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Financially Focused Sessions for Support Interventions for Parents of Children with Disabilities

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The current manuscript highlights the need for and proposes a best practice model of incorporating financial therapeutic elements into support intervention programming designed to assist caregivers of families with at least one child with a disability, as recognized by the Individuals with Disabilities Act (IDEA). The current manuscript proposes adding four financially focused sessions, creating a space for the caregivers to (1) radically accept their current financial circumstances, (2) empower themselves by activating financial agency, (3) develop financial persistence, and (4) create and enact a future financial strategy. These four sessions have been designed using systemic financial therapy, a theoretical framework that applies family systems theory to financial therapy. A case vignette illustrates how to address caregivers' unique challenges in caring for an afflicted child. These challenges are worsened by significant financial stress and poor management. The vignette shows how implementing four financially focused sessions can help.

Keywords: caregivers, children with disabilities, financial stress, support interventions, financial capability

INTRODUCTION

In the United States, caregivers of children with disabilities experience more financial strain compared to other caregivers (Byers et al., 2018). These families are almost twice as likely to have difficulties affording medical care and to be concerned about ongoing costs (Houtrow et al., 2025). Insurance coverage often excludes essential services such as therapies, assistive devices, and long-term care needs, particularly for middle-income families (Validova et al., 2023; Beresford, 1995).

Although caregiver programs exist to provide emotional and instructional support, the majority do not explicitly address financial issues (Lancaster et al., 2023). Yet, financial stress directly shapes family dynamics, caregiver adaptation, and the well-being of children

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with disabilities (Conger et al., 1992; Goudie et al., 2014). In the 2022–23 academic year, 15% of public-school pupils in the United States received special education services under IDEA (National Center for Education Statistics, 2024), underscoring the scope of this issue.

This manuscript addresses that gap by proposing four financially focused sessions to complement existing caregiver interventions. These financially focused sessions are designed to (1) identify financial stressors, (2) build caregiver agency, and (3) strengthen families' capacity to manage the financial obligations associated with raising a child with a disability.

LITERATURE REVIEW

The Indirect and Direct Costs of Disability

Families caring for a child with a disability experience significant emotional and financial burden. These children often require additional time, support, and resources, including therapies, specialized equipment, and modifications to their homes or educational institutions (Fareo, 2015; Morris et al., 2020). Medical care, equipment, treatments, and housing modifications constitute direct expenditures that may accumulate rapidly. Households with a handicapped child incur medical expenses exceeding three times those of households without a disabled child (Anderson et al., 2007). The annual cost of child-rearing may range from \$450 to \$69,500, depending upon the child's needs and geographical location (Shahat & Greco, 2021). Numerous families are unable to get necessary therapy due to costs that generally exceed the coverage provided by insurance or government programs.

When caregiving responsibilities interfere with employment, indirect expenses exacerbate this burden significantly. Approximately one-third of families reduce their work hours, while 16% of families—predominantly mothers—exit the workforce entirely (Fareo, 2015; Fujiura, 2014; Novoa, 2020). The decline in salaries induces concerns over long-term retirement and exacerbates workplace stress. Children with disabilities are twice as likely to reside in households experiencing financial difficulties (Goudie et al., 2014; Sarangi et al., 2023), and in the United States, 28% of them live in poverty (U.S. Department of Education, Office of Special Education Programs, 2021). Considering disability, worldwide estimates indicate that the probability of poverty increases by 86% (Mont, 2021). These interactions highlight financial stress as a crucial domain for caregiver support; however, it remains inadequately addressed in several intervention programs.

Parental Adaptation

Adaptation is the ability of a parent(s) to cope with the emotional implications of the disability and/or the daily demands, including financial demands, accompanying caring for the child with a disability (Summers et al., 1988). Signs of adaptation in caregivers include (1) managing the hard work of cultivating the best available services for their children, (2) accepting the reality of the disability, (3) demonstrating an ability to love the child for who they are, and (4) maintaining successful, emotionally well-adjusted family dynamics.

As a positive, healthy attachment to one's child with a disability is pivotal to promoting parent and child well-being, programs often look for signs of adaptation progression or red flags indicating a lack of adaptation as caregivers progress through programming. The current manuscript uses the term 'resolution' as defined by Marvin and Pianta (1996) to evaluate indicators of adaptation and non-adaptation, as shown in Table 1.

Table 1.

Signs of Adaptation and Lack of Adaptation in Response to Diagnosis.

Evidence of adaptation	Lack of adaptation
Acknowledgment of the emotional difficulty of learning the diagnosis	Denial of the emotional impact of the diagnosis
Recognition of change in reactions since learning of the diagnosis	Cognitive distortions related to a child's diagnosis or abilities
Suspension of the search for an existential reason for the child's condition	Confusion and mental disorganization (contradicting oneself; loss of memory)
Acknowledgment of the need to move on in their life	Active search for an existential reason for a child's condition
Accurate representation of a child's abilities	Disfocused or stuck in the past
	Boundary violations (attempts to draw the interviewer into collusion against medical personnel)

Note. Material adapted from Pianta and Marvin's reaction to the Diagnosis Classification System (Marvin & Pianta, 1996).

Interventions for Strengthening Adaptation in Caregivers

Standard Interventions for Strengthening Adaptation in Caregivers

Individuals who care for children with disabilities often seek assistance to enhance their parenting knowledge (Gadsden et al., 2016). Family systems, instructional, interactional, and behavioral support models are the predominant methodologies used by programs to facilitate alterations in individuals' emotions, thoughts, and behaviors (Barnett et al., 2003; Jeong et al., 2021; National Academies of Sciences, Engineering, and Medicine, 2016). The objective of these interventions is to reduce stress and enhance the parent-child bond by imparting developmentally beneficial skills.

Global models, such as the WHO's Caregiver Skills Training Program, address routines, play, and self-care (Salomone et al., 2019). Non-specialists often teach material via experiential activities (He et al., 2024). These activities facilitate connections and alleviate feelings of isolation, especially among mothers; however, discussions on financial issues are few. Barnett et al. (2003) emphasized the need to validate caregivers' experiences, enhance

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their understanding of resources, and cultivate practical skills. Nonetheless, financial issues remain inadequately represented.

Addressing Economic Barriers to Optimal Adaptation

Conger et al. (1992) demonstrated that financial strain is strongly associated with psychological distress in parents, which disrupts parenting practices and hinders adaptation. National-level data confirm that households with disabilities face persistent financial insecurity (National Disability Institute, 2017). Although this link is well known to caregivers and professionals, economic stress is often overlooked in interventions for families of children with disabilities. This omission can lead to harmful financial decisions. Financial topics may be excluded simply because facilitators lack structured content to cover them. For example, the WHO Caregiver Skills Training Program does not explicitly address financial concerns or related stressors.

Including Financially Focused Interventions for Strengthening Adaptation in Caregivers

This manuscript uses an existing eight-week support intervention program for caregivers of toddlers and preschoolers with disabilities as an example of where basic financial topics could be integrated. The program involves weekly, 1–2-hour in-person sessions with caregivers and care recipients. The session descriptions are adapted from Barnett et al. (2003).

The first session focuses on creating a trusting and comfortable environment for sharing. The second helps caregivers clarify questions about their child and their approach to working with professionals and accessing resources. The third session validates caregivers' past and current dreams for their children. Sessions four and five support caregivers in accepting emotional reactions, developing realistic expectations, and identifying potential challenges. The sixth session encourages new steps in adapting to their child. In session seven, facilitators provide information to enhance coping strategies and improve relationships with family and friends. The eighth session reinforces sensitive parenting and acknowledges the formal end of the group curriculum (Barnett et al., 2003).

Table 2.*Eight-Session Support Intervention for Caregivers.*

Session	Focus and Description
1. Getting to know each other	Builds a comfortable, friendly, and trusting environment for participants to listen and share.
2. Getting to know our questions	Helps caregivers clarify questions about their children and relationships with professionals.
3. Getting to know our dreams	Elicits, validates, and supports caregivers' past and current dreams for their children.
4–5. Giving ourselves time	Supports caregivers in accepting their emotional reactions, developing realistic expectations, and identifying challenges.
6. Slowly rebuilding new dreams	Encourages caregivers to take new steps in adapting to their child's diagnosis and needs.
7. Relating to others	Provides information to enhance coping strategies and improve caregivers' relationships.
8. Relating to my child	Reinforces sensitive parenting and marks the formal ending of the group curriculum.

Note: Adapted from Barnett et al. (2003).

Although the Barnett et al. (2003) eight-session model provides strong emotional, cognitive, and relational support, it does not explicitly address the financial stress that many caregivers of children with disabilities face (Goudie et al., 2014; Mont, 2021). Financial strain can exacerbate caregiving stress and hinder a family's ability to adapt (Conger et al., 1992; Findler et al., 2016). Caregivers may initially deny the emotional and financial impact of their child's diagnosis, often as a coping mechanism to manage overwhelming stress or uncertainty (Findler et al., 2016; Hartley et al., 2012).

For example, estate planning is frequently postponed due to discomfort with long-term planning, financial complexity, or anticipatory grief (Lutter, 2014). Additionally, caregivers may exhibit cognitive distortions such as catastrophizing or all-or-nothing thinking, which contribute to increased anxiety and reduce their likelihood of seeking financial help (Hayes & Watson, 2013; Poehlmann et al., 2005). To address this gap, the current manuscript proposes four additional, financially focused sessions. These are not a condensed or modified version of Barnett et al.'s (2003) intervention. Instead, they are supplemental sessions that can be delivered alongside or after an existing support model.

Financially Focused Sessions for Support Interventions

The four additional financially focused sessions aim to (1) validate caregivers' financial stressors and (2) provide practical steps to build financial confidence. They can be conducted individually, with families, or in group settings. These financially focused sessions are grounded in systemic financial therapy theory, which considers how financial strain intersects with family systems, caregiving roles, and emotional well-being (Archuleta & Burr, 2015; Archuleta et al., 2012).

The four additional financially focused sessions focus on financial skills described in this manuscript that support mental and behavioral adjustment to financial stress. Session one introduces the idea of radical acceptance, helping caregivers recognize their current financial situation without shame. This change reduces emotional avoidance and promotes psychological flexibility, encouraging clients to reframe victim stories into empowered actions, such as taking the first step toward organizing finances or seeking help. Session two centers on developing financial agency. By addressing money avoidance and decision fatigue, it emphasizes that financial skills can be learned.

Session three enhances financial persistence by helping caregivers normalize struggle, access available resources, and overcome guilt related to seeking help. Reframing self-advocacy as a strength encourages follow-through on actions like completing financial aid applications or negotiating service costs. Finally, session four promotes future orientation and confident decision-making. Clients are guided to prepare relevant documents and questions for meetings with financial professionals, shifting from feeling overwhelmed to proactive planning. Together, these sessions complement psychosocial interventions by equipping caregivers with tools to reduce stress, increase self-efficacy, and build long-term financial confidence.

Table 3.

Four Financially-Focused Sessions Addressing Financial Stressors.

Session	Focus and Description
1. Radical Acceptance	Encourages gratitude and acceptance of the current financial situation; reframes victim narratives into empowerment.
2. Empowering Financial Agency	Emphasizes that avoidance and stress do not improve financial outcomes; teaches that peace of mind can be achieved through mindful money management.
3. Financial Persistence	Promotes use of support systems and resources, cultivates resilience in seeking aid, and reduces money-related guilt.
4. Future Financial Strategy	Guides clients in finding financial professionals, gathering documents, and developing key questions or scenarios to discuss in planning consultations.

Note. Sessions are designed as supplemental interventions informed by systemic financial therapy.

THEORETICAL FOUNDATIONS

Theory of Family Systems

Family systems theory provides a relational framework that elucidates caregiver stress and financial conduct. Individuals are most comprehensively understood within the framework of their familial relationships (Bowen, 1978; Nichols & Davis, 2020). Factors such as dependency, fluctuating boundaries, and systemic stress affect family adaptation to caregiving and financial pressures (Minuchin, 1974). The idea that stress in one segment of the system influences the whole system directly informs Session One, helping caregivers acknowledge their financial realities while recognizing the impact on their family's well-being. Likewise, the focus on role clarification and boundary management is foundational in Session Two, when caregivers analyze avoidance tendencies and collaboratively share decision-making duties (Conger et al., 1992; Fujiura, 2014).

Financial Systemic Therapy

Systemic financial therapy combines financial planning with psychotherapy to tackle both the technical and relational aspects of money (Archuleta & Burr, 2015; Archuleta et al., 2012). It acknowledges that financial stress is relational, rooted in communication patterns, roles, and intergenerational ideas. This premise underpins Session Three, which fosters financial resilience by prompting caregivers to accept adversity, use community resources,

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and reconceptualize help-seeking as a virtue (Gadsden et al., 2016; Mellinger & McGuire, 2017).

Another premise of systemic financial treatment is that empowerment is fundamental to resiliency. This notion is evident in Session Four, when families formulate proactive financial plans by collecting records, establishing objectives, and drafting inquiries for financial specialists (Ford & Archuleta, 2012; Sherraden, 2013). The session associates empowerment with planning, so tying emotional preparedness to tangible financial actions.

Collectively, these frameworks facilitate the organization of the four financially focused sessions. Family systems theory contextualizes financial behavior within the dynamics of relationships, while systemic financial treatment offers strategies to transform financial stress into opportunities for empowerment and resilience. The incorporation of these viewpoints ensures that each session addresses both the practical management of finances and their broader impact on family adjustment.

Table 4.*Core Assumptions and Goals of Systemic Financial Therapy.*

Assumption or Goal	Explanation
Money is relational	Financial issues do not occur in isolation—they are embedded in family roles, communication, power, and emotion.
Family systems are interconnected	Stress in one part of the family system (e.g., caregiving demands) affects financial decisions, and vice versa.
Change in one area affects the whole system	Improving financial understanding or communication can improve emotional dynamics in the family.
Therapy should address context	Financial therapy should be sensitive to family dynamics, cultural values, and systemic sources of financial stress.
Empowerment is a central aim	Helping caregivers make confident, informed decisions builds long-term resilience and agency.

CASE VIGNETTE**Case Illustration: Integrating Financial Support into Caregiver Interventions**

This case vignette illustrates the application of four financially focused sessions within a caregiver Support Intervention Program (SIP). These sessions build on systemic financial therapy and family systems theory to address the relational and emotional dimensions of financial stress for families raising a child with a disability. The following example highlights therapeutic mechanisms, including the development of financial agency, navigation of support resources, and shifts in family roles and communication patterns.

Family Context

Lisa (35) and James Smith (38) are a married couple with two children: 14-year-old Emma and 8-year-old John, who was diagnosed with cerebral palsy at birth. The Smiths, a single-income household, participated in an eight-week SIP group before joining the supplemental, financially focused sessions. Like many families raising a child with a disability, they live below the \$50,000 income threshold (Goodman et al., 2017).

In the initial sessions, Lisa, who identified as John's primary caregiver, often felt overwhelmed by the physical and emotional demands of that role. James expressed feeling isolated in his position as sole earner, struggling with financial pressure and emotional distance in the marriage. These dynamics—emotional strain, rigid caregiving roles, and

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boundary disruptions—reflect systemic patterns described in family systems theory (Bowen, 1978; Minuchin, 1974).

Financially Focused Session One: Radical Acceptance and System Assessment

The first financially focused session guided families to assess and accept their financial reality. Working together, the Smiths identified major caregiving-related expenses, including the purchase of accessible transportation, home renovations, extracurricular activities for Emma, and untracked spending on John's clothing. Despite Medicaid covering some of John's medical needs, James expressed concern about accumulating debt and a lack of savings for either child. Through group discussion, the Smiths acknowledged the interdependence of financial decisions and family well-being, a process aligned with the principles of systemic financial therapy (Archuleta et al., 2012). They engaged in an exercise to recall past coping strengths and committed to viewing themselves as active agents of financial change.

Financially Focused Session Two: Developing Financial Agency

In the second financially focused session, caregivers reflected on the meaning of money within their family system. James realized his anxiety stemmed less from unmet current needs and more from uncertainty about the future. Lisa, who managed most day-to-day purchases, reported emotional exhaustion and hesitance to take ownership of financial decisions. The facilitator encouraged her to recognize her role as the household finance manager and normalize her feelings of overwhelm. Group members audited local services and benefits using caregiver mapping tools (Gadsden et al., 2016; Mellinger & McGuire, 2017). This aligned with systemic financial therapy's emphasis on resource navigation and shared goal-setting (Ford & Archuleta, 2012).

Financially Focused Session Three: Building Financial Persistence

The third financially focused session emphasized the importance of persistence, or sustaining financial effort over time despite systemic stress. James committed to increasing his household contribution, giving Lisa time to explore small income-generating opportunities such as online work and resale of outgrown items. Lisa reported that this shift reduced her sense of burden and improved her confidence. Together, they identified local disability services and began exploring employer-based benefits, including tax-advantaged health accounts. These concrete steps reflected family systems theory's focus on adaptive role realignment and relational feedback loops (Minuchin, 1974).

Financially Focused Session Four: Promoting Long-Term Planning and Future Orientation

The final financially focused session focused on long-term financial planning. The facilitator introduced resources to help families identify ethical financial professionals, such as the Financial Therapy Association, CFP® Board, AFCPE, and NAPFA. Lisa and James expressed interest in developing a comprehensive plan to support John's care, Emma's

education, and their own retirement. Their shift from avoidance to proactive planning reflects the integration of emotional insight with concrete financial action that is central to systemic financial therapy (Archuleta & Burr, 2015; Sherraden, 2013).

DISCUSSION

Intervention Approach Summary

The four financially focused sessions address a crucial yet overlooked aspect of caregiver support: financial well-being, by integrating systemic financial therapy with family systems principles to transition caregivers from avoidance to structured action (Archuleta & Burr, 2015; Archuleta et al., 2012; Sherraden, 2013).

Session One – Radical Acceptance and System Evaluation. Caregivers evaluate their existing financial circumstances and recontextualize disempowering narratives to facilitate adaptive coping and clarify roles, in alignment with systemic financial therapy's focus on merging emotional processing with financial responsibilities and resolution-oriented adaptation efforts (Archuleta et al., 2012; Marvin & Pianta, 1996).

Session Two – Enhancing financial autonomy. The focus shifts to building collective agency around financial decisions, addressing money-avoidant behaviors, and clarifying responsibilities based on money-script and behavioral research, as well as family systems theories on interdependence and boundaries (Ford & Archuleta, 2012; Bowen, 1978; Minuchin, 1974).

Session Three – Financial Resilience. Caregivers recognize and implement tangible supports (e.g., benefits navigation, community resources), normalizing the pursuit of assistance while maintaining effort amidst economic hardship—consistent with evidence that financial strain adversely affects caregiver well-being and that systematic resource mapping can mitigate this burden (Conger et al., 1992; Gadsden et al., 2016; Mellinger & McGuire, 2017).

Session Four – Prospective Financial Strategy. Families compile documents, define objectives, and formulate specific inquiries for consultations with certified professionals (e.g., AFC®, CFP®, fee-only fiduciaries), focusing on planning requirements pertinent to disabilities (AFCPE, 2022; Archuleta & Burr, 2015; CFP Board, 2023; Lutter, 2014; NAPFA, 2022).

The narrative illustrates a progression from acceptance and role clarity to shared agency, sustained resource use, and proactive long-term planning, so connecting emotional labor to tangible financial behaviors within the family system (Archuleta et al., 2012; Sherraden, 2013).

Ethical Considerations

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Ethical considerations must be central at every stage of the intervention. Clinicians are responsible for ensuring client safety, informing them of potential risks, and protecting them from harm, whether physical, emotional, or psychological (APA, 2017; NASW, 2021). Ethical practice guarantees accountability and preserves the integrity of treatment across diverse caregiving environments (Corey, 2017; Nichols & Davis, 2020).

Cultural sensitivity is equally important. Caregivers should work in an environment that respects their autonomy, allowing them to decide how much information they wish to share. Understanding clients' cultural perspectives and past experiences enhances ethical awareness and builds trust (Cui et al., 2022). Empowering individuals in decision-making is vital for ethical care, helping families recognize their autonomy despite financial limitations.

These issues align with the principles of financial therapy, which highlight the importance of combining technical financial skills with psychological intervention while staying true to both fields of practice (Archuleta & Burr, 2015; Sherraden, 2013). Following these guidelines ensures that financially focused sessions are conducted with thoroughness and integrity, protecting families while addressing the unique connection between finances and mental health.

Implications

Families raising children with disabilities have persistent financial difficulties with emotional and caring obligations, which may intensify stress and impede adaptation if not well managed (Fujiura, 2014; Goudie et al., 2014; Mont, 2021). Incorporating financially focused sessions into caregiver support programs is a systematic approach to address these issues concretely and impart financial skills as an integral component of treatment.

The model is designed to be adaptable for various professional environments. Financial therapists may conduct all four sessions promptly, ensuring the amalgamation of emotional processing and technical financial strategies in alignment with professional norms (Archuleta & Burr, 2015; Sherraden, 2013). Mental health professionals may prioritize first sessions on emotional avoidance and control, thereafter referring families to financial experts for technical preparedness (Corey, 2017; Nichols & Davis, 2020). Extension specialists and social workers may utilize the ensuing sessions to assist with navigating resources and developing long-term initiatives, aligning closely with their professional focus (Barnett et al., 2003; Gadsden et al., 2016).

This adaptability enables diverse experts to engage with families in their current circumstances, while simultaneously recognizing financial stress as a legitimate therapy concern. The integration of financial content into caregiver interventions amplifies their influence beyond emotional and behavioral dimensions, hence improving the capacity of programs to foster both immediate coping mechanisms and long-term familial resilience (Archuleta et al., 2012; Conger et al., 1992).

Limitations and Future Directions

This study provides illustrative support for adding a financial supplement to existing support programs for caregivers of children with disabilities. Nonetheless, the proposed financially focused sessions remain untested in applied settings. The intervention is based on systemic financial therapy and family systems theory and thus serves primarily as a conceptual model that increases awareness of financial strain as a critical dimension of caregiver adaptation (Archuleta & Burr, 2015; Bowen, 1978; Sherraden, 2013).

The case vignette illustrates potential application but is limited by its fictional nature and inability to represent the diversity of caregiving contexts across cultures, socioeconomic backgrounds, and family structures. Future research should therefore explore how these sessions can be adapted for and assessed with a broader set of families, including single-parent households, culturally and linguistically diverse populations, and caregivers with varying levels of financial literacy or access (Fujiura, 2014; Cui et al., 2022).

Concrete next steps include pilot testing the sessions within parent support groups, disability advocacy networks, and Cooperative Extension programs, settings that already serve as entry points for caregiver education and community support. Such pilot studies allow researchers to evaluate feasibility, cultural responsiveness, and scalability. Subsequent randomized or quasi-experimental studies could assess impacts on caregiver stress, financial confidence, and family adaptation outcomes, thereby establishing an empirical foundation for integrating financially focused content into broader caregiver support programming.

CONCLUSION

The literature is relatively conclusive that families caring for a child with a disability face an immense amount of stress (Fujiura, 2014). Although poverty levels in these families are high compared to those without a child with a disability, current programs designed to support them often lack the materials necessary to address financial strain directly. This manuscript responds to that gap by proposing four financially focused sessions to supplement existing caregiver interventions.

Future directions call for integrating financial management strategies and financial education into caregiver programs to facilitate quicker and more effective adaptation and acceptance. Incorporating elements of financial counseling and systemic financial therapy into intervention programs may improve outcomes by addressing the financial challenges that often go unrecognized (Archuleta & Burr, 2015; Sherraden, 2013). If financial stress remains unaddressed, caregiver interventions may be less effective, as families may get entrenched in stress cycles that impair their adaptability, health, and the long-term stability of both caregivers and children.

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