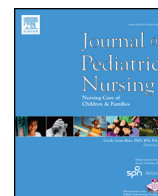




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Predictors of Social Relationships for Children with Special Health Care Needs☆

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ABSTRACT

Children with special health care needs (CSHCN) experience various developmental challenges including difficulties in social relationships with peers. Using data from the Centers for Disease Control and Prevention's National Survey of Children with Special Health Care Needs 2009–2010, this correlational study examined predictors of difficulty making and keeping friends among CSHCN. Binary logistic regression was used to analyze the data. Findings indicate statistical significance for 12 out of 14 predictor variables. Key findings indicate the odds of having difficulty making and keeping friends are 3.06 times higher for children with an autism spectrum diagnosis and 2.87 times higher for children with some behavior problem when compared to other CSHCN. Overall, the logistic regression model classified 80.7% of the cases correctly. A secondary analysis also identified factors which significantly differentiate between CSHCN who have a lot of difficulty compared to a little difficulty making and keeping friends. For this analysis, eight variables were statistically significant.

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Friendship has been defined as “a social relationship based on interactions that are reciprocal, stable and serve the functions of intimacy, companionship, emotional support, and affection” (Freeman & Kasari, 1998, p. 343). Sullivan's (1953) perspective that friendships impact children's development was considered a unique theoretical explanation of friendship (Newcomb & Bagwell, 1995). Current literature reinforces Sullivan's perspective that friendship plays significant roles in the cognitive, emotional, and social development of children (Newcomb & Bagwell, 1995). Research has documented that friendships are crucial relationships in children's lives that are essential for their developmental progression. Holder and Coleman (2009) determined friendship to be a predictor of happiness in children ages nine to twelve years old by using three varied measures. Friendships are invaluable relationships for children's optimal development, yet there are populations of children who struggle to make and keep friends.

Children with special health care needs (CSHCN) are defined by the federal Maternal and Child Health Bureau as “...those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally” (Arango et al., 1998, p. 138). Bethell et al. (2002) determined children to have a special health care need when they exhibit one or more of

the following: unable to do what other children their age can, require prescription medication, utilize health care more than is typically expected, need therapy services (physical, occupational, or speech), or warrant counseling services due to emotional, behavioral, or developmental issues.

The Problem

CSHCN face challenges (physical, developmental, behavioral, or emotional), which can be seen in the defining criteria set by Bethell et al. (2002). The Centers for Disease Control and Prevention (CDC)'s National Survey of Children with Special Health Care Needs (NS-CSHCN) assessed that in 2005–2006 the CSHCN population comprised 13.9% of the overall population of children in the United States, equaling eight million children (Child and Adolescent Health Measurement Initiative, 2015). Lollar, Hartzell, and Evans (2012) observed that disrupted activities of daily living were correlated with CSHCN ability to make friends, which they categorized as a mental health issue. They also found that children's functional problems often interfere with school participation. Functional limitations contribute to CSHCN having more school absences and being less successful academically (Forrest, Bevans, Riley, Crespo, & Louis, 2011). Socially, CSHCN are significantly at risk for being bullied, victimized, and ostracized (Twyman et al., 2010). In a quality of life survey, children with disabilities expressed being sadder than their typical peers due to not having friends and not participating in social activities (Sylvester, Donnell, Gray, Higgins, & Stalker, 2014).

Houtrow, Okumura, Hilton, and Rehm (2011) identified a gap in the literature regarding health care services for CSHCN noting most studies

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concentrated on health care access, insurance, or financial issues. In our literature search, we found only one article that investigated CSHCN experiences of social exclusion and bullying (Twyman et al., 2010). The current study is the only one the authors know of that specifically examines CSHCN and friendship. This study addresses the gap documented by Houtrow et al. (2011) in the CSHCN literature regarding health care services, as well as the gap noted by the current authors in CSHCN social relationships. This research will contribute to the literature by identifying predictors of CSHCN's challenges in social interactions, specifically, difficulty making and keeping friends. Identifying and understanding such predictors could assist parents and practitioners in providing the necessary interventions and support so that CSHCN become equipped to develop and maintain friendships.

Purpose of the Study

Following are a few hypothesized examples to demonstrate ways the study variables might impact the CSHCN ability to make and keep friends. During social, free play time, and organized activities, if a child is unable to do the things that same age peers can do, the child may be excluded from the activity, labeled inferior, and excluded from future interactions. A child who has difficulty communicating may be uncomfortable establishing peer relationships or may struggle to communicate clearly and efficiently enough to engage peers. A child diagnosed with attention deficit disorder, autism spectrum diagnosis, developmental delay, or intellectual disability may cognitively struggle with some basic concepts of friendship (turn-taking, enjoying common activities, or demonstrating genuine interest in the friend's perspectives), inadvertently inhibiting their ability to make and keep friends.

Thus, the purpose of this study was to examine the relationship for CSHCN between *difficulty making and keeping friends* and the following variables: *ability to do things*, *paying attention/learning*, *communicate*, *feeling anxious or depressed*, *behavior problems*, *Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD) diagnosis*, *depression diagnosis*, *anxiety diagnosis*, *behavioral diagnosis*, *Autism Spectrum Diagnosis (ASD)*, *developmental delay*, *intellectual disability diagnosis*, *school attendance*, and *ability to participate*. The full descriptions of these variables are presented in Table 1. Research questions guiding this study were: (a) Can difficulty in making and keeping friends be predicted from the identified variables, individually or in some weighted subset or combination? and (b) Which variables are significant predictors of the likelihood of CSHCN to have a lot difficulty (as opposed to little difficulty) making and keeping friends?

Review of Literature

Challenges in Social Relationships

CSHCN face challenges in all areas of development, including developing and maintaining friendships (Bethell et al., 2002). Fowler, Ostrosky, and Yu (2011) identified challenges that preschoolers with developmental delays face in making and keeping friends. These preschool children required higher levels of the mother's involvement during play with friends than their typical peers. If a parent is required for friendship development and maintenance, developmental delay may be an important factor to consider for CSHCN social relationships.

Children in middle school face challenges making and keeping friends also. A qualitative study of eight typically developing middle school boys revealed their perceptions of being friends with a peer who had a disability would require more responsibility and more communication, which made the relationship feel less like a friendship (Kalymon, Gettinger, & Hanley-Maxwell, 2010). The boys were also concerned about what their peer group would think of them. The additional responsibility and concern regarding peer group perceptions in these relationships challenge the initiation and sustainability of a potential friendship. Kalymon et al.'s (2010) study sheds light on the

Table 1
Predictors entered in the model with their descriptions.

Short name	Full variable description
Ability to do things	How often have the child's medical, behavioral, or other health conditions/emotional, developmental, or behavioral problems affected [his/her] ability to do things other children [his/her] age do?
Paying attention/learning	Compared to other children his/her age, would you say he/she experiences some difficulty learning, understanding, or paying attention?
Communicating	Compared to other children his/her age, would you say he/she experiences some difficulty speaking, communicating, or being understood?
Feeling anxious/depressed	Compared to other children his/her age, would you say he/she experiences some difficulty with feeling anxious or depressed?
Behavior Prob.	Compared to other children his/her age, would you say he/she experiences some difficulty with behavior problems, such as acting-out, fighting, bullying, or arguing?
ADD/ADHD Dx	Has a doctor or other health care provider ever told you that your child had Attention Deficit Disorder or Attention Deficit Hyperactivity Disorder?
Depression Dx	Has a doctor or other health care provider ever told you that your child had depression?
Anxiety Dx	Has a doctor or other health care provider ever told you that your child had anxiety problems?
Behavioral Dx	Has a doctor or other health care provider ever told you that your child had behavioral or conduct problems, such as oppositional defiant disorder or conduct disorder?
Autism spec. Dx	Has a doctor or other health care provider ever told you that your child had autism, Asperger's disorder, pervasive developmental disorder, or other autism spectrum disorder?
Dev. delay Dx	Has a doctor or other health care provider ever told you that your child had developmental delay that affects [his/her] ability to learn?
Intellectual disability Dx	Has a doctor or other health care provider ever told you that your child had intellectual disability or mental retardation?
School attend	Do child's medical, behavioral, or other health conditions/emotional, developmental, or behavioral problems interfere with [his/her] ability to attend school on a regular basis?
Ability to participate	Do child's medical, behavioral, or other health conditions/emotional, developmental, or behavioral problems interfere with [his/her] ability to participate in sports, clubs, or other organized activities?

importance of examining this topic from a quantitative dimension to determine if there are factors that can be generalized for the CSHCN population. Inequality in friendship roles and type of relationship was explored by Siperstein, Leffert, and Wenz-Gross (1997). The researchers investigated social interactions of fourth through sixth grade students, including those with learning problems. Student pairs in which one partner had a learning problem behaved more like acquaintances than friends, did not communicate or work together as well as pairs of typically developing children, and the typically developing peer was often the leader in the play session. These research studies highlight some of the challenges CSHCN face in social relationships across age groups.

The Nature of Friendships Involving CSHCN

It has been established that CSHCN face challenges in social interactions with their peers (e.g. Bethell et al., 2002; Kalymon et al., 2010; Siperstein et al., 1997). It is also important to consider the nature of friendships for CSHCN. Research identifies successful communication as crucial for making and sustaining friendships. Inability to communicate was greatly related to preschool children's social rejection by peers (Odom et al., 2006). The effects of poor communication on friendships extend beyond early childhood into adolescence as seen in the study by Durkin and Conti-Ramsden (2007). Adolescents with specific language impairment (SLI) were found to have worse quality friendships than their typically developing peers: their receptive language at seven years of age predicted friendship quality at ages eleven and sixteen. As recommended by this study's findings, early detection of

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