

**Family Quality of Life and its relationship to Negative Emotions
as an indicator of Social Work Intervention with Siblings of
Individuals with Intellectual Disabilities**

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ABSTRACT

The present study aimed to investigate the relationship between family quality of life and negative emotions among siblings of individuals with intellectual disabilities. This study was conducted in (12) Schools of Individuals of intellectual disabilities based in Sharkia Governorate. The study sample was 162 of siblings of individuals with intellectual disabilities in those schools. Data were collected by using Family Quality of Life Scale that was developed by the Beach Center at the University of Kansas (2012) and Negative Emotions Scale that was designed by the researcher.

The study results indicated that there is low family quality of life and high negative emotions among siblings of individuals of intellectual disabilities. Also family quality of life was affected by the disabled age and the type of intellectual disability and negative emotions among siblings of individuals of intellectual disabilities differ only according to sibling gender. Moreover, there is a statistically significant negative correlation at level ($p=0.05$) between family quality of life and negative emotions among the participants.

Based on those results we can determine a number of general indicators that helped in identifying the primary factors of Social Work Intervention by which we can improve family quality of life and decrease negative emotions in this group in terms of their adjustment with individuals of intellectual disabilities.

KEYWORDS: Family Quality of life – Negative Emotions – intellectual Disabilities – social work intervention

جودة الحياة الاسرية وعلاقتها بالانفعالات السلبية كمؤشر للتدخل المهني للخدمة الاجتماعية مع أخوة المعاقين ذهنياً

ملخص الدراسة

سعت الدراسة الحالية إلى التعرف على طبيعة العلاقة بين جودة الحياة الاسرية والانفعالات السلبية لدى أخوة الأفراد المعاقين ذهنياً ، ، وقد طبقت في (12) مدرسة من مدارس التربية الفكرية الكائنة بمحافظة الشرقية ، وذلك على عينة قوامها (162) مفردة من أخوة الأفراد المعاقين عقلياً ، واعتمدت في جمع البيانات من المبحوثين على مقياس جودة الحياة الأسرية الذي تم تطويره من قبل مركز الشاطئ للإعاقة بجامعة كانساس (2012) ، ومقياس الانفعالات السلبية والذي تم اعداده بمعرفة الباحث .

وتوصلت نتائج الدراسة إلى انخفاض مستوى جودة الحياة الاسرية لدى أخوة الأفراد المعاقين ذهنياً وارتفاع مستوى انفعالاتهم السلبية، كما اسفرت النتائج عن تأثر جودة الحياة الاسرية بمتغيري سن المعاق ونمط الإعاقة الذهنية، وتبين ايضاً أن الانفعالات السلبية لدى أخوة الأفراد المعاقين ذهنياً تختلف فقط باختلاف جنس الأخ، كما أسفرت نتائج الدراسة عن وجود علاقة سلبية ذات دلالة احصائية عند مستوى معنوية ($p=0.05$) بين جودة الحياة الاسرية والانفعالات السلبية لدى المبحوثين.

وفي ضوء تلك النتائج أمكن الخروج بمجموعة من المؤشرات الع[امة والتي ساهمت في وضع وتحديد العناصر الأساسية للتدخل المهني للخدمة الاجتماعية والتي يمكن من خلالها تحسين جودة الحياة الاسرية لدى هذه الفئة من العملاء ومن ثم التخفيف من حدة انفعالاتهم السلبية التي يعانون منها في ظل تعايشهم مع الإعاقة الذهنية

الكلمات المفتاحية: جودة الحياة الاسرية - الانفعالات السلبية - الإعاقة الذهنية - التدخل المهني للخدمة الاجتماعية

INTRODUCTION.

The helping professions, in addressing the question of disabilities, have traditionally been concerned with and centered on the individual's disability and needs independent of his or her family. However, this trend has been changing over the last years, with increasing number of researchers tending to look at a family who has one or more members with disability as a whole unit, since having a disability, regardless of its type or severity, can have an effect not only the person with disability, but also on the entire family. Such impact may include the individual's emotional well-being, interpersonal relations, material well-being, personal development, physical wellbeing and social inclusion. These various aspects or areas constitute what is now called "Quality of Life".

Recently, the concept of quality of life has attracted significant attention from public health researchers. Quality of life among the general population has become a major outcome measure in health-related research all over the world . (Lodhi et. al.,2019,12)

Also Quality of Life Concept has gained a big importance in Social Sciences including Social Work Profession as it is one of the most important concepts and indicators that reflects clearly the clients conditions and their social life style which help to determine professional interventions necessary for finding appropriate solutions for their problems.

The WHO definition of quality of life is the person perception of position in life in his cultural background context and his value system according to his expectancies, concerns, and patterns (Tate, & Forchheimer, 2014). There is an assessment of quality of life

created by world Health Organization Quality of Life Questionnaire – Short Version "WHOQOL–BREF" (Aish, 2013). A lot of sub–concepts were derived from Quality of Life and one of them is family quality of life.

Family quality of life is a concept broadly refers to several aspects of family conditions (family living, functioning, and well–being) (Isaacs et al., 2012). It is also a multidimensional construct involving three dimensions: physical, social, and emotional (Predescu & Sipos, 2017) Samuel, Rillotta, & Brown (2012) stated that family shape the first structure for functioning and stability of any society.

Family quality of life is the concept related to support families of children with disabilities and widely accounted in the field of disability, counseling service, and enhancing outcomes of individuals with disabilities (Algood & Davis, 2019).

Many studies investigated quality of life in families of children with intellectual disabilities such as: Svraka, et al. (2011) introduced primary data on quality of life in families of children with intellectual disability and suggested to promot quality of life in families that have one or more children with intellectual disability. Adolescents with disabilities may be lower than their normally developing peers without disabilities (lhara, et al., 2012). Foley et al. (2014) investigated the relationship between family quality of life and the work life in young people with Down syndrome, the results showed that participates of sheltered employment tended to be poor in family quality of life, after controlling personal qualities, behavior,

Gine & et. al .(2015) examined family quality of life for people with intellectual disabilities in Catalonia . The study concluded

that there is high family quality of life in families of individuals of intellectual disabilities aged above 18 years compared to families of individuals with intellectual disabilities aged under 18 years. The study of Tait, K., & Hussain, R. (2016) aimed to identify the factors and variables that affect the quality of family life for parents of children suffering from various developmental disabilities, the results found that among the most important of these factors are the parents' participation in the school system of the disabled child

Concerning quasi-experimental studies that aimed to improve this variable, a study of Badr & Abd Al Monsef (2016) emphasized the effectiveness of a counseling program based on rational emotional counseling theory and family counseling theories in improving quality of life among families of the educable individuals with intellectual disabilities. The study determined the primary dimensions of the above variable as follows: solving family problems, coping with stressors, performing family roles, behavior control. Ferrer, et al. (2016) indicated that high levels of positive perceptions in families related to high level in emotional well-being, good health, adaptation to disability, and achieving high levels of FQoL and that high levels of perceived control in families related to good FQoL and more satisfaction with the services provided for their child.

Jones & et. al. (2017) investigated family quality of life in families of children with autism spectrum disorder, As one of the types of severe disabilities and showed that the most effective factors in FQOL were if the child with ASD had a major health concern, family's needs were met by disability-related services, and if there were opportunities to engage in leisure and recreation activities.

Also Balcells A. et. Al (2019) showed that families more concerned with language and speech support needs for their children and information needs for themselves, were mostly satisfied with their partnerships with the professionals and also in their FQOL. A Study of Vanderkerken & et. al. (2019) concluded that there was a positive correlation between Family Quality of Life (FQOL) and the Family Centered Approach (FCA) in families of individuals with intellectual disabilities aged above 18 years . Also the study emphasized that the parental work situation is one of the elements that have a big impact on family quality of life.

As siblings context is one of the sub-contexts of the family a number of studies examined the negative impact on this context in case there is an individual with intellectual disability in the family or rather it aimed at determining types of psychological problems and emotions among siblings of individuals with intellectual disabilities.

In this context , a study of Harahsha , Ahmed (2003) indicated that emotional aspects resulting from the presence of an intellectual disabled individual in the family contributes greatly to develop psychological stress among siblings of individuals with intellectual disabilities . Also this study concluded that avoidance and escape strategies were the most ones used by siblings of individuals with intellectual disabilities to cope with psychological stress.

Cameron & et. al. (2010) indicated that siblings of children with intellectual disability were more negatively impacted compared to siblings of typically developing children as perceived by their family members and when controlling the child behavior problems there was no longer a significant relationship between child intellectual status

and sibling negatively impact. A Study of Sheradi and Nadia (2014) indicated that siblings of individuals with intellectual disabilities experience several negative emotions like frustration, fear and future anxiety . Also these negative emotions have a big impact on family relationships and lead to disruption in roles and functions performed by siblings of individuals with intellectual disabilities within family context and beyond.

Concerning future anxiety as one of the most problems and negative emotions among families of individuals with intellectual disabilities a study of Sabah and Aaish (2016) showed that siblings of individuals with intellectual disabilities have moderate future anxiety and emphasized the necessity of providing psychological support to normal siblings through specialized counseling programs that help to decrease the severity of those negative emotions.

Shivers & Dykens (2017) showed that siblings of individuals with intellectual disability reported higher levels of anxiety toward the disabled child compared to siblings of typically developing children and that siblings feelings toward their disabled child related to both parental and disabled child factors, but only in families of children with intellectual disability. In another study, Shivers & Kozimor (2017) showed that having a child with comorbid intellectual illness and intellectual disability contribute to more negative feelings in adolescents, though the absence of mental illness does not relate to more positive feelings. Results also showed that families of children with intellectual disability and mental illness may need to be positive in fostering healthy sibling relationships.

In the same context Sabah and Aaish (2018) conducted another study (2018) and concluded there were high levels of the five factors of personality among siblings of individuals with intellectual disabilities and these factors are Extraversion , Agreeableness , Conscientiousness , Emotional Stability and Openness to Experience .Avieli, (2019) illustrated that providing support to children with intellectual disability imposes new challenges affected by past relationships and roles, as well as current situation and changes brought by aging.

Based on the above points several studies examined quality of life among siblings of individuals with intellectual disabilities and other studies investigated negative emotions experienced by them. The primary aim of those studies was to determine the level of quality of life in general or the degree of negative emotions among any population. This is very important for the predictions of social, psychological and health care need. At the same time there is limited research about the relationship between the two variables so the researcher decided to conduct this study to reach a better understanding about the reciprocal relationship between family quality of life and negative emotions among siblings of individuals with intellectual disabilities. Also the results of this study will be predictors of social work intervention with this group of clients.

STUDY PROBLEM:

The family of the individual with intellectual disability faces a lot of difficulties and stress that may cause social and psychological dysregulation for its members and this has an impact on family

quality of life in general irrespective of whether or not it accepts the intellectual disabled individual.

In most cases the presence of a disabled person in the family imposes certain life styles filled with worries , tasks and difficult responsibilities that are associated with abnormal family atmosphere differing greatly from normal life styles . Therefore , they experience negative emotions or rather this life style can have a negative impact on their emotional states.

Accordingly, the study problem can be formed in the following question: ***What is the relationship between family quality of life and negative emotions among siblings of individuals with intellectual disabilities***

OBJECTIVES:

1. Determining the level of family quality of life and negative emotions among Siblings of individuals with intellectual disabilities.
2. Investigating whether or not the demographic characteristics of individuals with intellectual disabilities and their typically developing siblings have an impact on their family quality of life and negative emotions because of the disability.
3. Exploring and investigating the nature of correlation between family quality of life and negative emotions among Siblings of individuals with intellectual disabilities
4. identifying indicators of social work intervention that may help to reduce the severity of psychological and social problems experienced by siblings of individuals with intellectual disabilities.

STUDY HYPOTHESES

First Hypothesis: There is a statistically significant correlation at level of reliability ($p = 0.05$) between family quality of life (FQOL) among siblings of individuals with intellectual disabilities and some demographic variables (Sibling Gender – Sibling Age – Sibling Birth Order– Disabled Gender – Disabled Age– Type of intellectual disability)

Second Hypothesis: There is a statistically significant correlation at level of reliability ($p = 0.05$) between negative emotions among siblings of individuals with intellectual disabilities and some demographic variables (Sibling Gender – Sibling Age – Sibling Birth Order– Disabled Gender – Disabled Age– Type of intellectual disability).

Third Hypothesis: There is a statistically significant inverse correlation at level of reliability ($p = 0.05$) between family quality of life (FQOL) and negative emotions among siblings of individuals with intellectual disabilities.

MAIN CONCEPTS:

(1)– Family quality of life (FQOL)

Family quality of life has gained a great interest in Social Sciences as it is considered one of the issues that concentrate on examining the positive aspects and strengths in families with the aim of helping their members to perform productive behaviors and enhancing personal and societal development (Genidi A. ,2009 ,65).

Zuna et al, (2009. 26) stated that FQOL can be defined as a dynamic sense of family well-being by its members in which individual and family-level needs interact. Also this concept is a

predictive indicator of quality of life in general and it is one of the most important dimensions of intellectual health for parents , children and others who live within the family context.

In its components family quality of life does not differ from individual quality of life but they differ in the aim in which family quality of life is related to family context as a whole and not every individual separately (Okasha M. ,Salim A. ,2010 ,page 74).

From this standpoint, it has been defined as the goodness of family life or the "conditions where the family's needs are met, and enjoy life together as a family and having a chance to do the important things" (Park J. et al., 2003, p. 368) Also family quality of life concept reflects positive and negative attitudes against family life , the aims that the family abides by , to what extent family members perceive their importance and their motivation to exert efforts perform the tasks and to achieve them in addition to their conviction and life satisfaction in general (Al Ganaee ,Mona 2012 , page 273).

In terms of the previous definitions the researcher can define family quality of life in the present study as follows : It is the ability of families of individuals with intellectual disabilities to fulfill the primary requirements of their members , make them happy , satisfied and harmonious to do their best to achieve their future aims , dealing positively and flexibly with life stressors and eliminating difficulties and challenges resulting from intellectual disability .

(2)– Negative Emotions:

Negative Emotions in general can be defined as a change in the affective state, a systematic response to an event and it has physiological, cognitive and behavioral aspects (Balhuseni Warda ,

Bou Said Soaada ,2017 ,83). Some researchers emphasized that the available definitions of emotions are different in form and similar in content and the shared points between those definitions are that emotions are "Internal affective states accompanied by physiological and psychological changes " (Bin Yonis, Mahmoud , 2007 ,228).

On one hand the emotion can be positive and incite one perform his duties and roles properly as praise and joy. In this case one has the required adjustment. On the other hand emotion can be negative leading to dissatisfaction and resentment and reduces individual activity as sorrow , anger and frustration.

With regard to the negative emotions It specifically defined as brief and intensive aversive states in reaction to a specific event (Lench et. al., 2011, 837) Specifically, negative emotions are sufficient for understanding emotional experiences and/or positive emotions are the mere absence of negative emotions (Barclay & Kiefer , 2014, 1874).

In general, negative emotions are irregular, incompatible and unexpected affective states that differ from the usual state of the individual. They are characterized by arousal and tension, reduce effective performance, activity and vitality. Therefore, they have severe negative effects on individual physical and intellectual health.

Based on the above negative emotions can be defined as: unpleasant or incompatible affective states among siblings of individuals with intellectual disabilities within family and beyond. They appear in reaction to requirements of taking care of people with intellectual disabilities and as a response to diverse situations imposed by intellectual disability on them and all family members.

THE STUDY– RELATED THEORIE:

The present study is based on two theories of social work in interpreting and analyzing the problems experienced by the family particularly when it faces crises and difficult situations as is the case with reference to families of individuals with intellectual disabilities and they are as follows:

(1)– Family Systems Theory.

Family Systems Theory in social work described the processes that affect the ideal functioning of a family thereby causing disorder so as to understand and interpret the cognitive, social, and emotional functioning of individual in society (Sutphin, S. & et. al., 2013,502). In the scope of clinical social work practice family systems theory has become an essential framework to understand human functioning and dysfunctioning in context (Walsh F., 2014,160).

In brief, this theory considers the family as a social context involving a group of interactive individuals distinguished by a specific reference framework reflected in their interaction methods in life. This social context comprises of a number of sub–contexts and we cannot understand the family without perceiving the interactions that occur between these sub–contexts such as the spouses context or parents context , sons context as a whole , parental context with sons and grandparents if the family is extended.

In family systems theory, the interactions between family members are the essential to understand the individual's behavior and emotion. FST also assists in assessing the nature of a

relationship by examining the interactions that occur between individuals. Interactional processes such as triangles, coalitions, pattern, redundancy, multiple levels of meaning (Johnson, & Ray, 2016,786).

Also this theory indicates that stress facing the family can lead to disruption in the family life cycle , symptoms and dysfunction . These symptoms appear in family crises situations (Habib , Hana 2016 ,256) and in these conditions the family seeks to eliminate these difficult situations by roles redistribution , values change , limitations setting , standards enhancement , adding responsibilities and creating new rules (Gabal, Abd Al Naser 2013 , 32 -33).

(2)– Symbolic Interaction Theory

symbolic interactionism provides an ideal conceptual framework for social work theorizing and practice it offer social worker a traditional integrating scholarship and practice (Forte, J.A., 2004,391) FST assists in explaining roles and identity, how individuals utilize social context and their perceptions of how others perceive them during forming their identity (Carter & Fuller, 2016,932).

This theory emphasizes that the family is a part of the interactive personalities as the personality is not a static entity , rather it is a dynamic concept (Al Khashab , Samia , 2008, 51) This perspective emphasizes the construction of meaning within families. Roles within families are not fixed but will evolve as participants define and redefine their behavior towards each other.(Andersen & Taylor,2008,400).

According to the primary assumptions of this theory, family quality of life is interpreted through internal interaction processes between family members and these processes appear in several domains especially when the family faces difficult situations and events. One of the most important dimensions – for example – is: fulfilling family roles and responsibilities, family members attitudes towards each other, parental practices, daily life style of the family, family decision making styles and family support.

STUDY METHODOLOGY:

This study is descriptive and analytical study. It was designed to assess the relationship between the family quality of life (QOFL) and negative emotions among siblings of individuals with intellectual disabilities, given that this relationship is considered indicators of social work intervention that may help to reduce the severity of psychological and social problems experienced by this group of client. It used social survey approach to collect data from the participants.

Measurement:

1– The Family Quality of Life Scale:

FQOL Scale was primarily developed by the Beach Center on Disability at the University of Kansas (2012). The scale was translated into Arabic and taking into account the reformulation of some phrases in accordance with the nature of society. and it assessed five subdomains: family interaction, parenting, emotional

well-being, material/physical well-being, and disability-related support

This scale contains of 25 items. Participants responded to items on a 5-point Likert scale (Very Dissatisfied a 1, Dissatisfied, Neither, Satisfied, Very Satisfied a 5). the minimum and maximum grade of the scale ranged from 25-125 Validity and reliability tests of this scale were investigated as indicated in the two following tables:

Table (1)

**Results of validity coefficients and its statistical Significance
on dimensions of QOFL scale**

N	Scale dimensions	Pearson correlation Coefficient
1	Family Interaction.	0.83**
2	Parenting.	0.79**
3	Emotional well-being.	0.81**
4	physical well-being.	0.84**
5	Disability-related Support.	0.78**
Total scale		0.81**

* Correlation is significant at the 0.05 level

** Correlation is significant at the 0.01 level

Table (1) indicates that correlation coefficient value of QOFL scale is 0.81. Its main dimensions ranged from 0.78 – 0.84. This shows that the dimensions of this scale have a statistically significant level of reliability ($p=0.01$). This indicates high internal consistency coefficient, as well as high and sufficient indicators of validity that can be trusted in applying the current study

Table (2)

**Results of reliability coefficients and its statistical significance
on dimensions of QOFL scale**

N	Scale dimensions	Spearman–Brown correction	Cronbach's Alpha Coefficient
1	Family Interaction.	**0.76	**0.75
2	Parenting.	**0.73	**0.71
3	Emotional well– being.	**0.74	**0.73
4	physical well–being.	**0.81	**0.79
5	Disability–related Support.	**0.77	**0.77
	Total scale	**0.76	**0.75

* Correlation is significant at the 0.05 level

** Correlation is significant at the 0.01 level

Table (2) shows that total reliability coefficient value of QOFL is 0.76 by using Spearman Brown correction while it is 0.75 by using Cronbach Alpha Coefficient. All these total values and reliability coefficients of the domains are statistically significant at level ($p=0.01$). This emphasizes the coefficients of the variables have a high degree of reliability; thus, their results are reliable, and the tool is appropriate for use. based on that this scale is characterized by a high degree of validity and reliability; As it has been shown from the above, it is considered one of the accurate tools that have gained acceptance among researchers interested in the problems of families of Individuals with Intellectual disabilities

2- The Negative Emotions Scale:

This scale was designed to assess and determine the level of negative emotions among the participants and it was redesigned according to the scientifically approved stages.

In the beginning, according to previous researches findings the researcher determined five dimensions of negative emotions which comprised the primary components and dimensions of the present. A definition was given to each dimension that determined the intended meaning in the present study as follows:

- a) **Distress:** It means feelings of trouble, resentment and discomfort afflicted by siblings of individuals with intellectual disabilities because of the diverse duties assigned to them, depriving them of enjoying life, poor attention and esteem for them in addition to misunderstanding by the community to the characteristics and requirements of individuals with intellectual disabilities.
- b) **Fear:** It refers to a state of fear and tension among siblings of individuals with Intellectual disabilities as a result of probable threats and dangers or aversive events that they expect to face in their life because of their siblings with Intellectual disabilities.
- c) **Anger :**It refers to feelings of resentment experienced by siblings of individuals with Intellectual disabilities in reaction to perceived unaccepted behaviors or provocative and loveless actions done by people around them including the siblings with Intellectual disabilities

- d) **Shyness:** It refers to feelings of shame, shyness and confusion among siblings with Intellectual disabilities when they and their siblings with Intellectual disabilities attend social events especially ones in which the disabled perform impolite actions before family members, relatives and familiar people.
- e) **Despair and Frustration:** It refers to feelings of incompetence, surrender and failure afflicted by a sibling with Intellectual disability because he has no hope that his sibling state will improve and has a negative attitude towards life and future which weakens his will and lower his desire to make efforts necessary to reach his aims and future ambitions.

Based on the above definitions items were set to each dimension which reached 30 with 6 items for each dimension. Then negative emotions were scored with five-point graded scale (No – Low – Moderate – High – Very high),so the minimum score and the maximum score on the scale ranged between 30 –150.

Face validity of the scale was examined by giving it to seven professors of Social Work and Psychology. Also the scale reliability was investigated and it appeared that the scale was valid for use on the study sample according to the two following tables:

Table (3)

**Results of validity coefficients and its statistical significance
on dimensions of negative emotions scale**

N	Scale dimensions	Pearson correlation Coefficient
1	Distress.	**0.76
2	Fear .	**0.78
3	Anger.	**0.81
4	Shy.	**0.73
5	Despair and frustration.	**0.82
Total scale		**0.78

* Correlation is significant at the 0.05 level

** Correlation is significant at the 0.01 level

Table (3) indicates that correlation coefficient value of the negative emotions scale among siblings with Intellectual disabilities is 0.78. Also with reference to each dimension the values are (0.82, 0.73, 0.81, 0.78, 0.76) respectively and all these values are statistically significant at level ($p=0.01$). This indicates high internal consistency coefficient, as well as high and sufficient indicators of validity and so this scale can be applied on the study sample.

Table (4)

**Results of reliability coefficients and its statistical significance
on dimensions of negative emotions scale**

N	Scale dimensions	Spearman–Brown correction	Cronbach's Alpha Coefficient
1	Distress.	**0.72	**0.70
2	Fear .	**0.76	**0.76
3	Anger.	**0.72	**0.71
4	Shy.	**0.69	**0.68
5	Despair and frustration.	**0.71	**0.70
Total scale		**0.72	**0.71

* Correlation is significant at the 0.05 level

** Correlation is significant at the 0.01 level

Table (4) indicates that total reliability coefficient value of the negative emotions scale among siblings of individuals with Intellectual disabilities was 0.72 With reference to its main dimensions, it ranged from 0. 69 – 0. 76 by using Spearman –Brown correction. While total reliability coefficient value of this scale was 0.71 by using Cronbach Alpha Coefficient. All these total values and reliability coefficient for each dimension was statistically significant at level ($p=0.01$) This emphasized that all these dimensions have acceptable reliability so this scale is reliable for determining the level of negative emotions among the participants.

STUDY FIELDS / LIMITS:

1– Place Limit:

This study was conducted in 12 schools of children with Intellectual disabilities in Sharkia Governorate which has 23 primary and preparatory schools. Those schools are responsible for rehabilitating children with Intellectual disability in this governorate and approval of school authorities was obtained. Ethical guidelines were followed, and confidentiality of the data was assured.

2– Human Limit:

The study sample consisted of 162 of siblings of individuals with Intellectual disabilities and was selected according to the following conditions and standards:

- a– Age of the participant is not less than 15 years.
- b– The participant has to be able –bodied and free from chronic diseases.
- c– The participant has only one sibling with Intellectual disability.
- d– The participant accepts to be included in the study by completing all data and items of the two scales of the study

3– Time Limit:

This study was completed in almost 9 months and data was collected from the participants from 18/10 to 16/11 /2020.

STUDY RESULTS:

The results of this study can be presented and interpreted in light of four basic elements: demographic information, level of family quality, level of negative emotions among the siblings of individuals

with Intellectual disability in addition to Testing the study hypotheses, that is appears from the following tables:

(1)– Demographic Information

Table (5)

Demographic Characteristics of the Participants

Demographic	Main data	Estimation	
		Frequency	percentage
Sibling Gender	– Male	94	58 %
	– Female	68	42 %
Sibling Age	15 to less than 18 years.	58	35.8 %
	18 to less than 21years.	46	28.3 %
	21 to less than 24years.	37	22.8 %
	24+	21	13 %
Sibling Birth Order	1	74	45.6 %
	2	35	21.6 %
	3	24	14.8 %
	4+	29	17.9 %
Disabled Gender	Male	104	64.2 %
	Female	58	35.8 %
	6 to less than 9 years.	32	19.7 %

Disabled Age	9 to less than 12 years.	44	27.2 %
	12 to less than 15 years.	61	37.6 %
	15+	25	15.4 %
Type of Intellectual disability	Mild Intellectual disability	93	57.4 %
	Moderate Intellectual disability	47	29 %
	Severe Intellectual disability	22	13.5 %

Table (5) indicates that the majority of the participants were male 58% of the study population, while 42% of the participants were female.. Also the majority of the participants aged (15 to less than 18 years) and 13% of the participants were above 24 years., ALSO Table data indicate the majority of the participants whose percentage is estimated 45.6% of these siblings occupy the first rank among family member Regarding the demographic characteristics of individuals with Intellectual disabilities it appeared that 64.2% of these people were male while 35.8% were female. 37.6% of the Intellectual disabled aged (12 to less than 15 years), while 15.4% were above 15 years. Also this table indicates that 57.4% of these disabled people – Which represents the majority of them – have mild Intellectual disability, 29% have moderate Intellectual disability and 13.5% have severe Intellectual disability.

(2)– Level of Family Quality:

Table (6)

Means and Standard deviations of the responses of the participants on family quality of life scale

N	Scale dimensions	Mean	Std. Deviation	Level	Ranking
1	Family interaction	2.26	1.776	low	3
2	Parenting	2.69	2.004	average	1
3	Emotional well-being	1.72	0.928	low	5
4	physical well-being	1.84	1.636	low	4
5	Disability-related support	2.56	1.685	average	2
	Overall family quality of life	2.21	1.812	low	

FQOL was scored on a scale of 1 (very dissatisfied) to 5 (very satisfied)

Table (6) indicates that total mean of the responses of the study sample on the family quality of life scale is (M= 2.21) and the standard deviation is (SD =1.812)..In general, this emphasizes that the level of family quality of life among siblings of individuals with Intellectual disability is low. Regarding the primary dimensions and components of the QOFL scale the results showed that there is a relative discrepancy between the level of each of those five dimensions. Where parenting dimension was moderate and had the

first ranking in which (M=2.56, SD= 2.004), Also Disability-related support dimension was moderate and had the Second ranking in which((M=2.56, SD= 1.685) Other dimensions were low and emotional well-being dimension was the lowest in which it had the final ranking (M=1.72, SD= 0.928).

(3)- Level of Negative Emotions

Table (7)

Means and Standard deviations of the responses of the participants on negative emotions scale

N	Scale dimensions	Mean	Std. Deviation	Level	Ranking
1	Distress	2.84	1.218	average	4
2	Fear	3.94	1.647	high	1
3	Anger	3.76	0.706	high	3
4	Shy	3.86	1.114	high	2
5	Despair and frustration	2.71	0.806	average	5
	Overall Negative Emotions	3.42	1.176	high	

Negative Emotions were scored on a scale of 1 (very low) to 5 (very high)

Table data (7) indicate the level of negative emotions among the siblings of individuals with Intellectual disability was high in which arithmetic mean value of the responses of study sample on total scale dimensions is (M= 3.42) and the standard deviation is (SD

=1.176). Perhaps this result reflects the negative effects of Intellectual disability on the brothers. Regarding the level of each dimension of the basic dimensions of scale the results showed that Fear emotion was high and had the first ranking (M=3.94, SD =1.647) while despair and frustration emotion was moderate and had the final ranking (M=2.71, SD =0.806).

(4)– Testing the study hypotheses:

First Hypothesis: There is a statistically significant correlation at level of reliability ($p = 0.05$) between family quality of life (FQOL) among siblings of individuals with Intellectual disabilities and some demographic variables (Sibling Gender – Sibling Age – Sibling Birth Order– Disabled Gender – Disabled Age– Type of Intellectual disability). The results of testing this hypothesis are made clear through the following table:

Table (8)

Correlation coefficients and statistical significance between family quality of life and some demographic variables

N	Demographic Variables	Family Quality of Life		
		Coefficient Applied	Value and Significance	Degrees of Freedom
1	Sibling Gender	Pearson Chi– Square	63.28	df = 38
2	Sibling Age	Pearson	0.076	

		Correlation		
3	Sibling Birth Order	Gamma	0.208	
4	Disabled Gender	Pearson Chi-Square	24.382*	df = 38
5	Disabled Age	Pearson Correlation	0.241	
6	Type of Intellectual disability	Gamma	0.206*	

* Correlation is significant at the 0.05 level

** Correlation is significant at the 0.01 level

Table data (8) appeared from the above table there are statistically significant differences between family quality of life and the disabled age in which Pearson Correlation value was (0.241) and it is statistically significant at the ($p = 0.05$) level. Also, there are statistically significant differences between family quality of life and the type of the Intellectual disability in which correlation coefficient (Gamma) value was (0.026) and this value is significant at the ($p = 0.05$) level. On the contrary, table data emphasizes there is statistically significant correlation between family quality of life on one hand and the sibling gender, the sibling age, the sibling birth order and the disabled gender. In the light of these results the first hypothesis is partially right.

Second Hypothesis: There is a statistically significant correlation at level of reliability ($p = 0.05$) between negative emotions among siblings of individuals with Intellectual disabilities and some demographic variables (Sibling Gender – Sibling Age – Sibling Birth Order– Disabled Gender – Disabled Age– Type of Intellectual disability) The following table shows the results of testing this hypothesis.

Table (9)

Correlation coefficients and statistical significance between negative emotions and some demographic variables

N	Demographic Variables	Negative Emotions		
		Coefficient Applied	Value and Significance	Degrees of Freedom
1	Sibling Gender	Pearson Chi-Square	72.48*	df = 38
2	Sibling Age	Pearson Correlation	0.042	
3	Sibling Birth Order	Gamma	0.037	
4	Disabled Gender	Pearson Chi-Square	28.36	df = 38
5	Disabled Age	Pearson	0.054	

		Correlation		
6	Type of Intellectual disability	Gamma	0.156	

* Correlation is significant at the 0.05 level

** Correlation is significant at the 0.01 level

Table data (9) appears from the above table that there are only statistically significant differences between negative emotions and sibling gender in which Pearson Chi-Square value is 72.48 and this value is statistically significant at the ($p = 0.05$) level. In contrast, the table data emphasizes that there is no correlation between negative emotions on one hand and the sibling age, the sibling birth order, the disabled gender, the disabled age and the type of Intellectual disability. This means that most demographic characteristics have no effect on negative emotions among the participants and accordingly the second hypothesis is partially accepted.

Third Hypothesis: There is a statistically significant inverse correlation at level of reliability ($p = 0.05$) between family quality of life (FQOL) and negative emotions among siblings of individuals with Intellectual disabilities The results of testing this hypothesis are made clear through the following table:

Table (10)

Correlation coefficients and statistical significance between
family quality of life and negative emotions

N	Source of contrast	Distress	Fear	Anger	Shy	Despair and Frustration	Total Negative Emotions
1	Family interaction	- 0.366*	- 0.438*	- 0.298*	- 0.257*	- 0.468*	-0.332*
2	Parenting	- 0.267*	0.076	- 0.354*	- 0.276*	- 0.427**	- 0.165*
3	Emotional well-being	- 0.404*	- 0.303	- 0.287*	0.064	- 0.285*	- 0.231*
4	physical well-being	- 0.186*	- 0.606*	- 0.394*	- 0.276*	- 0.462**	- 0.591*
5	Disability-related support	- 0.333*	- 0.475*	- 0.367	- 0.633*	- 0.667	- 0.433*
	Total FQOL	- 0.204*	- 0.354*	- 0.166*	- 0.228*	- 0.434*	- 0.208*

* Correlation is significant at the 0.05 level

** Correlation is significant at the 0.01 level

The results of table (10) reveal that there is statistically significant negative correlation at the ($p = 0.05$) level between family quality of life and negative emotions among siblings of the people with Intellectual disability in which correlation coefficient value is (-0.208) This means that the more level of family quality of life is, the low level of emotions among siblings of the people with Intellectual disabilities is. This indicates that the first hypothesis of the study is right. On the other side the table data shows there is statistically significant negative correlation between family quality of life and all negative emotions dimensions. The highest correlation is between family quality of life and despair and frustration in which correlation coefficient value is (-0.434) and this value is statistically significant at the 0.05 level while the least correlation is between family quality of life and anger in which correlation coefficient value is (-0.166) and it is statistically significant at the ($p = 0.05$) level.

DISCUSSION:

The present study aimed to test a number of hypotheses related to the relationship between family quality of life and also the relationship between these two variables and some negative demographic characteristics among siblings of individuals with Intellectual disabilities as well as determining a group of indicators of the primary components of social work Intervention among these group of clients.

Initially, the study results showed that the level of family quality of life among the participants was low. This can be interpreted on the basis that the level of family quality of life is based on a number of

factors and variables as the family ability to satisfy its member's needs, happiness and family life satisfaction, the services and programs offered by the society to people with disabilities and their families but such factors were not available in families of individuals with Intellectual disabilities (Study Sample) because of many difficulties and limitations resulting from Intellectual disability that may lead to a disruptive family life in general and consequently has a negative impact on the level of family quality of life among all family members. These results are consistent with studies of Svraka & et. al. (2011)- Foley & et. al. (2014) – Balcells A. & et. al. (2019) which stressed the level of family quality of life is low among the parents and children in families of individuals with Intellectual disabilities.

Also, the study results indicated the level of negative emotions was low among siblings of individuals with Intellectual disabilities. The cause of this may be that the presence of a disabled child in the family leads to hard duties and responsibilities, spending a lot of time and effort or Intellectual energy in the parents and typically developing children. Also, Intellectual disability can lead to some disordered family processes that represent severe psychological stress on family members and these effects may increase severe negative emotions among the siblings. These results are consistent with studies of Adamsons & Saxena (2013) – Sherady, Nadia (2014)- Sabah, Aaish (2016) – Shivers, Kozimor (2017) that stressed siblings of individuals with Intellectual disabilities experience many negative emotions especially fear and anxiety as a result of probable threats and dangers expected to face them in the future

and despair and frustration as a result of lack of hope that their sibling status will improve.

The study concludes there are statistically significant negative differences between the level of family quality of life on one hand and the disabled age and the degree of Intellectual disability. This means that the more the disabled age /the degree of the disability is, the more his or her needs, requirements and the siblings responsibilities towards him are. This does not allow them to do their own activities and enjoy their life compared to their peers in families of typically developing children and this has a negative impact on their family quality of life. This result is consistent with a study of Balcells A. & et. al. (2016) that stressed a negative relationship between family quality of life and degree of disability suffered by the child while it does not agree with the results of Gine & et. al.(2015) study that stressed the level of family quality of life is high in families of adults with Intellectual disabilities aged above 18 years compared to families of children with Intellectual disabilities aged under 18 years.

On the other side the study results reveal negative emotions among siblings of individuals with Intellectual disabilities differ only according to the typically developing sibling gender in which negative emotions are more severe among female persons than male persons and the direct cause of this may be that female siblings take much care of the disabled than male siblings, rather they may play the role of mother in most cases and so they are at risk of poor psychological adjustment. This result is in agreement with a study of Abdat & Rohi (2007) that revealed there are statistically significant differences in the psychological and social effects of disability on normal siblings

attributed to gender variable. in which the results indicated normal sibling's responses differ on dimensions of fear, anger and guilt between the two genders in favor of female siblings. Also, this result is consistent with a study of Orsmond G.& et. al. (2009) that emphasized there are statistically significant differences in sibling relationships and well-being in adolescents and adults with a sibling with an autism spectrum disorder and also in perceived negative emotions. These differences are attributed to some demographic variables including gender variable.

In general, the study concludes there is a positive correlation between family quality of life and negative emotions among siblings of individuals with Intellectual disabilities. This result supports what is indicated by a study of Hokasha & Salim (2010) that family quality of life reflects interest in the psychological state of the individual that is affected by a lot of difficulties and obstacles that face him and also it affects significantly his own feeling of quality of life and the level of positive Intellectual health. Further, this study is consistent with a study of Abd Al Salam & Samira (2009) that stressed improving family quality of life among siblings of individuals with Intellectual disability by applying a counseling program has helped greatly in decreasing the severity of their negative emotions. Also, this study is in agreement with a study of Emily H. & Carmen L. (2014) that concluded siblings who have greater access to services and supports – a dimension of family quality of life – have low feelings of anger and tension and therefore their ability to support their brothers and sisters with Intellectual disability.

CONCUSION:

In conclusion, the study results reveal the level of family quality of life among siblings of individuals with Intellectual disabilities was low. Also, the level of their negative emotions was high especially emotions of fear, anger and shyness. The results suggested there was a statistically significant correlation at the 0.05 level between family quality of life and negative emotions among the participants.

The most important aspect was that these study results were reliable, specific indicators to determine and describe elements and milestones of social work intervention that can help in improving family quality of life in this group and consequently decreasing the severity of their negative emotions and this is addressed in detail in the following element.

SOCIAL WORK INTERVENTION FOR SIBLING OF INDIVIDUALS WITH INTELLECTUAL DISABILITIES

In the present study professional intervention refers to a number of planned, organized activities and processes done by the social worker for bringing about positive changes in stances of siblings of individuals with Intellectual disabilities and these changes are related to improving their family quality of life.

Professional Intervention in siblings of individuals with Intellectual disabilities is based on eclecticism in social work that involves using several therapeutic techniques derived from theories and models of social casework method because of the diverse problems in siblings of individuals with Intellectual disabilities.

Therefore, professional intervention here relies on family therapy that focuses on the family considering the individual problem is a symptom of family disruption and rational emotional therapy that

concentrates on modifying false ideas and beliefs that lead to negative emotions in addition to the life model that focuses on supporting the client abilities and giving him or her the necessary power to face life stressors and difficult situations.

Accordingly, and in the light of the present study results components of professional intervention in siblings of individuals with Intellectual disabilities can be outlined as follows:

Basic Assumptions:

- 1- The family context is a compound entity consisting of a number of sub-contexts that have a reciprocal effect with each other, so the presence of a disabled child within this context may lead to family balance dysfunction regarding the structure or the function. This in turn lessens the level of family quality of life.
- 2- Professional intervention for siblings of individuals with Intellectual disabilities requires focusing on family interaction and communication context in which communication channels in the family are closed and do not allow to exchange ideas and feelings between its members and this may be accompanied with poor relations and showing many negative emotions.
- 3- The responses of siblings of individuals with Intellectual disabilities to counseling and therapy efforts made by the social worker are based on a number of factors and variables related to their personality characteristics like extraversion, agreeableness, consciousness, emotional stability and openness to experience.
- 4- Family quality of life for siblings of individuals with Intellectual disabilities is affected by the relationship between their families and social contexts around them, the support they receive from

these contexts, specialized services and programs provided by social institutions for families of individuals with disabilities in general.

- 5- Improving family quality of life in siblings of individuals with Intellectual disabilities through therapeutic techniques and strategies derived from social work theories and models have a big effect on their personalities and in particular leads to a decline of severity of their negative emotions.

Stages and Processes of Intervention

- 1- **Assessment:** This process is intended to make a clear picture about the personality of a sibling of individual with Intellectual disability and have information and facts related to his current stance. This involves identifying types of difficulties and stressful situations that face him during coping with Intellectual disability, his or her feelings and attitudes towards the individual with Intellectual disability and the degree of his negative emotions resulting from the presence of an individual with Intellectual disability in the family, determining nature and size of duties and responsibilities done by a sibling of an individual with Intellectual disability and the extent of the all above-mentioned aspects effect on the level of his or her family quality of life.

- 2- **Planning:** During this stage, in cooperation with a sibling of the individual with Intellectual disability the social worker makes an integrated plan. In brief, it involves setting therapeutic intervention aims which focus primarily on improving family quality of life, determining the participating contexts that can have a positive or

negative effect on his family quality of life. The plan ends with signing a contract with a sibling of the individual with Intellectual disability – orally or in writing – about the activities he or she has to do, the duties the social worker will perform, the time frames necessary for achieving goals and the participant's responsibilities in intervention process in general.

3– Intervention: In this stage the social worker put the above-mentioned plan into effect and this involves applying therapeutic techniques related to family therapy, emotional rational therapy and the life model that the social worker expect they will bring about the required therapeutic changes or improve family quality of life for a sibling of the individual with Intellectual disability that appears in promoting family interaction, parenting, emotional well-being, physical /material well-being and disability related support.

4– Termination and Following –Up: Termination process begins when achieving intervention aims is in the last stage. During this process a sibling of an individual with Intellectual disability is prepared to depend on him or herself gradually, a gradual decrease in professional interviews time is made ,the social worker highlights the roles and responsibilities that should be done by the individual with Intellectual disability after ending the professional intervention and also the social worker conducts some following –up interviews or makes brief telephone calls with him to make sure that the improvement in his family life is stable.

Intervention Tools:

There is a diversity of professional intervention tools that the social worker can use during professional practice stages for siblings of individuals with Intellectual disabilities and they are:

- 1- The Family Quality of Life (FQOL).
- 2- The Negative Emotions Scale.
- 3- Individual Interviews: They are used as a diagnostic and therapeutic tool for siblings of individuals with Intellectual disabilities.
- 4- Family Sessions: They are attended by all family members that has an individual with Intellectual disability.
- 5- Self-Report Inventories: They are used to determine personality nature and types among siblings of individuals with Intellectual disabilities and identify their beliefs and feelings.

Intervention Strategies:

1- Family Contact Establishment Strategy: This strategy aims to exchange feelings and ideas between family members that has an individual with Intellectual disability within sound psychological, social atmosphere ruling out false understanding of the reciprocal messages between each other. Also, this strategy involves contact processes redistribution between family members and encouraging them to open new contact channels with the families around them.

2- Family Structure Modification Strategy: This strategy focuses on helping the family to restore its position, improve its performance of its diverse roles in addition to supporting the son's ability to do the

required duties and roles within the framework of having a sibling with Intellectual disability.

3- Family Balance Restoration Strategy: This strategy focuses on helping the family to regain its balance and reach an acceptable degree of stability. This involves satisfying its new needs and requirements from time to time because of having a child with Intellectual disability and reinforcing its member's ability to cope with the factors and variables that may threaten this stability.

4- Cognitive Reconstructing Strategy: It involves negative ideas and false perceptions modification in family members particularly negative attitudes in children towards Intellectual disability and their pessimistic view on family future in the light of this disability in addition to eliminating misunderstanding that limits their positive interaction with the social environment around them.

5- Emotional Self- Regulation Strategy: This strategy aims to enable siblings of individuals with Intellectual disabilities to control and regulate their internal feelings to remove negative emotions that are threatening to the self. This involves training them on how to cope with difficult situations and stressful events that face them during their dealing and taking care of their siblings with Intellectual disabilities.

REFERENES:

- 1- Abd Al Salam, Samira (2009). Effectiveness of a Counseling Program to Improve Family Quality of Life in decreasing Negative Emotions Rates among Siblings

- of Individuals with Intellectual Disabilities, First Regional Conference of Psychology Department, Faculty of Arts, Cairo University
- 2- Abdat, Rohi (2007). Psychological and Social Effects of Disability on Siblings of Individuals with Disabilities, United Arab Emirates (UAE), Al Shareka City for Human Services.
- 3- Adamsons, K. & Saxena M.(2013). Siblings of Individuals With Disabilities: Reframing the Literature Through a Bioecological Lens, Journal of Family Theory & Review, 5(4):300-316
- 4- Aish, M. Z. (2013). Quality of life among schizophrenic patients in Gaza governorate. (matter), Islamic University of Gaza
- 5- Al Khashab, Samia (2008). Social Theory and Family Studying – An Introduction in Sociology, Cairo, International House for Cultural Investments.
- 6- Al Ganaei, Mona (2012): Effectiveness of Logo Therapy to Improve Family Quality of Life and its effect on Communication Skills among Children with Hearing Impairment, Journal of Education, Al Azhar University, 149 (2): 268-365
- 7- Algood, C. & Davis, A. (2019). Inequities in family quality of life for African-American families raising children with disabilities. Social Work and Public Health, 34(1): 102-112

- 8- Andersen, M.& Howard, F.(2008).Sociology:Understanding a Diverse Society , New Yor, Wadsworth, Thomson learning, Inc.
- 9- Avieli, Hila (2019). How Middle-Aged Siblings of Adults with Intellectual Disability Experience their Roles: a Qualitative Analysis , Journal of Developmental and Physical Disabilities, 32: 633-651
- 10- Badr, Abd Al Monsef (2016). Effectiveness of a Counseling Program to improve Quality of Life for Families of Educable Children with Disabilities: An Experimental Study at Al Shalfah Center for People with Disabilities in Qatar, Unpublished Master Thesis, Faculty of Education, Islamic University of Om Derman.
- 11- Ginéa C, Olmos J. & Summers J., (2016). Proposal of indexes to evaluate Family Quality of Life, Partnership, and Family support needs ,Ibero-American Journal of Psychology and Health:7(1), 31-40.
- 12- Balcells A., Ginéa C, Olmos J., Summers J. & Mas J.(2019) Impact of supports and partnership on family quality of life, Research in Developmental Disabilities, 85:50-60
- 13- Balhuseni Warda, & Bou Said Soada (2017). Emotions Regulation Strategies, Cairo, Dar Thought and Innovation.
- 14- Barclay L., & Tina Kiefer T. (2014). Approach or Avoid? Exploring Overall Justice and the Differential Effects of Positive and Negative Emotions , Journal of Management, 40(7):1857-1898

- 15- Beach Center on Disability. (2012). The Family Quality of Life Scale (FQOL). Measurement Instrument Database for the Social Science Retrieved from www.midss.ie
- 16- Bin Yunis Mahmoud (2007). Emotions and Motivation Psychology, Oman, Al Masira House for Publishing and Distribution.
- 17- Cameron L Neece , Jan Blacher & Bruce L Baker(2010).Impact on Siblings of Children With Intellectual Disability: The Role of Child Behavior Problems, American Journal on Intellectual and Developmental Disabilities, 115(4):291-306
- 18- Carolyn M. Shivers & Elisabeth M Dykens (2017).Adolescent Siblings of Individuals With and Without Intellectual and Developmental Disabilities: Self-Reported Empathy and Feelings About Their Brothers and Sisters, American Journal on Intellectual and Developmental Disabilities, 122(1):62-77
- 19- Carolyn & M. Shivers & Laura Michelle Kozimor (2017). Adolescent Siblings of Individuals With Intellectual Disabilities With and Without Comorbid Mental Health Problems: A Preliminary Comparison of Sibling Perceptions, Journal of Mental Health Research in Intellectual Disabilities, 10(1):1-16
- 20- Carter, M.J., & Fuller, C. (2016). Symbols, meaning and action: The past, present, and future of symbolic interactionism. Current Sociology Review, 64(6): 931-961.

- 21- Emily H. & Carmen L. (2014). Supporting the Next Generation of Caregivers: Service Use and Needs of Adult Siblings of Individuals With Intellectual Disability, *Inclusion* 2 (1): 2-16.
- 22- Ferrer,F.,Vilaseca, R. & Guàrdia Olmos,J.(2016).Positive perceptions and perceived control in families with children with intellectual disabilities: relationship to family quality of life. *Quality & Quantity*, 51(2): 903-918.
- 23- Foley, K. R., Girdler, S., Downs, J., Jacoby, P., Bourke, J., Lennox, N., & Leonard, H. (2014). Relationship between family quality of life and day occupations of young people with Down syndrome. *Soc Psychiatry Psychiatr Epidemiol*, 49(9) :1455-1465.
- 24- Forte, J.A.(2004).Symbolic interactionism and social work:A forgotten legacy, part 1.Families in Society: The Journal of Contemporary Social Services; 85(3):391-400.
- 25- Gabal, Abd Alnaser Awadh (2013). Selected Theories in Social Casework, Cairo, Al Nahdha Egyptian Library.
- 26- Genidi Ahmed (2009): Factor Structure of Psychological Well-being for Raif Model, *Egyptian Journal of Psychological Studies*, 26(3):463-482
- 27- Gine, C., Gràcia, M., Vilaseca, R., Salvador F., Balcells-Balcells, A., Dalmau M., & Maria, J. (2015). Family quality of life for people with intellectual disabilities in

- Catalonia. *Journal of Policy and Practice in Intellectual Disabilities*; 12(4): 244–254.
- 28– Habib, Shehata, Hana, Mariam (2016). *Professional Intervention Models and Theories on Diverse Contexts and Levels of Professional Protection of Social Work*, Alexandria, Modern University Office.
- 29– Hrahsha, Ahmed (2003). *Psychological Stressors and Adjustment Strategies among siblings of individuals with disabilities in Jordan*, Unpublished Master Thesis, Faculty of Post–Graduate Studies, University of Al Yarmouk.
- 30– Hoffman, L., Marquis, J., Poston, D., Summers, J. A., & Turnbull, A. (2006). *Assessing family outcomes: Psychometric evaluation of the beach center family quality of life scale*. *Journal of Marriage and Family*; 68(4):1069–1083.
- 31– Ihara, E. S., Wolf–Branigin, M., & White, P. (2012). *Quality of life and life skill baseline measures of urban adolescents with disabilities*. *Soc Work Public Health*; 27(7):658–670.
- 32– Isaacs, B., Wang, M. Samuel. p., Ajuwon P., Baum, N. & Edwards, M., & Rillotta, F. (2012). *Testing the factor structure of the Family Quality of Life Survey – 2006*. *J Intellect Disabil Re*; 56(1):17–29.
- 33– Johnson, B. & Ray W. (2016). *Family Systems Theory* In S. Smith (Ed.) ,*The Wiley Blackwell Encyclopedia of*

- Family Studies, New York, NY: Wiley-Blackwell Publishing; 2:782-787
- 34- Jones, S., Bremer, E., & Lloyd, M. (2017). Autism spectrum disorder: family quality of life while waiting for intervention services. *Qual Life Res*; 26(2):331-342.
- 35- Lench, H., Flores, S., & Bench, S. (2011). Discrete emotions predict changes in cognition, judgment, experience, behavior, and physiology: A meta-analysis of experimental emotion elicitations. *Psychological Bulletin*; (137) : 834-855.
- 36- Lodhi, F. S., Montazeri, A., Nedjat, S., Mahmoodi, M., Farooq, U., Yaseri, M., & Holakouie K. (2019). Assessing the quality of life among Pakistani general population and their associated factors by using the World Health Organization's quality of life instrument (WHOQOL-BREF): a population based cross-sectional study. *Health Qual Life Outcomes*; 17(1):9-18
- 37- Okasha Mahmoud, Salim Abd Alaziz (2010): The Relationship between Psychological Well-being and Language Disability, Working Paper Submitted to Conference of Quality of Life as an Investment of Psychological and Educational Sciences, Faculty of Education, Department of Psychology, Alexandria University.
- 38- Orsmond G., Kuo H., & Seltzer M.(2009). Siblings of individuals with an autism spectrum disorder: sibling relationships and wellbeing in adolescence and adulthood; *Autism*; 13(1):59-80.

- 39- Park J, Hoffman L, Marquis J, Turnbl A, Poston D, Mannan, H., Wang, M. & Nelson L. (2003). Toward assessing family outcomes of service delivery, Validation of a family quality of life survey. *Journal of Intellectual Disability Research*;47:367-384.
- 40- Predescu, E., & Sipos, R. (2017). Family quality of life in autism spectrum disorders (ASD). In M. Fitzgerald & J. Yip (Eds.), *Autism - paradigms, recent research and clinical applications*.
- 41- Sabah, Aaish (2016). Future Anxiety in Siblings of Individuals with Intellectual Disabilities, University of Molai, *Journal of Social and Human Sciences*27:109-119
- 42- Sabah, Aaish (2018). The Five Major Factors in personality among Siblings of Individuals with Intellectual Disabilities and their Relationship to some Variables, University of Al Aghwat, *Journal of Social Sciences*, 28(7):116-131
- 43- Samuel, P. S., Rillotta, F., & Brown, I. (2012). The development of family quality of life concepts and measures. *Journal of Intellectual Disability Research*; 56:1-16.
- 44- Sheradi, Nadia (2014). The Psychological and Social Effects of Disability on Siblings of Individuals with Motor Handicap in Algerian Family, University of Qasdi Merbah, *Journal of Psychological and Educational Studies*, 13 :103-110

- 45- Sutphin, S. , McDonough, S & Schrenkel A., (2013).The Role of Formal Theory in Social Work Research: Formalizing Family Systems Theory, Advances in Social Work;14 (2):501-517
- 46- Svraka, E., Loga, S., & Brown, I. (2011). Family quality of life: adult school children with intellectual disabilities in Bosnia and Herzegovina. Journal of Intellect Disability Research; 55(12): 1115-1122.
- 47- Tait, K., & Hussain, R. (2016). Using Quality of Family Life Factors to Explore Parents' Experience of Educational Provision for Children with Developmental Disabilities in Rural Australia. International Journal of Disability, Development and Education; 64(3):328-344.
- 48- Tate. D & Forchheimer. M. (2014). Review of Cross-Cultural Issues Related to Quality of Life After Spinal Cord Injury. Journal of Top Spinal Cord Inj Rehabil; 20(3):181-190.
- 49- Vanderkerken, L. ; Heyvaert, M. ; Onghena, P. & Maes, B. (2019). The Relation Between Family Quality of Life and the Family-Centered Approach in Families With Children With an Intellectual Disability, Journal of Policy and Practice in Intellectual Disabilities;16(4):296-311
- 50- Walsh, F. (2014). Family therapy: Systemic approaches to practice. In J. R. Brandell (Ed.), Essentials of clinical social work, New York, SAGE Publications, Inc.

- 51- Zuna N.I., Turnbull A., & Summers J.A. (2009). Family quality of life: Moving from measurement to application. Journal of Policy and Practice in Intellectual Disabilities; 6(1):25-31.