

# **Redes de apoyo social y padres de niños con trastornos del desarrollo. Diferencias estructurales y funcionales basadas en la tipología**

## **Social support networks and parents of children with developmental disorders. Structural and functional differences based on typology**

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### Resumen

El presente estudio descriptivo examina y compara la situación en la que se encuentran las redes de apoyo social de 75 padres y madres con hijos que presentan algún tipo de dificultad en su desarrollo (DD). Se evalúan las dimensiones estructural y funcional que envuelven al constructo de red de apoyo social, a través del instrumento de evaluación ERAS-DD (Álvarez y García, 2008). Las diferentes DD que presentaban los hijos fueron organizadas sobre la base de cinco tipologías posibles: trastorno del espectro autista, dificultades de aprendizaje, retraso mental, deficiencias de tipo sensorial y deficiencias motóricas. Se hallaron diferencias significativas entre los cinco grupos en las dimensiones estructural y funcional. Los resultados sugieren que los padres de niños que presentan el trastorno del espectro autista son el grupo que encuentra más afectada su red de apoyo social y, a su vez, quien más apoyo social precisa. Estos resultados coinciden con los encontrados en estudios previos, en los cuales se confirma que de acuerdo a la tipología de DD de un hijo, las redes de apoyo social de los padres se encuentran más o menos afectadas (Heiman y Berger, 2008).

Palabras clave: ambiente familiar, desarrollo del niño, evaluación, interrelaciones y sociedad.

### Abstract

The present descriptive study examines and compares the situation of the social support networks of 75 parents of children with developmental disorders (DD). An instrument was elaborated, the ERAS-DD (Álvarez y García, 2008); it evaluates the structural and functional dimensions of the construct. five groups were closely matched for DD typology: autism spectrum disorder, learning disabilities, intellectual disability, sensory deficiency and motor deficiency. There were significant differences between these groups in the structural and functional dimensions. The results suggest that parents of children with autism spectrum disorder were the group whose social network had been most affected and who needed the most support. These results are agree with those found in other studies in which it is confirmed that according to DD's typology, the parental social support networks are more or less affected (Heiman & Berger, 2008).

Keywords: family context, child development, evaluation, interrelations y society.

In recent years, many researchers have linked the construct of social support network to the health-illness process. Having a deficient social support network is associated to a higher risk of poorer physical health and with the appearance of mental illness (Fernández, Bravo & López, 2010; Quiles & Terol, 2009; Senol-Durak & Ayvasik, 2010).

Nowadays, its two-dimensional nature is recognized (Álvarez & García, 2007a, 2007b). Therefore, the concept of social network would answer to the structural dimension of the construct, being defined as the unit of the social structure that includes and contemplates the contacts and reciprocal relations that are produced between the members who comprise it (relatives, friends, professionals from diverse areas, etc.). The social network concept attends to such aspects as the size, frequency, kinship and reciprocity contacts, composition, density and homogeneity of the relationships in the network (Chronister, Johnson, & Berven, 2006; Dean & Tausing, 1986). On the other hand, the social support would include the functional dimension, concerning the function and quality of the different behaviours of support that can be provided or benefit a person in situation of need (Hupcey, 1998). Basically, the social support concept is described, based on three elements: 1) support type (Cohen & Wills, 1985;

House, 1981; Tilden, 1985), 2) support source, and 3) the objective action of an interaction of support and that of its subjective perception (Okun & Keith, 1998).

Finally, the social support and the social networks are described as basic factors in the life of every person given that across the diverse behaviours of social support that the person receives from the different members who compose their social network of relationships, this one can satisfy their more basic human needs and provide access to sources of support when they are in situation of need (Linn, Cook, & Burn, 2001; López, Carpintero, del Campo, Lázaro, & Encarnación, 2006; Sánchez Moreno, 2004).

In troubled or critical situations such as the appearance and diagnosis of a developmental disorder (DD) in a child, the ability to rely on a strong and extensive social support network acquires an even more essential character, since it is one of the events that causes a major impact on the family nucleus affecting each of their members as well as their relationships. In addition, it is necessary to include the adjustment process of the family, the couple and the actual person towards the situation, which is usually a long term and troublesome one (Garaigordobil & Pérez, 2007; Jonker & Greeff, 2009; Lundev& & Tøssebro, 2008; Siklos y Kerns, 2006).

Faced with a DD in the family context, the progenitors' need for support sharpens, which negatively influences the situation of their social support network. The perception of minimal or inadequate support from informal sources as well as the difficulty or inability to access the different formal support resources available in the society, can cause the parents to experience a greater number of negative interactions (Álvarez & García, 2009; Patel, Peterson, & Kimmel, 2005). In this respect, the parents can notice their self-esteem and self-efficacy devalued due the managing of the situation, experiencing high levels of stress and anxiety, symptoms of depression and a major risk of poorer physical health (Graff, et al., 2004; Patel, et al., 2005). All of the above is translated into constraints in the social activities and powerfully negative effects on the daily family life (Dellve, Samuelsson, Tallborn, Fasth, & Hallberg, 2005; Heiman & Berger, 2008; Magliano, Fiorillo, Malangone, De Rosa, & Maj, 2006).

Finally, it is necessary to highlight that, in spite of the fact that high levels of social support and an extensive social network of relations are recognized by the scientific community as basic components of the quality of life of the parents of people by DD, there are few studies in the area.

## **Aim and hypotheses**

Through the present descriptive study which uses survey (Montero & León, 2007; Ramos-Álvarez, Moreno-Fernández, Valdés-Conroy, & Catena, 2008), it aims to examine and compare the situation of the structural and functional dimensions of the social support networks of this collective of parents, analyzing the differences according to DD's typology that the child presents, since there are indicators that the degree of impact on the parental social support networks depends on the severity of the child's DD (Heiman & Berger, 2008; Sanders, High & Hannay, 1997).

## **Method**

### **Participants**

The sample comprised 75 parents of children with different typologies of DD. They were aged between 29 and 70 years old, with approximate mean age of 48 years old, 66% of the parents were married or had a partner. The different DDs are closely matched for 5 typologies: autism spectrum disorder, learning disabilities, intellectual disability, sensory deficiency and motor deficiency. The distribution and characteristics of the sample by child DD typology, origin centre, age and gender are summarized in Table 1.

Concerning to characteristics of the children whose parents participated in the study, 41 were boys and 34 girls, 58.66 % were under 18 compared with 41.33 % who were adults (details are provided in Table 2).

Tabla 1

Parents Participants Distribution by Origin, Age, Gender, and Child DD Typology

Child DD typology	Parents gender		Total
	Male	Female	
Autism spectrum disorder	6	9	15
Learning disabilities	2	4	6
Intellectual disabilities	7	17	24
Sensory deficiency	5	11	16
Motor deficiency	3	11	14
Total	23	52	75
Origin centre			
School	7	14	21
Association	16	38	54
Total	23	52	75
Parents age			
Younger than 40 years old	3	11	14
Between 40-60 years old	17	34	51
Older than 60 years old	4	6	10
Total	24	51	75

Tabla 2

Children Distribution by Typology, Age and Gender

DD typology	Children	Gender	Total
	Boy	Girl	
Autism spectrum disorder	12	3	15
Learning disabilities	4	2	6
Intellectual disabilities	15	9	24
Sensory deficiency	3	13	16
Motoric deficiency	7	7	14
Total	41	34	75
Age			
Under 18	25	19	44
Young adult	16	15	31
Total	41	34	75

## Procedure

First, it was carried out a review of the empirical studies and of the best psychometric tools available to assess the social support networks in the context of DD.

Information about the study, along with a contact form and a consent form, were given to parents via the associations or the schools where children with different DD attended. After obtaining the informed consent of the participants, the questionnaire was administered.

Each parent, individually, completed a questionnaire in small groups or at their homes, at the association or the school. The completion of the questionnaire took about 30-40 minutes. Before filling in the forms, all participants were briefed about the nature of the study.

Once the protocols had been collected and computerized, it was proceeded to analyze the results. The measures were codified and computerized for their subsequent statistical analysis.

## Instrument

Due to the shortage of evaluation tools in the area directed specifically at parents, and to the lack of instruments developed for the Spanish culture and language (an aspect that signifies a significant handicap for the Spanish

scientific research) an instrument was elaborated for the development of the study. It was named ERAS-DD (Álvarez & García, 2014a), which possesses satisfactory psychometric properties (general internal consistency .96 and a degree of reliability .95).

First, ERAS-DD consists of a small demographic questionnaire through which relevant information of both progenitors is obtained: specific information such as age, gender, level of studies, and profession of both parents, as well as other information related to the number of members that shape the family nucleus, DD's typology that the child presents, moment of the diagnosis and questions related to the perception of the progenitor on the degree of concern.

Throughout the whole instrument, a list of 12 possible members who can form a part of the social support network of every person is presented to the participant: 1) partner, 2) health services and their staff, 3) people in same situation (peers), 4) social services and their staff, 5) school and professionals, 6) neighbors, 7) work colleagues, 8) associations, social organizations and their staff, 9) friendships, 10) acquaintances, 11) religious institutions and members, and 12) relatives. Hereby, 3 types of results can be obtained: of each of the members, grouping them according to sources of informal support (1, 3, 6, 7, 9, 10

and 12) or sources of formal support (2, 4, 5, 8 and 11), and a total result grouping all the members / sources of informal and formal support.

The ERAS-DD is composed by 2 subscales, the first subscale, named ERAS-DD/E centers on the structural dimension and evaluates the different aspects of the social network of the progenitor. First, it evaluates the presence of the members of the social network in the life of the person, the nature of the interactions that are provided by the members (whether these are positive or negative), and finally the frequency that these take place across a 6-point Likert scale (from 1= once a year, more or less to 5= daily). Later, the rate of accessibility to obtain support is evaluated, when it is required. For this, the participant has to go through each member and answer a 4-point Likert scale (from 1= void a 4= total). To obtain the durability of the relationships that the person maintained with the members of their social network, they must provide the details of the duration of the relationship, if they exist, with every member of the list who they approach. Later, the person is asked to identify those members of their social network with whom they maintained a close relationship, having to give certain information for each named member (gender, age, studies level and profession) with the aim to assess the homogeneity between the

members that compose the person's social network. The aspects which closely related to this and which are also evaluated are the centrality of the contacts This is done by asking the participants to indicate whether the members were close friends, and the interconnection between the members, if they knew each other because of the participant. Finally, the loss of support experienced after the diagnosis of the DD is evaluated. If the participants declared that they had lost support, they had to indicate the degree of support that they consider was provided by the member/ s that already aren't available for their, across a 4-point Likert scale (from 1=little a 4=much).

The second subscale, ERAS-DD/F, assesses the reception of 4 types of social support (emotional, appreciative, informative and instrumental), by the members who formed the participant social network, as well as the satisfaction with the received support. Equally, it assesses the perceived availability of support (support perception) of the same 4 types of social support. Later, the need of support that the person requires at the moment is measured, evaluating the degree of need of the same four types of social support commented previously (emotional, instrumental, informative and appreciative). To complete the questionnaire the person must identify those members of their social network from whom they

believe they need greater support than they currently receive.

## Results

A multivariate analysis of variance was carried out to examine the differences between the groups (autism spectrum disorder, learning disabilities, intellectual disabilities, sensory deficiency and motor deficiency) as independent variables and all of the ERAS-DD subscales, ERAS-DD/E and ERAS-DD/F were measured as dependent variables.

Multivariate contrasts indicated statistically significant results and with a large size effect [ $F_{(212, 34)} = 62.193$ ;  $p \leq .001$ ;  $\eta^2 = .997$ ].

It reflects statistically significant results in many of the total of assessed dependent variables, in the structural and functional dimensions. Tables 3 and 4 summarize the significant results.

Later, when it was compared the post hoc contrasts between significant variables, it was observed statistically significant results in many of them, attending on the one hand to the structural dimension (ERAS-DD/E) and on the other one to the functional dimension (ERAS-DD/F), as it is possible to observe in the Tables 5 and 6.

First, attending to the structural dimension, it was observed that the group of autistic children parents di-

ffered in a statistically significant way in the variable related to the negative nature of interactions with the informal sources of support from the group of parents whose children had motor deficiencies, sensory deficiencies and intellectual disability [MAUT = 1.87 vs. MMOT = .33 or MSENS = .50 or MID = .67]. The same group of parents differed in the same variable but in relation to the formal sources of support when compared with the groups of parents with children who presented motor deficiencies and sensory deficiencies [MAUT = 1.60 vs. MMOT = .00 or MSENS = .14].

When observing the variable negative total nature of interactions, it again found that the group of parents of children with autism differed significantly from the groups of parents whose children had motor deficiencies, sensory deficiencies and intellectual disability [MAUT = 3.47 vs. MMOT = .33 or MSENS = .64 or MID = 1.61]. Conversely, for the variable positive total nature of interactions we observed significant differences between the parents of children with motor deficiencies and autism [MMOT = 10.92 vs. MAUT = 8.47]. On the other hand, between the sensory deficiencies and autism groups it was noted the following [MSENS = 10.79 vs. MAUT = 8.47]. Finally, the parents of children with intellectual disability compared with the groups of parents whose children had

Tabla 3  
Significant Results of a Multivariate Analysis of Variance for the ERAS-DD/E (Structural Dimension) Measures for the 5 Groups of DD Typologies Considered

VARIABLES	LD (N=6)		MOT (N=12)		ID (N=18)		SENS (N=14)		AUT (N=15)		F	p	η <sup>2</sup>
	M	σ	M	σ	M	σ	M	σ	M	σ			
Presence of informal sources of support	22.17	3.60	22.33	8.25	28.61	5.62	26.71	3.04	24.67	7.51	2.59	.045	.148
Positive nature of interactions with informal sources of support	5.50	1.64	6.42	.996	6.33	1.13	6.29	.994	5.13	1.18	3.41	.014	.185
Positive nature of interactions with formal sources of support	3.83	.983	4.50	.674	3.83	1.38	4.50	.855	3.33	.816	3.38	.014	.184
Negative nature of interactions with informal sources of support	1.17	1.16	.33	.888	.67	1.13	.50	.941	1.87	1.18	4.69	.002	.238
Negative nature of interactions with formal sources of support	1.00	.894	.00	.000	.94	1.34	.14	.363	1.60	.910	7.39	.001	.330
Total positive nature of interactions	9.33	2.33	10.92	1.16	10.17	2.00	10.79	1.62	8.47	1.59	4.73	.002	.240
Total negative nature of interactions	2.17	1.72	.33	.888	1.61	2.06	.64	1.27	3.47	1.72	8.14	.001	.352
Access to support from informal sources	16.83	2.22	18.00	4.11	20.56	3.74	19.79	2.11	17.13	3.56	3.09	.022	.171
Total accessibility	28.00	2.53	29.83	4.52	32.61	5.53	33.64	4.29	28.27	5.77	3.29	.017	.180
Durability of relations with support formal sources of support	6.95	3.20	16.73	5.44	20.51	8.69	11.74	7.63	8.40	5.44	7.01	.001	.374

Note: \*We only include the statistically significant results (p<.05) \*\*η<sup>2</sup> (eta-squared statistic)=Estimates of effect size. The Cohen (1988) rule signals that .01 - .06 (small effect); >.06 - .14 (medium effect); >.14 (large effect) \*\*\* LD: Learning Disabilities, MOT: Motor Deficiencies, SENS: Sensory Deficiencies, RM: Intellectual Disability, AUT: Autism.

Note: Perhaps the total of participant were N=75, we only include those for whom we have data.

Tabla 4  
 Significant Results of a Multivariate Analysis of Variance for the ERAS-DD/F (Functional Dimension) Measures for the 5 Groups of DD Typologies Considered

VARIABLES	LD (N=6)		MOT (N=12)		ID (N=18)		SENS (N=14)		AUT (N=15)		F	p	$\eta^2$
	M	$\sigma$	M	$\sigma$	M	$\sigma$	M	$\sigma$	M	$\sigma$			
Emotional support received from formal sources	12.50	4.18	15.00	4.71	11.83	3.56	16.64	4.95	13.73	3.03	3.14	.021	.173
Appreciative support received from formal sources	10.67	3.93	16.33	4.09	13.17	3.60	16.29	4.98	14.00	3.27	3.26	.017	.179
Instrumental support received from informal sources	13.50	2.16	17.75	5.81	20.06	5.41	19.64	3.73	21.07	6.64	2.55	.048	.145
Support received from people in the same situation	5.83	2.85	10.83	4.46	10.00	3.16	11.71	4.26	15.07	5.02	6.28	.001	.295
Support received from social services and their staff	6.33	2.73	11.17	4.08	9.89	3.37	12.43	3.15	8.73	4.60	3.62	.010	.195
Support received from school and staff	10.83	2.31	14.42	2.93	11.67	4.21	12.86	2.74	15.73	3.41	4.18	.005	.218
Support received from religious institutions and members	5.17	2.40	7.75	5.64	6.06	3.22	8.29	3.51	4.20	4.14	3.23	.018	.178
Support received from formal sources	42.17	9.39	57.58	14.58	48.33	13.11	58.07	11.49	53.47	12.59	2.65	.041	.150
Satisfaction with emotional support received from formal sources	1.67	2.33	13.42	5.36	10.28	3.65	14.93	5.79	12.13	3.35	2.59	.045	.147
Satisfaction with appreciative support received from formal sources	8.67	3.20	15.17	5.52	12.78	5.27	14.86	5.77	11.53	3.33	2.59	.045	.147
Satisfaction with support received from people in the same situation	3.33	3.01	8.92	5.68	8.33	4.80	9.64	5.73	13.67	6.69	4.20	.005	.219
Satisfaction with support received from school and staff	9.67	2.33	13.50	3.34	10.89	4.28	11.57	3.93	14.93	3.88	3.53	.012	.191
Satisfaction with support received from religious institution and members	2.17	2.04	6.33	7.02	5.00	5.00	4.71	3.51	1.00	1.64	3.12	.021	.172
Availability perceived of emotional support from informal sources	16.50	3.78	19.25	4.90	21.78	3.67	22.14	3.63	20.60	3.96	2.83	.032	.159
Total availability perceived of emotional support	24.50	5.82	32.50	8.27	32.61	7.03	36.36	7.59	31.93	5.62	3.03	.024	.168
Need of total support	7.83	2.92	8.50	2.61	9.50	1.97	7.79	2.00	11.93	3.15	6.27	.001	.295

Note: \*We only include the statistically significant results ( $p < .05$ ) \*\* $\eta^2$  (eta-squared statistic)=Estimates of effect size. The Cohen (1988) rule signals that .01 - .06 (small effect); >.06 - .14 (medium effect); >.14 (large effect) \*\*\* LD: Learning Disabilities, MOT: Motor Deficiencies, SENS: Sensory Deficiencies, RM: Intellectual Disability, AUT: Autism.

Note: Perhaps the total of participant were N=75, we only include those for whom we have data.

Tabla 5  
Significant Post hoc Contrasts to the Measurements of Structural Dimension (ERAS-DD/E) of Social Support Networks by Typology

VARIABLES	AUT vs. SENS		AUT vs. MOT		SENS vs. AUT		ID vs. SENS		ID vs. AUT		SENS vs. ID		AUT vs. LD		SENS vs. LD	
	MOT	RM	AUT	AUT	MOT	AUT	LD	LD	AUT	AUT	LD	LD	ID	ID	LD	LD
Negative direction of interactions with informal sources of support	.014	.027	.047	n.s	n.s	n.s	n.s	n.s	n.s	n.s	n.s	n.s	n.s	n.s	n.s	n.s
Negative direction of interactions with formal sources of support	.001	.002	n.s	n.s	n.s	n.s	n.s	n.s	n.s	n.s	n.s	n.s	n.s	n.s	n.s	n.s
Positive total direction of interactions	n.s	n.s	n.s	n.s	.016	.018	n.s	n.s	n.s	n.s	n.s	n.s	n.s	n.s	n.s	n.s
Negative total direction of interactions	.001	.001	.041	n.s	n.s	n.s	n.s	n.s	n.s	n.s	n.s	n.s	n.s	n.s	n.s	n.s
Durability of relations with formal sources of support	n.s	n.s	n.s	n.s	n.s	.004	.019	.001	n.s	n.s	n.s	n.s	n.s	n.s	n.s	n.s

AUT: Autism, MOT: Motor Deficiencies, SENS: Sensory Deficiencies, ID: Intellectual Disability, LD: Learning Disabilities.

Tabla 6  
Significant Post Hoc Contrasts to the Measurements of Structural Dimension (ERAS-DD/F) of Social Support Networks by Typology

VARIABLES	AUT vs. MOT		AUT vs. RM		SENS vs. AUT		ID vs. SENS		ID vs. AUT		SENS vs. ID		AUT vs. LD		SENS vs. LD	
	MOT	RM	AUT	AUT	MOT	AUT	LD	LD	AUT	AUT	LD	LD	ID	ID	LD	LD
Emotional support received from formal sources	n.s	n.s	n.s	n.s	n.s	n.s	n.s	n.s	n.s	n.s	.037	n.s	n.s	n.s	n.s	n.s
Support received from people in the same situation	n.s	n.s	.022	n.s	n.s	n.s	n.s	n.s	n.s	n.s	n.s	.001	n.s	n.s	n.s	n.s
Support received from social services and their staff	n.s	n.s	n.s	n.s	n.s	n.s	n.s	n.s	n.s	n.s	n.s	n.s	n.s	n.s	.035	n.s
Support received from school and staff	n.s	n.s	.027	n.s	n.s	n.s	n.s	n.s	n.s	n.s	n.s	n.s	n.s	n.s	n.s	n.s
Support received from religious institutions and members	n.s	n.s	n.s	n.s	n.s	.050	n.s	n.s	n.s	n.s	n.s	n.s	n.s	n.s	n.s	n.s
Satisfaction with support received from people in the same situation	n.s	n.s	n.s	n.s	n.s	n.s	n.s	n.s	n.s	n.s	n.s	.009	n.s	n.s	n.s	n.s
Total availability perceived of emotional support	n.s	n.s	n.s	n.s	n.s	n.s	n.s	n.s	n.s	n.s	n.s	n.s	n.s	n.s	n.s	.025

AUT: Autism, MOT: Motor Deficiencies, SENS: Sensory Deficiencies, ID: Intellectual Disability, LD: Learning Disabilities.

learning disabilities, sensory deficiencies and autism gave the highest score for the variable durability of relations with formal sources [MID = 20.513 vs. MLD = 6.955 or MSENS = 11.743 or MAUT = 8.400].

Secondly, with concern to the functional dimension, the results shown in Table 6, indicate for the variable emotional support received from formal sources, that the group of parents with children who present sensory deficiencies is in fact the group who gave the highest score as regards receiving this type of support compared with the group of parents of children with intellectual disability [MSEN = 16.64 vs. MID = 11.83]. In a similar fashion as the group of sensory deficiencies differed in the variable support received from social services and professionals with the group of parents whose children had learning disabilities [MSENS = 12.43 vs. MLD = 6.33] and in the variable support received from religious institutions and members when compared with the group of parents with children with autism [MSENS = 8.29 vs. MAUT = 4.20]. When it was observed the variable perceived availability of emotional support, again, there were significant differences between the sensory deficiencies group and the learning disabilities group [MSENS = 36.36 vs. MLD = 24.50].

On the other hand, the group of

parents of children with autism differ from the rest of the groups in several of the analyzed variables, such as in variable support received from school and professionals. The results obtained were the following: MAUT = 15.73 vs. MID = 11.67. Concerning the variable support received from persons in the same situation significant differences were noted with the intellectual disability groups and the learning disabilities group [MAUT = 15.07 vs. MID = 10.00 or MLD = 5.83]. Whereas in the score which concerned the satisfaction with this type of support the averages were: MAUT = 13.67 vs. MLD = 3.33. Finally, in relation to the variable need of total support, again it was observed statistically significant differences between the group of parents of children with autism and the parents of children with motor deficiencies, sensory deficiencies and learning disabilities [MAUT = 11.93 vs. MMOT = 8.50 or MSENS = 7.79 or MLD = 7.83].

## Discussion

The present study is considered as a first step towards the development of the more concrete research studies and the beginning of possible interventions, as it is described as the first approximation towards the situation this group of parents. This way, after the accomplishment of the pertinent analyses and attending to the obtained

results, it is possible to affirm that differences exist, as much at a structural as at a functional level, in the networks of social support of the group of parents studied according to DD's typology that the child presents.

Firstly, with regard to the social network (structural dimension) of the group of participating parents, it is observed that the parents of children with autism is the group that experiences the greatest number of negative interactions both with the different informal and formal sources of support that shape their social network. On the contrary, the groups that seem to support the most positive relationships are the parents of children with motor and sensory deficiencies. Regarding the durability of the relationships, the parents with children with intellectual disability are those that maintain more lasting relationships with the diverse formal sources of support.

With concern to the social support (functional dimension), it was noted that the parents of children with autism is the group that declared the greatest need for support, though in turn, they form the group that receive most support from the school and from other people who are in the same situation, and who also experience the most satisfaction with this last source of support.

The parents of children with sensory deficiencies form the group that

receives the most emotional support from the formal sources, and also perceives that they receive most support of an emotional type from the sources of support (formal and informal) that shapes their social network. In the same way they are described as the group that receives most support, in general, from the social services and their staff and from the religious institutions and members.

These results concur with those found in other studies which have confirmed that the DD's typology is a significant aspect which affects the social support networks corroborates that the particular DD of the child influences the adjustment and coping skills of the parents (Been & McColl, 2004; Gray, 2003; Kÿngas, 2004; Stoneman, 2004).

We obtained information of notable relevancy and theoretical and practical interest, from which springs the need to begin new research study and interventions where work is carried out concerning the strengthening of the networks of social support of the studied group, since this type of interventions has shown to have highly beneficial effects in other groups (Lipman & Boyle, 2005). In this respect, it is important to bear in mind that in this situation the needs for support across the social network are more important and they demand, in many occasions, a major specialization (Álvarez &

García, 2014b; García, 1999; Griffin, Guerin, Sharry, & Drumm, 2010; Siklos & Kerns, 2006). It is therefore necessary to highlight the importance of relying on an extensive and strong social support network, since it plays a crucial role in the reduction of the negative effects derived from the detection of a DD in the familiar nucleus (Franks, Cronan, & Oliver, 2004; Jonker & Greeff, 2009). The quality of perceived social support is positively associated with the reduction of symptoms of depression, anxiety level, impotence and demoralization, and of the general impact of the DD on the family life (Haslam, O'Brien, Jetten, Vormedal, & Penna, 2005; López et al., 2007).

Perhaps this research, as in any study, has limitations that should be taken into consideration. First, the small sample size limited the power of the statistical tests; therefore the results should be interpreted with caution when generalizing. It would be convenient to obtain a larger sample of DD

typologies with the aim of carrying out comparative analysis between social support networks and DD typology, to achieve data that relates, for example, to general developmental disorders with parental stress, specially (Gray, 2003).

In conclusion, a highly interesting future perspective would be to evaluate parental social support networks throughout the different children's evolutionary stages, because there is strong evidence that these are extremely affected and reduced during adolescence (Fernández, Bravo, & López, 2010), this being considered as a critical stage (White & Hastings, 2004). Equally, it would be interesting to create a new ERAS-DD version for other family members, such as siblings because they require high levels of attention, understanding, and support because the situation also directly affects them (Gaspar, Pais Ribeiro, Gaspar Matos, Leal, & Ferreira, 2009; Warren, 2004).

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Fecha de recepción: 21/12/2015      Fecha de revisión: 15/6/2016      Fecha de aceptación: 12/12/2016