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Employed Parents of Children With Mental Health Disorders: Achieving Work–Family Fit, Flexibility, and Role Quality

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ABSTRACT

Extensive interviews with 60 employed parents of school-age children treated for mental health problems explored work–family fit, flexibility, family support, and work–life strategies in relation to role quality. Role quality was measured as employment and parenting rewards and concerns. Work–family fit was positively related to family flexibility but not work flexibility. Higher flexibility in work and family predicted lower job concerns, and work flexibility and work–family fit were predictors of job rewards. Parental concerns were dependent on flexibility and work–family strategies. Single parents had significantly fewer sources of family support and used fewer work–family strategies than caregivers with partners. Human services providers should collaborate with families by jointly exploring new flexibility and support strategies in work and family domains.

Integrating the demands of employment and responsibilities of family life is a familiar challenge for parents raising children in the 21st century. The marketplace has responded to the growing number of mothers of young children in the workforce, and work–life programs continue to evolve to meet the needs of all employees. Yet the work–life experiences specific to employed parents of children with special needs are only beginning to be understood (Kagan, Lewis, & Heaton, 2000, 2001; Lewis, Kagan, Heaton, & Cranshaw, 1999; Rosenzweig, Brennan, & Ogilvie, 2002). Although approximately 20% of households include children with special health or mental health needs (Child and Adolescent Health Initiative, 2003), there is limited information about the barriers to successfully integrating work and family responsibilities for these families and the strategies they use to achieve integration.

The purpose of this study is to explore the work–life experiences of a particular group of families: employed parents caring for children with mental health disorders. Through an extensive survey of employed parents, we examine the relationships among the flexibility achieved in key domains, the level of fit between work and family responsibilities, and the quality of the roles of parent and worker.

The challenges to the integration of the work and family experienced by parents caring for children with special needs are complex and persistent. Employed parents of children with disabilities report frequent work disruptions

to respond to the care needs of their children (Freeman, Litchfield, & Warfield, 1995). Parents caring for children with serious mental health concerns experience significant stress when managing work and family responsibilities because of insufficient community-based supports, including those available in child care, education, and the workplace (Abidin, 1990; Anastopoulos, Shelton, DuPaul, & Guevremont, 1993; Friesen & Koroloff, 1990; Lechner & Ceedon, 1994; Roberts & Magrab, 1991; Rosenzweig et al., 2002).

The experiences of employed parents of children with special needs can be gleaned by studying one group of these families: those with children with serious emotional or behavioral disorders. The struggles, adaptations, and successes of these employed parents are related to their ability to achieve work–family fit; their flexibility in the work, family, and child care domains of their lives; and their access to sources of family support. Ultimately, fit, flexibility, and family support resources may relate to the quality of work and parenting roles experienced by these challenged employed parents.

Work–Family Fit

The concept of work–family fit is no longer a concern reserved only for employed mothers. Every employed parent continually negotiates a seemingly infinite number of demands from home and work within a limited time frame. Discussing the concept of work–family fit, Barnett (1998) suggests that "fit refers to the extent to which the worker realizes the various components of her or his work/family adaptive strategy" (p. 161). This adaptive strategy is not a steady state achieved by the parent; rather, it is an ongoing process. As a process, work–family fit encompasses the tasks and decisions taken on by the employed parent in response to personal, community, and societal conditions to achieve a sense of accomplishment and meaning in blending work and family life. At any one point in time, fit may be viewed as an outcome of this process representing the degree to which an individual's needs and aspirations are met by available options within the work–social system and its larger context. Effective work–family fit for working caregivers of children with mental health disorders requires access to relevant and necessary family support resources and services across multiple domains of caregiving, including child care and supervision, schools, transportation, mental health treatment, medical care, and maintenance of routine household tasks as well as family-friendly workplace environments and policies (Brennan, Rosenzweig, & Ogilvie, 1999; Grosswald, 2004).

Flexibility

Flexibility in work schedule, child care, transportation, use of vacation or sick leave, or benefit packages all assist employed parents to negotiate work and family obligations (Emlen, 1997). Traditional flexible work arrangements offered by employers (Bond, Galinsky, Kim, & Brownsfield, 2005; Major, Cardenas, & Allard, 2004) may be insufficient to meet the complex demands faced by employed parents of children with mental health challenges. Flexibility within community-based resources such as schools, child care, transportation, and human services is necessary as well to assist these parents in maintaining family functioning. In their focus groups of employed parents of children with emotional or behavioral challenges, Rosenzweig et al. (2002) found that parents' flexibility in meeting work and parenting responsibilities was achieved almost exclusively through employment adjustments and adaptations, because of a depleted set of other options. Significant compromises in work arrangements and career pathways were made to increase parents' responsiveness and availability to the child with special needs. Work adjustment frequently involved taking a job that required fewer hours of work or less concentration and was more compatible with child care demands. Adaptations often warranted substantial departures from the parents' educational preparation, career path, or type of prior employment. Employment changes also entailed psychological adaptations. Some parents found it necessary to reconceptualize the role of work in their lives or to adjust to a reduction in their level of productivity.

Most pertinent to decisions about the type of necessary work adjustments is the dearth of child care resources available for children with special needs. Lack of trained providers, prohibitive cost, and sensitivity of the child combine to greatly minimize child care choices for parents whose children have serious emotional disorders (Emlen, 1997). Child care difficulties affect employee absenteeism, ability to focus at work, stress-related health problems, marital and parental satisfaction (Galinsky, 1992), and even basic well-being (Noor, 2003).

Family Support

Family support, as defined by the Federation of Families for Children's Mental Health (1992), is "a constellation of formal and informal services and tangible goods that are determined by families" (p. 1). This approach emphasizes helping families maintain balanced lives for all family members, lives that are not overwhelmed either by the needs or behaviors of the child with a disability or by the demands of the services designed to help them (Friesen, 1996). Family support activities are multilevel in scope because challenges faced by children with disabilities and their families are complex. Service providers must address the system and policy issues that impinge on families' lives as well as provide for or facilitate each family's access to and use of formal and informal supports that address its specific needs (Rosenzweig, Friesen, & Brennan, 1999).

In order for family support to be effective, it must be family defined, family driven, and crafted to meet the unique needs of each family.

Role Quality

Parents who have difficulty integrating work and family demands in a community with insufficient family support may experience a reduction in the quality of their parenting and work roles. Role quality has been conceptualized as an overall subjective assessment of the degree to which rewards and concerns in a social role such as parent or worker balance each other (Barnett, 1994). Barnett and her coworkers measured role quality through separate rewards and concerns subscales and then calculated an overall score through combining the subscales. Employed parents in her studies have reported that both job and parental roles produce more rewards than concerns (Barnett, 1994; Barnett & Marshall, 1992). As both workers and parents, family members found their roles to be somewhere between "considerably" and "extremely" rewarding and had level-of-concern scores ranging from "not at all" to "somewhat." Further research has established the relationship among working conditions, perceived levels of difficulty of trade-offs, role quality, and stress (Barnett, Brennan, & Marshall, 1994; Barnett & Gareis, 2000; Barnett & Marshall, 1992). To this point, role quality has not been studied for employed parents of children with disabilities, although Barnett and Rivers (1996) have speculated that parenting a child with disabilities may make maternal employment particularly stressful.

Research Questions

As part of an ongoing program of research on family support and children's mental health, investigators conducted comprehensive telephone interviews with 60 employed parents whose children had received treatment for a mental health disorder. Examined in this article are the findings related to three of the study's research questions: Are work flexibility and family flexibility directly related to work–family fit for caregivers of children with emotional or behavioral challenges? Are the work–family strategies that employed caregivers use related to family support and work–family fit? Do flexibility in work and family arrangements, use of family support, and work–family fit predict role quality measured as work and parenting rewards and concerns?

Method

Participants

Self-identified parents of children with emotional or behavioral disorders were recruited through contacts made with parent support networks in three western states and at national conferences on children's mental health. Criteria for eligibility included (a) primary caregiver of a minor currently living in the home who had an emotional or behavioral disorder and (b) caregiver working at least 30 hr/week. Stamped, self-addressed willingness forms were made available through the contact sites. Eighty willingness forms were received, and 7 eligible participants contacted researchers directly by telephone. On receipt of the willingness forms, research assistants telephoned interested parents to determine eligibility. Fourteen respondents were not eligible and 11 were unreachable by telephone.

Sixty-two parents of children with emotional or behavioral challenges were interviewed; two interviews were eliminated from the final analyses after it was determined that the interviewee was not the primary caregiver. The 60 participants were generally female (95%), European American (84%), middle-aged (M = 42.7 years, SD = 10), and from middle-class households (median annual household income: $30,000–39,999). Most participants had some college (48.3%). Thirty participants (50%) reported that their jobs were professional or technical; the remaining participants were engaged in executive or managerial (13 [21.7%]), support or clerical (7 [11.7%]), service (4 [6.7%]), or other (6 [10%]) occupations. Twenty-four (40%) participants were single, and parents with partners had been living together for an average of 12.9 years (SD = 9.3).

At the time of the interview, 130 minor children were living in the home of the 60 interviewees. These children were 20 years of age or younger (M = 12.5 years, SD = 4.4); 48 (36.9%) were female and 82 (63.1%) were male. Twenty (15.4%) were children of color, 99 (76.2%) were European American, and 10 (7.7%) were of mixed race, and the parents of one child (.8%) declined to indicate his race. Caregivers reported that 90 (69.2%) of the children had emotional or behavioral disorders and endorsed a variety of diagnoses, most frequently attention deficit disorder, oppositional-defiant disorder, bipolar disorder, and depression. The vast majority of caregivers (86.9%) reported that their child's mental health status had a substantial impact on development.

Procedure

Informed consent forms were mailed to eligible parents, and 90-minute interviews were scheduled on receipt of consent by researchers. Response options for the various instruments were sent to participants before the interview with a cover letter reminding them of the scheduled date and time. The investigators and their research assistants conducted the interviews by telephone; participants received a small stipend.

Seven instruments were used in the interviews with participants. The primary instrument developed for the study was the Support for Working Caregivers Interview Schedule (SWCIS), composed of 72 items and seven subscales (Brennan, Rosenzweig, Ogilvie, Zimmerman, & Ward, 1999). Items on the SWCIS were developed through

multiple methods. Parent focus groups provided the core constructs of the instrument (Rosenzweig et al., 2002). Researcher-developed items were then taken back to select focus group participants for review of content and accuracy of language used to express key concepts. The SWCIS also incorporates items from the Employee Survey (Emlen & Koren, 1993; Neal, Chapman, Ingersoll-Dayton, & Emlen, 1993), which measured child care, employment, and parental stress variables. The SWCIS quantitatively and qualitatively assessed employment and family responsibilities, child care arrangements, child's mental health, and educational experiences. Flexibility was assessed using the SWCIS items that addressed flexibility in the employment and family domains; items were measured using a 4-point Likert-type scale ranging from 4 (*a lot of flexibility*) to 1 (*no flexibility at all*).

The second instrument used in the interview was the Work–Family Strategies Scale. Parents were asked to state whether each of 17 services was available to them and, if so, how often they used it. Services provided by workers trained to deal with children with special needs included in-home child care, transportation, behavioral aides, vacation camps, and respite care. For services not available, parents indicated how frequently they would use each service if it were available. An item analysis yielded a 14-item Work–Family Strategies Use Scale, with an alpha of .60.

The Work–Family Fit Scale: Children's Mental Health Emphasis (CMH), the third interview instrument, consisted of items addressing a degree of fit between two or more separate domains of life: work, family, school, child care, and mental health needs or treatment. Thirty items were developed that conjoined two or more domains by means of analysis of focus group results (Rosenzweig et al., 2002). For example, participants were asked to rate their level of agreement with the following statement: "I am comfortable in the knowledge that my child is well cared for while I am at work." A 5-point rating scale was used (5 = *strongly agree,* 1 = *strongly disagree*). Twelve items were reverse-scored because they were negatively worded. An item analysis yielded a reliable 20-item Work–Family Fit Scale, with an alpha of .82 (Rosenzweig, Brennan, Ogilvie, & Ward, 2000).

To measure the quality of support experienced by caregivers, the Family Support Scale (Dunst, Jenkins, & Trivette, 1994) was used. This instrument contains 18 six-point Likert scale items that participants used to rate the presence or absence and the perceived degree of support received from relatives and family members, coworkers, parent groups, social contacts, and professional helpers. Cronbach's α for the participants was .71, similar to the level of .77 reported by Dunst et al. (1994).

Overall role quality was assessed using methods described by Barnett et al. (Barnett & Brennan, 1995; Barnett et al., 1994). Two instruments were used to assess role quality domains reported on in the present study: the Job Role Quality (Short Form) and the Parental Role Quality scales. The instruments included items measuring the positive rewards (the gratification or rewards the parent experiences) and negative concerns (the concerns the parent has in a particular domain) using a 4-point scale ranging from 1 (*not at all*) to 4 (*extremely*). For example, parents were asked to give ratings regarding how much of a concern for their job was "having too much to do" and also how rewarding it was for them as a parent to experience "the love (your children) show." Participants with partners also responded to the Marital Role Quality (Short Form) scale, which will be discussed in another study. Internal reliability coefficients calculated with Cronbach's alpha were acceptable for job rewards (α = .83), job concerns (α = .82), parental rewards (α = .91), and parental concerns (α = .90).

Results

The mental health of the children limited the work hours of 63% of the caregivers; 60% indicated that their child care arrangements curtailed their work hours as well. On the whole, parents reported some flexibility built into their work to take care of family responsibilities (M = 3.22, SD = .90), and there was also some flexibility in their family life for work and child care (M = 2.93, SD = .70). All caregivers in the study were employed full time (M = 40.7 hr/week; SD = 9.1), but sources of flexibility were built into their work arrangements. Thirty-one (51.7%) participants reported that their jobs allowed them to sometimes work at home, accounting for an average of 12.1 hr of work per week (SD = 14.3, Mdn = 7 hr/week). Only 29 (49.2%) of the parents worked standard full-time schedules; 24 parents (40.7%) worked flexible hours, 4 (6.8%) had schedules with some part-time arrangements, and 2 (3.4%) had a compressed work week.

Work–family fit was significantly related to family flexibility and the number of family support sources. Surprisingly, work flexibility to take care of family responsibilities was not significantly related to work–family fit. As expected, family support and work–family strategies were positively and significantly related. These relationships can be seen in Table 1.

The employed parents reported that their jobs were considerably rewarding (M = 2.99, SD = 0.55) but only somewhat concerning (M = 1.91, SD = 0.49). This reveals a positive overall balance in their social role of worker. In their parental roles, the interviewees rated their experience as between considerably and extremely rewarding (M = 3.26, SD = .46). However, they also reported a high level of concern as a parent, between "somewhat" and "considerably" (M = 2.60, SD = .55). On balance then, the role quality as a parent was not as positive as that reported for the work role.

Single caregivers were found to have significantly fewer sources of family support and to use significantly fewer

Table 1. *Means, Standard Deviations, and Intercorrelations Among Study Variables for Employed Caregivers of Children With Emotional or Behavioral Challenges (N = 60)*

Variables	1	2	3	4	5	6	7	8	9
1. Work flexibility	—								
2. Family flexibility	.13	—							
3. Family support sources	.02	.11	—						
4. Work–family strategies	–.02	.06	.37**	—					
5. Work–family fit	.12	.52**	.28*	.22	—				
6. Job rewards	.49**	.22	.27*	.11	.42**	—			
7. Job concerns	–.27*	–.24	–.17	.00	–.26*	–.57**	—		
8. Parental rewards	.13	.04	.00	–.18	.12	.31*	–.10	—	
9. Parental concerns	–.28	–.35**	–.22	.14	–.38**	–.21	.46**	–.14	—
M	3.22	2.93	10.63	2.92	2.80	2.99	1.91	3.26	2.60
SD	0.90	0.70	3.32	2.10	0.61	0.55	0.49	0.46	0.55

Note. *$p < .05$. **$p < .01$.

Table 2. *Descriptive Data on Major Study Variables for Single Caregivers and Caregivers With Partners*

	Single Caregivers ($N = 23$)		Caregivers With Partners ($N = 37$)	
Variable	*M*	*SD*	*M*	*SD*
Flexibility				
Work	3.09	0.90	3.30	0.91
Family	2.88	0.71	2.96	0.71
Family support sources[a]	8.96	2.96	11.67	3.13
Work–family fit	2.70	0.58	2.87	0.61
No. work–family strategies used[b]	2.17	1.52	3.38	2.28
Work–family strategies used	***N***	**%**	***N***	**%**
In-home child care[c]	1	4.3	10	27.0
Child care resource/referral	5	21.7	6	16.2
Child care center	0	0	3	8.1
Behavioral aides[d]	1	4.3	9	24.3
Homemaker services	0	0	1	2.7
Home repair services	1	4.3	2	5.4
Crisis teams in child's school	4	17.4	15	40.5
Vacation/summer camps	3	13.0	7	18.9
Personal counseling	14	60.9	22	59.5
Career counseling	0	0	1	2.7
Parent support groups	11	47.8	21	56.8
Respite care services[e]	2	8.7	15	40.5
Flexible benefits	0	0.0	5	13.5
Wrap-around (comprehensive) mental health fund	8	34.8	8	21.6

[a] $t(58) = 3.34$, $p < .001$. [b] $t(57.6) = 2.45$, $p < .05$. [c] $\chi^2(1, N = 60) = 4.87$, $p < .05$. [d] $\chi^2(1, N = 60) = 4.08$, $p < .05$. [e] $\chi^2(1, N = 60) = 7.08$, $p < .01$.

work–family strategies than caregivers with partners (Table 2). Although single caregivers reported lower levels of work and family flexibility and lower work–family fit than caregivers with partners, the differences were not significant. Eleven of the 14 work–family strategies were used by larger percentages of caregivers with partners compared with single parents, and for 3 of these (in home child care, use of behavioral aides, and respite care) the differences were statistically significant.

Finally, multiple regression analysis was used to determine the relative contribution of flexibility (Step 1), family support (Step 2), and work–family fit (Step 3) variables in predicting role quality as measured by job and parenting rewards and concerns. Table 3 reports the results of prediction of job rewards, job concerns, and parental concerns; the parental reward scale was not significantly related to any of the predictor variables.

A substantial 40% of the variance in the employed caregivers' job rewards was explained by the total set of predictor variables, $F(5, 54) = 7.20$, $p < .001$. On Step 1, the subset of flexibility predictor variables significantly predicted job rewards, $F(2, 57) = 10.37$, $p < .001$, accounting for 27% of the variance; work flexibility made a unique and significant contribution to the prediction ($\beta = .47$, $p < .001$). When the subset of family support variables was added to the equation in Step 2, the job rewards were also significantly predicted, $F(4, 55) = 6.64$, $p < .001$. On Step 3, when work–family fit was added to the other variables, the resulting equation significantly improved the prediction, with an additional 7% of variance explained. Significant unique contributions were made to the prediction of job rewards by work flexibility ($\beta = .45$, $p < .001$) and work–family fit ($\beta = .34$, $p < .01$) after controlling for all other variables.

TABLE 3. *Standardized Betas, F, and R^2 Values for Multiple Regressions of Employed Caregivers' Job Rewards and Concerns and Parental Concerns on Flexibility, Family Support, and Work–Family Fit Variables*

PREDICTOR	JOB REWARDS β	JOB CONCERNS β	PARENTAL CONCERNS β
Step 1: Flexibility			
Work flexibility	.47***	–.24	–.24*
Family flexibility	.16	–.21	–.32**
$F(2, 57)$	10.37***	3.74*	6.28**
R^2	.27	.12	.18
Step 2: Adding Family Support			
Work flexibility	.47***	–.24	–.23
Family flexibility	.13	–.20	–.31**
Family support sources	.23	–.16	–.27*
Work–family strategies	.02	.07	.26*
$F(4, 55)$	6.64***	2.22	5.02**
R^2	.33	.14	.27
ΔR^2	.06	.02	.09
ΔF	2.40	.73	3.26*
Step 3: Adding Work–Family Fit			
Work flexibility	.45***	–.23	–.21
Family flexibility	–.03	–.12	–.18
Family support sources	.18	–.14	–.22
Work–family strategies	–.02	.09	.29*
Work–family fit	.34**	–.15	–.26
$F(5, 54)$	7.20***	1.96	4.89***
R^2	.40	.15	.31
ΔR^2	.07	.02	.04
ΔF	6.70**	.95	3.45*

*$p < .05$. **$p < .01$. ***$p < .001$.

Work and family flexibility explained 12% of the variance in job concerns, $F(2, 57) = 3.74$, $p < .05$. Neither the addition of family support variables in Step 2 nor the inclusion of work–family fit in Step 3 significantly improved the prediction of job concerns.

Finally, 31% of the variance in parental concern scores was accounted for in a multiple regression including all the predictor variables, $F(5, 54) = 4.89$, $p < .001$. At Step 1, both work flexibility ($\beta = –.24$, $p < .05$) and family flexibility ($\beta = –32$, $p < .01$) made a unique and significant contribution to the prediction of parental concerns by the subset of flexibility variables, $F(2, 57) = 6.28$, $p < .001$. The family support variables added in Step 2 accounted for an increase of 9% in the explanation of variance of parental concern scores, with family flexibility ($\beta = –.31$, $p < .01$), numbers of family support sources ($\beta = –.27$, $p < .05$), and use of work–family strategies ($\beta = .26$, $p < .05$) each making a significant contribution to the prediction of parental concerns, $F(4, 55) = 5.02$, $p < .01$. In the third and final step, in which work–family fit was introduced, the resulting equation added 4% to the variance explained; work–family strategies ($\beta = .29$, $p < .05$) made a significant, unique contribution to explaining the variance in parental concerns.

Discussion

Parents of children with serious emotional or behavioral disorders require an array of formal and informal strategies and supports to simultaneously maintain a satisfactory level of employment and meet the unique care needs of their children. The design of a comprehensive survey instrument, including the development of two scales—the Work–Family Fit Scale and the Work–Family Strategies Scale—for use specifically with the study participants, yielded valuable data about the work–life experiences of families with children facing mental health challenges. Although a comparison group was not used in this study, literature reviewed and prior research (Rosenzweig, Brennan, Huffstutter, & Bradley, 2003) suggests that the experiences of these employed parents is uniquely different from those raising typically developing children.

Flexibility in the work–family boundary is pivotal to achieving fit between work and family responsibilities for the study's respondents. Results indicate that flexibility in family schedule to meet work responsibilities was a more important contributor to fit than flexibility in work to meet family responsibilities. Although this finding may at first seem unexpected, there are two possible explanations. First, it is quite likely that the participants have already made a significant degree of adjustment to their work situation or choice of employment to fit the needs of their family. Nearly half of the respondents reported completing paid work at home on a regular basis. This adaptation strategy is used by many; however, for families with children who have disabilities, the adaptation is driven by the requirements and behavior of the child with special needs (Gallimore, Weisner, Bernheimer, Guthrie, & Nihira, 1993). Second, the respondents, because of their family

situation, have a considerable degree of permeability across the work–family boundary. Parents caring for children with severe emotional or behavioral disorders are moving across the work–family boundary several times a day. These parents are most often the sole source of transportation for their children, the first to be called when there is a crisis at school and the one at home for before- and after-school care. The respondents may have a less compartmentalized experience of home and workplace than other parents, and our research findings reflect this possibility.

The respondents demonstrate a strong level of resourcefulness in meeting work and family needs through their use of support and fit strategies; this, in turn, contributed to a positive experience of employment and parenting. Work–family fit for the participants is facilitated through accessing and accepting support provided by family, friends, social networks, and formal resources. The most frequently used resources include personal counseling, parent support groups, school-based crisis teams, and respite services. Some strategies that are common for other families (e.g., the use of child care centers and home cleaning services) are often not used by parents of children with serious emotional or behavioral challenges. Children with mental health disorders may have difficulty tolerating or adjusting to changes, unmediated stimulation, or unfamiliar people in their surroundings. Therefore, not all common family adjustment strategies were options for the respondents.

In particular, single parents appear to have a reduced range of strategies. In the present sample, compared with partnered parents, single parents used significantly fewer strategies to manage work and family, specifically in home child care, behavioral aides, and respite care. It is speculated that the greater time demands and lower household incomes of single parents having children with mental health disorders (Brennan & Poertner, 1997) prohibit the use of a fuller array of strategies.

Parents of children with mental health disorders rated job rewards and concerns in the same range as the larger general samples of employed parents (Barnett, 1994; Barnett & Marshall, 1992), revealing positive job role quality. However, results for the parenting role were markedly different than those found in earlier studies. Although both the general sample and employed parents of children with emotional or behavioral disorders rated their parenting role as considerably rewarding, our participants evidenced a much higher level of concern associated with their parenting and an overall lower parent role quality. Higher levels of work flexibility and the achievement of work–family fit predicted greater job rewards, and greater ratings of work and family flexibility were related to lower levels of job concerns. Although none of the study variables was associated with the high levels of parental rewards experienced by the family members, parental concern levels were predicted by a combination of key study variables: work and family flexibility, family support, and use of work–family strategies. When supports and flexibility were in place, parents had a work–life fit that was more satisfactory and had fewer concerns about parenting their children with mental health disorders.

> The struggles, adaptations, and successes of these employed parents are related to their ability to achieve work–family fit; their flexibility in the work, family, and child care domains of their lives; and their access to sources of family support.

The results of this study open a long overdue dialogue about the needs of a unique community of employed parents: those raising children with serious emotional or behavioral disorders. Parents whose children have unique mental health needs are not a homogeneous group. It is important to acknowledge that the participants, recruited primarily from parent support networks, are parents experienced and resourceful in addressing the challenges of caring for a child with an emotional disorder while maintaining employment. Many are well informed about local and regional resources. Indeed, this sample does not represent the sizable number of parents of children with serious emotional disorders who are prevented from obtaining paid work outside of the home because of a lack of substitute child care arrangements (Rosenzweig & Huffstutter, 2004). Comparisons with employed parents whose children have other types of disabilities or multiple disabilities or who are free of disabilities cannot be made from the study's results. Additionally, although major efforts were made to recruit a diverse set of parents for this study, our participants were predominantly European American in cultural background. The experiences of culturally diverse parents of children with disabilities have only recently been the subject of investigation (Ow, Tan, & Goh, 2004), and much more study is needed for an understanding of cultural differences in the work–life situation of these families.

Given our study results, practice recommendations and areas of possible future investigation may be considered. Improved child care options, supportive services in schools, increased employment flexibility, and support from human resource professionals may be considered as research and service challenges worthy of investigation.

Heymann (2000) has made the case that our current society is characterized by a widening gap between the expectations we have for working parents and the societal supports that are available to help them meet the needs of their children. It is up to the practice community to work with parents to put into place supports that are desperately needed if family members are to maintain employment and care for children with mental health disorders.

Families have a greater capacity to integrate work and family life when their children are well cared for in inclusive child care settings (Brennan, Bradley, Ama, & Cawood, 2003). A recent qualitative study involved interviews with nearly 100 administrators, staff, and family members regarding their experiences with child care centers that successfully cared for children with mental health disorders. Family members rated the quality of care as very high and expressed their gratitude for safe and nurturing environments for their children, which allowed them to maintain their employment without worry. Large-scale studies documenting the experiences of families of children with mental health disorders in child care settings are timely. Human services workers need better information to assist families to work out care arrangements and to use in developing more opportunities for inclusive child care situations.

Schools provide child care as an unavoidable by-product of the educational process. Expertise developed in schools and child care settings may be mutually instructive because both these programs have histories of family support and often share common physical locations (Dryfoos, 1994; Rigsby, Reynolds, & Wang, 1995). Additionally, parents are often faced with the need to balance the boundaries of work, child care, and school as part of family life. Investigation of these interfaces would also be timely.

Although inclusive child care and supportive schools are not yet widely available for children having serious emotional disorders (Bradley, Ama, Gettman, Brennan, & Kibera, 2004), families need other paths to integrate their work and family lives until inclusive child care becomes more universally available. Another possible lever for change is by making adjustments in the workplace. Family members have reported that they can fit work and family life together more effectively when they build alliances in the workplace with supervisors and coworkers, sometimes disclosing their children's challenges and families' needs to garner support (Rosenzweig & Huffstutter, 2004). Additionally, employed caregivers have developed strategies that include using workplace policies and benefits to improve their working situations and to increase the resources needed by their families (Rosenzweig et al., 2003). Currently, studies of the role of human resources professionals in work–life balance are underway. For their part, human services professionals can support parents in their efforts to make work adjustments and to obtain the package of working conditions and benefits that will make work–life fit possible.

Employed parents of children and adolescents with mental health disorders have used creative approaches to cobble together arrangements that work for their families and employers, seeking greater integration in their work and family lives. These family members made employment accommodations, created multiple care arrangements for their children while they were at work, spent time at their children's school attempting to prevent crises, and dealt with disruptions when they happened.

Most important, these parents revealed multiple pathways to the attainment of work–family fit and the creation of flexible arrangements (Neal et al., 1993) within work, child care, school, family, and community domains. By taking these pathways, family members were able to achieve work situations that, on balance, had positive role quality while they experienced both high levels of challenge and rewards with their children and lower overall parenting role quality. Human services workers who work for a time with these families can collaborate with them in exploring new adaptations when the strategies they have tried have not worked and they find that must seek additional options. By knowing about the flexible arrangements and supports that have worked for other parents, service providers can assist families in expanding their search for a combination of options that meet their unique needs and increase their quality of life.

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