


Figure 4.5 The histogram of residual scores in regression model with Korean-American children's characteristics

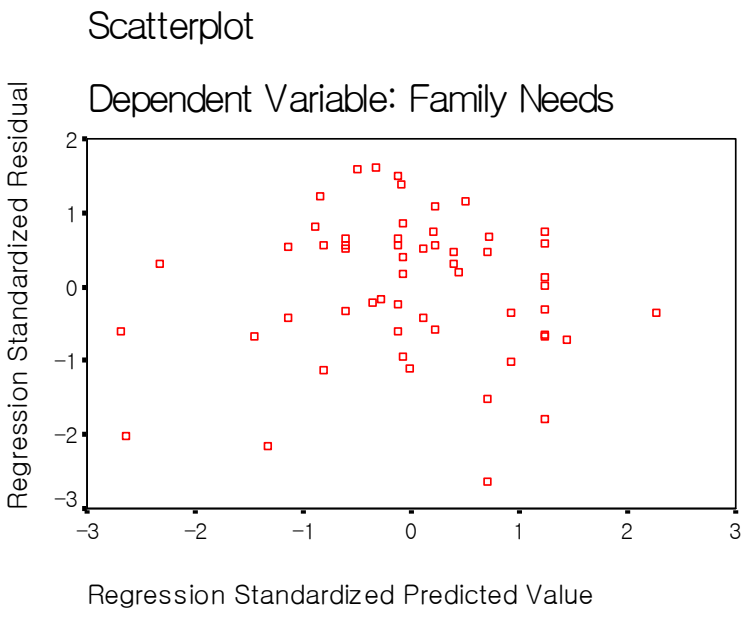


Figure 4.6 The scatterplot of the standardized residual scores in regression model with Korean-American children's characteristics

*Analysis of Variance*. In order to figure out the variance affecting family needs among Korean-American children characteristics, analysis of variance was also conducted. There was no significant variable in Korean-American children's characteristics affecting on family needs.

To answer research questions 3-4, *do perceived family needs differ according to demographic characteristics of Korean children with disabilities: gender, age, type of disability, the years receiving the services, and the type of service the child receives?,* multiple regression analysis of variance were used.

*Multiple Regression*. Two methods were used to select predictor variables in the process determining the regression model for the perceived needs of Korean children's characteristics by choosing individual significant variables by using simple regression method and by choosing the meaningful variables under author's interest. The following regression equation was generated.

Family Needs (Predicted) =

+ 4.356

+ .269 (Very Severe Dummy)

– .019 (Years of Service)

– .351 (Mild Dummy)

+ .453 (Main Emotional Dummy)

– .148 (Child Sex Dummy)

+ .124 (Occupational Therapy Dummy)

– .184 (Main Learning Dummy)

+ .018 (Number of Disabilities)

+ .174 (Program EI Dummy)

+ .171 (Very Mild Dummy)

Table 4.16 Multiple Regression Model Summary for Family Needs according to Korean Children's Characteristics

| R | R Square | Adjusted R Square | Std. Error of the Estimate | Change Statistics | | | | | Durbin-Watson |
|---|---|---|---|---|---|---|---|---|---|
| | | | | R Square Change | F Change | df1 | Df2 | Sig. F Change | |
| .378 | .143 | .118 | .516535 | .143 | 5.798 | 10 | 348 | .000 | 2.054 |

Predictors: (Constant), Very MIld Dummy, Number of Disabilities, Child Sex Dumy, Years of Service, Very Severe Dummy, Mild Dummy, Main Learning Dummy, Occupational Therapy Dummy, Main Emotional Dummy, Program EI Dummy
Dependent Variable: Family Needs

$R$ = .378 and $R^2$ = .143. The $R^2$ = .143 implied that approximately 14.3 % of the criterion variable (Family Needs) is attributable to the combined predictor variables. Since the computed *p*-value was .000, the null hypothesis was rejected at the .05 significance level ($F$ [10, 348] = 3.598). The probability that the observed $R$ = .378 would have occurred by chance, if the null hypothesis is true, is less than .05. The conclusion is that the correlation between the criterion variable (family needs) and the combined predictor variables is not zero in the population. Therefore, the criterion variable is predictable by combined predictor variables.

Table 4.17 The Coefficients in Multiple Regression Equation of Korean Children's Characteristics

| | Unstandardized Coefficients | | Standardized Coefficients | t | Sig. | Collinearity Statistics | |
|---|---|---|---|---|---|---|---|
| | B | Std. Error | Beta | | | Tolerance | VIF |
| (Constant) | 4.356 | .081 | | 53.729 | .000 | | |
| Very Severe Dummy | .269 | .070 | .196 | 3.819 | .000* | .937 | 1.068 |
| Years of Service | -.019 | .006 | -.154 | -3.045 | .003* | .969 | 1.032 |
| Mild Dummy | -.351 | .128 | -.139 | -2.743 | .006* | .953 | 1.049 |
| Main Emotional Dummy | .453 | .182 | .129 | 2.495 | .013* | .923 | 1.084 |
| Child Sex Dummy | -.148 | .061 | -.123 | -2.417 | .016* | .949 | 1.054 |
| Occupational Therapy Dummy | .124 | .062 | .101 | 1.977 | .049* | .936 | 1.068 |
| Main Learning Dummy | -.184 | .150 | -.063 | -1.232 | .219 | .950 | 1.053 |
| Number of Disabilities | .018 | .017 | .053 | 1.054 | .293 | .960 | 1.041 |
| Program EI Dummy | .174 | .322 | .029 | .541 | .589 | .868 | 1.153 |
| Very Mild Dummy | .171 | .325 | .028 | .527 | .599 | .850 | 1.177 |

Dependent Variable: Family Needs
* p<.05

Table 4.17 introduced the information for coefficients of predictor variables. The significant predictor variables at the .05 significant level were Degree of Disability (Very Severe Dummy, $p$ = .000; Mild Dummy, $p$ = .006), Years of Service ($p$ = .003), Main Type of Disability (Main Emotional Dummy, $p$ = .013), Child Gender (Child Sex Dummy, $p$ = .016), and Type of Therapy (Occupational Therapy Dummy, $p$ = .049). Other predictor variables were not significant such as Main Type of Disability (Main Learning Dummy), Number of Disability, Education Program (Program Early

Intervention Dummy), and Degree of Disability (Very Mild Dummy).

The assumptions for multiple regression were satisfied such as 1) independence: Durbin-Watson statistics = 2.054 ≅ 2 (Table 4.17), 2) normality: bell-shaped histogram of standardized residual scores (Figure 4.7), 3) homoscedasticity: randomly scattered plot of standardized residual scores (Figure 4.8), 4) linearity: randomly scattered plot of standardized residual scores (Figure 4.8), and 5) multicollinearity : tolerance statistics = .937, .969, .953, .923, .949, and .936 > .10; variance inflation factor (VIF) statistics = 1.068, 1.032, 1.049, 1.084, 1.054, and 1.068 < 10 (Table 4.18).

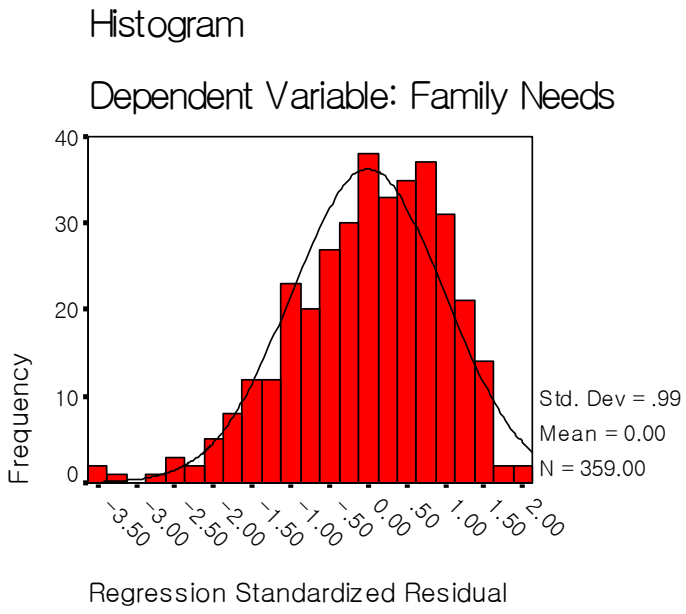


Figure 4.7 The histogram of residual scores in regression model with Korean children

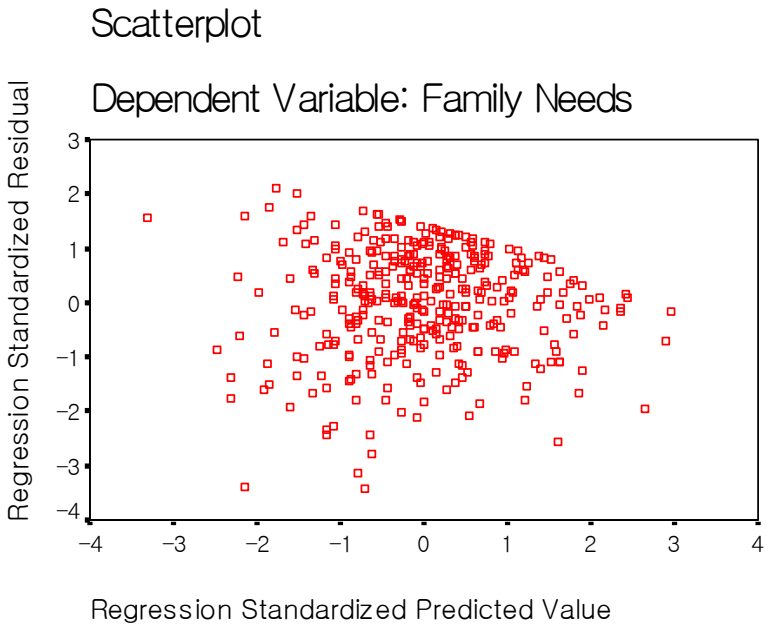


Figure 4.8 The scatterplot of the standardized residual scores in regression model with Korean children

*Analysis of Variance*. Analysis of variance was also applied to identify the difference of family needs according to Korean Children demographic characteristics. The significant variables in Korean children's characteristics affecting on family needs were Child Age, Education Program, Main Type of Disability, Degree of Disability, and Number of Therapy (Table 4.18). The F-values were 4.239, 3.358, 2.594, 7.510, and 4.169 respectively. And the significance values were $p$ = .015, $p$ = .010, $p$ = .013, $p$ = .000, and $p$ = .016 respectively.

For Child Age, there was a statistically significant difference between 6 to 12 (M = 4.36) and 13 to 18 (M = 4.20). For Education Program, there were statistically significant differences between High School (M = 4.11) and Preschool (M = 4.41) as well as between High School (M = 4.11) and Elementary School (M = 4.32). For Main Type of Disability were statistically significant differences between Learning Disabilities (M = 3.91) and Emotional Disturbance (M = 4.63) as well as Learning Disabilities (M = 3.91) and Physical Impairment (M = 4.61). For Degree of Disability, there were statistically significant differences between Severe (M = 3.91) and Very Severe (M = 4.57) as well as between Severe (M = 3.91) and Mild & Very Mild (M = 4.43). For Number of Therapy, there was statistically significant difference between None (M = 4.19) and One (M = 4.34).

Table 4.18 Results of Analysis of Variance for Korean Children's Characteristics

| Characteristics | *F*-value | Df | Sig. | |
|---|---|---|---|---|
| Child Age | 4.239 | (2, 430) | .015 | * |
| Education Program | 3.358 | (4, 413) | .010 | * |
| Main Type of Disability | 2.594 | (7, 404) | .013 | * |
| Degree of Disability | 7.510 | (3, 424) | .000 | * |
| Number of Therapy | 4.169 | (2, 409) | .016 | * |

* $p$<.05

Assumptions for analysis of variance were checked such as 1) Random: unsatisfied due to convenience sampling, 2) independence: satisfied by residual plot (Figure 4.8), 3) normality: unsatisfied due to under 35 observation in one cell at least (central limit theorem), and 4) homogeneity: satisfied only in Main Type of Disability (Levene Statistic = 1.327, $p$ = .236).

Table 4.19 presented the Statistically significant demographic characteristics predicting Family Needs of Korean-American and Korean mothers and children.

Table 4.19 Statistically Significant Demographic Characteristics Predicting Family Needs

| Korean-American | Korean |
|---|---|
| Mothers' Characteristics: | Mothers' Characteristics: |
| English Skill (Good English): – | Income: – |
| City Size (Big City): + | Education Level (Doctoral & Bachelor): + |
| | Helping Person for Household (Housemaid): – |
| Children's Characteristics: | Children's Characteristics: |
| Degree of Disability (Severe): – | Child Gender: – |
| Number of Disability: + | Degree of Disability (Severe): + |
| Education Program (High School): – | Main Type of Disability: + |
| | Years of Service: – |

+: more needs, –: less needs

*Summary*

The result for the first research question was that Korean-American mothers perceived slightly lower needs than Korean mothers. In addition, the most and the least

needs among sub-categories of family needs were the similar between Korean-American and Korean mother; the most need was information and the least need was explaining to others.

The results of the second research question was that there was no significant difference in perceived family needs and perceived sub-categories of family needs between Korean-American and Korean mothers.

The result of the third research question was that there were significant demographic characteristics related to perceived family needs of Korean-American mothers as well as Korean mothers.

In Korean-American mothers' perceived needs, the demographic characteristics was significantly related to Korean-American mothers' perceived needs. The specific significant predictors were English Skill, City Size, Degree of Disability, Number of Disability, and Education Program. Especially, Good English in English Skill, Big City in City Size, Severe in Degree of Disability, and High School in Education Program were the predictors.

In Korean mothers' perceived needs, the demographic characteristics was significantly related to Korean mothers' perceived needs. The specific significant predictors were Income, Education Level, Helping Person for Household, Number of Children, Child Gender, Child Age, Degree of Disability, Main Type of Disability, Education Program, Years of Service, Type of Therapy, and Number of Therapy. Especially, Doctoral and Bachelor Degree in Education Level, Housemaid in Helping Person for Household, Severe in Degree of Disability, and High School in Education Program were significant predictors for Family Needs.

Two similar significant variables predicting family needs of Korean-American and Korean were found: Degree of Disability (Severe) and Education Program (High School) (Table 4.20).

# CHAPTER 5

# Discussion

## *Introduction*

In this chapter, the results of the study are discussed after this study's purpose and results are introduced. Interpretation of the study is presented for each research question. The results are explained in detail and the results of this study are compared with existing literature in the interpretation section. Then, recommendations, limitations, and future studies are presented. .

The purpose of this study was to identify the needs of Korean-American families and Korean families of children with disabilities by determining Korean-American mothers and Korean mothers' perception of family needs related to their children with disabilities aged birth to 18.

The results of the study were that 1) Korean-American mothers perceived slightly lower needs than Korean mothers, 2) both Korean-American and Korean mothers reported Information as the highest need and Explaining to Others as the lowest need, 3) there was not a statistically significant difference of family needs overall between Korean-American and Korean mothers, 4) there was no statistically significant difference of sub-categories of family needs between Korean-American and Korean mothers, 5) the significant predictor variables in Korean-American mothers' characteristics were English Skill and City Size, 6) the significant predictor variables in Korean mothers' characteristics were Income, Education Level, Helping Person for Household, and Number of Children, 7) the significant predictor variables in Korean-American

children's characteristics were Degree of Disability, Number of Disability, and Education Program, and 8) the significant predictor variables in Korean children's characteristics were Child Gender, Child Age, Degree of Disability, Main Type of Disability, Education Program, and Years of Service.

## *Interpretation*

### *Research Question 1*

The research question 1 consisted of two sub-questions: 1) *how do Korean-American and Korean mothers of children with disabilities perceive their family needs?*, and 2) *what are the most and least family needs of Korean-American and Korean mothers of children with disabilities perceive among information, family and social support, financial, explaining to others, child care, professional support, and community support?*

The results of the research question 1 answered by descriptive statistics are that 1) Korean-American mothers perceived slightly lower family needs than Korean mothers, and 2) both Korean-American and Korean mothers reported Information as the highest need and Explaining to Others as the lowest need.

The statistical result that Korean-American mothers perceived slightly lower needs than Korean mothers is inconsistent with the previous research (Reyes-Blanes, Correa, & Bailey, 1999). The previous research compared the needs of Latino families living in Florida to those of Puerto Rico. According to the descriptive statistic result of the research, Latino-American mothers reported slightly more needs than Latino families residing in their native country. However, both this study and the previous research were

not statistically significant; the significance test to identify difference of family needs between Korean-American and Korean mothers was conducted in research question 2-1. The interpretation of this is that Korean laws related to disability issues has been developed similar to those of the USA, and the special education system has been enhanced by the developing law, thus Korean mothers of children with disabilities may expressed the same degree of family needs as Korean American mothers.

When the scores for sub-categories of family needs were compared, both Korean-American mothers and Korean mothers reported that their highest need was for Information. Their lowest need was Explaining to Others.

The result of Information as the most need adds to the existing literature on family needs. It has been reported that mothers and fathers of children with disabilities definitely wanted information about disability issues (Bailey & Simeonsson, 1988). Latino families of young children with developmental disabilities also reported the most commonly perceived needs were in the information category (Bailey, Skinner, Correa, Arcia, Reyes-Blanes, Rodriguez, Vazquez-Montilla, & Skinner, 1999). The research comparing Latino and Euro-American parents of children with special health care needs reported that Latino families perceived the need for more information as an unmet need (Gannotti, Kaplan, Handwerker, & Groce, 2004). The research targeting 422 parents or other significant caregivers of young children with special needs also reported that the need for information was as the greatest need (Bailey, Blasco, & Simeonsson, 1992). The research targeting children with special health care needs from 0 to 17 on a central Midwest region reported information was the most frequently identified need (Farmer, Marien, Clark, Sheman, & Selva, 2004). As a minority in the United States, mothers may have perceived

Information as their greatest need because of their caregiver responsibilities. Gathering information about disability issues is important because this information can give the mother knowledge to properly manage her child with a disability and to obtain appropriate services for the child. Service providers or school system managers are expected to provide useful information about such issues as the developmental process, education options for children, managing play or conversation with children, handling child's behaviors, the child's condition or disability, and available services that are crucial for raising a child with disability. The need for information also may have been influenced by language factors. Korean-Americans face even harsher situations than, for example, Latino mothers in that their mother language is much more different from English than Spanish. Therefore, getting information is very limited if Korean-American mothers cannot speak English fluently.

The result of Explaining to Others as the least need was not found in the previous research. Explaining to Others as the least perceived need can be interpreted in the perspective of a question of "face" (negative social recognition). Parents may feel that they lose face if they acknowledge that their child has a disability to other people such as grandparents, neighbors, and friends. They may be reluctant to explain their child's disability to others. As this concept is related to the Korean culture both in the United States and Korea, Korean-American and Korean mothers may see Explaining to Others as the least need.

*Research Question 2*

The research question 2 was composed of two sub questions: 1) *is there a difference in perceived family needs between Korean-American and Korean mothers?*, and 2) *is there a difference in perceived family needs between Korean-American and Korean mothers with respect to information, family and social support, financial, explaining to others, child care, professional support, and community support?*

Although the descriptive statistic results of research questions 1 showed that Korean-American mothers perceived slightly lower needs than Korean mothers, the inferential statistic results revealed this difference was not statistically significant. This result is consistent with previous research on family needs comparing Latino residing Florida, United States and residing in Puerto Rico that found no relationship between the expressed family needs and place of residence (Reyes-Blances, Correa, & Bailey, 1999).

Reyes-Blances, Correa, and Bailey (1999) expected that mothers residing in Puerto Rico would express more needs because of "inequalities in the implementation of special education law and weaknesses in government assistance programs" in Puerto Rico. Similarly, Korean mothers were expected to perceive more needs than Korean-American mothers did, because Korean-American mothers reported receiving more practical support than Korean mothers (Cho, Singer, & Brenner, 2000). It can be said that quality of special education, laws related to disability, and social context of Korean-American families is more beneficial than those of Korean families. However, both Korean-American and Korean mothers reported a similar degree of family needs. This can be related to the fact that the Korea government has made an effort to improve the legal system for special education. For example, the Korean government recently added

laws incorporating infants and toddlers with disabilities into the special education system, and separating autism from the category of emotional disturbance. This kind of effort of the Korean government should result in better Korean special education system reducing needs of Korean families of children with disabilities. This trend may affect the perceived needs of Korean mothers. For example, the mothers of infants and toddler with disabilities could not get any early intervention in public education system until now. However, by establishing the laws covering infants and toddlers with disabilities, early intervention services targeting infants and toddlers can be provided through public education system.

*Research Question 3*

The research question 3 included four sub-questions: 1) *do perceived family needs differ according to the demographic characteristics of Korean-American mothers: age, residence location, marital status, educational level, job status, and household annual income, spoken language, supporters, and number of children?*, 2) *do perceived family needs differ according to the demographic characteristics of Korean mothers: age, residence location, marital status, educational level, job status, and household annual income, spoken language, supporters, and number of children?*, 3) *do perceived family needs differ according to demographic characteristics of Korean-American children with disabilities: gender, age, type of disability, the years receiving the services, and the type of service the child receives?*, and 4) *do perceived family needs differ according to demographic characteristics of Korean children with disabilities: gender, age, type of disability, the years receiving the services, and the type of service the child receives?*

*Korean-American mothers' characteristics.* The results showed that several demographic characteristics of mothers predicted the perceived family needs of Korean-American mothers. The mothers' characteristics as predictor variables for family needs were English Skill and City Size.

English Skill was a predictor variable for the perceived family needs of Korean-American mothers. The mothers with good English skill expressed less needs. This result is consistent with the previous research for Latino families of young children with developmental disabilities reporting low English proficiency was related to higher needs for some subscales such as Family and Social Support, Community Support, and Explaining to Others (Bailey, Skinner, Correa, Arcia, Reyes-Blanes, Rodriguez, Vazquez-Montilla, & Skinner, 1999). English skill is an important ability to live in the USA as minority ethnic groups who speak English as a second language. If a mother is good at English, she can get more valuable information for her children with disabilities. In addition, mothers with good English skill can insist their right in school without hesitation, and can make good relationship with teachers of their children. By getting useful information, finding their right in school, and making good relationship with school teachers, the family needs of the mothers of children with disabilities may be lessened.

The City Size was another predictor variable for the perceived family needs of Korean-American mothers. The mothers living in a big city perceived more needs than those in smaller cities. This result was consistent with the previous research indicating that urban families with children with hearing impairments expressed more needs than

rural families of children with developmental disabilities in China (Chen & Simeonsson, 1994). According to another previous study with the same result reporting the needs of the parents of children with special health care needs living in a central Midwest region, parents living in a metropolitan area perceived greater family needs than in a more rural location (Farmer, Marien, Clark, Sheman, & Selva, 2004). On the contrary, the result was inconsistent with another previous research study targeting African-American and European-American mothers of children with disabilities (Darling & Gallagher, 2004). The research reported that there was no statistically significant difference in any subscales of family needs between mothers living in urban and living in rural. Possible interpretation is that social network, job source, and information about disability issues are generally abundant in a big city, thus, families of children with disabilities living in a big city generally have less family needs. However, minority ethnic groups having more needs due to children's disabilities such as Korean-American tend to gather in big cities with resources for their children. Therefore, these Korean-American living in a big city may report more needs. It could be an inverse causality which means minority family with high family needs move to a big city rather than abundant resources in a big city lowers family needs.

*Korean mothers' characteristics.* Korean mothers' characteristics as predictor variables for the perceived family needs of Korean mothers were Income, Education Level (Doctoral and Bachelor), Helping Person for Household (Housemaid), and Number of Children.

Income was a predictor variable for the perceived family needs of Korean mothers. The mothers with more income expressed less family needs. This result is consistent with the previous research reporting low-income mothers indicated more financial needs than mothers with middle or upper incomes (Bailey, Blasco, & Simeonsson, 1992). The interpretation is that the high income families can offer various support for mothers of children with disabilities such as a housemaid for household, a driver for mobility, and a personal therapist for their children. These kinds of supports can lessen family needs of mothers of children with disabilities.

Whether the Korean mothers of children with disabilities have a Helping Person for the Household or not was a predictor variable for the perceived family needs. Having a Housemaid was specifically was a predictor variable for the family needs of Korean mothers of children with disabilities among the categories of husband's father, husband's mother, wife's father, wife's mother, housemaid, baby sitter, and friends, extended family members, friends, housemaids, and baby sitters. The mothers having a housemaid expressed less family needs in this study, which is different from the previous research reporting support from extended family members and spouse as major supporters (Cho, Singer, & Brenner, 2000). In general, a housemaid lessens the mother's burden to take care of her children resulting in less family needs. Therefore, whether a housemaid exists or not can be a significant predictor variable to reduce family needs.

For Number of Children, there were statistically significant differences between More than Three and One as well as More than Three and Two. The mothers with more than three children expressed less needs than mother with one or two. A larger number of children usually increase the mother's burden and family needs because the mother must

take care of not only her child with disabilities but also his/her siblings. However, the result of the study was opposite. It could be interpreted that the siblings can be helpers in taking care of the child with disabilities. That is, the siblings share the mother's house chores and give direct assistance for his/her sibling with disabilities. Thus, the mother with more children may perceive less needs. Although previous research specifically investigating the impact of Number of Children on family needs was not found, the research on birth order (Bailey, Blasco, & Simeonsson, 1992) reported that parents of first-born children perceived more needs than parents already having other children.

Education Level was another predictor variable for the family needs the Korean mothers perceived. Specifically, Bachelor and Doctoral Degree were predictor variables for the family needs. The mothers with a doctoral degree or bachelor degree expressed more needs. This result is inconsistent with the previous research (Reyes-Blanes, Correa, & Bailey, 1999). The mothers receiving higher education such as bachelor and doctoral degree can collect information for disability issues and effectively apply the information to their children with disabilities. Thus, the mothers with higher education generally expressed less needs. However, the result of this study revealed the opposite; the mothers with higher education reported more needs. This can be interpreted that the highly educated mothers tend to suffer from their children with disability due to social recognition like losing face for disability her child possesses; Research has found that Asian people generally and customarily recognize 'disability' as punishment for their 'sin'.

*Korean-American children's characteristics.* The results showed the perceived family needs of Korean-American mothers were predicted by several demographic characteristics of children: Degree of Disability, Number of Disability, and Education Program.

Degree of Disability (specifically Severe Degree) was a predictor variable for the family needs of Korean-American mothers. The mothers of children with severe disabilities reported less needs than the mothers of children with moderate and mild disabilities. This result is inconsistent with the previous research reporting mothers having children with more severe disabilities expressed higher levels of needs (Reyes-Blanes, Correa, & Bailey, 2000). Another inconsistent study revealed that the mothers of children with less severe disabilities expressed lower needs in the subscale of Explaining to Others. The interpretation is that Korean-American parents believing the disabilities their children are a divine plan of God (Cho, Singer, & Brenner, 1999) may perceive fewer needs although their children have a more severe degree of disability.

Number of Disability was a predictor variable for the perceived needs of Korean-American mothers of children. Mothers reporting that their children had a greater number of disabilities expressed more needs. When the child has multiple disabilities, the mother is generally more burdened in caring for her child. For example, a mother of a child having only hearing impairment can easily manage the situation by using sign language.

Education Program was a predictor variable for the family needs of Korean-American mothers. The mothers of high school children with disabilities reported less needs than mothers with younger children. This result is consistent with previous research (Park, 2001) that reported when the school stage of children with disabilities was

lower, the children's mothers expressed greater needs. The interpretation was that the Korean mothers of children with disabilities attending high schools may have less needs because the children have received education for a long time and their needs have been met. At this stage mothers would be more familiar and comfortable dealing with teachers and other education personnel. Mothers also have had a longer time to adapt to having a child with a disability. For example, the parents of children in kindergarten stage expressed more interest in resolving problems through family members' involvement in taking care of children with disabilities (Park, 2001).

*Korean children's characteristics.* Korean children's characteristics had an impact on the perceived family needs of Korean mothers. The variables were Gender, Age, Degree of Disability (severe), Main type of Disability, Education Program (High School), and Years of Service.

Child Gender was a predictor variable for the family needs of Korean mothers. Mothers with girls expressed less needs than mothers with boys. This result is inconsistent with the previous research reporting there was no relationship (Farmer, Marien, Clark, Sheman, & Selva, 2004). This can be interpreted from the preference of a boy in Korean culture. For example, if the child with disabilities is a boy, the family members may be disappointed much more than if the child is a girl because Korean people tend to think a boy would be a master of household.

For Child Age, there was a statistically significant difference between 6 to 12 and 13 to 18. The mothers of children aged 6 to 12 perceived more family needs than the mothers of children aged 13 to 18. This result is consistent with previous research that

reported that married couples of older children expressed lower family needs in the sub-categories of Financial and Child Care (Bailey, Skinner, Correa, Arcia, Reyes-Blanes, Rodriguez, Vazquez-Montilla, & Skinner, 1999) reporting that married couples of older children expressed lower family needs in the sub-categories of Financial and Child Care. On the contrary, this result is inconsistent with another previous research reporting there is no relationship between child age and family needs (Bailey, Blasco, & Simeonsson, 1992; Reyes-Blanes, Correa, & Bailey, 1999; Farmer, Marien, Clark, Sheman, & Selva, 2004). It can be interpreted that the mothers with more experience raising children with disabilities may perceive less family needs because they learned how to deal with matters related to disability issues.

Degree of Disability (specifically Severe Degree) was a predictor variable of the family needs of Korean mothers. The more severe the disability, the more needs were perceived. This result is consistent with previous research reporting mothers having children with severe disabilities who expressed higher levels of needs (Reyes-Blanes, Correa, & Bailey, 1999). There are several possible interpretations for Degree of Disability. The burden mothers endure becomes larger if their child's degree of disability is more severe. Thus, if a child has a severe degree of disability, his/her mother can perceive more family needs. In addition, Korean mothers may have more perceived family needs when their child's degree of disability is severe because Koreans consider disabilities as resulting from mistakes in early parenting (Cho, Singer, & Brenner, 2000). For example, if a mother delivers a child with a severe degree of disability, the mother surmises she made mistakes during her pregnancy. Thus, she may need psychological support.

Main Type of Disabilities was a predictor variable of the family needs of Korean mothers. Specifically, mothers of children with Emotional Disturbance expressed more family needs than mothers of children with other disabilities. This result is inconsistent with the previous research that reported although family needs of mothers according to child's disability showed statistically significant difference, the differences among total score means were not large (Bailey, Blasco, & Simeonsson, 1992). The research also suggested that this difference had limited clinical significance. The influence of Main Type of Disabilities on family needs can be interpreted in the perspective of a stereotype attitude toward disability. For example, in Korean culture, meeting the blind in the morning may cause an unlucky event later in the day (Lee & Park, 2006). In addition, the impact of Emotional Disturbance on family needs can be interpreted differently. If the degree of disability is not severe, the child with Emotional Disturbance can be educated in an inclusion education class with normal children. In this case, the mothers of children with Emotional Disturbance can compare their children with other normal children. In stressful situations comparing their children to normal children, the mothers could express more family needs.

For Education Program, there were statistically significant differences between High School and Preschool as well as between High School and Elementary School. The mothers of children attending preschools and elementary schools expressed more needs than mother of children in high schools. The mothers of children in preschools and elementary schools have less experience raising the children with disabilities, and have fewer coping strategies for disability issues than mothers of high school children with disabilities.

Years of Service was a predictor variable of the family needs of Korean mothers. The mothers of children with more service years expressed less family needs. The Years of Service is very closely related to Education Program. The high school students have more years of service because of early introduction to services in their childhood. Therefore, Years of Service can be interpreted in a similar way to Education Program. That is, the mothers of children with more service years may have more experience for disability issues and adaptation in taking care of children with disabilities.

*Comparing Korean-American to Korean Mothers*. Degree of Disability and Income were important variables in this study when comparing needs of Korean-American and Korean mothers.

Degrees of Disability influenced family needs of Korean-American and Korean mothers in opposite ways. Korean-American mothers of children with a severe degree of disability expressed less family needs. On the contrary, Korean mothers of children with a severe degree of disability expressed more needs. Public embarrassment due to disability is more prevalent in Korean mothers and they experience signs of public embarrassment and displeasure when strangers stare at their children with disabilities (Cho, Singer, & Brenner, 2000). Therefore, this negative attention to the severe degree of disability may cause more family needs in Korean mothers. On the contrary, Korean-American mothers reported that they perceived less stress due to the uncommon appearance and behavior problems of their children with disabilities. Moreover, Korean-American mothers reported that non-Koreans in the United States accepted individuals

with disabilities without reluctance because they possessed more knowledge about disability issues than native Koreans (Cho, Singer, & Brenner, 2000).

Though Income did not influence family needs of Korean-American mothers, Korean mothers with a high level of income in this study reported less family needs. This discrepancy between Korean-American and Korean mothers can be explained by the difference of formal social support between the United States and Korea. According to Cho, Singer, and Brenner (2000), formal social support by paid professionals facilitated family functioning of Korean-American families; Korean-American parents were provided with free public education and school bus services for children with disabilities. Therefore, Korean-American mothers in the United States receiving these social services may not perceive family income as a factor in identifying family needs. In contrast, Korean families of children with disabilities expend a large portion of household income on education programs (Cho, Singer, & Brenner, 2000), and this lessens their family needs. Accordingly, parents with low levels of income may perceive more family needs due to the lack of money for their children's education in the Korean special education system.

## *Recommendation*

### *Families of Children with Disabilities*

According to literature, Korean-American families appreciate the United States for its perception of individuals with disabilities, special education system, and social benefit from the United States government (Cho, Singer, & Brenner, 2000). In this study,

Korean-American mothers living in the United States had fewer family needs when they were skilled in English proficiency. Therefore, it is recommended that Korean-American parents should develop their English speaking skills by attending English as a second language programs provided by the community or use the free language programs offered by community churches.

Asian-Americans experience language barrier not only with Americans but also with other Asian-Americans (Choi & Wynne, 2000) because each culture in Asian countries is unique in language, lifestyle, custom, value, and tradition (Park, Turnbull, & Park, 2001). Asian-Americans may feel like a minority within a minority which makes it difficult to share information related to disabilities. This can increase the needs of Asian-American families of children with disabilities. Therefore, it is recommended for Korean-American families to try to unite with other Asian ethnic groups and socialize with Asian-American families of children with disabilities.

According to the literature, Korean-American parents of children with disabilities reported more social support from extended families than Korean parents did (Shin, 2002; Cho, Singer, & Brenner, 2000). This can be explained due to the fact that Korean mothers residing in Korea are trapped in the geographic segregation from their parents and extended relatives (Shin, 2002). On the contrary, each member of Korean-American extended families is likely to be tied closely to the Korean-American community. Thus Korean-American parents may get support more easily from extended family members than Korean parents. To continue to receive support form the community, it is recommended that Korean-American families of children with disabilities maintain a close relationship with extended family members and the community at large, and that

Korean families seek out extended family members and members of their local community to support than in raising their child with disability.

*Early Intervention, Special Education Programs, and School System*

According to this study, the needs of Korean families of children with disabilities were related to household income. The more household income, the less family needs. Researchers have found that the greatest need that Korean families perceived was the needs for educational institutes (Lee, 2004); Korean families of children with disabilities tend to spend large amounts of money for educating children with disabilities (Cho, Singer, & Brenner, 2000). Therefore, Korean families having much concern for education for their children with disabilities may encounter a financial burden of providing appropriate education. It is recommended that free education for children with disabilities should be provided in Korea to reduce financial needs of families.

For Korean families, early intervention for zero to three was not yet implemented at the time of this study. Early intervention is essential in that early screening of young children with disabilities leads to earlier intervention and education. Thus, early intervention plays a key role in reducing later disability in at-risk children. Recently, the Korean government established a law establishing programs for infants and toddlers with disabilities. It is imperative that this early intervention program be fully funded and advertised so that families can access the program early in their child's life. To ensure high quality early intervention program, it is recommended that professionals in the Korean school systems investigate Western countries' early intervention programs with a relatively long history. By choosing appropriate early intervention programs in Western

countries as a model, and adapting the programs to the Korean culture, the professionals can develop efficient and effective early intervention systems.

For Korean-American families, it is recommended that early interventionists, special education teachers, and counselors use translators when communicating with families with limited English skills. This study showed that having good English skills reduced family needs. This result has been found in studies of school systems where working with translators was found helpful in reducing family needs (Park, Turnbull, & Park, 2001). In addition, it is also recommended that the special education systems in the United States employ bilingual early interventionists, special education teachers, and counselors. Hispanic ethnic families of children with disabilities reported the desire for bilingual special educators (Torres-Burgo, Reyes-Wasson, & Brusca-Vega, 1999). In the same way, many Korean-American families need bilingual professionals who lessen their needs resulting from language barriers.

Both Korean-American families and Korean families indicated that they need more information about disability issues. Family support professionals should provide information related to various disabilities. For example, Hispanic parents reported that they need formal programs to provide in-home assistance for their children (Torres-Burgo, Reyes-Wasson, & Brusca-Vega, 1999); Korean mothers reported that they want an after school programs or programs during summer/winter vacation (Lee, 2004). By providing information about these kinds of programs, the families of children with disabilities can participate in the programs and their family needs may be decreased.

*Governments and Policy Makers*

The federal, state, and local governments in the United States should focus on the needs of minority ethnic groups that have children with disabilities. This includes Korean-American families who live in the United States with a dual burden as an ethnic minority that are English language learners and as families of children with disabilities. Their cultural and language differences define their unique needs that differ from mainstream of the United States. Large cities where there are concentrated populations of Korean-Americans should target services to this population. Marketing of services as well as service delivery must be done in the Korean language or through translators and interpreters to ensure that Korean-American children and families receive necessary services.

The Korean government and policy makers should continue to advance laws for special education. For example, the Korea recently included laws to ensure the right of infants and toddlers with disabilities to participate in the special education system. Passing laws related to early intervention and special education is the first step to ensure better education for children with disabilities. Government officials and policy makers must monitor the services provided to ensure they are available to all families regardless of income level. This study revealed that low income families had more needs than those who were better off. By providing free, appropriate services for their children, the government will impact the need level of lower income families who will then have a larger portion of their income to spend on goods and services other than special education.

*Universities*

Colleges and universities in Korea must provide training in early intervention and special education to prepare service providers to deliver good quality services to children with disabilities and their families. They should look to the United States and other countries that have had early intervention services for several years to identify effective training models.

Colleges and universities in the United States must train early intervention and special education professionals to serve culturally, linguistically, and economically diverse families. In addition to recognizing cultural differences, providers must respect differences and work with families to ensure recommendations related to children with disabilities fit the values and beliefs of families from diverse cultures.

## *Limitation*

There were limitations in this study.

Korean-American and Korean samples were chosen for the most part from metropolitan areas. Therefore, the results may not generalize to Korean-American and Korean families living in rural areas.

In this study, the Family Needs Survey was used for mothers of children with disabilities from birth to eighteen years after revising some questions. This weakness in this research is due to the Family Needs Survey targeted to families receiving early intervention and preschool education.

Third, there were some statistical limitations in this study. The sample used in the study was a convenience sample, thus randomness was not guaranteed. Second, normality

assumption in analysis of variance was not satisfied because some cells of independent variables had less than 35 observations in Korean-American and Korean samples.

Fourth, the Korean-American population of this study was the families of children with disabilities served by or referred by American Wheat Mission Inc. delivering service to Korean-American families of individuals with disabilities. Therefore, the results of the study may not be generalized for all of Korean-American families of children with disabilities. American Wheat Mission Inc. includes immigrant Korean-American families who had immigrated to United States due to their children's disabilities. The immigrant families, who had the means to come to United State, had relatively high SES and high job positions in Korea. Research by Jarrett and Moon (2006a) with small sample of Korean-American families of children with disabilities found that families decided to immigrate to the United States because of their children's disabilities. This research also found that the fathers had better positions and the family had a more affluent life in Korea compared to the United States. These characteristics of immigrant Korean-American families may affect the result of this study.

### *Future Study*

The purpose of this study was to identify the needs of Korean-American and Korean families of children aged birth to 18 with disabilities by determining their perception of family needs. The survey method was used to collect data. The instrument was translated from English into Korean. The results indicated that there was no difference in perceived family needs between Korean-American and Korean mothers;

however, there was a difference in mothers' and children's demographic characteristics predicting family needs. This study suggests several considerations for future study.

First, this study targeted only mothers of children with disabilities. Future study could include fathers as participants. Perceived family needs may be different between fathers and mothers because fathers are usually not the primary caregiver.

Second, future studies should include service providers. Service providers may have a different perspective about family needs than the parents perceive. Although the service providers may have resources that parents of children with disabilities do not know about, the service provider may not give attention to the family needs that the parents perceive. For example, an English-speaking service provider may believe that Korean-American mothers have already known about sources of information about raising children with disabilities; thus the service provider may not inform about these sources. Therefore, a study comparing the perceived family needs between service providers and parents of children with disabilities can offer meaningful information that service providers can apply to real family settings.

Third, future study should compare sub-ethnic groups of Asian-Americans such as Chinese-American, Japanese-American, or Southeast Asian-American living in the United States. Each country of Asia has a unique culture, language, lifestyle, customs, food, values, and traditions (Park, Turnbull, Park, 2001). Therefore, each sub-group can differently construct their Asian culture and can have different family needs. Each culture is unique and their needs must be addressed differently by special education and other services. Comparing these sub-groups' family needs will give useful information in order

to prepare appropriate intervention or education programs for Asian minority ethnic groups.

Fourth, while this study used the quantitative research method of a survey, future studies should incorporate qualitative research methods such as interview. Most research in the 1980s and 1990s used the survey method, however, the interview method has been used through the 2000s to research the needs of families of children with disabilities (Miller, Colligan & Colver, 2003; Hummelinck & Pollock, 2006; Marcenko, Keller, & Delaney, 2001; Wong & Wong, 2003; Wong, Wong, Martinson, Lai, Chen, & He, 2004). By using an interview method, more useful information for family needs of children with disabilities can be found. For example, Hummelinck & Pollock (2006) gained insight into why parents had information needs through use of an interview. The parents indicated that they had information needs because they wanted to answer their children's questions and be more involved in their children's illness management. Through the interview method, researchers can identify the reasons why families of children with disabilities have specific needs, the process of how family needs are supported, or the mechanism of how meeting family needs affects family functions. In addition, using the interview method, researchers can focus on how each family characteristic affects family needs such as SES, education, English skills, occupation, and role of father

Fifth, this study used the translated instrument to identify the perceived family needs of Korean-American and Korean mothers who used Korean as a mother language. The instrument was established for targeting the mainstream culture of the United States, thus it may include inappropriate terms for Korean culture or society. In addition, by translating from English into Korean, the subtle changes in the meaning of the survey

questions may occur. Therefore, future study should use an instrument developed in Korean.

Sixth, this study targeted children from zero to eighteen years old. In future studies, the age gap should be narrowed. The needs of families of children with disabilities can be different depending on whether the children are in early intervention, elementary school or secondary school. Therefore, reducing the age range may identify different family needs related to each unique age group.

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Appendices I

Appendix A: Family Needs Survey
Appendix B: Translated Family Needs Survey
Appendix C: Revised Translated Family Needs Survey

# Appendix A: Family Needs Survey

**George Washington University**
**Graduate School of Education and Human Development**

The following are items that families of a person with disabilities need. Please, mark the degree for the items that your family needs.

| Items | Strongly Needed | Needed | Uncertain | Not Needed | Strongly Not Needed |
|---|---|---|---|---|---|
| **I. Information** | | | | | |
| 1. How children grow and develop | | | | | |
| 2. How to play or talk with my child | | | | | |
| 3. How to teach my child | | | | | |
| 4. How to handle my child's behavior | | | | | |
| 5. Information about any condition or disability my child might have | | | | | |
| 6. Information about services that are presently available for my child | | | | | |
| 7. Information about the services my child might receive in the future | | | | | |
| **II. Family & Social Support** | | | | | |
| 1. Talking with someone in my family about my concerns | | | | | |
| 2. Having friends to talk to | | | | | |
| 3. Finding more time for myself | | | | | |
| 4. Helping my spouse accept any condition our child has | | | | | |
| 5. Helping our family discuss problems and reach solutions | | | | | |
| 6. Helping our family support each other during difficult times | | | | | |
| 7. Deciding who will do household chores, child care, and other family tasks | | | | | |
| 8. Deciding on and doing family recreational activities | | | | | |
| **III. Financial** | | | | | |
| 1. Paying for expenses such as food, housing, medical care, clothing or transportation | | | | | |
| 2. Getting special equipment or assistive technology my child needs | | | | | |
| 3. Paying for therapy, day care or other services my child needs | | | | | |
| 4. Counseling or help in getting a job | | | | | |
| 5. Paying for babysitting or respite care | | | | | |
| 6. Paying for toys that my child needs | | | | | |
| **IV. Explaining to Others** | | | | | |
| 1. Explaining my child's condition to my parents or my spouse's parents | | | | | |
| 2. Explaining my child's condition to his or her siblings | | | | | |
| 3. Knowing how to respond when friends, neighbors, or strangers ask questions about my child | | | | | |
| 4. Explaining my child's condition to other children | | | | | |
| 5. Finding reading material about other families who have a child like mine | | | | | |
| **V. Child Care** | | | | | |
| 1. Locating baby-sitters or respite care providers who are willing and able to care for my child | | | | | |
| 2. Locating a day care program, preschool, or school for my child | | | | | |
| 3. Getting appropriate care for my child in a church, synagogue, and temple during religious services | | | | | |
| **VI. Professional Support** | | | | | |
| 1. Meeting with a minister, priest, or rabbi | | | | | |
| 2. Meeting with a counselor (psychologist, social worker, psychiatrist) | | | | | |
| 3. More time to talk to my child's teacher or therapist | | | | | |
| **VII. Community Services** | | | | | |
| 1. Meeting and talking with other parents who have a child like mine | | | | | |
| 2. Locating a doctor who understands me and my child's needs | | | | | |
| 3. Locating a dentist who will see my child | | | | | |

Please answer the following questions.

1. What is your gender?

_____ Male
_____ Female

2. What is your age?

_____.

3. What country do you live in?

_____ United States
_____ Korea

If you live in the United States, how many years have you lived here?

_____ years

4. What is your state of province of residence?

_____.

5. What is your type of residential environment?

_____ Big city
_____ Middle city
_____ Small town
_____ Country

6. What is your marital status?

_____ Single
_____ Married
_____ Separated
_____ Divorced
_____ Widowed

7. What is your education level?

_____ Some high school
_____ High school graduate
_____ 2-year college graduate
_____ Bachelor degree
_____ Masters degree
_____ Doctoral degree

8. What is your job status?

_____ Full time
_____ Part time
_____ I am not working.

9. What is your approximate household annual income

_____ Under $ 10,000

_____
_____ $ 10,000 to $ 25,000
_____ $ 25,000 to $ 50,000
_____ $ 50,000 to $ 75,000
_____ $ 75,000 to $ 100,000
_____ $ 100,000 to $ 125,000
_____ $125,000 and over

10. What language is spoken in your family home?

_____ Korean
_____ English
_____ More Korean than English
_____ More English than Korean
_____ Bilingual

11. If you live in the united states, how do you evaluate your English skill?

_____ Very good
_____ Good
_____ Average
_____ Poor
_____ Very poor

12. What persons are helping you raise your children and take care of your household?

_____ Husband's father
_____ Husband's mother
_____ Wife's father
_____ Wife's mother
_____ Housemaid
_____ Baby sitter
_____ Friends
_____ None

13. How many children do you have? (Include those with and without disabilities)

_____ 1
_____ 2
_____ 3
_____ 4
_____ 5
_____ More than 5

14. What is the gender of your child with disabilities?

_____ Male
_____ Female

15. What is the age of your child with disabilities?

_____

16. What type of disability does your child have? (Check all that apply.)

_____ Autism Spectrum Disorder
_____ Developmental Delay
_____ Emotional Disturbance
_____ Hearing Impairment
_____ Mental Retardation
_____ Physical Impairment
_____ Learning Disabilities
_____ Speech/Language Impairment
_____ Visual Impairment
_____ Other

_____

17. What is child's primary disability? (Choose only one.)

_____ Autism Spectrum Disorder
_____ Developmental Delay
_____ Emotional Disturbance
_____ Hearing Impairment
_____ Mental Retardation
_____ Physical Impairment
_____ Learning Disabilities
_____ Speech/Language Impairment
_____ Visual Impairment
_____ Other

_____

18. How do you perceive the degree of your child's disabilities?

_____ Very severe
_____ Severe
_____ Moderate
_____ Mild
_____ Very mild

19. How long has your child been receiving service related to his / her disabilities?
(Early Intervention, Preschool Special Education, School Special Education and / or Therapy)

_____ years

20. In what type of program is your child with disabilities involved?

_____ Early Intervention
_____ Preschool Special Education
_____ Elementary Special Education
_____ Middle School Special Education
_____ High School Special Education
_____ Work
_____ None

21. What type of therapy does your child with disabilities receive?

_____ Physical therapy
_____ Speech / Language therapy
_____ Occupational therapy

_____
_____ None

22. What is your and your child's citizenship?

| | | |
|---|---|---|
| You | _____ | US citizen |
| | _____ | Permanent resident of the united states |
| | _____ | Korean citizen |
| Your child with disabilities | _____ | US citizen |
| | _____ | Permanent resident of the united states |
| | _____ | Korean citizen |

# Appendix B: Translated Family Needs Survey

**George Washington University**
**Graduate School of Education and Human Development**

다음은 장애인이 있는 가족이 필요하다고 여겨지는 항목들입니다. 각 항목에 대하여 자신의 가족이 필요한 정도를 표시해 주세요.

| 항목 | 많이 필요함 | 조금 필요함 | 보통 | 별로 필요하지 않음 | 많이 필요하지 않음 |
|---|---|---|---|---|---|
| **정보** | | | | | |
| 1. 자녀가 자라고 발달하는 방법에 관한 정보 | | | | | |
| 2. 자녀와 놀고 이야기하는 방법에 대한 정보 | | | | | |
| 3. 자녀를 가르치는 방법에 대한 정보 | | | | | |
| 4. 자녀의 행동을 다루는 방법에 대한 정보 | | | | | |
| 5. 자녀가 가지고 있는 장애의 종류나 상태에 관한 정보 | | | | | |
| 6. 자녀에게 현재 가능한 서비스에 관한 정보 | | | | | |
| 7. 자녀가 장차 받을 수 있는 서비스에 관한 정보 | | | | | |
| **가족 & 사회 써포트** | | | | | |
| 1. 걱정/염려에 대해 가족 구성원과 이야기하는 것 | | | | | |
| 2. 이야기할 수 있는 친구를 가지는 것 | | | | | |
| 3. 부모 자신을 위해 더 많은 시간을 가지는 것 | | | | | |
| 4. 배우자가 자녀의 상태를 받아들이는 것 | | | | | |
| 5. 가족의 문제점을 의논하고 해결책을 찾는 것 | | | | | |
| 6. 가족이 어려운 시기에 서로를 써포트 하는 것 | | | | | |
| 7. 누가 가사일, 아이 돌보는 일을 담당할 지를 정하는 것 | | | | | |
| 8. 가족의 여가 활동을 정하거나 진행하는 것 | | | | | |
| **재정** | | | | | |
| 1. 의식주, 의료비, 교통비 같은 생활비용 | | | | | |
| 2. 자녀가 필요한 특수 장비나 보조 기구를 위한 비용 | | | | | |
| 3. 자녀의 치료비, 탁아비, 다른 서비스에 참여하는 비용 | | | | | |
| 4. 직업을 얻을 수 있는 상담이나 도움 | | | | | |
| 5. Babysitting 이나 respite care 에 관한 비용 | | | | | |
| 6. 자녀가 위한 오락이나 장난감 마련에 드는 비용 | | | | | |
| **타인에게 설명** | | | | | |
| 1. 자녀의 상태를 자신과 배우자의 부모에게 설명하는 것 | | | | | |
| 2. 자녀의 상태를 자녀의 형제/자매에게 설명하는 것 | | | | | |
| 3. 자녀에 대한 친구/이웃/타인의 질문에 답하는 것 | | | | | |
| 4. 자녀의 상태에 대해서 다른 아이들에게 설명하는 것 | | | | | |
| 5. 자신과 같은 자녀를 가진 가족에 대한 글을 찾는 것 | | | | | |
| **탁아** | | | | | |
| 1. Baby sitters 나 respite care providers 를 찾는 것 | | | | | |
| 2. 자녀를 위한 day care 나 preschool 을 찾는 것 | | | | | |
| 3. 종교단체 특별프로그램이나 예배 중 자녀를 위한 care | | | | | |
| **전문적인 써포트** | | | | | |
| 1. 전도사, 목사, 랍비를 만나는 것 | | | | | |
| 2. 상담가를 만나는 것(심리학자/소셜 워커/정신분석학자) | | | | | |
| 3. 자녀의 teacher 혹은 therapist 와 오랫동안 이야기하는 것 | | | | | |
| **사회 서비스** | | | | | |
| 1. 자신과 같은 자녀를 가진 부모를 만나고 이야기 하는 것 | | | | | |
| 2. 자신과 자녀를 이해하는 의사를 찾는 것 | | | | | |
| 3. 자녀를 치료해 주는 치과 의사를 찾는 것 | | | | | |

다음의 질문에 답을 표시 하거나 적어 주십시오.

1. 당신의 성별

_____ 남자
_____ 여자

2. 당신의 연령

_____.

3. 현재 살고 있는 장소

_____ 미국
_____ 한국

당신이 미국에 살고 있다면, 몇 년 동안 미국에 살고 있습니까?

_____ 년

4. 당신이 살고 있는 지역
[예] 미국: NJ, PA, or CA;
[예] 한국: 인천직할시, 경상북도, 강원도

_____.

5. 당신이 살고 있는 환경은?

_____ 대도시
_____ 중도시
_____ 소도시
_____ 시골

6. 결혼여부

_____ 미혼
_____ 결혼
_____ 별거
_____ 이혼
_____ 미망인

7. 학력

_____ 고등학교 중퇴
_____ 고등학교 졸업
_____ 전문대학교 졸업
_____ 대학교 졸업
_____ 대학원 석사학위 소유
_____ 대학원 박사학위 소유

8. 당신의 직업 상태

_____ 풀타임
_____ 파트타임
_____ 일을 하고 있지 않음

9. 연간 소득

_____ 천 만원 이하
_____ 천만 원 – 이천오백만 원
_____ 이천오백만 원 – 오천 만원
_____ 오천 만원 – 칠천오백 만원
_____ 칠천오백 만원 – 일억 원
_____ 일억 원 이상

10. 가정에서 사용하는 언어

_____ 한국어
_____ 영어
_____ 한국어를 더 많이 사용
_____ 영어를 더 많이 사용
_____ 두 언어를 비슷하게 사용 l

11. 당신이 미국에 살고 있다면, 당신의 영어 실력은?

_____ 매우 잘함
_____ 잘함
_____ 보통
_____ 못함
_____ 매우
_____ 못함

12. 아이를 양육하는 일이나 가시 일에 있어서, 당신을 도와주는 사람은?

_____ 시아버지
_____ 시어머니
_____ 친정아버지
_____ 친정어머니
_____ 일하는 아주머니
_____ 보모
_____ 친구
_____ 아무도 없음

13. 당신은 몇 명의 자녀를 가지고 있습니까? (장애가 있는 자녀와 장애가 없는 자녀 모두를 포함시키시오.)

_____ 1
_____ 2
_____ 3
_____ 4
_____ 5

_____
_____ 5 명 이상

14. 장애를 가지고 있는 자녀의 성별은?

_____ 남자
_____ 여자

15. 장애를 가지고 있는 자녀의 나이는?

_____

16. 당신의 자녀가 가지고 있는 장애를 모두 표시하시오.

_____ 자폐증 (Autism Spectrum Disorder)
_____ 발달장애 (Developmental Delay)
_____ 정서장애 (Emotional Disturbance)
_____ 청각장애 (Hearing Impairment)
_____ 정신장애 (Mental Retardation)
_____ 신체장애 (Physical Impairment)
_____ 학습장애 (Learning Disabilities)
_____ 언어장애 (Speech/Language Impairment)
_____ 시각장애 (Visual Impairment)
_____ 기타 (Other)

_____

17. 당신의 자녀가 가지고 있는 가장 큰 장애를 하나만 표시하시오.

_____ 자폐증 (Autism Spectrum Disorder)
_____ 발달장애 (Developmental Delay)
_____ 정서장애 (Emotional Disturbance)
_____ 청각장애 (Hearing Impairment)
_____ 정신장애 (Mental Retardation)
_____ 신체장애 (Physical Impairment)
_____ 학습장애 (Learning Disabilities)
_____ 언어장애 (Speech/Language Impairment)
_____ 시각장애 (Visual Impairment)
_____ 기타 (Other)

_____

18. 당신의 자녀의 장애 정도는?

_____ 매우 심함 (Very severe)
_____ 심함 (Severe)
_____ 보통 (Moderate)
_____ 경미함 (Mild)
_____ 매우 경미함 (Very mild)

19. 당신의 자녀는 몇 년 동안 장애와 관련된 교육이나 서비스를 받고 있습니까?
[조기교육 (Early Intervention), 취학 특수교육 (Preschool Special Education), 학교 특수교육 (School Special Education), 특수치료 (Therapy) ]

_____ 년

20. 현재 당신의 자녀가 받고 있는 교육?

_____ 조기교육 (Early Intervention)
_____ 취학 전 특수교육 (Preschool Special Education)
_____ 초등학교 특수교육 (Elementary Special Education)
_____ 중학교 특수교육 (Middle School Special Education)
_____ 고등학교 특수교육 (High School Special Education)
_____ 졸업 후 취직 (Work)
_____ 아무 것도 없음 (None)

21. 현재 당신의 자녀가 받고 있는 특수치료는?

_____ 물리치료 (Physical therapy)
_____ 언어치료 (Speech / Language therapy)
_____ 전문치료 (Occupational therapy)
_____ 아무 것도 받지 않음 (None)

22. 당신과 당신 자녀의 시민권 여부는?

당신
_____ 미국 시민권 (US citizen)
_____ 미국 영주권(Permanent resident of the united states)
_____ 한국 시민권 (Korean citizen)

당신의 자녀
_____ 미국 시민권 (US citizen)
_____ 미국 영주권(Permanent resident of the united states)
_____ 한국 시민권 (Korean citizen)

# Appendix C: Revised Translated Family Needs Survey

**George Washington University**
**Graduate School of Education and Human Development**

다음은 장애인이 있는 가족이 필요하다고 여겨지는 항목들입니다. 각 항목에 대하여 자신의 가족이 필요한 정도를 표시해 주세요.

| 항목 | 많이 필요함 | 조금 필요함 | 보통 | 별로 필요하지 않음 | 많이 필요하지 않음 |
|---|---|---|---|---|---|
| **I. 정보** | | | | | |
| 1. 자녀가 성장하고 발달하는 방법에 관한 정보 | | | | | |
| 2. 자녀와 놀고 이야기하는 방법에 대한 정보 | | | | | |
| 3. 자녀를 가르치는 방법에 대한 정보 | | | | | |
| 4. 자녀의 행동을 다루는 방법에 대한 정보 | | | | | |
| 5. 자녀가 가지고 있는 장애의 종류나 상태에 관한 정보 | | | | | |
| 6. 현재 자녀가 받을 수 있는 교육(서비스)에 관한 정보 | | | | | |
| 7. 장래 자녀가 받을 수 있는 교육(서비스)에 관한 정보 | | | | | |
| **II. 가족 & 사회 써포트** | | | | | |
| 1. 걱정/염려에 대해 가족들과 이야기하는 것 | | | | | |
| 2. 이야기를 나눌 수 있는 친구를 가지는 것 | | | | | |
| 3. 부모인 자신을 위해 더 많은 시간을 가지는 것 | | | | | |
| 4. 배우자가 자녀의 상태를 받아들이기 위한 도움 | | | | | |
| 5. 가족의 문제점을 의논하고 해결책을 찾기 위한 도움 | | | | | |
| 6. 가족이 어려운 시기에 서로를 지지하기 위한 도움 | | | | | |
| 7. 누가 가사일, 아이 돌보는 일, 가족과 관련된 일을 담당할 지를 결정하는 것 | | | | | |
| 8. 가족의 여가 활동을 결정하거나 진행하는 것 | | | | | |
| **III. 재정** | | | | | |
| 1. 의식주, 의료비, 교통비 같은 생활비용 | | | | | |
| 2. 자녀에게 필요한 특수 장비나 보조 기구를 위한 비용 | | | | | |
| 3. 자녀에게 필요한 치료, 탁아, 기타 교육(서비스) 드는 비용 | | | | | |
| 4. 직업을 얻을 수 있는 상담이나 도움 | | | | | |
| 5. 자녀를 집에서 돌보아 주는 사람 혹은 맡아 주는 기관에 지불해야 하는 비용 | | | | | |
| 6. 자녀에게 필요한 장난감 마련에 드는 비용 | | | | | |
| **IV. 타인에게 설명** | | | | | |
| 1. 자녀의 상태를 자신과 배우자의 부모에게 설명하는 것 | | | | | |
| 2. 자녀의 상태를 자녀의 형제/자매에게 설명하는 것 | | | | | |
| 3. 자녀에 대한 친구/이웃/타인의 질문에 답하는 것 | | | | | |
| 4. 자녀의 상태에 대해서 다른 아이들에게 설명하는 것 | | | | | |
| 5. 자신과 같은 자녀를 가진 가족에 관해서 쓴 글을 찾는 것 | | | | | |
| **V. 탁아** | | | | | |
| 1. 자녀를 집에서 돌보아 주는 사람 혹은 맡아 주는 기관을 찾는 것 | | | | | |
| 2. 자녀를 위한 탁아나 취학 전 조기교육 프로그램을 찾는 것 | | | | | |
| 3. 교회, 종교단체, 절에서 종교예식 중에 자녀를 돌보아 주는 것 | | | | | |
| **VI. 전문적인 지원** | | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| 1. | 목사, 신부, 스님을 만나는 것 | | | | | |
| 2. | 상담가를 만나는 것 (심리학자 / 사회사업가 / 정신분석학자) | | | | | |
| 3. | 자녀의 선생님 혹은 치료사와 더 많은 시간 동안 이야기하는 것 | | | | | |
| **VII. 사회 서비스** | | | | | | |
| 1. | 자신과 같은 자녀를 가진 부모를 만나고 이야기 하는 것 | | | | | |
| 2. | 자신과 자녀를 이해하는 의사를 찾는 것 | | | | | |
| 3. | 자녀를 치료해 주는 치과 의사를 찾는 것 | | | | | |

다음의 질문에 답을 표시 하거나 적어 주십시오.

1. 당신의 성별

   _____ 남자
   _____ 여자

2. 당신의 연령

   _____

3. 현재 살고 있는 장소

   _____ 미국
   _____ 한국

   당신이 미국에 살고 있다면, 몇 년 동안 미국에 살고 있습니까?

   _____ 년

4. 당신이 살고 있는 지역
   [예] 미국: NJ, PA, or CA;
   [예] 한국: 인천직할시, 경상북도, 강원도

   _____

5. 당신이 살고 있는 환경은?

   _____ 대도시
   _____ 중도시
   _____ 소도시
   _____ 시골

6. 결혼여부

   _____ 미혼
   _____ 결혼
   _____ 별거
   _____ 이혼
   _____ 미망인

7. 학력

_____ 고등학교 중퇴
_____ 고등학교 졸업
_____ 전문대학교 졸업
_____ 대학교 졸업
_____ 대학원 석사학위 소유
_____ 대학원 박사학위 소유

8. 당신의 직업 상태

_____ 풀타임
_____ 파트타임
_____ 일을 하고 있지 않음

9. 연간 소득

_____ 천 만원 이하
_____ 천만 원 – 이천오백만 원
_____ 이천오백만 원 – 오천 만원
_____ 오천 만원 – 칠천오백 만원
_____ 칠천오백 만원 – 일억 원
_____ 일억 원 이상

10. 가정에서 사용하는 언어

_____ 한국어
_____ 영어
_____ 한국어를 더 많이 사용
_____ 영어를 더 많이 사용
_____ 두 언어를 비슷하게 사용 l

11. 당신이 미국에 살고 있다면, 당신의 영어 실력은?

_____ 매우 잘함
_____ 잘함
_____ 보통
_____ 못함
_____ 매우 못함

12. 아이를 양육하는 일이나 가시 일에 있어서, 당신을 도와주는 사람은?

_____ 시아버지
_____ 시어머니
_____ 친정아버지
_____ 친정어머니
_____ 일하는 아주머니
_____ 보모
_____ 친구
_____ 아무도 없음

13. 당신은 몇 명의 자녀를 가지고 있습니까? (장애가 있는 자녀와 장애가 없는 자녀 모두를 포함시키시오.)

_____ 1
_____ 2
_____ 3
_____ 4
_____ 5
_____ 5 명 이상

14. 장애를 가지고 있는 자녀의 성별은?

_____ 남자
_____ 여자

15. 장애를 가지고 있는 자녀의 나이는?

_____

16. 당신의 자녀가 가지고 있는 장애를 모두 표시하시오.

_____ 자폐증 (Autism Spectrum Disorder)
_____ 발달장애 (Developmental Delay)
_____ 정서장애 (Emotional Disturbance)
_____ 청각장애 (Hearing Impairment)
_____ 정신장애 (Mental Retardation)
_____ 신체장애 (Physical Impairment)
_____ 학습장애 (Learning Disabilities)
_____ 언어장애 (Speech/Language Impairment)
_____ 시각장애 (Visual Impairment)
_____ 기타 (Other)

_____

17. 당신의 자녀가 가지고 있는 가장 큰 장애를 하나만 표시하시오.

_____ 자폐증 (Autism Spectrum Disorder)
_____ 발달장애 (Developmental Delay)
_____ 정서장애 (Emotional Disturbance)
_____ 청각장애 (Hearing Impairment)
_____ 정신장애 (Mental Retardation)
_____ 신체장애 (Physical Impairment)
_____ 학습장애 (Learning Disabilities)
_____ 언어장애 (Speech/Language Impairment)
_____ 시각장애 (Visual Impairment)
_____ 기타 (Other)

_____

18. 당신의 자녀의 장애 정도는?

_____ 매우 심함 (Very severe)

_____
_____ 심함 (Severe)
_____ 보통 (Moderate)
_____ 경미함 (Mild)
_____ 매우 경미함 (Very mild)

19. 당신의 자녀는 몇 년 동안 장애와 관련된 교육이나 서비스를 받고 있습니까?
[조기교육 (Early Intervention), 취학 특수교육 (Preschool Special Education), 학교 특수교육 (School Special Education), 특수치료 (Therapy) ]

_____ 년

20. 현재 당신의 자녀가 받고 있는 교육?

_____ 조기교육 (Early Intervention)
_____ 취학 전 특수교육 (Preschool Special Education)
_____ 초등학교 특수교육 (Elementary Special Education)
_____ 중학교 특수교육 (Middle School Special Education)
_____ 고등학교 특수교육 (High School Special Education)
_____ 졸업 후 취직 (Work)
_____ 아무 것도 없음 (None)

21. 현재 당신의 자녀가 받고 있는 특수치료는?

_____ 물리치료 (Physical therapy)
_____ 언어치료 (Speech / Language therapy)
_____ 전문치료 (Occupational therapy)
_____ 아무 것도 받지 않음 (None)

22. 당신과 당신 자녀의 시민권 여부는?

당신
_____ 미국 시민권 (US citizen)
_____ 미국 영주권(Permanent resident of the united states)
_____ 한국 시민권 (Korean citizen)

당신의 자녀
_____ 미국 시민권 (US citizen)
_____ 미국 영주권(Permanent resident of the united states)
_____ 한국 시민권 (Korean citizen)

Appendices II

Survey Form (English)
Survey Form (Translation into Korean)
Survey Form (Back-Translation into English)

Information Sheet (English)
Information Sheet (Translation into Korean)
Information Sheet (Back-Translation into English)

Branch Letter (English): 10 letters for all branches
Branch Letter (Translation into Korean)
Branch Letter (Back-Translation into English)

Parent Letter (English)
Parent Letter (Translation into Korean)
Parent Letter (Back-Translation into English)

# Family Needs Survey

**George Washington University**
**Graduate School of Education and Human Development**

The following are items that families of a person with disabilities need. Please, mark the degree for the items that your family needs.

| Items | Strongly Needed | Needed | Uncertain | Not Needed | Strongly Not Needed |
|---|---|---|---|---|---|
| **I. Information** | | | | | |
| 1. How children grow and develop | | | | | |
| 2. How to play or talk with my child | | | | | |
| 3. How to teach my child | | | | | |
| 4. How to handle my child's behavior | | | | | |
| 5. Information about any condition or disability my child might have | | | | | |
| 6. Information about services that are presently available for my child | | | | | |
| 7. Information about the services my child might receive in the future | | | | | |
| **II. Family & Social Support** | | | | | |
| 1. Talking with someone in my family about my concerns | | | | | |
| 2. Having friends to talk to | | | | | |
| 3. Finding more time for myself | | | | | |
| 4. Helping my spouse accept any condition our child has | | | | | |
| 5. Helping our family discuss problems and reach solutions | | | | | |
| 6. Helping our family support each other during difficult times | | | | | |
| 7. Deciding who will do household chores, child care, and other family tasks | | | | | |
| 8. Deciding on and doing family recreational activities | | | | | |
| **III. Financial** | | | | | |
| 1. Paying for expenses such as food, housing, medical care, clothing or transportation | | | | | |
| 2. Getting special equipment or assistive technology my child needs | | | | | |
| 3. Paying for therapy, day care or other services my child needs | | | | | |
| 4. Counseling or help in getting a job | | | | | |
| 5. Paying for babysitting or respite care | | | | | |
| 6. Paying for toys that my child needs | | | | | |
| **IV. Explaining to Others** | | | | | |
| 1. Explaining my child's condition to my parents or my spouse's parents | | | | | |
| 2. Explaining my child's condition to his or her siblings | | | | | |
| 3. Knowing how to respond when friends, neighbors, or strangers ask questions about my child | | | | | |
| 4. Explaining my child's condition to other children | | | | | |
| 5. Finding reading material about other families who have a child like mine | | | | | |
| **V. Child Care** | | | | | |
| 1. Locating baby-sitters or respite care providers who are willing and able to care for my child | | | | | |
| 2. Locating a day care program, preschool, or school for my child | | | | | |
| 3. Getting appropriate care for my child in a church, synagogue, and temple during religious services | | | | | |
| **VI. Professional Support** | | | | | |
| 1. Meeting with a minister, priest, or rabbi | | | | | |
| 2. Meeting with a counselor (psychologist, social worker, psychiatrist) | | | | | |
| 3. More time to talk to my child's teacher or therapist | | | | | |
| **VII. Community Services** | | | | | |
| 1. Meeting and talking with other parents who have a child like mine | | | | | |
| 2. Locating a doctor who understands me and my child's needs | | | | | |
| 3. Locating a dentist who will see my child | | | | | |

Please answer the following questions.

1. What is your gender?

_____ Male
_____ Female

2. What is your age?

_____.

3. What country do you live in?

_____ United States
_____ Korea

If you live in the United States, how many years have you lived here?

_____ years

4. What is your state or city of province of residence?
(ex) US: NJ, PA, or CA
(ex) Korea: Incheon, Kyeongbuk, Kangwon

_____.

5. What is your type of residential environment?

_____ Big city
_____ Middle city
_____ Small town
_____ Country

6. What is your marital status?

_____ Single
_____ Married
_____ Separated
_____ Divorced
_____ Widowed

7. What is your education level?

_____ Some high school
_____ High school graduate
_____ 2-year college graduate
_____ Bachelor degree
_____ Masters degree
_____ Doctoral degree

8. What is your job status?

_____ Full time
_____ Part time
_____ I am not working.

9. What is your approximate household annual income

US
_____ Under $ 10,000
_____ $ 10,000 to $ 25,000
_____ $ 25,000 to $ 50,000
_____ $ 50,000 to $ 75,000
_____ $ 75,000 to $ 100,000
_____ $ 100,000 to $ 125,000
_____ $125,000 and over

Korea
_____ Under 10,000,000 Won
_____ 10,000,000 Won to 25,000,000 Won
_____ 25,000,000 Won to 50,000,000 Won
_____ 50,000,000 Won to 75,000,000 Won
_____ 75,000,000 Won to 100,000,000 Won
_____ 100,000,000 Won to 125,000,000 Won
_____ 125,000,000 Won and over

10. What language is spoken in your family home?

_____ Korean
_____ English
_____ More Korean than English
_____ More English than Korean
_____ Bilingual

11. If you live in the united states, how do you evaluate your English skill?

_____ Very good
_____ Good
_____ Average
_____ Poor
_____ Very poor

12. What persons are helping you raise your children and take care of your household?

_____ Husband's father
_____ Husband's mother
_____ Wife's father
_____ Wife's mother
_____ Housemaid
_____ Baby sitter
_____ Friends
_____ None

13. How many children do you have? (Include those with and without disabilities)

_____ 1
_____ 2
_____ 3
_____ 4
_____ 5
_____ More than 5

14. What is the gender of your child with disabilities?

_____ Male
_____ Female

15. What is the age of your child with disabilities?

_____

16. What type of disability does your child have? (Check all that apply.)

_____ Autism Spectrum Disorder
_____ Developmental Delay
_____ Emotional Disturbance
_____ Hearing Impairment
_____ Mental Retardation
_____ Physical Impairment
_____ Learning Disabilities
_____ Speech/Language Impairment
_____ Visual Impairment
_____ Other
_____

17. What is child's primary disability? (Choose only one.)

_____ Autism Spectrum Disorder
_____ Developmental Delay
_____ Emotional Disturbance
_____ Hearing Impairment
_____ Mental Retardation
_____ Physical Impairment
_____ Learning Disabilities
_____ Speech/Language Impairment
_____ Visual Impairment
_____ Other
_____

18. How do you perceive the degree of your child's disabilities?

_____ Very severe
_____ Severe
_____ Moderate
_____ Mild
_____ Very mild

19. How long has your child been receiving service related to his / her disabilities?
(Early Intervention, Preschool Special Education, School Special Education and / or Therapy)

_____ years

20. In what type of program is your child with disabilities involved?

_____ Early Intervention
_____ Preschool Special Education
_____ Elementary Special Education
_____ Middle School Special Education
_____ High School Special Education
_____ Work
_____ None

21. What type of therapy does your child with disabilities receive?

_____ Physical therapy
_____ Speech / Language therapy
_____ Occupational therapy
_____ None

22. What is your and your child's citizenship?

You
_____ US citizen
_____ Permanent resident of the united states
_____ Korean citizen

Your child with disabilities
_____ US citizen
_____ Permanent resident of the united states
_____ Korean citizen

# 가족 요구 조사

**조오지 워싱턴 대학교**
**교육 및 인간 발달 대학원**

다음은 장애인이 있는 가족이 필요하다고 여겨지는 항목들입니다. 각 항목에 대하여 자신의 가족이 필요한 정도를 표시해 주세요.

| 항목 | 많이 필요함 | 조금 필요함 | 보통 | 별로 필요하지 않음 | 많이 필요하지 않음 |
|---|---|---|---|---|---|
| **I. 정보** | | | | | |
| 1. 자녀가 성장하고 발달하는 방법에 관한 정보 | | | | | |
| 2. 자녀와 놀고 이야기하는 방법에 대한 정보 | | | | | |
| 3. 자녀를 가르치는 방법에 대한 정보 | | | | | |
| 4. 자녀의 행동을 다루는 방법에 대한 정보 | | | | | |
| 5. 자녀가 가지고 있는 장애의 종류나 상태에 관한 정보 | | | | | |
| 6. 현재 자녀가 받을 수 있는 교육(서비스)에 관한 정보 | | | | | |
| 7. 장래 자녀가 받을 수 있는 교육(서비스)에 관한 정보 | | | | | |
| **II. 가족 & 사회 써포트** | | | | | |
| 1. 걱정/염려에 대해 가족들과 이야기하는 것 | | | | | |
| 2. 이야기를 나눌 수 있는 친구를 가지는 것 | | | | | |
| 3. 자신을 위해 더 많은 시간을 가지는 것 | | | | | |
| 4. 배우자가 자녀의 상태를 받아들이기 위한 도움 | | | | | |
| 5. 가족의 문제점을 의논하고 해결책을 찾기 위한 도움 | | | | | |
| 6. 가족이 어려운 시기에 서로를 지지하기 위한 도움 | | | | | |
| 7. 누가 가사일, 아이 돌보는 일, 가족과 관련된 일을 담당할 지를 결정하는 것 | | | | | |
| 8. 가족의 여가 활동을 결정하거나 진행하는 것 | | | | | |
| **III. 재정** | | | | | |
| 1. 의식주, 의료비, 교통비 같은 생활비용 | | | | | |
| 2. 자녀에게 필요한 특수 장비나 보조 기구를 위한 비용 | | | | | |
| 3. 자녀에게 필요한 치료, 탁아, 기타 교육(서비스)에 드는 비용 | | | | | |
| 4. 직업을 얻을 수 있는 상담이나 도움 | | | | | |
| 5. 자녀를 집에서 돌보아 주는 사람 혹은 맡아 주는 기관에 지불해야 하는 비용 | | | | | |
| 6. 자녀에게 필요한 장난감 마련에 드는 비용 | | | | | |
| **IV. 타인에게 설명** | | | | | |
| 1. 자녀의 상태를 자신과 배우자의 부모에게 설명하는 것 | | | | | |
| 2. 자녀의 상태를 자녀의 형제/자매에게 설명하는 것 | | | | | |
| 3. 자녀에 대한 친구/이웃/타인의 질문에 답하는 것 | | | | | |
| 4. 자녀의 상태에 대해서 다른 아이들에게 설명하는 것 | | | | | |
| 5. 자신과 같은 자녀를 가진 가족에 관해서 쓴 글을 찾는 것 | | | | | |
| **V. 탁아** | | | | | |
| 1. 자녀를 집에서 돌보아 주는 사람 혹은 맡아 주는 기관을 찾는 것 | | | | | |
| 2. 자녀를 위한 탁아나 취학 전 조기교육 프로그램을 찾는 것 | | | | | |
| 3. 교회, 종교단체, 절에서 종교예식 중에 자녀를 돌보아 주는 것 | | | | | |
| **VI. 전문적인 지원** | | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| 1. | 목사, 신부, 스님을 만나는 것 | | | | | |
| 2. | 상담가를 만나는 것 (심리학자 / 사회사업가 / 정신분석학자) | | | | | |
| 3. | 자녀의 선생님 혹은 치료사와 더 많은 시간 동안 이야기하는 것 | | | | | |
| **VII. 사회 서비스** | | | | | | |
| 1. | 자신과 같은 자녀를 가진 부모를 만나고 이야기 하는 것 | | | | | |
| 2. | 자신과 자녀를 이해하는 의사를 찾는 것 | | | | | |
| 3. | 자녀를 치료해 주는 치과 의사를 찾는 것 | | | | | |

다음의 질문에 답을 표시 하거나 적어 주십시오.

1. 당신의 성별

_____ 남자
_____ 여자

2. 당신의 연령

_____

3. 현재 살고 있는 장소

_____ 미국
_____ 한국

당신이 미국에 살고 있다면, 몇 년 동안 미국에 살고 있습니까?

_____ 년

4. 당신이 살고 있는 지역
[예] 미국: NJ, PA, or CA;
[예] 한국: 인천직할시, 경상북도, 강원도

_____

5. 당신이 살고 있는 환경은?

_____ 대도시
_____ 중도시
_____ 소도시
_____ 시골

6. 결혼여부

_____ 미혼
_____ 결혼
_____ 별거
_____ 이혼
_____ 미망인

7. 학력

_____ 고등학교 중퇴
_____ 고등학교 졸업
_____ 전문대학교 졸업

_____
_____ 대학교 졸업
_____ 대학원 석사학위 소유
_____ 대학원 박사학위 소유

8. 당신의 직업 상태

_____ 전일제 (풀타임)
_____ 시간제 (파트타임)
_____ 일을 하고 있지 않음

9. 연간 소득

미국

_____ Under $ 10,000
_____ $ 10,000 to $ 25,000
_____ $ 25,000 to $ 50,000
_____ $ 50,000 to $ 75,000
_____ $ 75,000 to $ 100,000
_____ $ 100,000 to $ 125,000
_____ $125,000 and over

한국

_____ 천만원 이하
_____ 천만원 – 이천오백만원
_____ 이천오백만원 – 오천만원
_____ 오천만원 – 칠천오백만원
_____ 칠천오백만원 – 일억원
_____ 일억원 – 일억이천오백만원
_____ 일억이천오백만원 이상

10. 가정에서 사용하는 언어

_____ 한국어
_____ 영어
_____ 한국어를 더 많이 사용
_____ 영어를 더 많이 사용
_____ 두 언어를 비슷하게 사용

11. 당신이 미국에 살고 있다면, 당신의 영어 실력은?

_____ 매우 잘함
_____ 잘함
_____ 보통
_____ 못함
_____ 매우 못함

12. 아이를 양육하는 일이나 가사 일에 있어서, 당신을 도와주는 사람은?

_____ 시아버지
_____ 시어머니
_____ 친정아버지

_____ 친정어머니
_____ 일하는 아주머니
_____ 보모
_____ 친구
_____ 아무도 없음

13. 당신은 몇 명의 자녀를 가지고 있습니까? (장애가 있는 자녀와 장애가 없는 자녀 모두를 포함시키시오.)

_____ 1
_____ 2
_____ 3
_____ 4
_____ 5
_____ 5 명 이상

14. 장애를 가지고 있는 자녀의 성별은?

_____ 남자
_____ 여자

15. 장애를 가지고 있는 자녀의 나이는?

_____.

16. 당신의 자녀가 가지고 있는 장애를 모두 표시하시오.

_____ 자폐증 (Autism Spectrum Disorder)
_____ 발달장애 (Developmental Delay)
_____ 정서장애 (Emotional Disturbance)
_____ 청각장애 (Hearing Impairment)
_____ 정신장애 (Mental Retardation)
_____ 신체장애 (Physical Impairment)
_____ 학습장애 (Learning Disabilities)
_____ 언어장애 (Speech/Language Impairment)
_____ 시각장애 (Visual Impairment)
_____ 기타 (Other)

_____

17. 당신의 자녀가 가지고 있는 가장 큰 장애를 하나만 표시하시오.

_____ 자폐증 (Autism Spectrum Disorder)
_____ 발달장애 (Developmental Delay)
_____ 정서장애 (Emotional Disturbance)
_____ 청각장애 (Hearing Impairment)
_____ 정신장애 (Mental Retardation)
_____ 신체장애 (Physical Impairment)
_____ 학습장애 (Learning Disabilities)
_____ 언어장애 (Speech/Language Impairment)
_____ 시각장애 (Visual Impairment)
_____ 기타 (Other)

_____

18. 당신의 자녀의 장애 정도는?

_____ 매우 심함 (Very severe)
_____ 심함 (Severe)

_____
_____ 보통 (Moderate)
_____ 경미함 (Mild)
_____ 매우 경미함 (Very mild)

19. 당신의 자녀는 몇 년 동안 장애와 관련된 교육이나 서비스를 받고 있습니까?
[조기교육 (Early Intervention), 취학 특수교육 (Preschool Special Education), 학교 특수교육 (School Special Education), 특수치료 (Therapy) ]

_____ 년

20. 현재 당신의 자녀가 받고 있는 교육?

_____ 조기교육 (Early Intervention)
_____ 취학 전 특수교육 (Preschool Special Education)
_____ 초등학교 특수교육 (Elementary Special Education)
_____ 중학교 특수교육 (Middle School Special Education)
_____ 고등학교 특수교육 (High School Special Education)
_____ 졸업 후 취직 (Work)
_____ 아무 교육도 받지 없음 (None)

21. 현재 당신의 자녀가 받고 있는 특수치료는?

_____ 물리치료 (Physical therapy)
_____ 언어치료 (Speech / Language therapy)
_____ 전문치료 (Occupational therapy)
_____ 아무 치료도 받지 않음 (None)

22. 당신과 당신 자녀의 시민권 여부는?

당신
_____ 미국 시민권 (US citizen)
_____ 미국 영주권(Permanent resident of the united states)
_____ 한국 시민권 (Korean citizen)

당신의 자녀
_____ 미국 시민권 (US citizen)
_____ 미국 영주권(Permanent resident of the united states)
_____ 한국 시민권 (Korean citizen)

# Back-Translation of Family Needs Survey

**George Washington University**
**Graduate School of Education and Human Development**

The following are topics that represent needs for families with a disabled member(s). Please check the needs level for your family in each subject.

| Subject | Greatly Needed | Needed | Uncertain | Not needed | Greatly Not needed |
|---|---|---|---|---|---|
| **I. Information** | | | | | |
| 1. Child growth and development | | | | | |
| 2. How to play and communicate with my child | | | | | |
| 3. How to teach my child | | | | | |
| 4. How to handle the behavior of my child | | | | | |
| 5. Information on the disability that my child has (seriousness or status) | | | | | |
| 6. Present education and services information available to my child | | | | | |
| 7. Future education or services to my child | | | | | |
| **II. Support from Family & Society** | | | | | |
| 1. Talking with family members about worries | | | | | |
| 2. Having friend to talk with | | | | | |
| 3. Having more time for myself | | | | | |
| 4. Helping spouse to accept my child's situation | | | | | |
| 5. Help to discuss and resolve family problem | | | | | |
| 6. Help to support each other in a family in hard time | | | | | |
| 7. Deciding who does housework, child care, family work | | | | | |
| 8. Deciding and proceeding family leisure activities | | | | | |
| **III. Financial Matter** | | | | | |
| 1. Living expenses including medical expenses and transportation cost | | | | | |
| 2. Expenses of special equipment or assistant tools for my child | | | | | |
| 3. Education expenses in therapy, day care, and other education service | | | | | |
| 4. Job seeking advice | | | | | |
| 5. Labor cost for babysitting or respite care | | | | | |
| 6. Toy expenses for my child | | | | | |
| **IV. Explanation to Others** | | | | | |
| 1. Explanation of my child's situation to my parents and parents in law | | | | | |
| 2. Explanation of my child's situation to the child's siblings | | | | | |
| 3. Answering questions for my child' from friends, neighbors, or other persons | | | | | |
| 4. Explanation of my child's situation to other children | | | | | |
| 5. Locate other families' stories that mirror my situation | | | | | |
| **V. Child Care** | | | | | |
| 1. Locating baby-sitters or respite care facility that could care my child | | | | | |
| 2. Locating some education program such as day care, pre school, or school for my child | | | | | |
| 3. Child care during religious worship service such as church, religious meeting, and temple | | | | | |
| **VI. Professional Support** | | | | | |
| 1. Meeting with a religious leader such as a reverend, priest, or monk | | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| 2. | Meeting with a counselor (psychologist / social worker / psychoanalyst) | | | | | |
| 3. | Having more time to get advice from my child's teacher or therapist | | | | | |
| **VII. Community Service** | | | | | | |
| 1. | Meeting and talking with other parents having children with disability like me | | | | | |
| 2. | Locating physician who understands me and my child | | | | | |
| 3. | Locating an appropriate dentist for my child | | | | | |

Please answer the following questions.

1. Your Sex

_____ Male
_____ Female

2. Your Age

_____

3. Place of Residence

_____ US
_____ Korea

If US, how long have you lived there?

_____ 년

4. Resident State
[e.g.] US: NJ, PA, or CA;
[e.g.] Korea: Incheon, Kyeongbuk, Kangwon

_____

5. Category of residence?

_____ Large City
_____ Middle Size City
_____ Small City
_____ Rural Area

6. Marriage

_____ Unmarried
_____ Married
_____ Separated
_____ Divorced
_____ Widowed

7. Education

_____ Some high school
_____ High school graduate
_____ 2yr college graduate
_____ BA
_____ MA
_____ PhD

8. Employment Status

_____ Full Time
_____ Part Time
_____ Not Working

9. Annual Income (Korean won)

US

_____ Under $ 10,000
_____ $ 10,000 to $ 25,000
_____ $ 25,000 to $ 50,000
_____ $ 50,000 to $ 75,000
_____ $ 75,000 to $ 100,000
_____ $ 100,000 to $ 125,000
_____ $125,000 and over

Korea

_____ Under 10,000,000 Won
_____ 10,000,000 Won to 25,000,000 Won
_____ 25,000,000 Won to 50,000,000 Won
_____ 50,000,000 Won to 75,000,000 Won
_____ 75,000,000 Won to 100,000,000 Won
_____ 100,000,000 Won to 125,000,000 Won
_____ 125,000,000 Won and over

10. Language at Home

_____ Korean
_____ English
_____ More Korean than English
_____ More English than Korean
_____ Half Korean and Half English

11. If you live in the US, what is the level of your English?

_____ Very good
_____ Good
_____ Average
_____ Poor
_____ Very poor

12. Who provides supports in housework and child care?

_____ Father-in-law
_____ Mother-in-law
_____ Father
_____ Mother
_____ Paid Housekeeper
_____ Babysitters
_____ Friends
_____ None

13. How many children do you have? (Including children both without and with disability.)

_____ 1
_____ 2
_____ 3
_____ 4
_____ 5
_____ Over 5

14. Sex of child with disability?

_____ Male
_____ Female

15. Age of child with disability?

_____

16. Check all disabilities that you child has.

_____ Autism Spectrum Disorder
_____ Developmental Delay
_____ Emotional Disturbance
_____ Hearing Impairment
_____ Mental Retardation
_____ Physical Impairment
_____ Learning Disabilities
_____ Speech/Language Impairment
_____ Visual Impairment
_____ Other

_____

17. Check the most serious disability that you child has.

_____ Autism Spectrum Disorder
_____ Developmental Delay
_____ Emotional Disturbance
_____ Hearing Impairment
_____ Mental Retardation
_____ Physical Impairment
_____ Learning Disabilities
_____ Speech/Language Impairment
_____ Visual Impairment
_____ Other

_____

18. Seriousness of the disability that your child has?

_____ Very severe
_____ Severe
_____ Moderate
_____ Mild
_____ Very mild

_____

19. How long has your child been receiving special education or services?
[Early Intervention, Preschool Special Education, School Special Education, Therapy ]

_____ year(s)

20. Education that your child receives currently?

_____ Early Intervention
_____ Preschool Special Education
_____ Elementary Special Education
_____ Middle School Special Education
_____ High School Special Education
_____ Work
_____ None

21. Special therapy that your child receives currently?

_____ Physical therapy
_____ Speech / Language therapy
_____ Occupational therapy
_____ None

22. Citizenship?

You
_____ US citizen
_____ Permanent resident of the United States
_____ Korean citizen

Your child
_____ US citizen
_____ Permanent resident of the United States
_____ Korean citizen

**Information about the Research Study**

The Needs of Korean-American and Korean Families of Children with Disabilities

IRB#: 100722

You are invited to participate in a research study under the direction of Dr. Marian H. Jarrett of the Department of Teacher Preparation and Special Education, George Washington University (GWU). This study is the dissertation research for Molly Minyung Moon, Special Education doctoral student. Taking part in this research is entirely voluntary.

The purpose of this study is to identify the needs of Korean-American families and Korean families of children with disabilities by determining Korean-American mothers and Korean mothers' perception of family needs related to their children with disabilities aged birth to 18.

The research will be conducted at the following location(s) under the World Wheat Mission: 1) South Korea with Korean Wheat Mission office and 2) states or cities in the United States where the American Wheat Mission has its offices: Seattle, Northern California, Southern California, Chicago, New York, New Jersey, Philadelphia, Washington DC, and Atlanta. A total of 300 participants at two institutions (American Wheat Mission and Korean Wheat Mission) will be asked to take part in this study.

If you choose to take part in this study, you will receive a survey asking you to respond to questions about your family needs. You will not be required to include your name in answering the questions, but you will answer questions about yourself and your family such as your education level and how many children you have. You will be asked to return the completed survey in the envelope enclosed with the survey or turn it in to the Wheat Mission. The total amount of time you will spend in connection with this study is approximately 30 minutes.

There are no physical risks associated with the study. Some of the questions we will ask you as part of the study may make you feel uncomfortable. You may refuse to answer any of the questions. You may stop your participation in this study at any time.

You will not benefit directly from your participation in the study.
You will not be paid for taking part in the study.

The investigator can decide to withdraw you from the study at any time. You could be taken off the study for reasons related solely to you (for example, not following study-related directions in the survey) or because the entire study is stopped.

If results of this research study are reported in journals or at scientific meetings, the people who participated in the study will not be named or identified. GW will not release any information about your research involvement without your written permission, unless required by law.

The Office of Human Research of George Washington University, (202) 994-2715, can provide further information about your rights as a research participant. If you think you have been harmed in this study, please report this to the Principal Investigator of this study or call the Office of Human Research immediately. Further information regarding this study may be obtained by contacting Dr. Jarrett, principal investigator, at mjarrett@gwu.edu or (202) 994-1509 or Molly Minjung Moon, student investigator, at mmoon@gwu.edu.

To ensure anonymity, your signature is not required on this document unless you prefer to sign it. Your willingness to participate in this research study is implied if you proceed with completing the survey.

*Please keep a copy of this document in case you want to read it again.

설명서

장애아를 양육하고 있는 한인 교포 가정과 한국 가정의 요구

IRB#: 100722

당신은 조오지 워싱턴 대학의 교사 교육 및 특수 교육학과 Dr. Marian H. Jarrett 의 지도하에 있는 연구에 참여하게 되었습니다. 이 연구는 특수 교육 박사 과정 학생인 문민정의 논문을 위한 연구입니다. 당신은 자발적으로 이 연구에 참여하는 것을 결정할 수 있습니다.

이 연구의 목적은 0 세에서 18 세의 장애아를 가진 한인 교포 어머니와 한국 어머니가 인식한 가족 요구를 알아봄으로써, 장애아를 양육하고 있는 한인 교포 가정과 한국 가정의 가족 요구를 밝히는 것입니다.

이 연구는 세계 밀알 지단이 위치하고 있는 다음의 장소에서 행해질 것입니다: 1) 한국밀알이 위치하고 있는 남한과, 2) 미주 밀알이 위치하고 있는 미국의 주나 도시 (시애틀, 북가주, 남가주, 시카고, 뉴욕, 뉴저지, 필라델피아, 워싱턴 DC, 아틀란타). 두 기관에서 (미주 밀알과 한국 밀알) 총 300 명이 이 연구에 참여하게 될 것입니다.

당신이 이 연구에 참여하기로 결정하였다면, 당신은 당신의 가족 요구에 관해 질문하는 서베이를 받게 될 것입니다. 질문에 답하는데 있어서 당신의 이름은 기록할 필요가 없습니다. 그러나 당신은 교육 수준이나 자녀 수 같은 자신이나 가족에 관한 질문에 답하게 될 것입니다. 완성된 서베이는 동봉한 봉투에 넣어 보내거나 밀알 지단에 제출해 주시기 바랍니다. 이 연구와 관련하여 당신은 30 분 정도를 소요하게 될 것입니다.

이 연구와 관련되어 어떠한 실질적인 불이익은 없을 것입니다. 연구와 관련되어 우리가 질문할 수 있는 어떤 문제는 당신의 기분을 상하게 할 수 있습니다. 당신은 어느 질문에 관해서든 답하지 않을 수 있습니다. 언제든지 이 연구에 참여하는 것을 중단할 수 있습니다.

당신은 이 연구에 참여함으로 인해 직접적으로 이득을 보지 않을 것입니다.
당신은 이 연구에 참여하는 것에 대해서 금전적 보상을 받지 않을 것입니다.

연구자는 언제든지 당신을 연구에서 제외시킬 수 있습니다. 당신은 오직 당신과 관련된 이유로 (예: 서베이의 지시를 제대로 따르지 않음) 인해 연구에서 제외 될 수 있고, 이 연구가 전적으로 중단되는 것으로 인해 제외될 수 있습니다.

이 연구의 결과가 학술지나 학회에서 보고 된다면, 이 연구의 참여자의 이름은 명명되지 않을 것이며, 누구인지 확인되지 않을 것입니다. 조오지 워싱턴 대학은 법이 요구하지 않는다면, 당신의 허락 없이 당신의 연구 참여에 대한 어떤 정보도 누설하지 않을 것입니다.

조오지 워싱턴 대학의 Human Research Office 는, (202) 994-2715, 연구 참여자로서의 당신의 권리에 대한 더 많은 정보를 제공할 수 있습니다. 당신이 이 연구에서 불이익을 입었다고 생각한다면, 이 연구의 주 연구자에게 보고하거나 Human Research Office 로 전화하시기 바랍니다. 이 연구와 관련하여 더 많은 정보는 mjarrett@gwu.edu 이나 (202) 994-1509 를 통해 Dr. Jarrett (주 연구자), 혹은 mmoon@gwu.edu 를 통해 문민정 (학생 연구자)에게 연락함으로써 얻을 수 있습니다.
무기명을 보장하기 위해, 사인하기를 원하지 않는다면 당신은 이 서류에 사인할 필요가 없습니다. 당신이 서베이를 완성하는 절차를 밟고 있다면, 이는 이 연구에 기꺼이 참여한다는 것을 의미합니다.

* 당신이 이 서류를 다시 읽고 싶은 경우가 생길 수 있으므로, 이 서류를 보관하기를 바랍니다.

**Back-Tranlation**

Information about the Research Study

The Needs of Korean-American and Korean Families of Children with Disabilities

IRB#: 100722

This research is conducted under Dr. Marian H. Jarrett of the Special Education program of the George Washington University. This research is a doctoral dissertation for Molly Minjung Moon in Special Education program. The decision to participate in this research is solely up to you.

The purpose of this research is to determine family needs of Korean-American and Korean families of children with disabilities aged birth to 18 years by surveying Korean and Korean-American mothers of these children.

This survey is will be carried out in the following places under World Wheat Mission: 1)South Korea located in Korean Wheat Mission office, 2)US cities or states having American Wheat Mission office: Seattle, Northern California, Southern California, Chicago, New York, New Jersey, Philadelphia, Washington DC, and Atlanta. About 300 participants will be garnered from the AWM and Korean Wheat Mission.

If you decide to participate in this research, you will receive the survey asking your family needs. You do not have to sign the survey. However, you will be asked something about your family such as your education level, number of children, etc. Please send the completed survey by sending the enclosed envelope either to me or by handing in the completed survey to the American Wheat Mission. It takes about 30 minutes to complete the survey.

There is no physical disadvantage participate in this research. It is possible that some questions might make you uncomfortable. You do not have to answer some questions. Also, you can stop participating in this research at any time.

There is no any benefit in participating in this research. There is no financial compensation for participation in this research.

In addition, it is also possible that the researcher might exclude your response from this research if guidelines are not followed or if this research is stopped.

In case this research is presented at a conference or in a journal, the participants' names will not be reported nor identified. The George Washington University will not provide access to any information of this research without your permission except requiring by law.

The Human Research Office of the George Washington University, (202) 994-2715, will provide more information regarding your rights as a research participant. If you feel you have a disadvantage, please contact either the main researcher or Human Research Office soon. You can obtain more information of this research by contacting Dr. Jarrett (main researcher) at mjarrett@gwu.edu / (202) 994-1509or Molly Minjung Moon (doctoral candidate researcher) at mmoon@gwu.edu.

If you do not prefer to sign it, you do not have to sign this document in order to make sure anonymity. If you are completing this survey, you are indicating your desire to be part of this research.

* Please keep this document. You may want to review this document again later.

Molly Minjung Moon
P.O. Box 2667
FairFax VA 22031
mmoon@gwu.edu

American Wheat Mission in Washington DC
13925 Travilah Rd.
Rockville MD 20850
Tel: 301-294-6342
Fax: 301-294-6195
Email: milalusa@yahoo.com

Dear Director and Staff of Wheat Mission, Inc.:

I, Molly Minjung Moon, am a doctoral student in the Special Education Program at The George Washington University in Washington, D.C. For my dissertation research, I am conducting a study of the needs of Korean and Korean-American families of children with disabilities. This study is done in collaboration with my academic advisor, Dr. Marian H. Jarrett.

I would like to ask your help in distributing the enclosed survey packets to families of children with disabilities, birth to 18 years old. These families can be ones served by the Wheat Mission or other families you may know with children with disabilities.

The survey packet includes a letter introducing the study to the parent or caregiver and a survey for them to complete and return to me. The survey will take approximately 30 minutes to complete. It asks about family needs related to having a child with a disability. There is also a section for information about the family. The letter includes instructions for returning the survey in the enclosed envelope or returning it to the Wheat Mission Inc.

Your distribution of this survey packet to families of children with disabilities will enable me to learn about the needs of Korean and Korean American families. This information will inform educators, early interventionists, and special education professionals about family needs and enhance their ability to meet these needs. In addition, the Wheat Mission Inc. will contribute to the improved quality of services for Korean-Americans families in the United States and families in Korea with children with disabilities.

Further information regarding this study may be obtained by contacting Molly Minjung Moon at mmoon@gwu.edu.

Sincerely,

Molly Minjung Moon

Molly Minjung Moon
P.O. Box 2667
FairFax VA 22031
mmoon@gwu.edu

American Wheat Mission in Washington DC
13925 Travilah Rd.
Rockville MD 20850
Tel: 301-294-6342
Fax: 301-294-6195
Email: milalusa@yahoo.com

밀알 단장님, 스태프 여러분께

저는 워싱턴 DC 에 위치하고 있는 조오지 워싱턴 대학 특수 교육 프로그램의 박사과정 학생인 문민정입니다. 박사 논문을 위해서 저는 장애아를 양육하고 있는 한국 가정과 한인 교포 가정의 요구를 연구하고 있습니다. 저는 이 연구를 저의 지도교수님이신 Dr. Marian H. Jarrett 과 함께 진행하고 있습니다.

저는 동봉한 서베이 팩케지를 0 세에서 18 세의 장애 아동을 양육하고 있는 가정에 배포해 주시기를 요청합니다. 그 가정들은 밀알에 소속 되어 있는 가정일 수도 있고 당신들이 알고 있는 장애아를 양육하고 있는 다른 가정일 수도 있습니다.

서베이 팩케지는 부모님이나 양육자에게 연구를 설명하는 편지와 그들이 작성하여 저에게 보내야 할 서베이를 포함하고 있습니다. 서베이를 마치는 데에는 약 30 분이 소요될 것입니다. 서베이는 장애아를 양육하는 데에 있어서 가족 요구에 관해 질문할 것입니다. 가정에 대한 정보를 질문하는 부분도 있습니다. 편지는 서베이를 완성하여 저에게 보내는 방법을 설명하고 있습니다. 각 가정은 동봉된 봉투를 사용하여 저에게 보내거나 밀알 지단에 직접 제출할 수 있습니다. 밀알에 제출된 서베이는 위의 제주소로 보내주시기 바랍니다.

장애아를 양육하고 있는 가정에 이 서베이 팩케지를 배포해 주심을 통해, 저는 한국 가정과 한인 교포 가정의 요구를 파악할 수 있습니다. 이러한 정보는 교육자, 조기 중재자, 특수교육 전문가들에게 가족 요구에 대해 알려줄 것이며, 가족 요구를 충족시켜 줄 수 있는 그들의 능력을 향상시켜 줄 것입니다. 또한, 밀알은 장애아를 양육하고 있는 한인 교포 가정과 한국 가정을 위한 서비스의 질을 향상시키는 데 공헌할 것입니다.

이 연구에 대하여 다른 질문이 있으시다면, 문민정에게 mmoon@gwu.edu 로 연락하시기를 바랍니다.

문민정 드림.

**Back-Translation**

Molly Minjung Moon
P.O. Box 2667
FairFax VA 22031
mmoon@gwu.edu

American Wheat Mission in Washington DC
13925 Travilah Rd.
Rockville MD 20850
Tel: 301-294-6342
Fax: 301-294-6195
Email: milalusa@yahoo.com

Dear Director and Staff of Wheat Mission.

I, Molly Minjung Moon, am a Ed.D student in the Special Education Program at The George Washington University. With my academic advisor, Dr. Marian H. Jarrett, I am conducting a study of the needs of Korean-American and Korean families having children with developmental challenges.

I would like to seek your help in distributing the enclosed survey packets to families of children with disabilities to the families of children with disabilities from zero to 18. They will be the member of the Wheat Mission and will be referred by Wheat Mission.

The survey packet includes a survey to be completed and to be returned to me and a letter explaining about the study for parents or caregivers. The survey, that will take approximately 30 minutes to complete, will inquire about demographic information for each family and family needs for having children with disabilities. The letter will provide instruction for return the completed survey form by using an enclosed envelope or by handing in the completed form in to the Wheat Mission.

Your distribution of this survey packet to the families of children with disabilities would inform me about the family needs. And the information about family needs contribute to enlightening educators, early interventionists, and special education professionals about family needs. In addition, Wheat Mission would contribute to improving the quality of services for Korean-Americans families in the United States and Korean families in Korea with children with disabilities.

More information for this study will be acquired by Molly Minjung Moon, at mmoon@gwu.edu.

Sincerely,

Molly Minjung Moon

Molly Minjung Moon
P.O. Box 2667
FairFax VA 22031
mmoon@gwu.edu

American Wheat Mission in Atlanta, GA
P.O. Box 47653
Atlanta GA 30362
Tel: 770-717-0790
Fax: 675-482-1933
Email: atlmilal@juno.com

Dear Director and Staff of Wheat Mission, Inc.:

I, Molly Minjung Moon, am a doctoral student in the Special Education Program at The George Washington University in Washington, D.C. For my dissertation research, I am conducting a study of the needs of Korean and Korean-American families of children with disabilities. This study is done in collaboration with my academic advisor, Dr. Marian H. Jarrett.

I would like to ask your help in distributing the enclosed survey packets to families of children with disabilities, birth to 18 years old. These families can be ones served by the Wheat Mission or other families you may know with children with disabilities.

The survey packet includes a letter introducing the study to the parent or caregiver and a survey for them to complete and return to me. The survey will take approximately 30 minutes to complete. It asks about family needs related to having a child with a disability. There is also a section for information about the family. The letter includes instructions for returning the survey in the enclosed envelope or returning it to the Wheat Mission Inc.

Your distribution of this survey packet to families of children with disabilities will enable me to learn about the needs of Korean and Korean American families. This information will inform educators, early interventionists, and special education professionals about family needs and enhance their ability to meet these needs. In addition, the Wheat Mission Inc. will contribute to the improved quality of services for Korean-Americans families in the United States and families in Korea with children with disabilities.

Further information regarding this study may be obtained by contacting Molly Minjung Moon at mmoon@gwu.edu.

Sincerely,

Molly Minjung Moon

Molly Minjung Moon
P.O. Box 2667
FairFax VA 22031
mmoon@gwu.edu

American Wheat Mission in Chicago, IL
P.O. Box 646
Prospect Hts. IL 60070
Tel: 847-877-4202
Fax: 847-670-0722
E-mail: chimil94@Hanmail.net

Dear Director and Staff of Wheat Mission, Inc.:

I, Molly Minjung Moon, am a doctoral student in the Special Education Program at The George Washington University in Washington, D.C. For my dissertation research, I am conducting a study of the needs of Korean and Korean-American families of children with disabilities. This study is done in collaboration with my academic advisor, Dr. Marian H. Jarrett.

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Your distribution of this survey packet to families of children with disabilities will enable me to learn about the needs of Korean and Korean American families. This information will inform educators, early interventionists, and special education professionals about family needs and enhance their ability to meet these needs. In addition, the Wheat Mission Inc. will contribute to the improved quality of services for Korean-Americans families in the United States and families in Korea with children with disabilities.

Further information regarding this study may be obtained by contacting Molly Minjung Moon at mmoon@gwu.edu.

Sincerely,

Molly Minjung Moon

Molly Minjung Moon
P.O. Box 2667
FairFax VA 22031
mmoon@gwu.edu

American Wheat Mission in Northern California
2982 Scott Blvd.
Santa Clara CA 95054
Tel: 408-321-7441
Fax: 408-844-9150
Email: milal_nc@sbcglobal.net

Dear Director and Staff of Wheat Mission, Inc.:

I, Molly Minjung Moon, am a doctoral student in the Special Education Program at The George Washington University in Washington, D.C. For my dissertation research, I am conducting a study of the needs of Korean and Korean-American families of children with disabilities. This study is done in collaboration with my academic advisor, Dr. Marian H. Jarrett.

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Further information regarding this study may be obtained by contacting Molly Minjung Moon at mmoon@gwu.edu.

Sincerely,

Molly Minjung Moon

Molly Minjung Moon
P.O. Box 2667
FairFax VA 22031
mmoon@gwu.edu

American Wheat Mission in New Jersey
1225 River Rd.
Teaneck NJ 07666
Tel: 201-530-0355
Fax: 201-530-0344
Email: miju92@yahoo.co.kr

Dear Director and Staff of Wheat Mission, Inc.:

I, Molly Minjung Moon, am a doctoral student in the Special Education Program at The George Washington University in Washington, D.C. For my dissertation research, I am conducting a study of the needs of Korean and Korean-American families of children with disabilities. This study is done in collaboration with my academic advisor, Dr. Marian H. Jarrett.

I would like to ask your help in distributing the enclosed survey packets to families of children with disabilities, birth to 18 years old. These families can be ones served by the Wheat Mission or other families you may know with children with disabilities.

The survey packet includes a letter introducing the study to the parent or caregiver and a survey for them to complete and return to me. The survey will take approximately 30 minutes to complete. It asks about family needs related to having a child with a disability. There is also a section for information about the family. The letter includes instructions for returning the survey in the enclosed envelope or returning it to the Wheat Mission Inc.

Your distribution of this survey packet to families of children with disabilities will enable me to learn about the needs of Korean and Korean American families. This information will inform educators, early interventionists, and special education professionals about family needs and enhance their ability to meet these needs. In addition, the Wheat Mission Inc. will contribute to the improved quality of services for Korean-Americans families in the United States and families in Korea with children with disabilities.

Further information regarding this study may be obtained by contacting Molly Minjung Moon at mmoon@gwu.edu.

Sincerely,

Molly Minjung Moon

Molly Minjung Moon
P.O. Box 2667
FairFax VA 22031
mmoon@gwu.edu

American Wheat Mission in New York
142-44 Bayside Ave.
Flushing NY 11354
Tel: 718-445-4442
Fax: 718-445-4887
Email: nymilal@hotmail.com

Dear Director and Staff of Wheat Mission, Inc.:

I, Molly Minjung Moon, am a doctoral student in the Special Education Program at The George Washington University in Washington, D.C. For my dissertation research, I am conducting a study of the needs of Korean and Korean-American families of children with disabilities. This study is done in collaboration with my academic advisor, Dr. Marian H. Jarrett.

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Sincerely,

Molly Minjung Moon

Molly Minjung Moon
P.O. Box 2667
FairFax VA 22031
mmoon@gwu.edu

American Wheat Mission in Philadelphia, PA
P.O. Box 646
Willow Grove PA 19090
Tel: 287-475-8637
Fax: 215-650-7703
Email: philamilal@hotmail.com

Dear Director and Staff of Wheat Mission, Inc.:

I, Molly Minjung Moon, am a doctoral student in the Special Education Program at The George Washington University in Washington, D.C. For my dissertation research, I am conducting a study of the needs of Korean and Korean-American families of children with disabilities. This study is done in collaboration with my academic advisor, Dr. Marian H. Jarrett.

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Molly Minjung Moon

Molly Minjung Moon
P.O. Box 2667
FairFax VA 22031
mmoon@gwu.edu

American Wheat Mission in Southern California
7212 Orangethorpe Ave. Suite 7A
Buena Park CA 90621
Tel: 714-522-4599
Fax: 714-522-5180
Email: smilal@pacbel.net

Dear Director and Staff of Wheat Mission, Inc.:

I, Molly Minjung Moon, am a doctoral student in the Special Education Program at The George Washington University in Washington, D.C. For my dissertation research, I am conducting a study of the needs of Korean and Korean-American families of children with disabilities. This study is done in collaboration with my academic advisor, Dr. Marian H. Jarrett.

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Sincerely,

Molly Minjung Moon

Molly Minjung Moon
P.O. Box 2667
FairFax VA 22031
mmoon@gwu.edu

American Wheat Mission in Seattle, WA
23601 52nd Ave.
W Mountlake Terrace WA 98043
Tel: 425-444-1669
Fax: 425-776-3592
Email: seattlemilal@yahoo.co.kr

Dear Director and Staff of Wheat Mission, Inc.:

I, Molly Minjung Moon, am a doctoral student in the Special Education Program at The George Washington University in Washington, D.C. For my dissertation research, I am conducting a study of the needs of Korean and Korean-American families of children with disabilities. This study is done in collaboration with my academic advisor, Dr. Marian H. Jarrett.

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Further information regarding this study may be obtained by contacting Molly Minjung Moon at mmoon@gwu.edu.

Sincerely,

Molly Minjung Moon

Molly Minjung Moon
P.O. Box 82
NoWon Post Office
NoWonGu
Seoul, Korea
mmoon@gwu.edu

Korean Wheat Mission
Greenvill A Dong #101
KangNamGu SuSuhDong 717-1
Seoul, Korea
Tel: 02-3411-6896 / Fax: 02-3411-6657
Email: martinlee@kmil.or.kr

Dear Director and Staff of Wheat Mission, Inc.:

I, Molly Minjung Moon, am a doctoral student in the Special Education Program at The George Washington University in Washington, D.C. For my dissertation research, I am conducting a study of the needs of Korean and Korean-American families of children with disabilities. This study is done in collaboration with my academic advisor, Dr. Marian H. Jarrett.

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Further information regarding this study may be obtained by contacting Molly Minjung Moon at mmoon@gwu.edu.

Sincerely,

Molly Minjung Moon

Molly Minjung Moon
P.O. Box 2667
FairFax VA 22031
mmoon@gwu.edu

Dear Parent or Caregiver:

I, Molly Minjung Moon, am a doctoral student in the Special Education Program at The George Washington University in Washington, D.C. For my dissertation research, I am conducting a study of the needs of Korean and Korean-American families of children with disabilities. This study is done in collaboration with my academic advisor, Dr. Marian H. Jarrett.

The survey will take approximately 30 minutes to complete. It asks about family needs related to having a child with a disability. There is also a section for information about your family. Please return the completed survey using the enclosed envelope or by handing in the completed form to the Wheat Mission, Inc.

Your participation in this project is voluntary and confidential. You will not be required to put your name on the survey. Your participation does not cause any risks to you and your family. Whether you participate or not, the services you receive now or in the future will not be affected.

Your completion of this survey will enable me to learn about the needs of Korean and Korean American families. This information will inform educators, early interventionists, and special education professionals about family needs and enhance their ability to meet these needs. In addition, you will contribute to the improved quality of services for Korean-Americans families in the United States and families in Korea with children with disabilities.

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Sincerely,

Molly Minjung Moon

Molly Minjung Moon
P.O. Box 2667
FairFax VA 22031
mmoon@gwu.edu

부모님, 양육자님께

저는 워싱턴 DC 에 위치하고 있는 조오지 워싱턴 대학 특수 교육 프로그램의 박사과정 학생인 문민정입니다. 박사 논문을 위해서 저는 장애아를 양육하고 있는 한국 가정과 한인 교포 가정의 요구를 연구하고 있습니다. 저는 이 연구를 저의 지도교수님이신 Dr. Marian H. Jarrett 과 함께 진행하고 있습니다.

서베이를 마치는 데에는 약 30 분이 소요될 것입니다. 서베이는 장애아를 양육하는 데에 있어서 가족 요구에 관해 질문할 것입니다. 가정에 대한 정보를 질문하는 부분도 있습니다. 완성된 서베이는 동봉된 봉투를 사용하여 저에게 보내거나 밀알 지단에 제출해 주시기 바랍니다.

당신은 자발적으로 이 연구에 참여하는 것을 결정할 수 있습니다. 당신의 모든 자료는 비밀이 보장될 것입니다. 당신의 이름은 서베이에 나타나지 않을 것입니다. 이 연구에 참여함으로 인해 당신이나 당신 가족은 어떠한 불이익도 받지 않을 것입니다. 당신이 참여하거나 참여하지 않던 간에, 당신이 현재 받고 있거나 미래에 받을 서비스는 영향을 받지 않을 것입니다.

이 서베이를 완성하여 주심을 통해, 저는 한국 가정과 한인 교포 가정의 요구를 파악할 수 있습니다. 이러한 정보는 교육자, 조기 중재자, 특수교육 전문가들에게 가족 요구에 대해 알려줄 것이며, 가족 요구를 충족시켜 줄 수 있는 그들의 능력을 향상시켜 줄 것입니다. 또한, 당신은 장애아를 양육하고 있는 한인 교포 가정과 한국 가정을 위한 서비스의 질을 향상시키는 데 공헌할 것입니다.

이 연구에 대하여 다른 질문이 있으시다면, 문민정에게 mmoon@gwu.edu 로 연락하시기를 바랍니다.

문민정 드림.

**Back-Translation**

Molly Minjung Moon
P.O. Box 2667
FairFax VA 22031
mmoon@gwu.edu

American Wheat Mission in Washington DC
13925 Travilah Rd.
Rockville MD 20850
Tel: 301-294-6342
Fax: 301-294-6195
Email: milalusa@yahoo.com

Dear Parent or Caregiver:

I, Molly Minjung Moon, am a Ed.D student in the Special Education Program at The George Washington University. With my academic advisor, Dr. Marian H. Jarrett, I am conducting a study of the needs of Korean-American and Korean families having children with developmental challenges.

The survey accompanying this letter will ask about your demographic information for your family and your family needs for children with disabilities from zero to 18. The survey will take around 30 minutes to complete. Please return the completed survey using the enclosed envelope or by handing in the completed form to the Wheat Mission.

Your participation in this project is voluntary and confidential. Your participation does not cause any risks to you and your family. Whether you participate or not, there is no change in the services that you are now taking or in the future.

Your participation of this survey packet to the families of children with disabilities would inform me about the family needs. And the information about family needs contribute to enlightening educators, early interventionists, and special education professionals about family needs. In addition, you would contribute to improving the quality of services for Korean-Americans families in the United States and Korean families in Korea with children with disabilities.

More information for this study will be acquired by Molly Minjung Moon, at mmoon@gwu.edu

Sincerely,

Molly Minjung Moon