

PHYSICIAN QUESTIONNAIRE ON ATTITUDES TOWARD  
AND KNOWLEDGE OF FAMILIES WITH HANDICAPPED  
CHILDREN

ROUGH DRAFT

I. PERCEPTION OF ROLE IN RELATION TO FAMILY OF HANDICAPPED CHILD

1. As a physician, I view my role toward handicapped children and their families as:

- DISPENSER OF MEDICAL SERVICES AND MEDICAL ADVICE
- COUNSELOR
- ADVOCATE
- FRIEND
- CHILD DEVELOPMENT CONSULTANT
- OTHER (please specify)

2. Families of handicapped children often seem to expect me to fill the following roles:

- DISPENSER OF MEDICAL SERVICES AND MEDICAL ADVICE
- COUNSELOR
- ADVOCATE
- FRIEND
- CHILD DEVELOPMENT CONSULTANT
- OTHER (please specify)

3. Physicians do not have the time or training to deal with the emotional concerns and needs of handicapped children and their families

4. The emotional concerns and needs of handicapped children and their families can best be dealt with by trained professionals other than physicians.

5. It is important for me, as a physician, to learn as much as I can about the impact of the birth of a handicapped child on the parents and other family members.

6. I am interested in additional training vis-a-vis handicapped children and families so that I could expand my role in areas of counseling and advocacy.

II. KNOWLEDGE OF RESOURCES

1. I am familiar with the roles and functions of Regional Centers toward their client population.

2. I know how to identify respite care programs for parents of handicapped children.

3. I am aware of the existence of parent support programs for families of handicapped children in my geographic area.

4. I know how to locate a parent training program for families of handicapped children.

5. I know how to obtain information on local placement settings currently available for handicapped children.
6. I am familiar with criteria for evaluating the appropriateness and quality of a placement facility for a handicapped child.
7. I am familiar with decision-rules for helping parents make choices about whether, when, and where to place a handicapped child.
8. I am aware of the public school services which are required by law to be provided to handicapped children and their families.

### III. ATTITUDES TOWARD HANDICAPPED CHILDREN AND THEIR FAMILIES

1. Having a child with an incurable handicap is probably the worst tragedy that can befall a family.
2. Parents of handicapped children are specially suited to deal with the problems and needs of these children.
3. Parents of handicapped children are chosen by God to care for these children.
4. Most parents of handicapped children would have chosen abortion if they had known that their child would be born disabled.
5. Parents who place their children in institutions are not as good parents as those who keep their children at home.
6. Most parents of handicapped children prefer it when you pretend not to notice their child's disabilities.
7. Children with handicaps should be treated basically like any other children.
8. Siblings of handicapped children are emotionally scarred by the experience of having a handicapped individual in the family.
9. Extended family members are almost always a great source of support and consolation to families of handicapped children.
10. A support group can be beneficial to parents and/or siblings of a handicapped child.
11. Families of handicapped children tend to be hostile and antagonistic toward health care professionals.
12. I don't think I could cope with having a handicapped child of my own.
13. It is unfair to normal children to expect teachers to integrate seriously impaired children into the public classroom setting.
14. I have a sense of revulsion toward certain kinds of handicapped children.
15. I have a sense of revulsion toward certain kinds of disabilities.
16. I have a sense of revulsion toward certain kinds of disabilities.
17. I think handicapped children and their families are basically different from normal children and their families because of all they've gone

through.

18. Parents of handicapped children have unrealistically high expectations for these children.

19. Once parents of handicapped children have recovered from the initial shock and grief, they can return to the normal lives they led before the birth of this child.

20. Parental denial of their child's condition is a pathological condition and should be treated immediately.

21. The marriages of parents of handicapped children usually end in divorce.

22. Endowing a handicapped child's condition with meaning is often associated with high family functioning.

23. Mental retardation is usually more stressful for parents than physical disability.

24. Severely impaired children are at higher risk for physical abuse by their parents than are nondisabled children.

25. Mothers are more stressed than fathers by the presence of a handicapped child in the family.

26. Parental guilt is an inappropriate response to the birth of a handicapped child, except in instances where a genetically linked condition exists.

27. Families of handicapped children with strong social support networks are associated with positive family functioning.

28. If parents are considering placement, it should be done as early as possible in the child's life, to minimize emotional trauma to the family.

29. Parents should be discouraged from placing a handicapped child, as research shows institutionalization has a deleterious impact on the child.

30. Placement of a handicapped child is a viable alternative for many families.

31. The child's primary physician of the handicapped child should play an active role in helping parents reach a decision about placement.

32. Placement of a handicapped child should only be considered as a last alternative.