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**Parents as Coping Resources for  
Adolescents with Learning Disabilities**

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**Parents as Coping Resources for  
Adolescents with Learning Disabilities**

by

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**Dissertation**

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## Dedication

To my husband Mike, who offered his tireless love and support  
throughout this long process  
and to Franny and Toby  
for their unconditional love and companionship

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**Parents as Coping Resources for  
Adolescents with Learning Disabilities**

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This study uses a qualitative methodology to examine how adolescents with learning disabilities cope with stressors and the role of their parents in this process. Fifteen middle school students with learning disabilities and their parents were interviewed separately, using a semi-structured interview format. Transcribed interviews were analyzed using a grounded theory approach (Strauss & Corbin, 1998) to create an integrated conceptualization of the role of parents in the coping of learning disabled adolescents.

Adolescents with learning disabilities experience academic and interpersonal stressors. The level of stressors experienced by adolescents with learning disabilities seems to vary widely and is related to adolescents' personal characteristics and their academic and social context. Adolescents in this study utilize a wide variety of coping

strategies, dependent on stressor properties (e.g., duration, severity, domain), personal characteristics (e.g., emotionality, knowledge), and environmental characteristics (e.g., family climate, school setting). Based on the current data, a model was developed to explain parents' role in adolescent coping within this population.

The data suggest that parents serve as a coping resource for adolescents with learning disabilities by creating a space in which adolescents are able to develop and use independent coping strategies. Parents engage in monitoring strategies to assess their child's academic and behavioral functioning, development, and emotional state. Information obtained through monitoring is passed through parents' cognitive lens—parents' attributions, knowledge, goals, and beliefs. Parents' varying beliefs about themselves, their children, and the school system intersect to create predictable patterns of parent support.

In creating a space, parents set boundaries and expectations that regulate exposure, shielding adolescents from some experiences, while allowing them access to others. Parents structure the home environment to make various coping resources available for adolescents and influence the school system to create an environment that is safe, stable, supportive, and sufficiently challenging. Parents also respond to adolescents' stressors by offering situation-specific coping assistance. Finally, by preparing and equipping adolescents, parents seek to provide adolescents with coping resources such as knowledge and skills.

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## **CHAPTER ONE**

### **INTRODUCTION**

Adolescents with learning disabilities demonstrate an increased risk for emotional distress and involvement in violence and are twice as likely as their non-learning disabled peers to have attempted suicide (Svetaz, Ireland, & Blum, 2000). Having a learning disability is also associated with increased risk for depression, anxiety, school dropout, and juvenile delinquency (e.g., Morrison & Cosden, 1997). In learning disabled youth, these adverse psychosocial outcomes are typically accompanied by academic and social difficulties. Within this context of risk, identification of factors linked to positive adjustment is critically important. Coping seems to buffer the relationship between stressors and maladjustment in non-learning disabled children and adolescents (e.g., Herman-Stahl & Petersen, 1996; Rossman, 1992; Sandler, Tein, & West, 1994) as well as predict more positive social functioning (Eisenberg et al., 1997). The ability to adaptively manage stressors and associated affect is linked with lower levels of psychopathology and more well-developed social skills.

Coping, an individual's responses to the instrumental and emotional aspects of a stressor, has often been examined among populations with increased risk for maladjustment due to psychological or physical disorders or the presence of environmental risk (e.g., ADHD, Melnick & Hinshaw, 2000; Sickle Cell Disease, Kliewer & Lewis, 1994; developmental delay, Wilson, 1999). Children and adolescents with learning disabilities are likely to face greater stressors (Geisthardt & Munsch, 1996) and use less adaptive coping strategies than their non-learning disabled peers (Halmhuber

& Paris, 1993). Although the coping “deficits” of learning disabled youth have been relatively well researched, few studies have examined the use of coping resources among this population. A study of college students with learning disabilities reveals that by late adolescence or adulthood, many of these students reported effective means of coping with academic and interpersonal stressors (Barga, 1996). Yet, little is understood about what factors facilitate coping in learning disabled children and adolescents.

The ability to cope with stressors is largely determined by internal (e.g., sense of control, knowledge) and external (e.g., social support) resources. Resources are what an individual draws on in order to cope (Lazarus & Folkman, 1984). Most studies examining external, or social, resources for coping focus on social support. Social support has been conceptualized as a form of coping assistance (Thoits, 1986). Indeed, much of the adult and child literature supports this conceptualization, as social support seems to exert its influence on adjustment through coping (e.g., J. Holahan, Moos, C. Holahan, & Brennan, 1997; Prinstein, La Greca, Vernberg, & Silverman, 1996). The perception of being supported by one’s social network seems to foster more adaptive coping, and subsequently, more positive adjustment outcomes.

For children, parents tend to be the primary social resource for coping. Consequently, the current study considers parents as a critical resource for children’s coping. Regarding parents as a resource suggests that children may, or may not, “draw on” parents to cope. It also suggests that parents may be utilized most when children’s own coping resources are overwhelmed. Although research has demonstrated the link between certain broad measures of parenting or family functioning (e.g., support,

structure, cohesion) and children's coping, less is understood about the specific parent behaviors which facilitate coping in children. Investigations of more specific parental actions have found an array of behaviors, such as distraction, advice-giving, and emotional processing, to be connected with coping in non-learning disabled children. Research has neglected the specific connections between parent actions and children's coping among learning disabled youth. Unraveling these connections will enhance our understanding of parents' role as a coping resource for a population at-risk for adverse psychosocial outcomes.

It is likely that the processes of parental coping assistance function differently in families with a learning disabled child than families with non-disabled children. Characteristics associated with learning disabilities, such as information-processing deficits, may affect relationships between parents and their learning disabled children (Morrison & Cosden, 1997). Because of coping difficulties experienced by children and adolescents with LD, parents of learning disabled children may be required to play a more active role in the provision of coping assistance, for longer periods of time, than parents of non-learning disabled children (Shulman, Carlton-Ford, Levian, & Hed, 1995). As children with LD transition into adolescence, they appear less likely to form the strong peer networks that non-learning disabled adolescents begin to rely on for support (Tur-Kaspa, 2002) and, thus, may have greater dependence on parents for support in coping with stressors and emotional distress (Wenz-Gross & Siperstein, 1998). Parents' responses to their child's disability may also impact the family context. Some research suggests that families with a learning disabled child or adolescent are more likely to

develop maladaptive patterns of functioning (Margalit, Raviv, & Ankonina, 1992, Morrison & Zetlin, 1988). Parents of learning disabled youth may also experience more stressors than parents of non-learning disabled youth and use less adaptive coping strategies (Dyson, 1996; Margalit et al., 1992). Finally, the type of parental support may differ for learning disabled and non-learning disabled youth. Parents' emotional support, as opposed to problem-solving support, may be more important for learning disabled youth than for children without learning disabilities (Wenz-Gross & Siperstein, 1997). Simply drawing conclusions from research with non-learning disabled youth may not provide a valid picture of how parents and learning disabled adolescents interact to serve the adolescents' coping needs.

The greater stressors and more limited coping resources of youth with LD, coupled with their increased risk for adverse psycho-social outcomes, makes it especially critical to understand how coping processes function among this population. School-based interventions with learning disabled youth often promise to enhance coping skills. Yet, there is an insufficient understanding of how learning disabled youth experience and cope with stressors and how their parents support them in the coping process. For children with or without disabilities, parents are a key social resource for coping. Research with learning disabled children and adolescents suggests that the role of parents for these youth may be even more crucial. While it is evident that learning disabled children may have greater coping needs and fewer resources than non-learning disabled youth, the use of coping resources by this population has been neglected in research.

Given the scant research in this area and the exploratory nature of the research questions, a qualitative methodology was employed. More specifically, this study utilized the grounded theory method of qualitative analysis (Strauss & Corbin, 1998). Qualitative methods, which allow the researcher to ask, “What’s going on here?” (Anzul, Evans, King, & Tellier-Robinson, 2001), are well suited for exploring parents’ role as a coping resource among learning disabled youth. Qualitative methods are also ideal for examining process (Strauss & Corbin, 1998). Interviews will trace the “evolving sequences of action/interaction” that occur over time in response to variations in situation or context (Strauss & Corbin, 1998, p. 165). Adolescents’ use of parents as coping resources is a dynamic process. Contrary to the static representation of coping resources in much current research, this study seeks to understand the parent-adolescent interactions surrounding adolescent coping.

Existing research makes assumptions about the nature of coping among learning disabled youth by using assessment instruments developed for non-learning disabled populations. Using semi-structured interviews with parents and adolescents allowed for a more complete understanding of participants’ experiences. A grounded theory approach to analysis will allow for the emergence of a coherent theory of parents’ role as coping resources for learning disabled adolescents.

## **CHAPTER TWO**

### **REVIEW OF LITERATURE**

The significance of social resources for coping is increasingly acknowledged in stress and coping research; however, many studies of children and adolescents continue to define coping in terms of individually enacted strategies. Although most investigations of coping strategies include “support seeking,” the form and meaning of the support is seldom considered. Among children and adolescents, parents are the primary source of social support for coping. Indeed, the developmental coping literature provides support for the idea of coping as an interactive process involving parents and children.

For children and adolescents with disabilities, parents’ involvement in coping may be especially significant. Adolescents with learning disabilities are at increased risk for adverse psychosocial outcomes, including emotional distress, suicidality, and school dropout. Moreover, they tend to report more stressors and fewer social resources than their non-disabled peers. In adolescence, when peers become an increasingly important source of coping support, adolescents with learning disabilities may be further disadvantaged due to poorly developed social skills. Challenges facing these adolescents may also impact the family system. This discussion integrates research from the stress and coping and learning disabilities literatures to create a foundation for exploring parents’ role as a coping resource for learning disabled adolescents.

An overview of coping, stressors, appraisal, and resources provides the groundwork for understanding coping processes among learning disabled adolescents and

their parents. Following a more general discussion of coping resources, parents' role as a social resource for coping is examined. This review also examines definitional issues related to learning disabilities in an effort accurately describe this population. Then, the basic components of the coping process—stressors, appraisal, coping, and resources—are reexamined within the more specific context of adolescents with learning disabilities. Research with families and parents of disabled children is also discussed to provide a framework for understanding family functioning and parenting within families with learning disabled children and adolescents. Finally, research is integrated from various literatures to describe parents' role as a coping resource for adolescents with learning disabilities.

### The Coping Process

Research on coping dates from the 1940's and 1950's, and use of the concept in clinical literature is widespread. Various therapeutic modalities seem to include components intended to teach or improve coping skills (e.g., Cognitive Therapy, Beck, 1995; Interpersonal Therapy for Adolescents, Moreau, Mufson, Weissman, & Klerman, 1991). In the mainstream press and media, the term "coping" has become shorthand for "dealing with problems" or "getting by" and is commonly used to mean *successfully* managing stress in one's life (e.g., How are you doing? Oh, I'm coping.). In recent research, the term takes on a more specific meaning.

Lazarus and Folkman's (1984) process-oriented model of coping remains the most widely cited conception of coping in the social science literature. Their description

of coping, stressors, appraisal, and resources provides a framework for the following sections.

### Coping

Coping is critical in the understanding of adjustment and maladjustment. Decades of research have established that stress does not lead to dysfunction; rather, it is how stress is managed that predicts adjustment outcomes. Despite consensus among researchers and clinicians regarding the importance of coping for adjustment, debate persists over issues of definition, classification, and assessment.

### Defining Coping

For the purposes of the current study, adolescent coping will be considered in its broadest sense as responses to the instrumental or emotional aspects of a stressor, including regulation of associated emotions. Lazarus and Folkman's (1984) fundamental definition of coping, "constantly changing behavioral and cognitive efforts to manage external and/or internal demands that are appraised as taxing or exceeding the resources of the person" (p. 141), recognizes both external problems and internal states as stressors.

Lazarus and Folkman's (1984) conceptualization of coping is process oriented. The conceptualization of coping as a process has implications for what coping is and is not. Although some traditional models of coping have considered coping to be a stable characteristic or style, the current study views coping as what a person does in a specific situation and how that person's actions change as the stressor unfolds. Personality factors may predispose certain individuals to react to stressors in characteristic ways, though from a process perspective, coping is dependent on the interaction of person and

environment factors (Aldwin, 1994). An individual may engage in different strategies dependent on the nature of the stressor, its duration, and its timing. Viewing coping as a dynamic process, rather than a static trait, takes into account the complex nature of coping with real-life stressors.

Most researchers include only effortful strategies in their definitions of coping (e.g., Compas, 1987; Lazarus & Folkman, 1984). Typically, automatized adaptive behavior is not considered to be coping. Sleeping at night, for instance, is not coping; whereas, taking a nap to marshal energy for an upcoming test is. Contrary to its usage in the mainstream media, in empirical research, “coping” does not imply success; even misguided or maladaptive responses to a stressor are considered coping. Lazarus and Folkman (1984) also caution against equating coping with mastery of the environment, emphasizing that coping also includes emotion-focused strategies such as minimizing, avoidance, and acceptance.

Traditionally, research on emotion regulation and research on coping have taken parallel but separate courses. More, recent studies have challenged this practice (e.g., Eisenberg, Fabes, & Guthrie, 1997). For instance, Rossman (1992) regards emotion regulation and coping as conceptually similar and integrates the two constructs. The six factors she identifies (self-calming, use of caregiver, distraction, use of peers, and anger/distress) are typical of both the emotion regulation and coping literature. Similarly, children and adolescent’s coping strategies and styles have been found to mediate the relationship between stressors and symptomatology in much the same manner as emotion regulation strategies and styles (Sandler, Tein, & West, 1994; Shields & Cicchetti, 1998).

Children's coping and emotion regulation are both significant predictors of more global measures of social competence (Eisenberg et al., 1997). Moreover, emotion-focused coping, as discussed by Lazarus (Lazarus & Folkman, 1984; Lazarus, 2000), is synonymous with emotion regulation efforts. Including emotion regulation as an aspect of children's and adolescents' coping allows for an integration of the overlapping coping and emotion regulation literature.

In this paper, the term coping will be used to refer to coping as well as effortful emotion regulation, except where empirical or theoretical considerations necessitate a differentiation of the constructs. While embracing the crux of Lazarus and Folkman's coping definition, this study's focus on learning disabled adolescents requires a more interdependent notion of coping. Therefore, in assessing adolescents' coping, an effort will be made to recognize parents' involvement as a component of the coping process.

### Coping Classifications

Coping has often been studied by grouping similar strategies into broad clusters to aid researchers in drawing conclusions about different types of coping. Macro-level coping taxonomies tend to classify strategies by function (Ayers, Sandler, & Twohey, 1998). Three common classification schemes draw on the same basic distinction between strategies which attempt to change the stressful situation directly and those which serve a more indirect function. Lazarus and Folkman (1984) delineate problem-focused strategies, which attempt to change some aspect of the situation, and emotion-focused coping strategies, which attempt to alter the experience of emotion. Although emotion-focused versus problem-focused coping represents a classic distinction in the coping

literature, a recent review of child and adolescent coping instruments reveals no measures which rely solely on this classification system (Ayers, Sandler, & Twohey, 1998). The primary-secondary control model (e.g., Band & Weisz, 1988) provides another example of classifying coping by function. Similar to problem-focused coping, primary control strategies are intended to influence the situation; whereas, secondary control strategies increase one's goodness-of-fit with the situation. Approach and avoidance coping also refer to the function, or focus, of an individual's coping strategies (Holahan & Moos, 1994). The approach-avoidance distinction is supported by empirical investigations of children's coping in non-learning disabled populations (Altshuler & Ruble, 1989; Roecker, Dubow & Donaldson, 1996).

Among learning disabled youth, similar models of coping have been applied with little regard as to whether these classification schemes are appropriate for a learning disabled population. Avoidant coping versus approach/support coping is a common distinction in the learning disabilities literature (Geisthardt & Munsch, 1996; Pavri & Monda-Amaya, 2000; Shulman et al., 1995). The inclusion of support coping as a major category may be especially appropriate in learning disabled populations due to an increased reliance on parents and other adults.

Researchers have also described coping strategies with regard to other dimensions to produce more detailed classification schemes. Characterizing coping as simply approach or avoidance, for instance, overlooks differences between specific approach and avoidant strategies and may obscure connections between coping and adjustment. Altshuler and Ruble (1989) expand on the approach/avoidance distinction by including

direct emotion manipulation and maladaptive strategies and by distinguishing between partial and complete avoidance. Band and Weisz (1988) further subdivide primary and secondary control to yield four primary strategies (direct problem solving, problem-focused crying, problem-focused aggression, problem-focused avoidance) and five secondary strategies (social/spiritual support, emotion-focused crying, emotion-focused aggression, cognitive avoidance, pure cognition). A factor analysis of children's interview responses (Rossman, 1992) yielded six coping response factors used by elementary school-aged children: distraction/ avoidance, distress, use of peers, use of caregiver, self-calming, and anger.

Thus, in addition to the function of coping strategies, the source (self or other) and the modality (cognitive or behavioral) seem important in distinguishing among various types of coping. It is not clear, however, whether similar factors are important in describing the coping of learning disabled youth. Dimensions used to describe coping style in learning disabled youth include flexible-rigid and productive-nonproductive (Halmhuber & Paris, 1993). These dimensions suggest a static approach to understanding coping. As research within this population evolves, a more dynamic understanding of coping may emerge.

### Assessment of Coping

In children, as in adults, the convention in current assessments of coping is the checklist method (Coyne & Racioppo, 2000; Ayers, Sandler, & Twohey, 1998). The Coping Responses Inventory-Youth Form (Ebata & Moos, 1991; Geisthardt & Munsch, 1993), the Children's Coping Strategies Checklist (Sandler, Tein, & West, 1994), the

Adolescent Coping Scale (Frydenberg & Lewis, 1993), and the Kidcope (Spirito, Stark, and Williams, 1988) are examples of empirically-derived questionnaire methods of assessing child and adolescent coping. Interviews (e.g., Pavri & Monda-Amaya, 2000) and observations (e.g., Gutstein & Tarnow, 1983; Curry & Russ, 1985) are also used, but not as often. Although more time-intensive than administering a questionnaire, a semi-structured interview can obtain the same breadth of coping data, with greater depth and flexibility for follow-up. Observations have primarily been used to assess young children's coping with specific stressors (e.g., medical procedure; a challenging task in a lab situation), their widespread use hampered by their inability to measure cognitive strategies. Based on a relatively limited set of available studies, coping research among individuals with learning disabilities seems to rely on interviews more often than coping research in non-disabled populations. Due to the youth of the field, there may be a preference for less structured assessment tools that offer researchers the opportunity to explore participants' responses in more detail. The reading difficulties associated with many types of learning disabilities may also make interviews a more appropriate choice.

Coyne and Racioppo (2000) argue that coping checklists are often too broad to produce generalizable results, that they confound coping with individual and situational characteristics, and that they fail to address differences in goals across person and situation. The common thread among these criticisms seems to be the idea that a researcher cannot be sure what an individual means when they endorse a particular coping strategy, that because of differences in background, situation, or goals one individual's endorsement of a coping strategy may signal something entirely different

than another individual's endorsement of the same strategy. Additionally, "when coping is reduced to a summary score, the likelihood is that crucial aspects of timing, sequencing, and appropriateness will be lost," (Coyne & Racioppo, 2000, p. 657). While resisting the critical outlook of Coyne and Racioppo, Lazarus (2000) also advocates greater emphasis on the "full and accurate description of phenomenal wholes, which is what is observed in nature and conceptualized with abstract categories constructed by the researchers themselves," (p. 668).

Although neither Coyne and Racioppo (2000) or Lazarus (2000) could be interpreted as calling for a strictly qualitative approach to researching coping, their arguments provide support for the current study's methodology. Qualitative research in general, and a grounded theory approach in particular, allows for a rich description and explanation of phenomena that often cannot be realized using checklists or questionnaires. In addition, the semi-structured interviews utilized in the current study are ideally suited for following up on a participant's report of a particular coping strategy with probes related to sequencing, goals, and outcomes.

### Relationships with Adjustment

Adjustment difficulties among children and adolescents with learning disabilities make the understanding of the coping-adjustment connection critical. Because few studies have addressed this connection with a learning disabled population, research with non-learning disabled samples is used to explore potential linkages.

In adults, research has consistently revealed a link between approach coping and more positive outcomes. However, investigations of the relationship between approach

and avoidant coping and adjustment in children has not always supported this relationship (Kliewer, 1991). Although some studies with children (e.g., Fabes & Eisenberg, 1992) have demonstrated the conventional connection between more direct forms of coping and adjustment, other studies have found the opposite result (Eisenberg et al. 1993; Kliewer, 1991), an association between avoidant coping and social competence. Kliewer (1991) suggests that these unexpected findings may be due to the prevalence of uncontrollable stressors in children's self-reports. Research suggests that avoidant coping may be useful for dealing with uncontrollable stressors (Band & Weisz, 1989). Children are more likely to use primary control, or approach, strategies in situations viewed as controllable (e.g., school failure) and secondary control, or avoidant, strategies in situations where they perceive little or no control (e.g., medical procedures) (Band & Weisz, 1988). Moreover, children may use one type of strategy at a stressor's onset and other strategies as the stress experience progresses. Thus, the relationship between coping and adjustment is probably more complex than early studies suggested.

Two basic approaches to the investigation of coping and children's adjustment are evident in the literature. One approach examines the linear relationship between coping and measures of adjustment. A second approach considers coping as it buffers, or mediates, the relationship between stressors and adjustment.

The first approach often assesses coping and adjustment at one point in time, although some researchers have used a longitudinal design (e.g., Eisenberg et al., 1997). Some researchers have also examined this relationship in children with poor adjustment (e.g., depressed children; Garber, Braafladt, & Weiss, 1995). Researchers have posed

various explanations for this connection. For example, children who can cope with problems and manage their distress may be better equipped to act in socially competent ways (Eisenberg et al., 1995; Eisenberg et al., 1997), or aspects of children's adjustment (e.g., depressive symptoms) may influence the coping strategies used (Garber, Braafladt, & Zeman, 1997). Use of specific types of coping predicts later measures of adjustment (Eisenberg et al., 1997), and other aspects of social competence, such as peer status, have been linked with constructive coping (Eisenberg et al., 1999). Maladjustment, such as depression, has been associated with more passive, less effective methods to regulate mood and lower expectations for the efficacy of coping strategies relative to well-adjusted children (Garber et al., 1995; Garber et al., 1997).

Research also supports coping as a mediator of the relationship between stressors and adjustment (e.g., Sandler, Tein, & West, 1994; Shields & Cicchetti, 1998). Avoidant coping partially mediated the relationship between negative divorce-related events and depressive symptoms, conduct problems, and anxiety in children living with a divorced, single mother, such that children who used more avoidant coping strategies had more negative outcomes (Sandler, Tein, & West, 1994). Similarly, Shields and Cicchetti (1998) found emotion regulation to mediate the relationship between maltreatment and externalizing symptoms in children. Using constructive coping seems to attenuate the consequences of stressors on children's adjustment and mental health. Similar models have been supported in the adult literature (Holahan & Moos, 1994).

Research examining the coping-adjustment connection among learning disabled youth is in its infancy. Wenz-Gross and Siperstein (1997 & 1998) have looked at support

coping among learning disabled children and adolescents. Among adolescents, the use of social support was overshadowed by the presence of stressors in predicting adjustment outcomes (1998). However, among younger children, use of problem-solving support from adults in the home was a significant predictor of classroom behavior (1997).

### Stressors

Stressors can be examined from an environmental perspective, a psychological perspective, or a biological perspective (Cohen, Kessler, & Gordon, 1997). From each viewpoint, a stressor is something that activates an individual's multi-systemic stress response. The environmental perspective considers stressors as stimuli and assumes that certain events are objectively stressful. Checklist measures of stressors such as Life Experiences Survey (Sarason, Johnson, & Siegel, 1978) or the Life Events Checklist (Johnson & McCutcheon, 1980) are assessment tools developed from this perspective. From a psychological perspective, stressors are identified in terms of individual's perceptions (or appraisal) of the event. Thus, from this perspective, stressors are not objectively or normatively defined but instead identified by what is subjectively stressful to an individual (e.g., a job promotion may be a stressor for one individual but not for another). The biological approach considers stressors in terms of physiological responses to stimuli. A stressor's impact may be seen in the cardiovascular, endocrine, and immune systems (Cohen, Kessler, & Gordon, 1997).

Stressors are often discussed in terms of their duration: a stressor may be acute or chronic (Cohen et al., 1997). Although these terms are useful in describing temporal features of stressors, few researchers establish a cut-off for defining the duration of a

stressor as acute or chronic. Traditionally, researchers have found acute stressors more amenable to assessment (e.g., checklists), and only recently has the study of chronic stressors become commonplace as scientists attempt to uncover the connections among stress and health outcomes (e.g., Lepore, 1997, Daniels & Moos, 1990). Many current conceptualizations of stressors also include daily hassles, the frustrating or distressing demands that are part of everyday functioning (Wheaton, 1994).

Empirical treatments of stressors in child and adult populations often classify stressors according to their source. A study of stressors among adolescents identified stressors in the following domains: physical health, home/money, parents, siblings, extended family, school, friends, and boy/girlfriends (Daniels & Moos, 1990). A series of focus groups conducted with socially competent pre-adolescents revealed stressor categories including interpersonal (family, friends), achievement-related (failure at school or sports), and responsibilities/burdens (caregiving, chores, homework) (Hoke & Scammacca, 2000).

The assessment of stressors in the current study most closely adheres to the psychological perspective. Adolescents will be asked to identify events or situations they have perceived as stressful. This approach is consistent with the grounded theory methodology's focus on learning about personal experiences.

### Cognitive Appraisal

Appraisal is an evaluative process by which an individual determines the meaning or significance of a stressor (Lazarus & Folkman, 1984). Beyond the experience of a stressor, it is one's appraisal or evaluation of that experience that determines the

outcome. Lazarus and Folkman (1984) identify five types of primary cognitive appraisal: harm, threat, loss, challenge, and benign. Aldwin (1994) adds that some stressors may simply be appraised as “nuisances,” such as a neighbor who plays his radio too loudly. Secondary cognitive appraisal involves judgments about controllability or what can be done to cope with a particular situation. There is empirical support for connections between cognitive appraisal and coping strategy use (e.g., Lengua, Sandler, West, Wolchik, & Curran, 1999, Sorgen & Manne, 2002). In other words, how individuals evaluate a particular event or situation influences their coping response. In pediatric cancer patients, higher appraisals of control were associated with problem-focused coping, and lower appraisals of control were associated with emotion-focused coping (Sorgen & Manne, 2002). In children experiencing their parents’ divorce, higher threat perceptions were associated with higher levels of both active and avoidant coping (Lengua et al., 1999).

Person factors and environmental factors have been found to influence appraisals of events. In particular, Lazarus and Folkman (1984) consider the impact of beliefs and commitments on appraisal. Beliefs about personal control contribute to how an individual appraises an event. People who have a general belief in their own ability to control events and outcomes are said to have an internal locus of control; whereas, those who believe themselves incapable of affecting the world around them have an external locus of control. Thus, people who believe that they have sufficient control over their world may be less likely to perceive stressful events as threatening and more likely to view them as a challenge. An individual’s commitment to a particular goal can also

impact appraisal. If athletics, for instance, are a valued domain, losing a football game may be appraised as a threat. For an individual who is less committed to sports, losing a game would not carry the same meaning.

Lazarus also outlines situation factors that may influence appraisal (Lazarus & Folkman, 1984). Novelty and event uncertainty describe certain formal properties of situations that can influence the perception of threat. The relative novelty of a stressor situation influences the amount of relevant knowledge an individual is likely to have. In relatively novel situations, threat perception may be low or, due to increased ambiguity, it may be high. There is some evidence that high levels of event uncertainty raise threat perception. Temporal factors such as imminence and duration also impact appraisal. Moreover, at certain times during the life cycle, individuals may be more or less likely to appraise events as stressful. For instance, having a child in one's twenties or thirties may be considered normative, and therefore not particularly threatening; whereas, having a child in one's teens may trigger a more negative appraisal.

Research with pre-adolescents lends support to Lazarus and Folkman's (1984) recognition of beliefs about control as important in appraisal (Kliewer, Fearnow, & Walton, 1998). Other personality characteristics, such as negative emotionality, have also been identified as impacting appraisal in children and early adolescents (Lengua, Sandler, West, Wolchik, & Curran, 1999). With regard to environmental characteristics, family variables, such as maternal and paternal acceptance and family expressiveness, may be associated with lower threat perceptions in children (Kliewer, Fearnow, &

Walton, 1998). Although the factors influencing children's appraisal are not as well-established, family variables are likely to play an important role.

In the current study, adolescents' appraisal of stressors may be an important predictor of parent involvement in coping. In situations which are judged to be highly threatening, adolescents may be more likely to elicit parent support. Semi-structured interviews provide an opportunity to assess adolescents' subjective appraisal of stressor events.

### Resources

Some individuals are able to respond to stressors in ways that result in more positive outcomes. At least part of what distinguishes this group from those who develop behavioral or emotional difficulties is their fund of coping resources. Resources are what an individual draws on in order to cope. They may be internal (e.g., self-efficacy, optimism) or external (e.g., social support, financial resources). Lazarus and Folkman (1984) identify six major categories of resources: health and energy, positive beliefs, problem-solving skills, social skills, social support, and material resources. In a recent study, homeless youth with higher levels of coping resources (cognitive, social, emotional, and physical) evidenced more positive adjustment over time (Dalton & Pakenham, 2002). Some research finds that resources influence adjustment through their impact on coping (e.g., J. Holahan, Moos, C. Holahan, & Brennan, 1997). Research with adults (McCarthy, Lambert, & Brack, 1997) indicates that coping resources may also shape an individual's cognitive appraisal of events or situations. Given this relationship,

individuals with higher levels of certain coping resources may be less likely to initially appraise an event as threatening or harmful.

Sorenson (1993) identifies several types of coping resources relevant for studying child and adolescent coping, including social support, sense of control, and family strengths. For the current study, social support and family strengths are particularly relevant. Social support can be assessed structurally (e.g., social network) or functionally (e.g., perceived support). Studies revealing a connection between social support and coping most often rely on a functional perspective (e.g., Valentiner, C. Holahan, & Moos, 1994). The functional view is also a more dynamic, interactive view. Rather than simply asking individuals to list people in their social networks, a functional view examines what it is that the social network provides. There is less research considering family strengths as a resource for coping; however, several studies support the relationship between positive family environments and more adaptive child and adolescent coping (e.g., Hardy, Power, & Jaedicke, 1993; Kliwer & Lewis, 1995; Shulman, 1993).

In summary, coping is a dynamic process, influenced by personality characteristics and environmental factors. The nature of the stressor is one environmental factor affecting coping. More important than the stressor, however, is an individual's appraisal of the stressor. The meaning and significance attributed to a stressor varies according to person factors, such as beliefs and commitments, and situational characteristics, such as timing or duration. Of particular importance for the present study is the role of resources in coping. Internal resources, such as optimism, and external

resources, such as social support, impact people's ability to cope with stressors. The following section considers parents role as a social resource for adolescent coping.

### Parents' Role in Children's Coping

Throughout development, parents play an important role in shaping their children's coping. The normative development of children's coping provides a framework for understanding parents' participation in their children's coping. Then, studies examining the relationships among social resources and coping are reviewed. As social resources, parents may serve various roles from offering suggestions to providing physical comforting. Consequently, this review will highlight findings concerning specific parent strategies and parent-child interactions as they relate to children's coping.

### The Development of Children's Coping

The development of children's coping parallels developmental trends in the cognitive, motor, and social realms (Compas, Malcarne, & Banez, 1992). Parents' coping-related interactions with children vary as a function of children's developmental level. As children develop independent strategies for coping, parents become less active participants in their children's coping process. Knowledge of the normative progression of children's coping provides a framework for understanding how parents and adolescents with LD negotiate the balance between independent coping and parent support.

Much of the developmental literature focuses on emotion regulation in describing the coping of very young children; therefore, the emotion regulation and coping literature are integrated in this section to better explain the progression of children's coping from

infancy through adolescence. Because participants in the current study will be in middle school, this review gives special attention to early adolescence.

### Infancy

Much of coping during infancy is accomplished by caregivers who act to alleviate distress or to maintain optimal levels of arousal during interaction (Thompson, 1991). Even infants, however, have means of modifying their own mood using reflex behaviors, such as eye-closing and non-nutritive sucking, or learned behaviors, such as self-distraction (Kopp, 1989; Lipsitt, 1983). Arousal levels must remain relatively low for infants to effectively self-regulate their own distress, again highlighting the caregivers' critical role in keeping distress within manageable limits (Kopp). Through interactions with caregivers attuned to their needs, infants learn to self-regulate (Karen, 1994). Subsequent social and motor development during later infancy equips infants with a wider array of techniques (facial expressions, verbalizations) for engaging caregivers to alleviate distress and self-soothing (rubbing themselves, grasping a toy).

In infancy, the emergence of self-regulation strategies and infant's use of eliciting strategies to obtain caregiver assistance mark the beginning of coping behaviors. Parents play the most active role in their children's coping during infancy; in later developmental stages, parents' coping assistance must be balanced with respect for their child's burgeoning autonomy.

### Early Childhood

In early childhood, language becomes a major tool for coping with distress. Caregivers to facilitate children's coping with distress (Thompson, 1991), and young

children use language in their efforts at self-regulation (Cole & Kaslow, 1988; Kopp, 1989), and to enlist the aid of the caregiver in meeting their emotional needs (Dunn & Brown, 1991). The development of language also signals a growth in representational skills and subsequent social-cognitive understanding of emotion, including an understanding of the origins of emotions, consequences of emotion expression, and techniques for emotion regulation (Masters, 1991; Thompson, 1991).

Early childhood also marks the emergence of more active and planful forms of coping. Preschoolers develop a limited repertoire of self-regulatory strategies, based on their emergent understanding of emotion, including regulating sensory intake, seeking nurturance, using reassuring self-talk, escaping the situation, and changing their goals for an interaction (Thompson, 1991). Although, toddlers and pre-schoolers are laying the foundation for competent coping, most coping, at this stage, is still accomplished by parents and other adults. However, with their new language abilities, toddlers and pre-schoolers have more efficient ways of eliciting relevant coping assistance from parents.

### Middle Childhood

Middle childhood is a broad developmental period beginning when children enter school and ending as they enter adolescence. Most of the following studies examine children aged 6 to 12. The coping abilities of school-aged children are characterized by an increasing self-reliance. However, parents still have great influence on children's coping during middle childhood (Hardy, Power, & Jaedicke, 1993).

The number of coping strategies children report increases during middle childhood, which is likely the result of the greater number of cognitive strategies reported

by older children (Altshuler & Ruble, 1989). Cognitive strategies reported by school-aged children include thinking happy thoughts, redirecting attention, focusing on the benefits of regulation, reframing the situation, changing attributions of causality, and recalling earlier emotional experiences (Thompson, 1991). Rossman's (1992) study of coping strategies found that younger children report more behavioral distraction, such as playing or watching TV; whereas, older children report using cognitive distraction, such as thinking about something else.

During middle childhood, children become more adept at choosing coping strategies based on characteristics of the emotion-provoking situation. Before middle childhood, children's strategies tend to be directly aimed at changing some aspect of the situation (i.e. primary control or problem-focused). With increasing age, children report using more secondary control strategies aimed at maximizing their goodness of fit with an uncontrollable situation (Altshuler and Ruble, 1989; Band & Weisz, 1988).

Coping in middle childhood is also characterized by a growing reliance on peers (Thompson, 1991). The nature of peer interactions during this time becomes increasingly focused on compatibility and emotional intimacy. Thus, regulatory strategies must be used to manage emotional and behavioral reactions within such relationships. Peers also use influential techniques to convey expectations about appropriate emotional and behavioral reactions and may inflict punishment if expectations are violated (Kopp, 1989). For example, elementary school-aged children may exclude from play peers who display intense sadness or anger. Indeed, by preadolescence, children expect more negative consequences from friends than from parents in response to the expression of

sadness or anger, suggesting an important socialization role for peers (Zeman & Shipman, 1997).

Parents no longer have the primary responsibility for children's coping by this stage. Instead, parents help their children to cope by initiating activities, making suggestions, offering information, or providing a safe place for children to experience intense emotions. Prinstein, La Greca, Vernberg, and Silverman (1996) describe parents' role during this time as an assistant. As they enter adolescence, children turn to parents for help when their coping resources are overwhelmed.

### Adolescence

Reliance on peers peaks during early adolescence. In contrast to the greater acceptance of emotion expression school-aged children expect from parents, adolescents report more emotional disclosure with peers (Zeman & Shipman, 1997) and seek help more often from friends than from mothers or fathers (Schonert-Reichl & Muller, 1996). Perhaps, because of the parent-child distancing which seems to characterize the transition to adolescence, early adolescents report more regulation of emotions with their mothers than either pre-adolescents or older adolescents (Zeman & Shipman). Early adolescents are also less likely than late adolescents to seek help from either parents or peers, suggesting that as adolescents near adulthood they become more willing to rely on others for coping assistance (Schonert-Reichl & Muller, 1996).

As is seen in the developmental progression between early and middle-childhood, adolescents seem to increase their repertoire of coping strategies as they develop and mature. In a study comparing elementary school age children with early adolescents,

adolescents consistently utilized a wider range of coping strategies, regardless of the situation (Donaldson, Prinstein, Danovsky, and Spirito, 2000). Increased cognitive maturation may allow adolescents a wider range of coping options.

In accordance with the view of identity formation as the major task of adolescence, emotion regulation during this period is characterized by the solidification of a theory of personal emotion (Cole & Kaslow, 1988; Thompson, 1991). This theory, or schema, has its roots in early childhood when children first realize that their emotional experiences differ from those of others. The theory of personal emotion becomes more integrative and consistent during adolescence and guides efforts to cope and regulate mood. Adolescents have developed self-schema that represent their coping with negative emotions, such as “I don’t let my emotions show,” or “I can’t handle my feelings; they are too powerful.” Aldwin (1994) cautions that some types of maladaptive coping strategies, such as using alcohol or drugs to relieve distress, may emerge during adolescence. Research suggests, however, that adolescents from families with well developed problem-solving and conflict resolution skills are less likely to turn to substance abuse as a coping strategy (Aldwin, 1994).

It is likely that parents continue to function in a helping role during adolescence. Shulman (1993) characterizes parents’ role in adolescents’ coping as one of support. As described by Shulman, an optimal family environment for facilitating adolescent coping would be one which balances closeness with encouragement of independence. Indeed, this is the same formula for success at each stage. Throughout development, parents and children negotiate the balance between parent control and child initiative. With younger

children parents take a more active role—in effect, coping for their children. As children grow and develop, responsibility for coping becomes more balanced. During adolescence, parents function as a social resource for coping, providing assistance when adolescents other resources are overwhelmed.

### Social Resources for Coping

Much of the literature considers social resources and social support as synonymous (Frydenberg, 1999); thus, the relationship of social support to adolescents' coping will also be examined. In addition, because children's social support literature is relatively rare, the review will consider examples from the adult literature.

Social resources supply emotional support, instrumental support, and informational guidance (Thoits, 1986). Social support, particularly that provided by family members, reliably predicts adjustment concurrently and prospectively. Some research suggests that the importance of social support is derived from its influence on the coping strategies individuals use when under stress (Holahan & Moos, 1994). Using a resources model of coping, J. Holahan, Moos, C. Holahan, & Brennan (1997) assessed social support, coping, and depressive symptoms in older adults. Their results indicate that family and extra-family support at one point in time indirectly influence depressive symptoms four years later through the individual's approach coping. Coping seems to provide the mechanism through which social support affects adjustment. A similar model was supported in college students, whereby approach coping mediated the relationship between perceived parental support and changes in psychological adjustment over a two-year period (Valentiner, Holahan, & Moos, 1994). With college students, the

mediational relationship was only supported in the context of controllable stressors. When students experienced uncontrollable stressors, coping no longer mediated the relationship. Instead, parental support directly influenced students' adjustment. This discrepancy suggests that parental support may facilitate the students' coping in situations where stressors are somewhat manageable; however, when stressors overwhelm students' coping resources, parents may take a more active role in managing students' distress. Alternately, students' internalized perceptions of parent support may alleviate their distress in the face of uncontrollable stressors.

In adolescents entering middle school, those labeled as resilient (high stressors; low symptoms) reported more closeness with fathers and better peer and family relations than adolescents labeled as vulnerable (high stressors; high symptoms) (Herman-Stahl & Petersen, 1996). Resilient adolescents were also distinguished from the vulnerable adolescents by higher levels of approach coping, lower levels of avoidant coping, and higher perceived competence in coping with challenges. Because this study used a factorial design, the exact nature of the relationship between coping, social resources, and adjustment is not clear. However, the results are consistent with a model in which social resources facilitate coping, which then contributes to more optimal adjustment.

Social support may influence coping through "tangible" benefits (e.g., information, instrumental assistance) or by enhancing one's sense of mastery and feelings of self-efficacy (Carpenter & Scott, 1992). Thoits (1986) conceptualizes social support as a form of "coping assistance" capable of serving the same function as an individual's coping attempts. Parents' considerable involvement in the coping efforts of their children

suggests that Thoits' conceptualization may be particularly relevant for the investigation of parents as resources for their children's coping. Social resources have been investigated in adult (J. Holahan, Moos, C. Holahan, & Cronkite, 1999; J. Holahan, Moos, C. Holahan, & Brennan, 1997) and older adolescent populations (Daniels & Moos, 1990), but few studies have examined children's or early adolescents' use of social resources to aid in their coping with stressors.

#### Parents as Social Resources for Coping

Research consistently finds that supportive family environments are conducive to adaptive child and adolescent coping (e.g., Hardy, Power, & Jaedicke, 1993; Kliewer & Lewis, 1995; Shulman, 1993). More specifically, high support predicted the use of avoidant strategies in response to uncontrollable stressors; high support and low structure predicted a greater variety of coping strategies; and low structure predicted more aggressive strategies (Hardy, Power, & Jaedicke, 1993). In children with Sickle-Cell Disease, a strong sense of family cohesion, or togetherness, was an important predictor of children's active coping (Kliewer & Lewis, 1995). A supportive family environment seems to provide individuals with a resource to draw on when experiencing stressors. Shulman (1993) concludes that adolescents from families with high conflict, low support, and low structure are most likely to cope in maladaptive ways, including withdrawal and low levels of active coping. Conversely, adolescents from families with high levels of structure, encouragement of independence, and an emphasis on relationships had high levels of active coping and low levels of withdrawal. Families that balance warmth and supportiveness with structure and a respect for autonomy seem to encourage children to

develop competent means for dealing with stress. Less research has examined the specific commodities provided by a supportive family. For instance, in a supportive family, parents may offer advice, comfort, or more instrumental support (e.g., a ride to a friend's house).

The following section reviews what is known about specific parent strategies and parent-child interactions, as they relate to adolescent coping. In research that identifies general parenting factors associated with coping, an effort is made to identify the more specific strategies that underlie the broad parenting variables.

#### Parent Coping Assistance

Research indicates that parents' coping advice or suggestions can facilitate their children's coping. In boys with Attention-Deficit Hyperactivity Disorder, fathers' advice-giving during a challenging task was associated with more positive coping (e.g., seeks help, accommodates, problem-solves) (Melnick & Hinshaw, 2000). Parents' encouragement of coping strategies has also been associated with children's coping with divorce-related stressors (Miller, Kliever, Hepworth, & Sandler, 1994) and with children's more general coping style (Kliever, Fearnow, & Miller, 1996). Divorced mother's encouragement of distraction, support coping, and positive cognitive restructuring were positively related to their reports of children's use of the same strategies five months later (Miller et al., 1994). In another study, mother's coping suggestions predicted avoidant and support coping for girls, and father's suggestions predicted distraction coping for boys (Kliever, Fearnow, & Miller, 1996).

Coaching, which includes “direct instruction on how [children] might think about (appraise) stressful events, or what strategies they might use” (Kliewer & Lewis, 1995, p. 512), is conceptually similar to advice giving. In children with Sickle-Cell Disease, parents’ coaching of active coping was associated children’s confidence in their ability to meet goals and plans for doing so (Kliewer & Lewis, 1995). Parents’ suggestions that children think about solutions or take action to solve problems may send the message that problems can be solved and that children have the capability to solve them. In young children experiencing a medical procedure, coaching during the procedure (e.g., “breathe”) was associated with child coping and less child distress (Blount, Davis, Powers, & Roberts, 1991).

Parental advice or coping suggestions provide children with guidance as to potential coping strategies. However, correlations between parents’ coping suggestions and children’s coping are not perfect (Kliewer, Fearnow, & Miller, 1996), suggesting that children are not passive recipients of parents’ advice. For instance, girls’ support-seeking coping was predicted by their mothers’ encouragement of cognitive restructuring, and boy’s use of distraction was predicted by their father’s encouragement of support coping. Perhaps, parental advice or coaching is more important for younger children; whereas, adolescents may be less inclined to comply with parental suggestions. Parents also tend to suggest more than one coping strategy in response to children’s stressors, making connections between parent encouragement and child coping more complex than suggested by current research.

In addition to making direct suggestions, parents may also facilitate children's coping by collaborating with them to solve a problem. Parents' problem-focused and pragmatic responding to children's distress (e.g., help my child think of constructive things to do when other children tease him/her) has been found to predict constructive coping (Eisenberg, Fabes, & Murphy, 1996) and teacher-rated social competence (Roberts & Strayer, 1987). This approach seems convey respect for children's emerging problem-solving skills, while modeling an adaptive strategy for dealing with stressors.

Parents may also engage in distraction in an effort to help their children manage distress. Blount et al. (1991) reports that parents of children awaiting medical procedures use distraction to alleviate their children's distress. Children who experienced a natural disaster also described parental distraction as an important form of coping assistance (Prinstein, La Greca, Vernberg, & Silverman, 1996). Distraction coping assistance was found to be positively associated with children's reports of distraction as a coping strategy, suggesting that children model their parents' use of distraction coping (Prinstein et al., 1996). In their investigations of parents' responding to children's distress Eisenberg and colleagues found that parents' emotion-focused responses, primarily in the form of distraction, predicted positive emotional functioning, including constructive anger reactions (Eisenberg & Fabes, 1994) and empathy-related responses (Eisenberg, Fabes, & Murphy, 1996; Eisenberg, Fabes, Schaller, Carlo, & Miller, 1991). It is likely that distraction helps to reduce emotional arousal associated with stressful events. Parents' use of distraction with their children may model for children an effective

strategy for managing distress in the short-term, allowing them to engage in more adaptive coping in the long-term.

In research with young children awaiting painful medical procedures, parents' engagement with their children was associated with lower distress (Blount et al., 1991). Parental helping behaviors were also important in engaging children in preparatory play before elective surgery (Gutstein & Tarnow, 1983). Preparatory play, which allows children to become familiar with hospital equipment, such as stethoscopes or surgical gowns, is a way for children to cope with the distress surrounding medical procedures. For younger children (4-5 year olds), parent actions that involve their child in an activity (i.e., introducing behavior, structuring) were associated with greater preparatory play. With older children (6-9 year olds), parents' strong encouragement and support of children's preparatory play was associated with greater preparatory play (Gutstein & Tarnow, 1983). Developmental differences may reflect younger children's need for structure to guide their use of preparatory play materials; whereas, older children may be able to engage in preparatory play with little guidance. Parents' sensitivity to their child's developmental level in providing coping assistance may be an important predictor of the impact of the assistance on the child.

After a traumatic occurrence, such as a natural disaster, simply returning to normalcy may be important for children (Prinstein, La Greca, Vernberg, & Silverman, 1996). Indeed, parent actions that reinstated familiar roles and routines following a severe hurricane were associated with lower levels of PTSD symptomatology in children, and returning to familiar roles and routines was the most common type of coping

assistance reported by children in this sample. Returning to familiar routines is likely to comfort children and reassure them of their safety following a traumatic event.

After an upsetting event, parents may also encourage their children to express their emotions (e.g., tell my child it is o.k. to cry). Parents' encouragement of moderate levels of emotional expression has been associated with children's competence as rated by preschool teachers (Roberts & Strayer, 1987) and with adaptive coping as reported by parents (Eisenberg, Fabes, & Murphy, 1996; Eisenberg et al., 1991). Encouraging children to work through emotions by discussing them or playing games, called emotional processing, is a less common form of coping assistance provided by parents. Following a natural disaster, such activities were more common with younger children than with older children (Prinstein et al., 1996). This may suggest that parents of older children expect them to be able to independently regulate negative affect.

Parents do not always respond positively to children's distress or problems. In addition to examining parents constructive responding to children's distress, Eisenberg and colleagues have examined parents' minimizing (e.g., tell my child that he/she is over-reacting), punitive (e.g., tell my child to straighten up or we'll go home right away), and distress (e.g., feel upset and uncomfortable because of my child's reactions) responses (e.g., Eisenberg et al., 1991; Eisenberg, Fabes, & Murphy, 1996). Minimizing reactions tend to predict lower levels of social competence (Eisenberg, Fabes, & Murphy, 1996), as well as less emotional expression in anger situations (Eisenberg & Fabes, 1994). Overall, nonsupportive responses were predictive of less adaptive coping (Eisenberg, Fabes, & Murphy, 1996).

In interpreting the research, it seems that various parental actions are associated with adaptive coping. Parents provide coping assistance by focusing children on the problem (advice-giving, suggestions, problem solving), by focusing children on their emotions (emotional expression or processing), by distracting children, by engaging with them, or by reinstating normal roles and routines. The research reviewed in this section suggests that the factors such as the type of stressor or the degree of emotional arousal may effect the usefulness of parents' coping assistance. Additionally, the child's developmental stage may be a particularly important moderator of how well coping assistance works to facilitate children's coping. However, the bulk of available research is not specific to children and adolescents with learning disabilities. Common characteristics of learning disabled children and their families, reviewed in subsequent sections, make it likely that parent coping assistance to learning disabled adolescents differs from what is found in non-LD families.

### What is a Learning Disability?

Approximately 2.8 million students are identified as having a learning disability (Office of Special Education Programs, 2002). Estimates of the prevalence of learning disabilities range from 2 – 10% (Ortiz, 2004). In order to understand coping processes among children with learning disabilities, it is important to know who these children are. Learning disabilities are identified from what Mercer (1973) calls a statistical model of disability, the extent to which an individual deviates from cultural norms for specific traits. Unlike more “articulate” disabilities, learning disabilities may not be readily apparent in a child's appearance, speech, or behaviors. Definitions of learning

disabilities vary among researchers, with some studies using criteria established by state educational agencies and other researchers relying on independent diagnostic criteria. Thus, some studies of “learning disabled” youth, combine children with widely varying IQ and academic achievement levels. In view of the uncertainty of definitions, the diagnosis of a learning disability may most accurately be thought of as a marker for academic difficulties. This section examines the most commonly used definitions of learning disabilities.

### Definitions

Although criteria for identifying students with learning disabilities have been well established since the passage of IDEA (Individuals with Disabilities in Education Act) in 1977, agreement on a widely accepted, validated definition of learning disabilities remains problematic (Kavale & Forness, 2000; Lyon, 1996). According to Lyon (1996), problems exist due to the relative youth of the learning disabilities field, the multi-disciplinary nature of learning disabilities intervention and research, limitations in measurement practice, problems in research design, and limited knowledge of cultural and ethnic factors. An over-reliance on the concept of an IQ-achievement discrepancy is also a weakness of most definitions. Because “learning disability” is both a special education classification and a psychiatric diagnosis, definitions are derived from legislation, committee decisions, and research.

Within the system of special education, the definition of LD serves a gatekeeping function in determining who receives services and who does not. According to 1997 figures from the U.S. Department of Education (as cited in Kavale & Forness, 2000),

50% of all students with disabilities are classified as learning disabled. The criteria adopted by most states follow the IDEA guidelines (Federal Register, Dec. 29, 1977, p. 65083, as cited in Kavale & Forness, 2000):

(a) A team may determine that a child has a specific learning disability if:

(1) The child does not achieve commensurate with his or her age and ability levels in one or more of the areas listed in paragraph (a) (2) of this section, when provided with learning experiences appropriate for the child's age and ability levels: and

(2) The team finds that a child has a severe discrepancy between achievement and intellectual ability in one or more of the following areas:

- (i) oral expression;
- (ii) listening comprehension;
- (iii) written expression;
- (iv) basic reading skill;
- (v) reading comprehension;
- (vi) math calculation;
- (vii) math reasoning.

(b) The team may not identify a child as having a specific learning disability if the severe discrepancy between ability and achievement is primarily the result of:

- (1) a visual, hearing, or motor impairment;
- (2) mental retardation;
- (3) emotional disturbance; or
- (4) environmental, cultural, or economic disadvantage.

Key in this definition and others is the concept of unexpected underachievement, or, in other words, academic difficulties than cannot be explained by factors such as below average cognitive abilities, sensory deficits, or a lack of educational opportunity. Similar to legislative definitions, the DSM-IV definition of “learning disorder” considers a discrepancy between an individual’s actual and expected level of achievement as a critical factor: “Learning disorders are diagnosed when the individual’s achievement on individually administered, standardized tests in reading, mathematics, or written expression is substantially below that expected for age, schooling, and level of intelligence” (American Psychiatric Association, 1994, p. 46). The learning disorder must also “significantly” interfere with academic achievement or daily living activities that require academic skills and may not be the result of a sensory deficit.

The assumption underlying most definitions is that “discrepant” underachievers and “non-discrepant” underachievers (i.e., slow learners) represent qualitatively different groups. More recent research suggests that these groups are not different with respect to information processing, genetic variables, response to instruction, or neurophysiological markers (Fletcher et al., 1994; Stanovich & Siegel, 1994). Thus, some researchers have concluded that the notion of discrepancy is not a sufficient criterion for the diagnosis of learning disabilities (Kavale & Forness, 2000).

The size of the requisite IQ-achievement discrepancy can differ depending on the context. In Texas, for example, the discrepancy must be more than one standard deviation (Texas Education Agency, 2000). Although the DSM-IV does not present a clear guideline for determining whether achievement is “substantially below” what is

expected, the manual suggests a required discrepancy of more than two standard deviations.

In research, children with learning disabilities and other “learning difficulties” such as mild mental retardation are often considered as a homogeneous group (e.g., Zetlin, 1993). Even when diagnostic criteria for learning disabilities are specified, the criteria may vary depending on the geographic region in which the research takes place. Consequently, the characteristics of learning disabled samples differ depending on how the research population was identified.

Differing criteria and a lack of consensus regarding definition suggest that the concept of learning disabilities may take on different meanings depending on context. For the purposes of this study, participating students will be those identified by the school system as having a learning disability. To be classified as learning disabled in Texas, a student must show a discrepancy of more than one standard deviation between IQ and standardized achievement test scores, as well as an “educational need.” Educational need is commonly operationalized as below average performance on standardized achievement tests in at least one of the areas defined in IDEA. A final criterion is that the learning difficulty cannot be primarily attributable to factors such as visual or hearing impairments, lack of educational opportunity, or emotional disturbance (Texas Education Agency, 2000).

Comorbidity, especially with regard to other learning difficulties, is common in children and adolescents with LD. Learning disabilities frequently co-occur with ADHD (Lyon, 1996). Children and adolescents with learning disabilities may also encounter a

higher rate of socio-emotional difficulties than non-disabled youth (Morrison & Cosden, 1997), including depression and dysthymia (American Psychiatric Association, 1994). Some research suggests that emotional difficulties can result from difficulties with learning, labeling, and academic failure (Lyon, 1996). High rates of comorbidity complicate the interpretation of coping difficulties among LD youth. Both mood disorders and ADHD are associated with coping deficits (Garber, Braafladt, & Weiss, 1995, Melnick & Hinshaw, 2000). In this study, comorbidity will be addressed by excluding youth with identified comorbid conditions (see Selection Criteria).

Common to all participants in this study will be the experience of academic difficulties and the receipt of special education services. Despite problems in defining the true nature of LD, the learning disability label has value as a marker for students likely to possess certain characteristics which challenge their coping resources.

#### Coping among Learning Disabled Children and Adolescents

The coping of children and adolescents with learning disabilities (LD) is often described in comparison to the coping of non-disabled youth (e.g., Geisthardt & Munsch, 1996). However, some researchers have also conducted more in-depth investigations into the coping of specific sub-populations of LD youth (e.g., Barga, 1996). Studies of coping within this population assume that coping proceeds similarly for LD and non-LD youth, with appraisal of a stressor followed by some form of coping.

#### Stressors

Children and adolescents with LD are likely to experience many of the same stressors reported by non-LD youth (e.g., Wayment & Zetlin, 1989; Zetlin, 1993).

However, research suggests that youth with LD may also experience some stressors not encountered by non-LD youth or may experience the same stressors to a greater degree. Not surprisingly, academic stressors seem to be experienced more frequently and more intensely by students with LD. Middle school students with a learning disability reported having more difficulty keeping up with classwork, learning new things, and following teachers' directions than their non-LD peers (Wenz-Gross & Siperstein, 1998). Perhaps as a result of these learning difficulties, early adolescents with LD were also more likely to report having failed a class (Geisthardt & Munsch, 1996). Older adolescents with severe learning difficulties (learning disabilities and mild mental retardation) may experience stressors related to their awareness of academic limitations and placement in special education (Zetlin, 1993).

Throughout their schooling, children and adolescents with LD may face labeling, stigmatization, and gatekeeping (Barga, 1996). Interview data from a small group of college students with LD suggests that labeling can cause students to be treated differently or to feel isolated from their peers. Stigmatization during primary and secondary education consisted of name-calling and being singled out by a teacher. During college, stigmatization occurred when professors tried to discourage students from their chosen field of study. Finally, gatekeeping was considered to be an active process of discouraging or prohibiting students with LD from accessing specific goals (e.g., entry into a college engineering program).

In addition to problems directly related to learning, children and adolescents with LD also encounter other stressors at school. Middle school students with LD report being

chosen less often for school activities (Geisthardt & Munsch, 1996) and having more problems with teachers (Wenz-Gross & Siperstein, 1998) as compared to non-learning disabled adolescents. Pavri and Monda-Amaya (2000) recognize the experience of loneliness as a stressor encountered by children with LD. In their study, 4<sup>th</sup> and 5<sup>th</sup> grade students with LD associated loneliness with being “bored” or lacking companionship, rather than rejection by peers. Although their study did not use a comparison group of non-LD children, they review previous research that finds LD youth to have higher rates of loneliness than non-LD youth.

Thus, it seems that interpersonal difficulties, both with peers and adults, may represent another group of stressors for LD youth. Indeed, in Wenz-Gross and Siperstein’s (1998) study, children with LD were more likely to report having difficulty making friends and being bothered by older students. Using a naturalistic, emergent design, Calhoun and Beattie (1987) also identified building and maintaining friendships as difficult for learning disabled adolescents.

Children and adolescents with LD experience many of the same stressors encountered by non-LD youth. However, cognitive and social characteristics of learning disabled youth may predispose them to experience these typical stressors more intensely or more frequently. Stressors specific to learning disabled youth include special education placement, stigmatization, and labeling.

#### Cognitive Appraisal

For children and adolescents with LD, persistent difficulties with academics, and often with social interactions as well, may lead to negative beliefs about competence and

control (Halmhuber & Paris, 1993). In one study, elementary aged students with LD were more likely than physically disabled or non-disabled students to attribute success to unknown causes, rather than internal causes (Halmhuber & Paris, 1993). Thus, the beliefs about personal control commonly held by children with LD may contribute to more negative appraisals of stressors. Although attributions were not directly measured in the Halmhuber and Paris study, among LD students, those with a more external locus of control had more poorly developed coping skills.

Geisthardt and Munsch (1996) hypothesized that because of repeated experiences of academic failure, adolescents with LD may have less of a commitment to academic success and therefore may not appraise academic stressors as particularly threatening. In their study, learning disabled and non-learning disabled adolescents did not differ in their appraisal of the stressfulness of school events, although learning disabled adolescents did report more academic stressors. Their findings suggest that commitments may interact with beliefs about personal control to determine appraisals of events.

Few studies have directly assessed how children and adolescents with LD appraise stressors. Nevertheless, the control beliefs of youth with LD are likely to influence their appraisal of stressors. Similarly, environmental influences on appraisal, such as parental acceptance and family expressiveness (Kliewer et al., 1998), may also influence the threat perceptions of adolescents with LD.

### Coping

#### Coping Preferences

In coping with academic stressors, adolescents with LD are more likely to report

using cognitive avoidance (i.e., not thinking about the problem) (Geisthardt & Munsch, 1996) and less likely to report “approach” coping (Shulman, Carlton-Ford, Levian, & Hed, 1995) when compared to non-disabled peers. Adolescents with LD also tend to use more withdrawal to cope with academic stressors (Shulman et al., 1993). In part, this preference for avoidant coping may result from learning disabled adolescents’ diminished sense of personal control in academic situations. This style of coping, however, does not appear to be limited to academic stressors. Across multiple stressor domains, children with LD were described, by parents and teachers, as using less active coping (Halmhuber & Paris, 1993). Adolescents with LD also report less approach coping when faced with problems involving parents, teachers, peers, and the opposite sex (e.g., dating) than non-learning disabled adolescents (Shulman et al., 1995).

Research suggests that children with LD do choose active coping strategies in some stressor situations. For instance, a study of children’s coping with loneliness found only a small percentage of LD children chose avoidant strategies to deal with loneliness (Pavri & Monda-Amaya, 2000). Children were more likely to choose active coping (e.g., ask a friend to play, find something to do) or the use of supportive others (e.g., have the teacher help the child make up with a friend) than more passive or avoidant strategies (e.g., wait for friend to apologize, don’t talk to anyone). Moreover, the children perceived active strategies as being more beneficial for addressing loneliness than passive strategies. Active and support coping were also utilized by the learning disabled college students in Barga’s (1996) study to manage stressors related to their education. Specifically, students reported using benefactors (most commonly the student’s mother),

self-improvement strategies (e.g., seeking out growth producing situations), and study skills and management strategies (e.g., use of technology, tutorial assistance).

Overall, individuals with LD may be more likely to engage in avoidant or passive coping than their non-LD peers. This seems to be particularly likely when coping with academic stressors and may be due to a diminished sense of personal control in the academic domain. In some situations, LD youth may choose more active coping strategies, and highly successful individuals with LD (i.e., those enrolled in college) seem to have developed a variety of means for coping with school demands.

### Coping Skills

Coping has also been examined from an information processing perspective as a set of skills or a series of steps that an individual completes in order to effectively cope with a stressor. Different models exist (e.g., Garber, Braafladt, & Zeman, 1991; Schneider & Yoshida, 1988), but most suggest that coping begins with the recognition of a problem, followed by appraisal, solution generation, solution evaluation, and response enactment. Some models (e.g., Garber et al., 1991) include goal-setting before solution generation.

In children and adolescents with LD, this model of coping has been investigated with regard to social problem solving. Adolescents with LD seem to have problems with multiple steps of this process, including identification of the problem, generating alternative solutions, recognizing the consequences of each alternative, and planning steps to achieve the selected alternative (Carlson, 1987; Schneider & Yoshida, 1988; Toro, Weissberg, Guare, & Liebenstein, 1990). Adolescents with LD had more difficulty

identifying problems that people encounter in everyday life, suggesting less awareness of potential problems (Schneider & Yoshida, 1988). This finding is interesting in light of the greater number of personal stressors typically reported by children and adolescents with LD and seems to point to a weakness in problem recognition, rather than less knowledge of potential stressors. When presented with interpersonal problem scenarios, learning disabled adolescents were able to generate fewer problem-solving actions than their non-LD peers. In another study, younger children with LD had similar difficulties generating alternative solutions to interpersonal problem scenarios (Toro et al., 1990). In addition to generating fewer solutions than non-learning disabled adolescents, adolescents with LD seemed to have a poorer understanding of how to enact potential solutions, including steps to be taken and barriers that might be encountered (Schneider & Yoshida, 1988). Although Schneider and Yoshida report that learning disabled adolescents scored lower on a test of causal thinking, it is not clear whether the adolescents identified less accurate causes for problem scenarios or whether they were able to generate fewer potential causes. Either way, differences in causal thinking may relate to locus of control. As stated previously, adolescents with LD tend to have a more external locus of control (Halmhuber & Paris, 1993).

Carlson (1987) also investigated the goal-setting behaviors of children with LD and found that boys with LD cite different goals for their actions in social situations, as compared to non-LD boys. In conflict situations, boys with LD more frequently reported goals of accommodation, avoidance, and appeal to rules or authority, as compared to non-LD boys who were more likely to report seeking compromise (Carlson, 1987). More

recent information processing models argue that goal-setting is an important precursor to solution-generation and enacting a solution (Garber et al., 1991). Thus, the goals of learning disabled adolescents may predispose their generation of solutions and the option they choose to enact.

Some research suggests that children and adolescents with LD may also have less well-developed cognitive coping skills. A comparison of the coping self-talk of learning disabled and non-learning disabled pre- and early adolescents found the learning disabled group to use fewer positive self-statements and more negative self-statements (Kamann & Wong, 1993). Use of negative self-statements during an academic task can depress performance by acting as a distracter. More adaptive self-statements re-focus the student on the academic task (e.g., I'm doing just fine. I just got that part finished).

#### Social Support Coping

Use of social support is a common coping mechanism for adolescents. Although younger children are more likely to turn to parents or other adults for coping assistance, by adolescence, peers become an important source of social support (e.g., Schonert-Reichl & Muller, 1996). As compared with non-disabled youth, LD youth tend to find less support in peer relationships. For children and adolescents with LD, parents play an important role as support-givers; therefore, parent support for coping is discussed in detail in a later section.

Adolescents with LD perceive less social support from peers than those without learning problems. Findings are similar for younger children. When asked to whom they would go for emotional support, adolescents and pre-adolescents with LD reported using

peers less often than non-disabled youth (Wenz-Gross & Siperstein, 1997; 1998). Children with LD also reported turning to peers less often for problem-solving support and companionship as compared to non-LD children (Wenz-Gross & Siperstein, 1997). In dealing with a particularly stressful academic or interpersonal stressor, adolescents with LD were less likely to use their peers as sources of support than non-disabled adolescents (Geisthardt & Munsch, 1996). Learning disabled and non-learning disabled adolescents did not differ in their use of other sources of support, such as parents, adult relatives, or non-related adults, which suggests that lower levels of social support may be confined to the peer domain. As compared with non-disabled peers, adolescents with learning difficulties were also much more likely to report having “nobody” to talk to about stressors (Morrison, Laughlin, Smith, Ollansky, & Moore, 1992).

Adolescents’ preferences for support across a variety of stressor categories (e.g., schoolwork, abuse, dating, family) suggest that learning disabled adolescents may use peer support differently than their non-disabled peers. For example, adolescents with learning problems were more likely to choose to talk to peers about plans for the future and family problems and less likely to talk to them about dating or problems with teachers. The pattern was reversed for non-disabled adolescents (Morrison et al., 1992). The authors suggest that teens with learning difficulties may be accessing less appropriate sources of support than their non-disabled peers; however, it is not clear what the adolescents’ goals are in talking to peers. Perhaps, instead of seeking information, as the authors assume, the learning disabled adolescents are using peers to obtain emotional support.

Difficulty forming positive peer relationships coupled with problems in social judgment may contribute to less peer support for youth with LD. A meta-analysis of 152 studies finds strong evidence of social skills difficulties for children with LD (Kavale & Forness, 1996). These deficits contribute to fewer opportunities for peer social support for children and adolescents. Youth with LD may have more problems building strong friendship networks or may have difficulty accessing support within their peer relationships.

Elementary school students with LD demonstrated less developed conceptions of friendship than their non-LD peers, with poorer understanding of friendship formation and conflict resolution (Hoyle & Serafica, 1988). Accordingly, children with learning difficulties described their current friendships as having fewer positive features (intimacy, contact, loyalty, and self-esteem) than non-LD children (Wenz-Gross & Siperstein, 1997). Problems forming friendships and resolving peer conflicts may contribute to children with LD, and boys in particular, being less popular with peers (Hoyle & Serafica, 1988). Carlson (1987) found that adolescent boys with LD were more likely to hold less assertive, less reciprocal goals for social interactions than non-LD boys and generated fewer appropriate strategies for resolving peer conflicts. Each of these characteristics may contribute to children with LD forming fewer friendships and therefore having fewer opportunities for peer support when dealing with stressful situations. The context of LD children's interactions with peers may also present fewer opportunities for peer support. For children with LD, interactions with peers are somewhat limited to the school setting, with infrequent contact at home or at after-school

activities (Hoyle & Serafica, 1988). With less contact with peers outside of school, children with LD may not build the strong connections needed for accessing peer support.

Problems in social judgment also seem to characterize the social interactions of children with LD. Children with LD show more extreme reactions to both friendly and unfriendly peer interactions, suggesting that they are oversensitive to social cues, although less accurate in their interpretations than non-LD children (Settle & Milich, 1999). Sociometric data also suggests that LD children may make less accurate social judgments (Hoyle & Serafica, 1988). More specifically, children with LD were less likely than non-LD children to nominate as friends children who expressed a high degree of liking for them. Thus, children with LD may misread social cues and identify peers who dislike them as friends.

In conclusion, adolescents with LD tend to experience greater stressors with regard to academic and interpersonal domains. Negative beliefs about competence and control may lead youth with LD to make more negative appraisals of events than non-learning disabled youth. Children and adolescents with LD show a tendency to engage in avoidant coping and may encounter difficulty in generating and planning coping strategies and in considering consequences. Finally, social skills difficulties common to adolescents with LD may inhibit their use of peers as a coping resource and make them more reliant on parents for support. Given the critical role of parents in the coping of adolescents with LD, the following section examines parenting and family functioning among families with a learning disabled child.

## Parents and Families of Learning Disabled Children and Adolescents

Our understanding of the role parents play in the coping of learning disabled youth is enhanced by an understanding of the factors which impact parenting in this population. For parents whose child has a disability, parenting occurs in a context that differs from that experienced by the parents of non-disabled children. The extensive literature chronicling parents' responses to their disabled children provides a useful framework for understanding the context in which parents of LD children function.

### Parenting and Childhood Disability

The experiences of parents of learning disabled children may differ from the experiences of parents of otherwise disabled children due to specific characteristics of learning disabilities. Unlike the parents of children with other disabilities, LD parents are not usually aware of their child's disability until after he or she has entered school. Moreover, learning disabilities are not as visible as other disabilities and may affect only a limited realm of functioning.

Although parents of an LD child may be spared the shock of learning of their child's disability during his or her infancy, they can also experience grief as they go through the process of redefining as disabled a child they thought of as "normal." Parents' responses to the discovery of their child's disability are often discussed in terms of stages which parallel the stages of grieving (Seligman & Darling, 1989). In one stage model, parents are described as passing through (1) shock, (2) denial, (3) sadness, anger, and anxiety, (4) adaptation, and (5) reorganization/long-term acceptance (Solnit & Stark, 1961, as cited in Seligman & Darling, 1989). These stages may not be experienced

sequentially and families may cycle through the stages again and again as their child grows older. In some families of children with severe disabilities, chronic sorrow may be a “normal” reaction and may co-exist with acceptance of a child’s disability (Seligman & Darling, 1989). The degree of support from within the family and from the community may affect how parents progress through these stages. Other factors that affect parent reactions and progress through the stages include: socio-economic status, education, cultural attitudes, the child’s ability to respond to the parent, the actual physical appearance of the child, and the child’s prognosis. Seligman and Darling (1989) suggest that the more “normal” a child appears (i.e., the less severe the disability), the greater the tendency for parents to become stuck in the denial stage. Thus, parents of children with LD may be prone to deny the reality of their child’s disability.

The experiences of parents with a learning disabled child may be similar to parents whose children have mild mental retardation. Often, mild mental retardation is not diagnosed in early childhood, and parents may live for years with the suspicion that “something is wrong.” For these parents, Seligman and Darling (1989) contend, diagnosis may come as a relief. It is possible that parents with a learning disabled child may encounter prolonged distress due to delays in identification and a similar sense of relief upon learning “what is wrong.”

Parents may adapt to their children’s disability in characteristic ways. Seligman and Darling (1989) identify normalization, “crusadership,” altruism, and resignation as possible modes of adaptation. They suggest that normalization, or identification with the non-disabled society, is a goal for healthy adaptation. This view is probably somewhat

narrow, as some parents are able to achieve “normalcy” while still remaining active in the disabled culture (e.g., parents of a deaf child who take part in “deaf culture”).

Crusadership is identified as typical for families who have only recently become aware of their child’s disability and may entail involvement in support groups or advocacy organizations. When parents continue to participate in support groups or advocacy organizations after they have adapted to their child’s disability, they are said to be functioning in the altruism mode. Finally, families in the resignation mode are not able to cope with the demands of their child’s disability and withdraw from available supports.

It may be helpful to apply some version of this typology to families who are becoming aware of their child’s learning disability. Some parents may embrace the role of “parent of a learning disabled child” by becoming an advocate in the school setting; while others may seek to continue their lives exactly as they were before finding out. Because learning disabilities can have limited effects on a child’s functioning outside of school, parents may have only minor adjustments to make after the learning disability has been identified. Achieving “normalcy” for these parents may not be the challenge that it is for parents of children with more severe disabilities. In addition to the typical demands of parenting, parents of learning disabled youth must contend with their own reactions to their child’s disability. For some parents the adjustment period may be brief. Other parents may grieve the loss of a “perfect” child. Parents’ experiences of their child’s disability may affect their emotional functioning as well as their parenting.

#### Parents of Learning Disabled Children

The few studies targeting parents of learning disabled children tend to describe

them as having higher levels of stress and less adaptive coping than parents of non-disabled children. Mothers of children and adolescents with severe learning disabilities reported a higher level of stress than parents of a non-disabled child (Dyson, 1996). Parents of learning disabled children also reported greater use of avoidant coping as compared to parents of children without disabilities (Margalit, Raviv, & Ankonina, 1992). These researchers hypothesize that a child's disability is viewed as an uncontrollable stressor, which may prompt parents to use more avoidant coping behaviors. Parents' avoidant coping was predicted by a lower sense of coherence, a higher degree of organization and control within the family, and children's externalizing behaviors (Margalit et al., 1992). Thus, parents who have less confidence in the predictability of their world, who put more emphasis on family structure, and who have children with more behavior problems are more likely to engage in avoidant coping.

Greater levels of active and avoidant coping among parents of LD children, as compared to a control group, suggest that these parents may generally use more coping, regardless of its type (Margalit et al., 1992). Consistent with this reasoning, mothers of adolescents with LD show a greater willingness to accept help from others than mothers of nondisabled adolescents (Shulman et al., 1995). Thus, increased stressor demands associated with having a child with a learning disability may require parents to use more coping strategies and to use them with greater frequency.

#### Family Functioning

Because families of a learning disabled child often adapt in characteristic ways, patterns of family functioning may develop over time. A family's typical style of

interaction may affect the coping of individual family members as well as the coping-related interactions between parents and children. Most studies of family functioning within this population, use one of two common models, either Olson's Circumplex model (e.g., Olson, 1994) or Moos' social ecology model (e.g., Moos & Moos, 1983).

The Circumplex model of family functioning views healthy families as having balance in cohesion and adaptability. Within the cohesion dimension, "disengaged" and "enmeshed" describe more problematic modes of family functioning. Similarly, "chaotic" and "rigid" refer to the extremes of the adaptability dimension (Olson, 1994). The Family Adaptability and Cohesion Evaluation Scale (FACES) reflects this understanding of family functioning. In two studies using the FACES to compare families of LD and non-LD youth, families of LD youth were more likely to be classified in the "extreme" categories (Amerikaner & Omizo, 1984; Michaels & Lewandowski, 1990). Both studies found parents of LD youth somewhat more likely to describe their families as disengaged. With regard to adaptability, results were less consistent. Families of LD youth in Michaels and Lewandowski (1990) reported higher levels of structure (e.g., rigidity); whereas, families of LD youth in Amerikaner and Omizo (1984) reported lower levels of structure (e.g., chaos). A third study, also using this measure, found that families with a learning disabled child were no more likely to be classified in one of the extreme categories than families without a learning disabled child (Morrison & Zeitlin, 1988).

Moos' conceptualization of family climate emphasizes relationships, personal growth, and system maintenance as important components of family functioning (Moos

& Moos, 1983). Researchers using the Family Environment Scale (FES) to assess family functioning have provided contradictory results. In one study of families of learning and otherwise disabled children, parents described their families as providing fewer opportunities for personal growth (Margalit, Raviv, & Ankonina, 1992). Using the same measure as Margalit and colleagues, Dyson (1996) found different results: Parents of learning disabled children described their families as offering greater opportunities for personal growth. These differences may be due to the severity of the child's disabling condition. In Margalit's study, participating families had children with mental retardation and behavioral problems, in addition to learning disabilities. An earlier study (Margalit & Heiman, 1986) using a more homogenous LD population found results similar to Dyson (1996) whereby families of LD youth place more emphasis on achievement and moral-religious values.

Thus, studies using two of the most common measures of family functioning reveal few consistent differences among families with and without learning disabled children. However, there is some evidence that families of learning disabled youth may perceive less connectedness and have difficulty maintaining healthy levels of structure.

Studies of family functioning typically rely on self-report, and it is possible that the source of family functioning data influences conclusions. In Morrison and Zetlin (1988), parents of LD and non-learning disabled adolescents described their families differently; however, adolescents' ratings of their families were similar across diagnostic groups. Higher stress levels among parents of learning disabled youth may lead them to make more negative appraisals of their families. Learning disabled and non-learning

disabled adolescents also report similar perceptions of family connectedness; however, learning disabled adolescents may spend less time engaging in activities with their parents, suggesting that perceptions of family cohesion may not correspond to time spent together (Svetaz et al., 2000).

Interpersonal communications research provides another lens for examining family functioning. Green (1990) reviews research suggesting that parents of children with LD show more “communication deviance” than parents of non-disabled children. Communication deviances, such as unusual sentence structure or word usage, disruptions, or sequencing problems, may arise from a parent’s own learning difficulties and could contribute to differences in coping assistance between non-disabled child-parent dyads and learning disabled child-parent dyads. Moreover, parents of adolescents with LD perceive their communication with their child as being less open and more problematic than parents of non-learning disabled youth (Morrison & Zetlin, 1988). Difficulties with communication and lower levels of connectedness may challenge parents in their provision of coping support.

In summary, having a child with a disability can be conceptualized as a chronic stressor for a family. Thus, it is expected that parents with a learning disabled child will evidence higher levels of stress. Greater levels of stress are likely to result in higher rates of coping across strategy types. The specific nature of a learning disability as an uncontrollable stressor may predispose LD parents to use more avoidant coping than non-LD parents. It seems premature to conclude that families with a learning disabled child show less adaptive functioning, although the presence of a child with a disability may

predispose families to develop characteristic patterns of interactions. For instance, children with LD may respond well to stability of routines, leading a family to sacrifice flexibility for consistency. Difficulties in communication (Morrison & Zetlin, 1989) may result from information processing and social skills deficits common to children with LD.

#### Parents' Role in the Coping of Learning Disabled Adolescents

Research suggests that parents are the most popular source of social support for LD and non-LD children and adolescents (Morrison et al., 1992; Wenz-Gross & Siperstein, 1997). Perceived levels of parental support are the same, regardless of disability category (e.g., Wenz-Gross & Siperstein, 1998). Little is known, however, about the specific mechanisms by which parents of learning disabled children and adolescents provide support for coping.

It is possible that parent modeling of coping serves an important role for learning disabled youth. Parental coping is related to adolescent coping in both non-disabled and learning disabled populations (Shulman et al., 1995); however, the predictive power of parents' coping styles seems to be stronger within the LD population. For adolescents with LD, their parents' tendency to seek social support is positively related to their use of approach- and appraisal-oriented coping, as well as their own use of social resources. Parents' tendency to engage in passive forms of coping is associated with less use of approach- and appraisal-oriented coping by adolescents. Parents' failure to reframe stressful events more positively is related to withdrawal coping among learning disabled adolescents (Shulman et al., 1995). Among non-learning disabled adolescents, only their use of social resources was predicted by parents' coping. The stronger connection

between parent and adolescent coping among the learning disabled group may result from more active parent involvement within the learning disabled group. Typically, adolescence represents a time of decreased parental involvement as teenagers strive to become more autonomous and individuated from their parents. Among adolescents with LD, this period of separation may be delayed. Moreover, difficulties with peer interactions may lead adolescents with LD to turn to parents in situations where their non-disabled peers would turn to friends.

Parents may also support coping among learning disabled youth by offering problem-solving assistance or emotional support. Some research suggests that children with LD may use parents less for problem-solving support and more for emotional support than their non-LD peers (Wenz-Gross & Siperstein, 1997). This tendency may be related LD children's general preference for less active coping (Geisthardt & Munsch, 1996; Halmhuber & Paris, 1993). Differences in interactional style among families with and without an LD child may also contribute to differences in the type of support preferred by LD and non-LD children.

Maternal support seems to play a particularly important role in the coping of children and adolescents with LD. Participants in a qualitative study of college students with LD cited monitoring of homework, positive messages (e.g., telling children they are smart), school-level advocacy, seeking of information, and constant encouragement and love as specific ways that mothers provided support (Reis, Neu, & McGuire, 1997). In another retrospective study with learning disabled college students, mothers were cited as a critical source of support for students' attainment of educational goals (Barga, 1996).

Some of the same strategies used by parents of non-LD youth, such as advice-giving and distraction, are likely to be used by parents of LD youth. Cognitive, emotional, and social characteristics of LD youth may interact with these strategies to produce different outcomes. Parents whose children have learning disabilities appear to have greater involvement in the coping of their children, even as they enter adolescence. Yet the family context for adolescents with LD as well as challenges encountered by this population may prompt parents to assist in other ways or under other conditions.

#### Statement of Problem

In recent years, researchers have increasingly turned to coping to understand differences in psychosocial outcomes among children faced with various stressors. From a process-oriented perspective (i.e., Lazarus & Folkman, 1984), coping includes an individual's efforts to manage external problems and internal states (e.g., emotions). Historically, some coping researchers have viewed coping as a stable trait; over time, however, the meaning of coping has evolved to take both person and environmental factors into account. Thus, coping is influenced by characteristics of an individual, such as cognitions, and by characteristics of the environment, such as the availability of support.

The impact of coping on adjustment is well-established for non-learning disabled youth. Coping seems to mediate, or buffer, the relationship between stressors and psycho-social outcomes (e.g., Sandler, Tein, & West, 1994; Shields & Cicchetti, 1998). For adolescents with LD, a group particularly at-risk for poor adjustment, coping is also

likely to play a crucial role. Yet much less is known about how coping interacts with outcomes among this population.

Youth with LD are at greater risk for a number of adverse psychosocial outcomes, including school drop-out, juvenile delinquency, depression, and suicide (Morrison and Cosden, 1997; Svetaz, Ireland, & Blum, 2000). Children and adolescents with LD report experiencing more stressors than their non-disabled peers (e.g., Wenz-Gross & Siperstein, 1998), and there is some evidence that they may make more negative appraisals of stressors (e.g., Halmhuber & Paris, 1993). Although the body of research on coping among learning disabled adolescents is relatively small, it is consistent: Adolescents with LD tend to use less adaptive means of coping than their non-learning disabled peers. They are more likely than non-learning disabled youth to use cognitive avoidance (Geisthardt & Munsch, 1996) and less likely to use active or approach-oriented coping (Halmhuber & Paris, 1993; Shulman, Carlton-Ford, Levian, & Hed, 1995). Adolescents with LD may also have difficulty with specific coping skills, such as generating alternative solutions or goal-setting (Carlson, 1987; Schneider & Yoshida, 1988; Toro, Weissberg, Guare, & Liebenstein, 1990). Peer difficulties common among learning disabled youth may have their greatest impact during adolescence, when peers typically become an important resource for coping. As compared with non-learning disabled adolescents, those with LD describe themselves as less likely to use peers as a source of support when dealing with a variety of stressor situations (Geisthardt & Munsch, 1996; Wenz-Gross & Siperstein, 1997; Wenz-Gross & Siperstein, 1998).

For learning disabled and non-disabled youth, parents are the most common social resource for coping (Morrison et al., 1992; Wenz-Gross & Siperstein, 1997). Among non-learning disabled youth, parents may engage in strategies including advice-giving (e.g., Kliewer, Fearnow, & Miller, 1996), distraction (e.g., Prinstein, La Greca, Vernberg, & Silverman, 1996), and collaborative problem solving (e.g., Eisenberg, Fabes, & Murphy, 1996). Although research confirms that learning disabled adolescents use parents as a resource for coping, little is understood about how this process works. The extant literature provides an insufficient picture of the ways that parents support the coping of learning disabled youth. Characteristics of learning disabled adolescents and their parents, along with patterns of family functioning, may create a context for coping that is different from that experienced by non-learning disabled youth and their families. Youth with learning disabilities may be more reliant on their parents for social support due to difficulties interacting with peers. Moreover, the higher level of stressors reported by parents of learning disabled youth (e.g., Dyson, 1996) may impact parent availability as a source of support. Research suggests that parents of learning disabled youth may use modeling to demonstrate potential coping strategies (Shulman et al., 1995) or provide emotional support (Wenz-Gross & Siperstein, 1997).

Parents' role in the coping of early adolescents is typically characterized as one of support (Shulman et al., 1995). Thus, the middle school years provide an optimal window for examining the processes of parent support for adolescent coping. Thoits' consideration of social support as "coping assistance" provides a foundation for exploring how parents support coping among learning disabled adolescents. The processes by

which parents support coping among non-learning disabled children and adolescents provide a framework for exploring this phenomenon in a learning disabled population. However, the open-ended nature of the research questions prevent a premature narrowing of the study's scope. In the current study, adolescents with LD and their parents are invited to share the story of how they interact to serve the adolescents' coping needs. Based on this literature review, the research study was organized around the following questions:

1. What are the typical stressors encountered by learning disabled adolescents?
2. How do adolescents with learning disabilities respond to stressors?
3. What is the nature of parent involvement in the coping process of adolescents with learning disabilities? What strategies do parents employ to support these adolescents in coping with stressors? What goals or beliefs guide parents' actions?

## **CHAPTER THREE**

### **METHODOLOGY**

This study examines the stress and coping of adolescents with learning disabilities and parents' role as coping resources for these adolescents. Semi-structured interviews were used to collect data from adolescents and their parents. The grounded theory method of qualitative analysis was utilized to analyze data.

Although a relatively well-developed body of literature documents “deficits” in coping among adolescents with learning disabilities (LD), we understand little about how these adolescents may use resources in their environment to cope with the stressors they encounter. Moreover, studying adolescents with LD in comparison to non-LD adolescents can obscure the wide range of experiences and outcomes within the population of LD youth. Qualitative methods allow researchers to ask, “What is going on here?” a question that is particularly relevant when little is known about an area of inquiry (Anzul, Evans, King, & Tellier-Robinson, 2001). Qualitative research can be a vehicle for “hearing the voices that have not been heard before” and may be a particularly good fit for examining complex, disability-related phenomena (Pugagh, 2001, p. 442). Engaging study participants in a discussion of their coping and parents' role as a coping resource opens the door for the sharing of feelings and personal experiences that would not be revealed by a questionnaire or checklist approach. By taking a grounded theory approach to this relatively unexplored area, I was not forced to narrow the focus to a specific anticipated finding; rather, I was able to remain open to learning from the participants and their stories.

## Overview of Grounded Theory

Qualitative research methods include various combinations of data collection and analysis, such as case histories, discourse analysis, phenomenology, and grounded theory. Strauss and Corbin (1998) describe qualitative research methods as particularly well suited for learning about personal experiences “such as feelings, thought processes, and emotions that are difficult to extract or learn about through more conventional research methods” (p. 11). Originally developed by Glaser and Strauss (1967) in a study of dying, grounded theory research has as its goal the development of an integrated theory of some aspect of human experience and provides an organized set of procedures to help develop that theory.

Qualitative studies, in general, and grounded theory studies, in particular, often rely on smaller sample sizes than are typically encountered in more conventional research. Fewer participants are balanced by more in-depth observations or interviews. Methods of data collection may be more flexible. In a grounded theory study, the researcher is the primary data collection instrument, and data typically consists of interviews and/or observations.

Studies conducted from a grounded theory perspective target a specific phenomenon. Researchers do not develop and test hypotheses; rather, they may begin with broad research questions that become increasingly more focused as data collection and analysis proceed. Data collection and analysis happen concurrently, with each process informing the other, such that concepts that arise from analysis may guide the researcher’s subsequent interviews or observations.

Initially, units of data, or codes, are identified from the interviews or observations (open coding). Through constant comparison within and across data sources, codes merge into higher level categories. As analysis progresses, relationships among categories are described in terms of conditions, categories, and consequences (axial coding). Then, the researcher integrates and refines categories based on the relationships discovered during axial coding. At this point, a core category is identified (selective coding). The practice of constant comparison allows the core category to be “grounded in the categories it subsumes, just as the categories beneath it are grounded in the categories beneath them, as the lowest level categories are grounded in the codes, and as the codes are grounded in the data” (Rennie, 1994, p. 429). The core, or central, category is the phenomenon around which other categories can be organized to create a coherent theory. The theory, then, emerges from and is grounded in the data.

### Research Questions

Qualitative research often begins with a phenomenon of interest, such as high achieving students with learning disabilities (Reis, Neu, & McGuire, 1997) or parenting a child with conduct disorder (Webster-Stratton & Spitzer, 1996). In the current study, the phenomenon of interest is parents as coping resources for learning disabled adolescents. Several broad research questions guided initial data collection.

#### **What are the typical stressors encountered by learning disabled adolescents?**

Research indicates that adolescents with learning disabilities experience more stressors than non-learning disabled adolescents and are less likely to use adaptive coping strategies to respond to stressors (Halmhuber & Paris, 1993; Wenz-Gross & Siperstein,

1998). Existing research, however, has typically relied upon coping checklists and questionnaires created for a non-LD population.

**How do adolescents with learning disabilities respond to stressors?**

Although the primary aim of this study was to understand how parents serve as coping resources, adolescents' stressor experiences and their coping efforts provide a context for understanding the role of parents. The experience of specific categories of stressors or an exhaustion of internal coping resources may trigger parent assistance.

**What is the nature of parent involvement in the coping process of adolescents with learning disabilities? What strategies do parents employ to support these adolescents in coping with stressors? What goals or beliefs guide parents' actions?**

Adolescents and parents may engage in a variety of coping processes. Parents' involvement in the coping of non-disabled children is relatively well established.

Although research suggests that learning disabled adolescents may be more reliant on parents than their non-disabled peers (Shulman, et al., 1995), less is known about the role of parents as coping resources in this high-risk population. Do parents offer suggestions; do they encourage problem solving; do they intervene on their child's behalf at school or with peers? Along with obtaining detailed descriptions of parents' actions, interviews probed parents' rationale for their actions. Parents' motivations may include protection of their child, teaching their child, or soothing their child.

**Participants**

Participants were adolescents with learning disabilities and their parents. Fifteen adolescents and seventeen parents/guardians were interviewed, for a total of thirty-two

interviews. Student participants were enrolled in the 6<sup>th</sup>, 7<sup>th</sup>, or 8<sup>th</sup> grades middle schools in two Austin-area school districts. Six sixth-grade students, five seventh-grade students, and four eighth-grade students took part in the study. The average age of adolescent participants was 12 years, 4.8 months (range: 11-14). Parents' ages ranged from 31 to 51 years, with an average age of 43 years. Participants seemed to reflect the diversity present in each school system in terms of race/ethnicity and family structure. Three adolescents identified as African-American, one as African-American/Caucasian, five as Caucasian, one as Asian, two as Hispanic, and two as Hispanic/Caucasian. A wide range of income levels was also represented in the study. More detailed information on the participants is provided in Chapter Four: Introduction to Participants. In the following sections, characteristics of participating schools and selection criteria for participants are described.

#### Participating Schools

Several schools, representing a broad range of income levels and ethnicities, were asked to participate, and five schools from two school districts eventually participated. All schools enroll 6<sup>th</sup>, 7<sup>th</sup>, and 8<sup>th</sup> graders. All five schools provide special education services through a variety of instructional arrangements including Content Mastery Center, inclusion classes, study skills classes, resource classes, and self-contained classes. Content Mastery, which exists in some form at all participating schools, provides a setting in which students can receive help with assignments, take tests, or work on homework. Students may leave their regular education class after direct instruction to come to Content Mastery. Inclusion classes, which are offered at four schools, integrate

regular and special education students in academic classes, usually with two teachers or a teacher and an assistant. In a classroom where inclusion is practiced, students with learning disabilities (and other disabilities) may receive modifications such as shortened assignments or adapted materials, assistance to complete assignments, and/or the opportunity to respond orally. Resource classes provide instruction to a smaller group of students than are served in a regular education setting. Instruction is typically tailored to match students' achievement levels and may proceed at a slower pace. At participating middle schools resource instruction is available for core academic classes. At all campuses, modifications in the regular education classroom are also prescribed. For instance, students may receive preferential seating near the teacher in a Spanish class or additional time for completing a social studies test.

Table 1 describes the student population at each participating school. .

Table 1

Description of Student Population at Participating Schools.

	Student Enrollment	Special Education	Economic Disadvantage	Race/Ethnicity (Percentage of Total Students)			
				AA	H	C	O
School A	1,140	9.3%	10%	4.2	20.4	69.4	6
School B	886	20.2%	55%	11.9	61.2	26	1
School C	886	15.6%	24%	7.2	30.9	60.7	1.1
School D	877	10%	1.6%	.5	5.2%	88.7	5.6
School E	849	10.6%	2.2%	.1	4.6	88.3	7

Key	
AA = African-American	H = Hispanic
C = Caucasian	O = Other (Asian/Pacific Islander/Native American)

Enrollment data was obtained from the Texas Education Agency website (TEA, 2003).

Economically disadvantaged students are those eligible for free or reduced lunch

### Selection Criteria

Student participants were selected through collaboration with special education staff at each school. Students identified by the district as having a learning disability (LD) were considered as eligible for participation. Students identified as having other disabling conditions, such as Emotional Disturbance, Other Health Impairment (e.g., ADHD, diabetes, epilepsy), Orthopedic Impairment, or Speech Impairment were excluded from participation in an effort to explore challenges specific to learning disabled youth. Students who had initially qualified for special education as having a Speech Impairment but no longer met eligibility criteria for that disability were not excluded from participation, due to the large number of learning disabled youth who are initially identified as speech impaired. Seven of the 15 adolescents initially qualified for special education as speech impaired.

Students were selected to represent a variety of instructional arrangements, including resource, inclusion, regular education, and/or content mastery setting. Table 2 summarizes the educational characteristics of each participant. Selecting students whose race/ethnicity and SES are representative of the overall population of learning disabled students was a priority in recruitment; however, due to the small sample size, it was difficult to obtain a truly representative sample. Although the majority of students with learning disabilities are male, attempts were made to recruit a more equal number of boys and girls. In the current study, 7 of 15 participants (approximately 46.7 %) were female.

Table 2

Educational Characteristics of Participating Students.

	<b>Grade</b>	<b>IQ</b>	<b>LD Areas</b>	<b>School</b>	<b>Instructional Arrangement</b>
Barbara Abbott	7 <sup>th</sup>	103	WE, MR	School A	General Education with CMC support
David Hernandez	7 <sup>th</sup>	94	BR, RC, WE	School B	Resource: English, Inclusion for other academics
Star Herrera	8 <sup>th</sup>	86	RC, LC	School C	Resource: language arts CMC Support for other academics Study Skills Class
Jerrius James	6 <sup>th</sup>	98	WE	School A	General Education with CMC support
Joshua Marino	7 <sup>th</sup>	118	WE	School A	General Education with consultation by special ed. teacher
Misty Ryan	6 <sup>th</sup>	88	WE, BR	School C	Resource: all academics
Jeremy Ryan	7 <sup>th</sup>	102	R, RC, WE, MR	School C	Resource: all academics
Mateo Ross	6 <sup>th</sup>	109	WE, BR, MC	School D	Inclusion for English, reading, math, and science CMC support for other academics Study Skills Class
Satin Williams	7 <sup>th</sup>	80	MC	School C	Resource Math, General Education with CMC Support for other academics, Study Skills Class
Kanji Takase	6 <sup>th</sup>	97	BR	School A	Resource: language arts CMC support for other academics
John Underwood	8 <sup>th</sup>	116	WE, BR, MC	School A	Resource: English, reading, math General Education with CMC support for other academics
Jesse Walby	8 <sup>th</sup>	106	WE, BR, RC	School A	General Education with CMC Support
Christine Williams	6 <sup>th</sup>	99	BR, WE	School C	General Education with CMC Support
Shana Rios	6 <sup>th</sup>	99	BR, RC	School E	Resource: language arts, reading Inclusion for other academics
Anne Zeto	8 <sup>th</sup>	109	BR, MC	School C	General Education with consultation by special ed. teacher

**Key**

Basic Reading: BR

Reading Comprehension: RC

Written Expression: WE

Math Calculation: MC

Math Reasoning: MR

Theoretical sampling was also used to increase the diversity of the sample with regard to characteristics that may impact stress and coping experiences. The goal of theoretical sampling is to maximize the discovery of categories and relationships among categories. During initial sampling, this can be accomplished by collecting data from participants who vary with regard to certain critical variables. Toward this end, school staff were encouraged to nominate students who vary according to family structure, area of disability (e.g., reading, math), years in special education, placement (e.g., resource, inclusion), and academic achievement. In addition, students were recruited from schools with widely varying student populations [see Table 1]. By allowing these characteristics to vary, relationships among these factors and other factors of interest were able to emerge during analysis.

#### Procedure

Participants were recruited from several schools within two school districts. Data were collected in two phases. In both phases, parents' initial contact was with school staff. As described below, participants were recruited in a variety of different ways throughout the project. However, the basic protocol for data collection remained unchanged.

#### Recruiting Participants

Although approval from the district is necessary for beginning data collection, it is also important to secure cooperation from campus-level "gatekeepers," most often the

principals (Bogdan & Biklen, 1998). Because of my experiences as an employee and intern in the two participating districts, I had professional relationships with special education staff and administrators at many of the participating schools. These relationships were helpful in gaining entry to school systems. In many instances, special education staff became collaborators in conducting this research project. Teachers and assessment staff provided suggestions for recruiting parents, and their decisions in distributing study materials shaped the resulting study sample.

. In the first phase of data collection (September 2002 – August 2003), I identified two schools within a large urban school district to begin recruiting participants. After securing district and campus-level approval, I met with special education staff at each school, explained the project, and invited questions from the staff. Special education staff at each campus were consulted to create a parent letter describing the study [See Appendix A for copy of letter.] This letter, along with a consent form, was sent out by campus special education staff to eligible families. Seven of the participating families were recruited in this manner. Because this procedure had limited success in securing participants, a different procedure was used at subsequent schools.

In the second phase of data collection (October 2003 – March 2004), all middle schools within the large urban district, as well as the two middle schools in a smaller suburban district, were approached about participating in the study. A total of seven additional schools chose to participate; however, only three schools successfully referred families to the study. The assessment specialist at each school (i.e., Licensed Specialist in School Psychology, Educational Diagnostician) served as the campus coordinator for

recruiting participants. Following a meeting with special education staff at each school, assessment personnel and/or special education teachers at each school were provided with letters (identical to those used in the first phase) describing the study and asked to distribute the letters to eligible parents. Parents were instructed to indicate their interest in the study and return the form to campus special education staff or, by mail, to the researcher. Five families were recruited in this manner.

Within the smaller suburban district, study information was also distributed to parents of special education students at a Special Education Community Forum, held in October 2003. Six families indicated their interest in participating; however, only one of these families eventually scheduled an interview.

#### Collecting the Data

Parents (or guardians) who indicated interest in participating were contacted by phone in order to answer any questions about the project and set up an appointment for interviews. All but one interview took place in families' homes. One family asked to meet at another site due to ongoing home renovations. At the time of the interview, the consent form was reviewed with parents and consent was obtained for parent and adolescent participation (see Appendix B). Adolescents were given the opportunity to sign an assent form (see Appendix C) to either agree to or decline participation. Confidentiality was discussed before the interviews began. Adolescents were interviewed first, and then one or both parents were interviewed. Adolescent interviews typically lasted from 30 minutes to one hour, and parent interviews typically lasted from 50 to 90 minutes. Parents were also asked to complete a form (Appendix D) to provide

basic demographic information (e.g., income, family structure, race/ethnicity) and information about their child's learning.

After introducing the study to the adolescent, he or she was given the opportunity to ask questions. Then, rapport-building techniques were used to help the child begin to feel more comfortable with the interviewer. In unstructured and semi-structured interviewing, establishing rapport is critical (Fontana & Frey, 1995). This search for "common ground" forms the foundation for a relationship, a critical first step in qualitative interviewing (Bogdan & Biklen, 1998). Interviews typically began with open-ended questions intended to elicit general information and to build rapport (e.g., What kinds of things do you like to do after school?). A few minutes of conversation was generally sufficient for rapport to be established; however, three adolescents were initially quite reserved and with these participants, I spent more time putting them at ease before beginning the interview. Many adolescents were somewhat tentative at the outset of the interview but relaxed as the interview progressed. Most parents were comfortable with the interview format and needed little encouragement to share their stories. In introducing parents to this project, I emphasized their role as experts in parenting their child and my desire to learn from them.

#### Interview

A semi-structured interview was used to collect information from each participant. For the initial interviews, topic areas were identified based on a review of the coping literature, data collected by the author for another research project (Hoke & Scammacca, 2000), and results of a small-scale project completed for a graduate course.

Although the basic outline of the interview (see Table 3) remained the same throughout the study, each interview informed future interviews. Thus, concepts identified in one interview were incorporated into the following interviews.

Both parent and child interviews initially focused on specific child-nominated stressors and then expanded to explore each area more generally. In the context of adolescent interviews, recent stressors were limited to those occurring in the past year; however, discussions of more recent events (i.e., within last month) were preferred, as they present less opportunity for distortion (Aldwin, 1994). Often, parents and adolescents answered questions before they were asked, so it was not necessary to ask all questions. Encouraging the participants to provide more detail was usually sufficient to elicit needed information (e.g., And then what happened? Tell me more about that.). The flexible format of the interview allowed for exploration of unexpected issues introduced by participants. In an early interview, one mother began to share their family's experience discovering their son's learning disability and her own reaction to this discovery. Her explanation of this process and her personal beliefs about her son's learning disability suggested possible connections between parents' understanding of learning disabilities and their actions. Parents' beliefs about their children's learning disabilities eventually emerged as an important factor in their response to child stressors. In another case, an adolescent reported no recent stressors and information from his mother confirmed his account. Thus, this family's interviews provided a chance to explore conditions which contribute to limited stressor experiences.

Table 3

Adolescent and Parent Interview Guide.

	<u>Description</u>	<u>Example Questions</u>
<b>Adolescent</b>		
Description of stressor	Child is encouraged to provide a detailed description of the stressor incident.	Tell me about a time during the past year when you faced some kind of problem or something happened that stressed you out.
Emotional Response	Emotions in response to stressor, including intensity and duration	What feelings were you having? How long did you feel that way?
Attributions/ Cognitions	What did the child think about the problem and about his/her ability to solve the problem?	When [stressor] was happening, what were you thinking? What did you say to yourself?
Coping Response	A description of the adolescent's efforts to solve the problem or manage emotions	What was the first thing you thought to do? How did you solve the problem? How did you know what to do?
Parent Involvement	What is the nature of their parent's involvement in the coping process?	What made you decide to get help from your parents? What are the ways your parents help you out when you are [emotion name]? How do you signal to your parents that you need help?
Expectations of Support	Adolescent's beliefs about parents' ability to provide support	When you have a problem, can your parents usually help you solve it?
Disability Knowledge	If adolescent mentions learning disability, understanding of disability, feelings, and thoughts are assessed.	What does a learning disability mean to you? How did you learn that you had a learning disability? How does having a LD affect your life?
<b>Parent Interview</b>		
Parent Assistance and Support	What actions does the parent take to address adolescent stressor or problem?	What were you hoping would happen? How well did it work? How did you decide what to do? How did you know there was a problem? How do you and your spouse share these responsibilities?
Parent Perception of Adolescent Stressors	Parents' perceptions of stressors encountered by their children and attributions for these problems.	What things cause problems for your child or cause him/her to become upset? Why do you think your child experiences these problems/stressors?
Parent-School Interaction	Parents' relationship with the school staff, view of school, and interactions with school staff.	Tell me about your contact with your child's teachers. What is your goal when you contact the school?
Understanding of LD	Parents' experiences finding out about their child's learning disability and their current thoughts about the LD.	How did you find out about your child's learning disability? How does this knowledge affect your approach to problem solving with your child?

## Analysis of Data

From a grounded theory perspective, data collection and analysis proceed concurrently with each process informing the other. Following transcription, interviews were subjected to open coding, axial coding, and selective coding. The analysis will be discussed in more detail in Chapter 5: Overview of Analysis.

Open coding consists of breaking down the data into small, meaningful units, or codes. Similar codes were grouped to form categories and subcategories, which can then be used in subsequent open-coding. Initial codes were compared with one another, both within and across interviews, to detect similarities and differences. This method of “constant comparison” allowed for the creation of higher order categories which subsume groups of codes.

Concurrent with the process of open-coding, concepts were chosen for axial coding based on their significance relevant to past research and the current data. Axial coding is the process by which conditions, strategies, and consequences associated with phenomena are identified and relationships among categories and subcategories are specified. At this level of analysis, the researcher begins to understand the precedents of phenomena (e.g., crying as a precedent for emotion-focused coping), the strategies used to manage problems or issues (e.g., engaging in comforting actions), and the consequences of actions (e.g., crying stops) and can begin to form relational statements. Relational statements are supported or revised by continued comparison with the data. At this stage it is also key to examine properties associated with phenomena and the dimensions along which the properties occur. Descriptions of dimensions and properties

can be recorded in memos throughout to data analysis process.

During selective coding, the researcher integrates and refines categories based on the relationships discovered during axial coding. At this point, a core category is identified. The core category is chosen according to its ability to make sense of all the other categories, to fold them into a coherent “story” or narrative. The practice of constant comparison allows the core category to be “grounded in the categories it subsumes, just as the categories beneath it are grounded in the categories beneath them, as the lowest level categories are grounded in the codes, and as the codes are grounded in the data” (Rennie, 1994, p. 429). The core, or central, category is the phenomenon around which other categories can be organized to create a coherent theory.

#### Trustworthiness of Data

The value of a qualitative study is judged by its trustworthiness. Four major components are considered in ensuring the trustworthiness of a qualitative study: (1) credibility, (2) transferability, (3) dependability, and (4) confirmability (Lincoln & Guba, 1985). According to Lincoln and Guba (1985), these terms are parallel to “the conventional terms ‘internal validity,’ ‘external validity,’ ‘reliability,’ and ‘objectivity’” (p. 300).

In the current study, several steps were taken to address the trustworthiness of the data and analyses. By conducting interviews with adolescents and parents, multiple sources of data (triangulation of sources) was used to improve the credibility of the data collected. In addition, a review of students’ special education folders provided concrete information on students’ functioning relative to other participants.

I also engaged in peer debriefing by meeting regularly with a graduate student colleague and dissertation committee member to discuss ongoing data analysis, increase awareness of biases, and explore working hypothesis. Discussions with my colleague and committee member also suggested new directions for data collection and analyses. Later in the analysis, meetings helped to refine the model.

Member checks allow selected participants to review preliminary categories and relationships and give feedback. Based on their interest and insight, I chose four parents and two adolescents to review my understandings of the phenomenon. Parents and adolescents who seemed particularly enthusiastic about participating in the research study and those who seemed able to discuss their experiences with ease were contacted to provide feedback on my unfolding analysis. Their feedback allowed me to correct for misunderstandings of their perceptions and experiences and consider alternate interpretations.

I also kept a reflexive journal to document personal reactions as well as methodological decisions. By writing down my thoughts and reactions after each interview, I created a record to be viewed throughout the analysis phase of the project. The notes chronicling my thoughts and reactions to each interview and interviewee helped me to gauge the credibility of the interview data and consider multiple factors that may influence a family's functioning.

### Ethical Considerations

Researchers must be especially sensitive to ethical considerations in research involving children or adolescents, particularly those with special needs. Of particular

concern are the issues of informed consent, privacy, and protection from harm. After deliberating about each of these issues, several precautions were implemented to protect the rights and well-being of study participants.

With regard to informed consent, parents were asked to sign a consent form after receiving information about the study. Prior to giving their consent, parents were encouraged to ask questions of the researcher. I also considered how to balance the information adolescents would need to give their informed consent and the consequences of including that information. More specifically, I wondered how to address their learning disabilities as the reason for their inclusion as participants. Research suggests that middle school students with learning disabilities may have widely varying levels of awareness of their disability (Cosden, Elliott, Noble, & Kelemen, 1999). Certainly an assent form is not the most appropriate way for an adolescent to be told about his or her disability. Moreover, for participants who know of their disability, I wondered if including mention of learning disabilities in the description of the study would impact the types of responses provided by the adolescent? I finally decided that informed consent required that adolescents understand the scope of the project. To address concerns about adolescents' awareness of their disability, parents were asked over the phone the degree to which their child understands his or her learning difficulties.

Within this study population, some parents openly discussed their child's learning disability; whereas, other families preferred to avoid discussions of learning disabilities. Some parents seemed to have a very vague understanding of learning disabilities and had shared only very general information; however, other families had made it a priority to

educate their children about learning disabilities. In this study, at least two adolescents did not seem to be aware of their learning disability before the interview. In both cases, parents chose to discuss their child's learning disability with them before the study began.

Privacy concerns were addressed by ensuring the identities of participants are not linked with the information they share during interviews. Each participating family was assigned a pseudonym, and these pseudonyms were used in connection with all interview excerpts in written documents. School personnel had no access to interview data.

Because of the nature of the study, some information shared by adolescents was revealed to their parents (i.e., the "nominated" stressor). Because the nominated stressor was generally one parents helped the adolescent to cope with, revealing the stressor to the parents was not problematic. Limitations to confidentiality were discussed with adolescents at the beginning of the interview. One adolescent shared information that suggested that he was experiencing significant depressive symptoms. Following completion of the interview, I shared these concerns with his parent via a face-to-face discussion and follow-up letter. He was also provided with information on community resources for treatment of depression.

Because topics raised in the interview have the potential for evoking an emotional response, a list of community and school-based resources was made available for any parents who wanted this information. Although this information was offered to all families, none chose to take this information. However, two parents expressed interest in learning more about programs which teach academic skills to learning disabled adolescents. These parents were provided with information about private, school, and

university-based programs. Parents were also given the opportunity to contact me in the days following the interview if concerns arose for them or their child. No families followed up on this offer.

## CHAPTER FOUR

### INTRODUCTION TO THE PARTICIPANTS

Thirteen families participated in this study. Because two families each had two children who met study criteria, fifteen adolescents were interviewed. Seventeen parents or guardians were also interviewed. Participating adolescents attend five schools in two school districts and represent a broad range of family structure and socioeconomic status. In seven of the participating families, children live with two biological parents, and in one family, a child lives with his father and stepmother. In another two-parent household, two sisters parent their grandnieces. Four families are headed by single parents—two single mothers and two single fathers. Families' incomes ranged from below \$20,000 to above \$95,000. Table 4 illustrates the socio-economic characteristics of the participating families. Additional demographic data on participating families is summarized in Appendix E.

In explaining their participation, parents often cited a desire to help schools better serve children with learning disabilities. As a whole, this group of parents seemed to have very high levels of school involvement and expressed a positive response to this project. I was welcomed into families' homes and invited to share dinner. Families showed off vacation photos, baby pictures, and new puppies. I was surprised at how candidly most parents shared their thoughts and feelings. Many parents seemed to feel compelled to tell their story—their worries, struggles, and dreams for their children's futures. Each of the families is introduced below.

Table 4.

Socio-economic characteristics of participating families.

<b>Family Name</b>	<b>Income Range</b>	<b>Household Members</b>	<b>Parental Occupation/ Education</b>
Ryan	Below \$20,000	6	Mother: retail/unemployed (some college) Father: upholsterer/unemployed (high school)
Dietz/Walby	\$35,001 – 50,000	3	Manager (college)
Hernandez	\$35,001 – 50,000	4	Baker (high school)
Herrera	\$35,001 – 50,000	5	Mother: customer service mgr. (high school) Father: warehouse mgr. (high school)
Abbott	\$50,001 – 65,000	3	Physical therapist (graduate degree)
James	\$50,001 – 65,000	5	Mother: beautician (high school) Father: manager (unknown)
Zeto	\$50,000 – 65,000	3	Artist (college)
Rios	\$50,001 – 65,0000	6	Mother: homemaker (some college) Father: building contractor (unknown)
Williams-Smith	\$65,001 – 80,000	9	Aunt Laurie: homemaker (college) Aunt Kassie: retail mgr. (college)
Marino	\$80,000 – 95,000	5	Mother: occupational therapist (graduate degree) Father: teacher (college)
Ross-Yerbabuena	\$95,001 or more	4	Mother: homemaker (college) Father: psychologist (graduate degree)
Takase	\$95,001 or more	5	Mother: housekeeper (unknown) Father: marketing manager (college)
Underwood	\$95,001 or more	4	Mother: library clerk (high school) Father: business owner (some college)

### The Abbott Family

Steven Abbott<sup>1</sup> (participant) is a single father raising two daughters. Barbara (participant) is 12, and her younger sister Chrissie is 11. Steven and both his daughters are Caucasian. Steven has raised Barbara since she was a toddler, following his divorce from the girls' mother, and Chrissie came to live with Steven and Barbara last year, after her mother's death. The family is continuing to adjust to these changes, and at the time of the study, they were participating in family therapy.

Barbara describes experiencing mostly interpersonal stressors, such as conflict with her younger sister, with fewer academic stressors, and she utilizes a variety of coping strategies. Steven is strongly committed to his growth and development as a parent. He reads books on parenting and adolescent development and seeks professional help when he deems it appropriate. Steven has always had a close, warm relationship with Barbara, but he recognizes that his role as a parent is undergoing changes as she matures. He attempts to make himself available for problem solving through establishing a family routine that includes regular dinnertime conversations. He encourages Barbara to solve her own problems, and she, in turn, seems to use her father as a sounding board to discuss possible strategies before trying them. He rarely feels the need to contact Barbara's school, but he seems to regard the school as cooperative and responsive.

### The Dietz-Walby Family

Jessica Dietz (participant) is a divorced mother of son Jesse (participant), age 13, and his younger sister Jackie, age 11. Jessica is Caucasian, and her children are biracial

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<sup>1</sup> As discussed in Chapter Three, participants were assigned pseudonyms.

(African-American/Caucasian. Jessica reports that Jesse's father, whom he has little contact with, was physically and verbally abusive toward both her and Jesse. The family participated in therapy after the divorce to address issues associated with domestic violence.

Jesse seems to experience persistent academic difficulty and becomes particularly frustrated over homework assignments. His preferred mode of coping with academic stressors seems to be seeking help from his mother. Jesse's mother takes a hands-on approach to supporting his homework completion and often sits nearby as he works. Jessica is very protective of her son and sets firm boundaries for his behavior in order to protect him from "trouble." She believes that it is very important to closely monitor Jesse's activities and his school performance. She contacts the school when she believes that there is a problem and feels comfortable asking the school to make changes; however, at times, she has been frustrated by the school's lack of responsiveness to her concerns.

#### The Herrera Family

Melissa Herrera (participant) and her husband Mike are parents to Star (participant), age 13, and her two younger siblings, age 11 and age 3. The Herrera family is Hispanic. In this family, Melissa takes sole responsibility for communicating with the school, making educational decisions, and assisting with academic tasks. She has educated herself on learning disabilities and school policy, and she is a strong advocate for her daughter.

Star seems to encounter ongoing difficulty with academic tasks. She describes herself as “lazy” and unmotivated to complete schoolwork. She occasionally seeks parent help for academic and interpersonal problems, but she more often copes through avoidance or distraction. Star’s mother sees her reluctance to do schoolwork and her failing grades as a consequence of her reading disability. Melissa is constantly trying to gauge what Star is able to handle in terms of academic responsibilities and independence, and she intervenes when she believes her daughter is unable to handle problems or responsibilities. She has actively pursued a school environment which she believes will meet Star’s needs, even applying for transfers to different schools for both elementary and middle school. She has experienced frustration with Star’s schools in the past, but she has a positive relationship with teachers at Star’s current school.

#### The Hernandez Family

Ernie Hernandez (participant) is the divorced father of David (participant) and three young adult children. The Hernandez family is Hispanic. Ernie’s youngest daughter, age 19, and her two-year-old daughter live in the home. David has lived with his father for almost three years and has little contact with his mother. Ernie was a high-school dropout and married at age 16. His three older children also quit high school before graduating. He has high expectations for David and hopes that he will achieve what other family members have not.

David is very serious about his schoolwork and worries when he is not able to finish an assignment. He often seems to fall behind in his classes and stays after school most days to finish his work. He has also been bullied by peers. David uses some self-

calming strategies to deal with his emotions and seems to be comfortable seeking help from supportive adults. He and his father both attribute his academic difficulties to dyslexia. Ernie provides David with specific, concrete assistance and advice about how to solve problems. Because David seems to become upset easily, Ernie also frequently helps David to manage his emotions. Ernie is very appreciative of the school's support in addressing David's learning difficulties. Although he rarely contacts the school, he has intervened on a few occasions to prevent others from taking advantage of his son.

#### The James Family

Jerrius James (participant), age 11, has lived with his father Jermaine (participant) and stepmother Stella (participant) since first grade. Jermaine is African-American; Stella is Hispanic; and Jerrius is biracial (African-American/Caucasian). Two of Stella's three teenage daughters from her previous marriage also live with the family. Jerrius' mother lives in another state.

Jerrius has experienced both academic and social stressors during the previous year; however, following recent failing grades, he and his parents have made changes to their stressor management routine, resulting in improved grades. Jerrius seems to have limited strategies for coping with academic stressors and relies on his parents to manage recurrent academic problems. Jermaine and Stella seem to have very different approaches to the task of supporting Jerrius in his coping. Jermaine hopes to prevent his son from encountering problems by monitoring him closely and setting high expectations. He wants to make him aware of what the "real world" is like, and he teaches him to handle problems directly. Stella not only monitors Jerrius' behavior and academic

performance but also his emotional state. She prefers to take a more collaborative approach to problem solving, and she also strives to protect Jerrius from emotional upset. Stella, who handles most interactions with school staff, considers the school to be an ally in making Jerrius successful, and she is comfortable communicating her wishes to Jerrius' teachers.

### The Marino Family

Robin (participant) and Roger Marino are parents to Joshua (participant), age 13, and his two older brothers, ages 16 and 18. The Marino family is Caucasian. Both parents are employed in the education field and thus, have extensive knowledge regarding special education and learning disabilities. This knowledge has aided them in supporting their son and influencing his school environment.

Joshua experienced ongoing difficulties in elementary school but has been very successful in school since sixth grade. His tendency to be disorganized continues to cause some problems for him at school, but he is able to cope with most stressors independently. When he perceives a stressor as out of his control, he is likely to share the problem with his parents. Robin believes it is important for Joshua to become his own advocate. She provides him with matter-of-fact information about his disability and his strengths and encourages him to participate in decisions about his education. After some struggle, she has come to recognize and respect her son's independence, and she intervenes only when she perceives that school staff are not sufficiently responsive to her son's needs. She provides Joshua with the necessary resources (e.g., emotional support,

information) to cope independently with most stressors; however, she carefully monitors his emotional functioning to prevent him from becoming overwhelmed.

#### The Ross-Yerbabuena Family

Marisa Yerbabuena (participant) and Ron Ross are parents to Mateo (participant), age 12, and his older sister. Marisa is Hispanic; Ron is Caucasian; and Mateo is biracial (Hispanic/Caucasian). Teachers first raised concerns about Mateo's learning in kindergarten; however, his parents were not initially receptive to this information. Marisa and Ron tried numerous strategies and "therapies" to solve Mateo's learning problems (e.g., occupational therapy, homeopathic remedies), but over time, they have been able to accept their son's learning disability.

Mateo seems to experience very few stressors because his school and home environment are carefully structured to minimize them. Additionally, Mateo enjoys challenges and thus, does not appraise such events as stressful. Marisa and Ron have worked to promote a healthy self-esteem in Mateo by monitoring his emotional functioning, presenting him with developmentally appropriate information about his disability, and "normalizing" his disability. These parents have also taken very deliberate steps to shape Mateo's school environment. They seem to view the school staff as allies, and they have been proactive in presenting themselves as willing collaborators in Mateo's education.

#### The Rios Family

May (participant) and Javier Rios are parents to Shana (participant), age 12, and her six siblings, three older biological siblings, ages 20, 18, and 15, and three younger

adopted siblings, ages 10, 6, and 5. May is Caucasian, and Javier is Hispanic. Shana is biracial (Hispanic/Caucasian). The Rios family adheres to “traditional” family roles, and May describes herself as the primary caretaker. All of the Rios’ biological children have experienced learning difficulties, so May was not surprised when Shana was identified as learning disabled in second grade.

Shana continues to have considerable difficulty with reading and writing; however, she seems to be socially successful. She finds many academic tasks to be stressful, and she works hard to keep from falling behind at school. Shana wants to handle problems independently, but when overly frustrated, she asks her mother for help. May has a strong desire to help her children develop independence, but she acknowledges that sometimes she struggles to let them solve problems on their own. She tends to advise Shana on how to approach stressors or problem situations but leaves the actual coping or problem solving to her daughter. May would like to find a more successful school program for her daughter; however, she has done little to achieve this goal. She often feels that the school does not do enough to serve her daughter’s needs, and she feels worried about Shana’s future.

#### The Ryan Family

Jo (participant) and Ed (participant) are parents to Jeremy (participant), age 12, and Misty (participant), age 11, as well as two younger girls, ages 10 and 8. The Ryan family is Caucasian. Both parents are currently unemployed, and the family has experienced ongoing financial strain. Jeremy has a metabolic disorder which restricts his diet and is associated with learning problems. Thus, Jeremy’s learning problems were

evident from the time he started school. Misty does not have this disorder, and her learning disability was not identified until later in elementary school.

Jeremy experiences frequent interpersonal and academic stressors. He seems to be rejected by many of his peers. Misty also experiences interpersonal stressors; however, her experiences are very different from her brother's. Both see their parents as available and supportive. When coping independently, Misty seems more likely to approach problems directly; whereas, Jeremy prefers avoidance and escape-oriented coping. Jo and Ed seem to approach most parenting tasks as a team. They each have their strengths—Jo handles interactions with the school and Ed acts as a mood-lifter—and they complement each other well. They provide concrete suggestions for solving problems, physical comfort, and general guidance for how to approach problems. They work to create a nurturing, emotionally supportive home environment where their children feel comfortable asking for help. Both parents have a positive relationship with their children's school.

#### The Takase Family

Miko (participant) and Shiju Takase are parents to Kanji (participant), age 11, and two older daughters, age 15 and 17. The Takase family moved to Austin from Japan when Kanji was seven years old. Although he did not seem to have any difficulties in his schooling in Japan, after two years in the U.S., he was identified as having a learning disability. Although the Takase's initially doubted this diagnosis and attributed Kanji's problems to language acquisition, they have become more accepting of the diagnosis over time. Both of their older children have excelled in school.

Kanji perceives few academic stressors but has had recurring problems with bullies. He seems to be developing skills for handling these problems without involving his parents. Miko is faced with the task of advocating for her son within a school system that she is still working to understand using a language that is not her own. She bases her level of involvement on what she perceives that Kanji needs. When Kanji was younger, she contacted the school to address a problem with bullying. Now that he is in middle school student, she typically gives him suggestions for handling it on his own. Due to the language barrier and ongoing assimilation issues, Miko sometimes relies on Kanji's older sisters to help provide academic and social support.

#### The Underwood Family

Tom and Jenny are parents to John, age 14, and his older sister. The Underwood family is Caucasian. They recognized John's learning difficulties very early in his schooling; however, they remain somewhat uncomfortable with the idea that their son has a learning disability and needs special education. They prefer to avoid talking about these topics within the family.

John has had ongoing difficulties related to organizing academic tasks, and he has failed classes each year of middle school. Although John and his mother recognize his specific learning problems (e.g., difficulty with memorization), Jenny and Tom tend to attribute John's ongoing school problems to laziness or poor motivation. The expectation within this family is that John should handle most problems on his own. John's parents support his coping by collaborating with the school to create a program that works for him and by preparing him for the "real world." Both parents allow John to be exposed to

certain consequences, in hopes that he learns from them. Despite their emphasis on independence, these parents also act as a “safety net” for John by monitoring his grades and school performance and intervening if problems arise.

#### The Williams-Jones Family

Kassie Williams (participant), along with her sister Laurie Jones (participant), have raised their two grandnieces, Christine (participant), age 11, and Satin (participant), age 13, since infancy. The Williams-Jones family is African-American. Christine and Satin’s mother lives in town and sees the girls almost daily; however, Kassie is their legal guardian. Laurie’s husband, Robert, her two young sons, and the girls’ two cousins also live with the family. Robert has limited involvement in parenting Satin and Christine.

Satin experiences multiple interpersonal and academic stressors; whereas, Christine reports fewer stressors and seems less inclined to become upset when problems arise. Both girls see their aunts as a source of consistent and effective support and assistance. Kassie and Laurie seem to support the girls’ independence by providing the necessary support for them to accomplish many tasks on their own. The two women carefully monitor each girl’s functioning in order to make decisions about what will work best for them, and they view the girls’ experiences as a way for them to learn how the world works. Kassie and Laurie view their relationship with the school as a partnership, in which they and the girls’ teachers are equal participants in shaping educational experience and creating a school environment that fits the girls’ needs. In helping the girls manage their emotions, Kassie and Laurie encourage a positive outlook and make specific suggestions for emotion management.

## The Zeto Family

Anne Zeto (participant), age 13, lives with her mother, Regina (participant), and older brother. She sees her father on alternating weekends. The Zeto family is Caucasian. In the last two years, the Zeto family has experienced several major stressors, including Regina's lay-off, the flooding of their home, the death of Regina's father, and the end of Regina's long-term relationship with her partner.

Anne is a talented athlete and strong student, despite her learning disability. She frequently feels anxious about her schoolwork, especially when extensive homework conflicts with athletic practices or games. Anne has also been affected by several major life events in the last two years. She relies on an optimistic outlook and believes that she is able to look at the "big picture" in appraising potentially stressful events. When she does become upset, she uses self-calming strategies, such as journal writing; shares problems with her mother; or prays. Regina has a close, accepting relationship with her daughter, which she believes lays a foundation for Anne to communicate openly about problems and concerns. As a mother, Regina believes it is her "job" to worry, and she tries to shield her anxiety-prone daughter from too much worrying. She also works to help Anne see the "big picture," that what seems terrible today may not really be so bad. Because Regina's older son also has a learning disability, she is experienced in advocating for Anne's needs at school, and she encourages Anne to advocate for herself, as well.

## CHAPTER FIVE

### OVERVIEW OF ANALYSIS

In this study, data collection and analysis occurred simultaneously, with each process impacting the other. In qualitative research, the researcher is the primary data collection instrument and analysis tool. Thus, the researcher's biases--theoretical orientation, experiences, and knowledge—color data collection and subsequent analyses. As discussed in the *Trustworthiness* section, I used several strategies to ensure the trustworthiness of the current data set. In addition, it is important for the researcher to become aware of his/her assumptions and biases. In response to this consideration, a discussion of my biases is included below.

#### Researcher Biases

Because I have served in the role of a school psychologist for the past three years, much of my professional experience has involved children with learning disabilities and their parents. In this capacity, I have worked with numerous children and adolescents with learning disabilities in both an assessment and counseling role. These children and adolescents ranged widely in their academic and socio-emotional functioning. Thus, I am inclined to view adolescents with learning disabilities as a diverse group, not easily defined by broad statements or general conclusions. Similarly, in meetings with parents, I have observed widely varying levels of knowledge and involvement.

Through my professional and research experience, I have become aware of how few children and adolescents have an accurate understanding of their learning disabilities. In my first year working in public schools, I was powerfully influenced by learning

disabled elementary school students who expressed the view that they were “dumb” and “backwards.” No one had helped them to understand why they had such difficulty reading and writing, and in their young minds, they developed their own theories. Likewise, I have encountered varying levels of disability understanding among the study population, and a few parents declined to participate based on their reluctance to tell their middle school-age children that they have a learning disability. My own bias is that children should be provided with an age-appropriate explanation for their learning difficulties. As children grow and develop, parents and teachers can provide additional information. My awareness of this bias prepared me to take a non-judging and curious stance with parents who had carefully kept their child’s learning disability a “secret.”

As a therapist, my theoretical orientation is best described as cognitive-behavioral; however, integration of cognitive-behavioral and systemic models influences my approach to clinical practice. I found that my approach to therapy was one lens through which I viewed the data. In developing the interview guide, I included several questions to assess adolescent and parent beliefs and attributions, and in analyzing the interview data, I found that adolescent and parent cognitions were very salient to me. My data collection and analysis were also shaped by my recognition of children and families as embedded within a larger social context.

In any study in which interviews are utilized, the researcher is likely to have stronger connections with some participants than with others. I found myself genuinely enjoying my interviews with most families, and after some interviews, I felt strong positive feelings toward these families. Through reflexive journaling, I was able to record

these reactions, and take these reactions into consideration in data analysis. It was important to recognize my positive feelings as originating from a personal connection, not to be confused with any particular parent or child competency. At the same time, my ability to connect with families served to increase the trustworthiness of the data. Participants' comfort in expressing their feelings and sharing their stories gives me greater confidence in the credibility of my findings.

### Coding Process

Grounded theory provides a framework for analyzing qualitative data. Within analysis, multiple analytical tools are used simultaneously. The three stages of analysis—open coding, axial coding, and selective coding—are not a rigid formula for arriving at an “answer” but instead suggest an organized system for approaching the data. In analyzing this study's interview data, these stages of coding overlapped at times. Moreover, various analytic techniques such as questioning and systematic comparison were used within each phase.

### Open Coding

Open coding is the process of discovering concepts and categories and identifying their properties and dimensions. In the current study, open coding was pursued concurrent to data collection. Each transcript was open-coded by the researcher, and six of the transcripts were also coded by a graduate student colleague also completing a qualitative dissertation. In reading transcripts of each interview, small segments of the interview, ranging from a single word to a short paragraph, were labeled with codes that reflected the concept represented by a parent's or child's words. For example, the code

*emotional release* was assigned to the following excerpt: “If I get mad or something, [I] just go over there and hit it . . . It’s a stress release, I guess.” [John Underwood, age 14]. Oftentimes, participants’ words suggested an apt naming of a concept, and in this way, “in vivo” codes were recorded. Parents’ discussion of the “real world” with their children was labeled *real world talk*. See Appendix F for an example of open coding.

As open coding progressed, hundreds of codes were identified, and as similarities emerged, concepts were grouped to form more inclusive categories. “Parent reassurance,” for instance, was grouped with other *parent actions*, such as *advice-giving* or *frustration management*. During this phase and later phases of analysis, repeated sorting techniques were used to group similar concepts into more inclusive categories. Variations within categories were represented by identifying properties, such as level of *duration* or *controllability*.

Predictable concepts, such as *adolescent stressors* and *parent advice*, emerged; however, other, less anticipated concepts, such as *disability understanding* and *stressor management routine*, also emerged. Discovery of unexpected concepts and categories shaped subsequent data collection. For example, early interviews did not probe parents’ understanding of their children’s learning disability; however, the connection between parents’ *disability understanding* and their actions emerged in several early interviews. Thus, in later interviews, parents were explicitly asked about their understanding of their child’s disability.

As I initially coded each transcript, I noted questions and ideas that arose for me in brief memos. These memos provided an evolving record of my early

conceptualizations of the data as well as emerging connections among concepts. Memos also provided a way to elaborate on many of the major concepts. For concepts, or codes, that were common across multiple interviews, memos were expanded to include information from several participants. Memos expanded during open coding laid the groundwork for axial coding. Examples of two memos are provided in Appendix G.

### Axial Coding

Concurrent with the process of open-coding, concepts were chosen for axial coding based on their significance relevant to the existing data. Categories and subcategories were explored using a structured paradigm in which conditions, consequences, and actions/interactions are identified (Strauss & Corbin, 1998). This paradigm was not inflexibly applied to all categories, but rather served as an analytical tool for exploring relationships between categories at the level of properties and dimensions. For instance, parents' *life experiences* and *goals* for their children act as a condition for *real-world talk* (an action). The degree to which parents believe the world poses a threat to their child seems to be a contextual condition which predisposes parents to engage in real-world talk. Examples of this paradigm for the concept of parent actions are provided in Appendix H.

Critical concepts, which seemed to relate to numerous other concepts and which emerged in most interviews, were identified. Each interview was examined for instances of these concepts. Likewise, properties and dimensions of these phenomena were identified. By representing these concepts visually for each participating family (i.e., in a spreadsheet format), relationships between concepts began to emerge. Hypotheses were

generated through this process. For example, one early hypothesis was that well-functioning families develop routines for managing daily hassles. By returning to the data, these hypotheses could be “tested.” Apparent exceptions to the hypotheses were examined to determine whether they represented an “extreme” dimension of an identified property or whether an intervening condition might exist.

### Selective Coding

During selective coding, a central phenomenon is identified and major categories are systematically related to this phenomenon, or core concept, to create a theory that is grounded in the data. Various models emerged depicting relationships between major concepts. By testing these models against the data, connections among concepts were revised. Peer debriefing was also used during this phase to clarify the complex nature of the relationships among conditions, phenomena, actions/interactions, and consequences. A graduate student colleague reviewed three additional transcripts during this phase to identify any inconsistencies in the model and clarify relationships.

Before the core concept was identified, several secondary concepts, which appeared to be central to the model, were tested against the data. Initially, concepts such as “creating a supportive climate” and “balancing independence and protection” were examined in the context of the ongoing analysis. Although both concepts proved to be important parts of the overall model, neither seemed to capture the nature of the relationships among the major categories. Finally, “creating a space that supports adolescent coping” emerged as the core concept.

Once a preliminary model of the relationship between major concepts was constructed, each interview was reexamined within the context of that model. Case summaries were written and revised to test the fit of each case (i.e., family) with the emerging model. The model was continuously refined and reworked based on a review of the data.

Parents serve as a coping resource for adolescents with learning disabilities by creating a space in which adolescents are able to develop and try out their coping skills. This “space” encompasses the home and school systems, and parents act to shape both domains. The following narrative or storyline emerged from the analysis process.

#### Storyline

Adolescents with learning disabilities seem to experience **stressors** in two domains: academic and interpersonal. Academic stressors vary with regard to duration/recurrence, emotional valence, and context. Adolescents report experiencing frustration and anxiety over impending tests or projects, difficult homework assignments, and “falling behind.” Interpersonal stressors are either conflict-oriented (e.g., fight with peer) or loss-oriented (e.g., grandfather dies). Within this population, individual **stressor experiences** vary widely, with some adolescents encountering a high level of stressors while others are faced with very few. Adolescents’ stressor experiences seem to be influenced by differences in **adolescents’ cognitive appraisals** as well as differences in **academic and social contexts**.

Adolescents utilize multiple **coping strategies** to cope with academic and interpersonal stressors, including direct emotion management, avoidance/distraction,

active cognitive coping, problem sharing, and direct problem solving. Strategy use is influenced by stressor properties (e.g., duration, severity, domain), personal characteristics (e.g., emotionality, knowledge), and environmental characteristics (e.g., family climate, school setting). Within this population, adolescents engage in strategies that are clearly problem focused, such as staying after school to finish class work, and they engage in strategies that are clearly emotion focused, such as distraction, but many times, strategies serve both purposes.

Within this context, parents serve as a coping resource for adolescents with learning disabilities by **creating a space** in which adolescents are able to develop and use independent coping strategies. In creating this space, parents provide support for their children in ways they believe will facilitate independence while protecting them from harm. Although this process initially seemed to be parent-directed, the data suggests that it is, in fact, a reciprocal interaction in which parents are, to varying degrees, responsive to children's needs. Parents engage in **monitoring strategies** to assess their child's academic and behavioral functioning, development, and emotional state. Parents "read" children's emotional cues, monitor their functioning, and seek information from outside sources (e.g., school, other professionals) to guide them as they make decisions.

Information obtained through monitoring is passed through parents' **cognitive lens**—parents' attributions, knowledge, goals, and beliefs. Parents have varying levels of knowledge about their child and learning disabilities. Although all parents in this study embrace independence as a long-term goal for their children, parents also have more specific hopes and dreams. Parents make judgments about their children's and their own

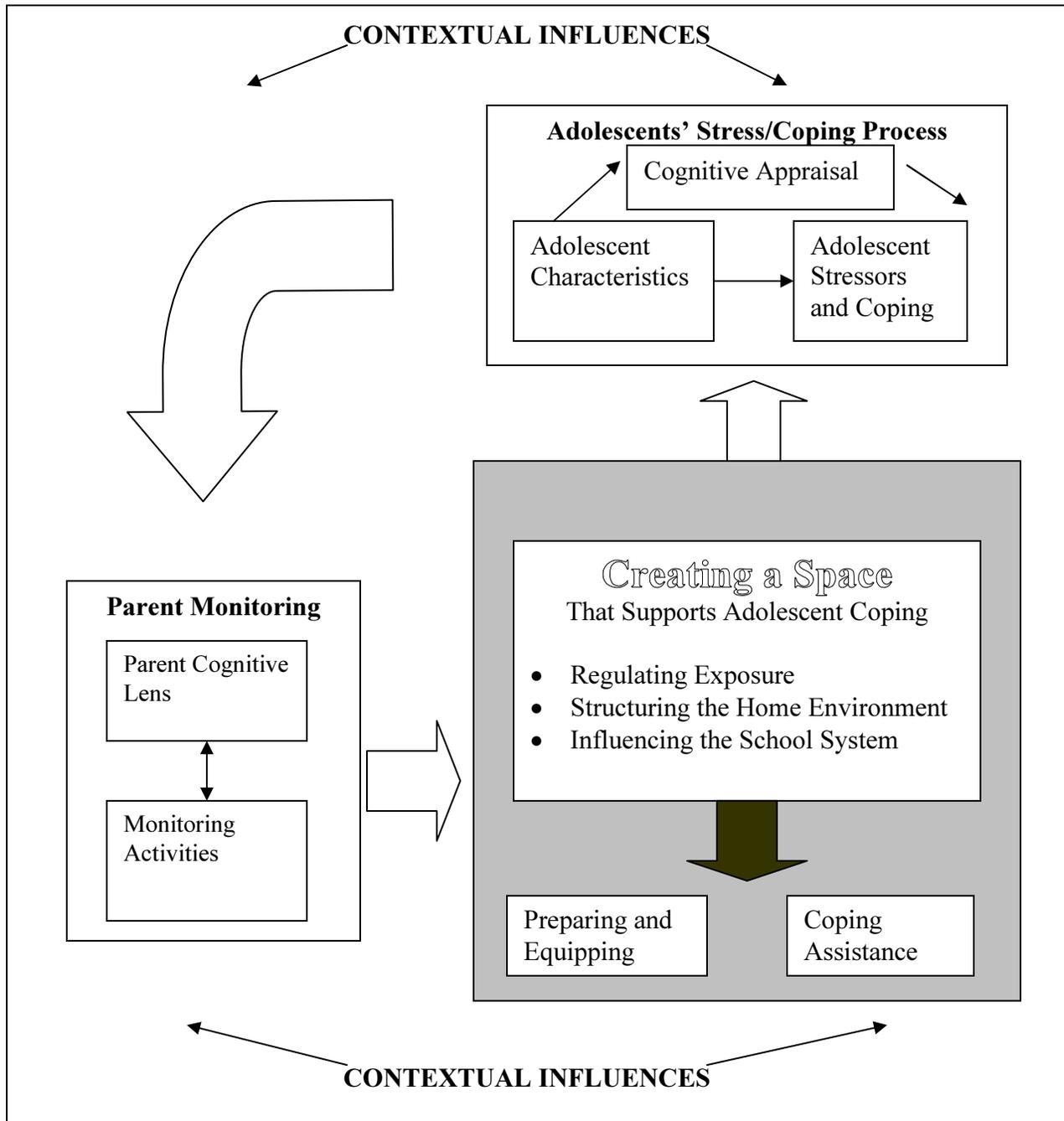
abilities and characteristics. Parents' worldviews and views of the school system also range widely. Parents' varying beliefs about themselves, their children, and the school system intersect to create predictable patterns of parent responding.

In **creating a space**, parents set boundaries and expectations that **regulate exposure**, shielding adolescents from some experiences, while allowing them access to others. Parents also work to **structure the home environment** in a way that makes various coping resources available for adolescents. The school environment is also part of this "space," and parents **influence the school system** to create an environment that is safe, stable, supportive, and sufficiently challenging. Within the home and school systems, parents also **prepare and equip** by providing knowledge and building skills and engage in **situation-specific coping assistance** in response to specific stressors.

As shown in Figure 1, which depicts the key concepts and relationships within the model, adolescents' coping processes and parents' actions interact in a recursive process. Parents' create a space that supports adolescent coping; however, it is adolescents' characteristics and coping processes that guide parents in creating that space.

Figure 1. Illustration of key concepts and relationships in model.

## Parents as a Coping Resource For LD Adolescents: Creating a Space that Supports Adolescent Coping



## CHAPTER SIX

### ADOLESCENT STRESSOR EXPERIENCES

To understand how parents serve as a coping resource for adolescents with learning disabilities, it is first necessary to understand these adolescents' stressor experiences. Stressors are events or conditions that adversely impact an individual's functioning in one or more domains. In the context of this study, stressors are events or conditions which adolescents appraise as being stressful or upsetting. To assess the full range of stressor experiences, adolescents and their parents were asked to identify incidents or situations that "cause problems" for adolescents or cause them to become "upset." Because interview data were collected from both parents and adolescents, I faced a methodological quandary: how to address disparities in parent and adolescent reports. For the most part, parents and adolescents described a similar set of stressor experiences. Parents, however, sometimes reported stressors not mentioned by adolescents. In these cases, the parent-reported stressors often represented chronic strains (e.g., difficulty reading, disorganization), which adolescents may not perceive as stressors. In rare instances, adolescents reported stressors which parents were not aware of, and these cases offered an opportunity to explore conditions which lead adolescents to share or withhold problems from parents.

Consistent with much of the research on adolescent stressors (e.g., Geisthardt & Munsch, 1996, Wenz-Gross & Siperstein, 1998), adolescents in the current study identified stressors in two primary domains: academic and interpersonal. Stressors in both domains vary in duration and recurrence. Approximately one-half of the stressors

described by adolescents were chronic in nature. Moreover, many academic and interpersonal stressors discussed in interviews seemed to be daily hassles that occur on a more or less regular basis. For the purposes of this study, academic stressors are discussed as either acute or chronic/recurrent. Although interpersonal stressors also vary in duration and recurrence, within the current, the distinction between conflict-oriented interpersonal stressors and loss-oriented interpersonal stressors is more salient. As discussed in the following sections, academic and interpersonal stressors also vary along other dimensions. Table 4 illustrates examples of each stressor type.

Table 4

Examples of Adolescent Academic and Interpersonal Stressors.

**Academic**

*Acute*

Class Presentation  
 Failing Grade  
 School Project  
 Difficult Assignment

*Chronic/Recurrent*

Problems with Reading  
 Problems with Writing  
 Difficult Class  
 Homework

**Interpersonal**

*Conflict-Oriented*

Sibling Conflict  
 Fight with Peer  
 Being Bullied  
 Disagreement with Teacher

*Loss-Oriented*

Missing Mother  
 Friend Moves Away  
 Death of relative  
 Illness of Family Member

Within this group of adolescents, stressor load varied widely. Some adolescents had difficulty identifying even one stressor; whereas, others described persistent stressors in both the academic and interpersonal domain. Parents' data seemed to confirm the diverse stressor experiences of adolescents with learning disabilities. More than one-

third of the participating families (5 out of 13) have more than one child with an identified learning disability, and the data suggests that even within a family, learning disabled adolescents can have very different stressor experiences. The following sections present a description of the academic and interpersonal stressors encountered by these youth and examine factors which contribute to the varying stressor levels among adolescents with learning disabilities.

### Academic Stressors

Not surprisingly, all adolescents in the current study identified at least one academic stressor. However, there was wide variation in stressor levels among the participating adolescents. Some adolescents with learning disabilities experienced little distress over school work and needed only occasional assistance, and for these adolescents, academic stressors are often isolated, or acute, events; whereas, other adolescents experience chronic or recurrent academic difficulties. As a whole, academic stressors seem to represent a performance demand that adolescents struggle to fulfill.

Participants' descriptions of academic stressors provide a window for understanding the school experiences of adolescents' with learning disabilities. For example, Barbara Abbott described tests as a struggle.

Sometimes, I study for my test, but I didn't study hard enough and I get a low grade, and that just really stresses me out because it's hard for me to get the answers right away, and I'm usually the last one done . . .

sometimes I just don't think I'm focused, and that I'm just too excited. . .

there was one in science last semester . . . I was freaking out. I mean, not

showing it or anything. I just had my mind all on this thing and I couldn't concentrate and I made a bad grade on it.

For David Hernandez, who has a learning disability in reading, completing assignments in his reading class is very stressful. As he explained, his voice began to quaver, "Well, I couldn't get some of the work in. I had trouble doing the work. And when the teacher tried to explain it, I still didn't understand it." Star Herrerra identified her math homework as difficult "because I don't know my times." As she tried to work, she became more and more frustrated, "I don't know how to do one of the problems on the worksheet, and I get really mad, and I just don't do it . . . It's hard. I don't know how to do it. I guess I'll just put it up and say I did it . . . I try to go back to it, and if I don't know how to do it, it's over." Anne Zeto also feels frustrated by her poor understanding of assignments, "Well, it's frustrating whenever you don't know what it is to begin with, and then you get everything wrong, and that doesn't help you because the teacher should make sure you understand it before they make you do something on your own." Shana Rios, who has learning disabilities in both reading and written expression, often feels pressured by the pace of her language arts class, "Yeah, like [I'm thinking] 'just a few more minutes, just a few more minutes.' It's kind of fast . . . I'm trying to rush through my work to get done."

Adolescents such as Satin Williams and John Underwood described feeling nervous about presenting in class. Satin worried about completing a presentation in her drama class, "I didn't know my lines because there were so many. I was nervous that I was going to make a mistake and everybody was going to laugh at me and everything."

John also felt nervous about getting up in front of the class, “I didn’t know what I was supposed to say. I just don’t like getting up in front of people.” According to his father, David Hernandez became so upset by a class presentation that “he just broke down. He didn’t want to speak to anybody. They had to take him out in the hall, and he was embarrassed. It was real tough on him.” For these adolescents, class presentations are stressful because of their academic demands, as well as the possibility of negative feedback from peers and teachers.

Academic stressors vary along several dimensions, including duration/recurrence, emotional valence, and context. Stressor duration and recurrence seem to be critical factors in understanding a stressor’s impact on youth and their families. Although adolescents were initially asked to identify a specific, discrete stressor, many adolescents instead described an ongoing challenge (i.e., chronic stressor) or recurring problem (i.e., daily hassle). Even adolescents who shared a specific event often described this event as part of a larger pattern. Parents also tended to place specific or acute adolescent stressors within the context of an ongoing challenge. When Jerrius James fails a class (acute stressor), this event is embedded in the context of his ongoing difficulties getting work turned in. His stepmother explains, “I found out he wasn’t doing his homework, so while he was in class and he didn’t do his homework, his teacher would send him to Content Mastery . . . So when he was in CM, he was losing class time . . . he might be a little bit slow catching on to things, but he understands a lot of stuff.”

Academic stressors that are chronic or recurrent seem to present the greatest hardship for these youth. For adolescents who face chronic/recurrent academic stressors,

their school and home experiences are characterized by ongoing academic struggle. Chronic/recurrent stressors place a greater burden on adolescents' internal and external coping resources. Adolescents who may be able to handle one or two difficult assignments a week can become overwhelmed and frustrated when faced with several difficult assignments in one day. Likewise, parents' patience and flexibility may also be tested when adolescents are constantly in need of parent help with homework. Moreover, adolescents seem to regard chronic or recurrent stressors differently from those that are acute. When adolescents face an unending barrage of stressful academic experiences, they seem more likely to blame these difficulties on internal and stable factors—weak skills, inadequate intelligence, poor memory. And, like Star Herrera, these adolescents may simply give up.

The emotional valence of a stressor experience refers to the adolescents' affective response. Adolescents tend to respond to academic stressors with either anxiety (e.g., feeling nervous or worried) or anger/frustration. The specific emotional response seems to be related to characteristics of the stressor situation. For instance, adolescents tend to respond to tests and class presentations with worry or nervousness; whereas, difficult assignments, homework, and problems with specific academic tasks (e.g., reading) seem to elicit frustration or anger. Satin and John feel anxious about presenting in front of classmates and teachers, and Barbara feels nervous about taking her science test. Anne and Star feel frustrated over their difficult assignments. As discussed in a later section, adolescents' emotional characteristics (e.g., frustration tolerance) as well as their cognitive appraisal influence the extent of their emotional response. Many times,

adolescents describe a more generalized state of negative affect. Satin Smith and David Hernandez discuss feeling a sense of “pressure” to fulfill academic demands. As discussed in the next chapter, the degree and valence of adolescents’ emotional response impacts their subsequent coping.

The context in which a stressor occurs is also critical in determining how adolescents cope and what coping resources are available. Not all academic stressors take place in the context of the classroom. For many adolescents in this study, academic stressors intrude upon the home environment as well. More than half of the participating adolescents identified homework as a daily hassle. Although other academic tasks cause problems for these adolescents, homework, because it is typically completed at home, offers an opportunity to observe how parents and adolescents interact. As Jesse Walby explains, “sometimes it’s hard, I guess. And I have to have my mom help me with it.” Adolescents and parents agree that factors related to learning disabilities—difficulties with reading, writing, and math computation—make homework challenging. Some adolescents, such as Misty Ryan, describe homework as taking time away from other activities, “and we have like this big book, that we have to read like four pages and write stuff, and that’s just too much homework because we have other homework from other teachers, too. I don’t have enough time to play.” However, adolescents’ tendency to seek parent assistance suggests that homework is a stressor because of its difficulty, not merely because it takes time away from other activities.

#### Interpersonal Stressors

Adolescents reported fewer interpersonal stressors as compared to academic

stressors. Most interpersonal stressors seem to be characterized by either conflict or loss. Conflict occurs between siblings and peers, and less commonly, between adolescents and adults. The death of a loved one, a relative's illness, and separation from a friend are interpersonal stressors characterized by loss. Like academic stressors, interpersonal stressors vary in duration and recurrence. Many interpersonal stressors, such as the death of a loved one, are acute events with long-term consequences, discrete stressors that evolve into chronic stressors. Daily hassles may also emerge from more significant interpersonal events. For Barbara Abbott, her mother's death resulted in her younger sister coming to live with her. This major life event has resulted in the daily hassle of sibling conflict, and it is the sibling conflict, not the major life event, which appears to be most salient in this family's functioning.

Approximately half of the participating adolescents identify some sort of conflict as a stressor. Barbara Abbott's most significant stressor is the ongoing conflict between her and her younger sister, "Well, it's really weird because we fight over the little stuff, like who stole my spot or stuff . . . usually, it's like I'm sitting somewhere and I get up and [my sister] comes and takes it—that just gets me so mad." Likewise, Jesse Walby was drawn into a fight with a peer, "Well, kind of like my friend's friend, made me so mad I wanted to box him right there." Conflict can also occur between adolescents and adults. Shana Rios describes a disagreement with her reading teacher.

Well, I think Friday or something, she told us to do the first line . . . And I thought she said that, but she said that she said, she said that we're supposed to do the whole fifteen words, and I'm like, 'O.k.,' and she told

me to go out in the hall and she'd talk to me . . . I heard her, she said three times to do the first row. She said I was putting words in her mouth or something . . . and she made me go out in the hall, and I was like, 'I didn't do anything wrong.'

Adolescents typically respond to conflict-oriented stressors with anger or frustration; however, adolescents' behavior in conflict situations can mitigate or exacerbate the disagreement. For example, Anne Zeto has few disagreements with peers, and she describes her conscious decision to avoid conflict. "Well, I think a lot of people feel stress, as in anger and stuff like that, and I really don't do that. I don't get in fights with friends. I'm just a peaceful person."

Adolescents also experience a sense of loss when they are separated from a loved one or friend or threatened with separation. Star Herrerra misses her friends when she moves to a new school, and Jerrius' James misses his mother. Christine and Satin Williams and Anne Zeto all experienced the loss of a family member. In her journal, Anne described the emptiness she felt after her grandfather died, "[I wrote] 'he left our hearts as empty as he left his garden.' Because as he got sicker, he couldn't work in his garden and there were weeds and stuff." Satin, who was particularly close to her great-grandfather, struggled to cope with her loss, "Well, because I used to cry a lot after his death . . . sometimes I'd go kind of crazy and tear up paper because I'd be really, really mad." Over time, this stressor developed into a chronic strain, as her sense of loss and grief affected her personal relationships and her schoolwork. With her grandfather's death, Satin began to fall behind at school, "We had a lot of homework and everything,

and I felt like I couldn't do it because I didn't have him there." As her grief continued, Satin's social relationships also began to suffer, "I noticed some things in my friends, too, because my friends were supportive, and they were always there for me but they kind of got irritated a little bit, because I was a little too much, so I thought, maybe I could lose my friends if I keep acting this way, so I probably should stop." Jerrius James sees his mother infrequently, and their separation appears to be a chronic stressor for him. As described by his stepmother, Jerrius went to visit his mother and became very upset after returning. "[Jerrius] cried again when he came home. But I was gone and one of my daughters said, 'Jerrius is crying again.' He misses his mom. And I just wonder--he misses her, but he just kind of adjusts to the way life is here." Although adolescents refer to the death or separation as a stressful event, it appears that their ongoing sense of loss has more of an impact than the actual death or separation.

The importance of peer relationships peaks during adolescence, and consistent with this trend, interpersonal stressors are most commonly related to peer interactions. It is noteworthy that despite research that finds learning disabled adolescents more susceptible to poor peer relations (e.g., Geisthardt & Munsch, 1996), most adolescents in this study describe peer problems as an isolated event. However, for some adolescents peer problems occur repeatedly. It appears that recurrent stressors are more salient for adolescents and parents. Jeremy Ryan relates that he has been bullied by peers since starting school, "Because in kindergarten, I wasn't that popular. Going into fifth grade, they stopped bugging me, but they still do every once in awhile." Based on parent and adolescent report, one-third (5 out of 15) of the adolescents seem to experience persistent

difficulties with peers. For these adolescents, peer problems have persisted since the early school years. Parents seem to conceptualize ongoing peer difficulties as a chronic strain, resulting in numerous stressful events or daily hassles. Jeremy Ryan describes being chosen last for games, and his sister Misty confirms that classmates think Jeremy is “weird.” Similarly, David Hernandez seems to be rejected, and even bullied, by peers. Although seldom overtly bullied, Jerrius James appears to be “left-out” of social activities by peers. His stepmother explains that “he’s never invited to anything.” Satin Smith’s peers seem to take advantage of her naiveté and eagerness to please; she has lost money and been convinced to take the blame for peers’ actions. Likewise, Star Herrera’s peers tricked her into giving up her clothes.

For each of these adolescents, peer problems represent a chronic stressor, which manifests in many discrete events. As a group, these five adolescent seem to experience more problems relating to peers than other adolescents in this study. However, not all peer interactions are problematic for these youth. Both Star and Satin, for example, have a few close friends, whom they turn to for help with academic problems. Thus, for adolescents with learning disabilities, peers can be a source of both stressors and support. It is not clear what makes these five adolescents more susceptible to peer problems; however, possible risk factors are discussed in the following section.

In conclusion, adolescents seem to experience both academic and interpersonal stressors. Properties such as duration, recurrence, emotional valence, and context are important in describing the stressor experiences of learning disabled adolescents. Although interpersonal stressors seem to be less common than academic stressors,

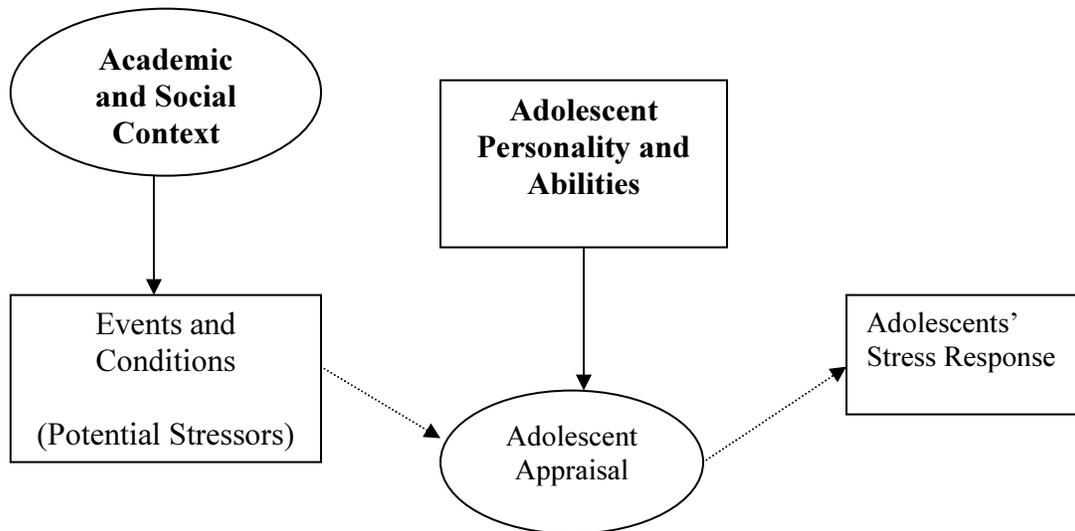
adolescents experience interpersonal stressors characterized by conflict and loss, and a small subgroup of adolescents experiences persistent peer difficulties.

#### Explaining Differences in Adolescents' Stressor Experiences

Two explanations seem to account for the wide range of stressor experiences cited by participating adolescents. Adolescents' differing environments may expose them to differing levels of potential stressors. For example, adolescents in different instructional arrangements (e.g., resource vs. regular education) may have differing levels of academic responsibility, and various school settings may expose adolescents to different peer contexts. However, the diversity of stressor experiences within this population may also be related to factors such as adolescent personality and ability level, which seem to impact adolescents' appraisal of stressors. Based on differences in personality characteristics and ability level, adolescents may be more or less inclined to evaluate events as stressful, so even adolescents in similar environments may experience widely differing stressor levels. Adolescents with stronger academic skills may not judge a math test to be as stressful as adolescents with weaker skills. Similarly, adolescents with better developed social skills may be less inclined to encounter difficulty in social situations, and thus, less likely to evaluate these situations as stressful.

In the following sections, the roles of personal characteristics, cognitive appraisal, and environmental context in determining adolescent stressor experiences are discussed. Figure 2 illustrates the interactions among these factors and their impact on adolescents' stressor level.

Figure 2. The influence of academic and social context and adolescent personal characteristics on stressor load.



#### Adolescents' Personal Characteristics and Appraisal

The level of stressors experienced by adolescents in this study is related to the way that adolescents evaluate or appraise their experiences. Personal characteristics and abilities can serve as “preventive” coping resources that affect adolescents’ appraisal of academic and interpersonal stressors.

#### Academic Stressors

For adolescents who experience the same events, one may appraise the event as stressful while another may simply see it as a challenge. Personal characteristics such as frustration tolerance, challenge-seeking orientation, and ability level seem to play an important role in determining whether difficult academic tasks rise to the level of academic stressors.

Frustration tolerance. Frustration tolerance refers to adolescents’ ability to persist despite feelings of frustration or anger. Some adolescents, such as Jeremy Ryan,

demonstrate an extraordinary level of perseverance in completing academic tasks. His typical mode of coping with difficult school assignments is to “keep working.” As described by his mother, Jeremy has a high tolerance for frustration and is willing to keep working, even when she offers him the opportunity to quit.

Jeremy, though, he spent longer, he kept on, and he wrote it, and it was going on like 11:30, I think. He takes a lot longer to do his work, and I’m going, ‘I’ll just correct it, and you just jump in that shower, and when you get out, you can copy it over.’ Thinking I’d save some time. But, [Jeremy says] ‘No mom, I’ve got to sit here with you, you’ve got to correct it with me, I’ve got to know what you’re doing.’

Jeremy may perceive certain academic tasks as difficult, but he does not become emotionally overwhelmed by their difficulty. Christine Smith also seems to possess a high tolerance for frustration. She and her aunts agree that she is “laid-back” and difficult to upset. Both adolescents seem to experience academic difficulties, and both identified academic stressors; however, as compared with other adolescents, Jeremy, Christine, and other adolescents with a high frustration tolerance seem to appraise fewer academic challenges as stressful.

For adolescents who have a seemingly low tolerance for frustration, even routine academic tasks are stressful. Jesse Walby is easily frustrated by his homework and seems to rely on his mother for help in managing his frustration. He describes homework as making him feel “mad.” His mother sees his frustration as a signal for her to step in and suggest a short break, “He starts yelling, he gets mad, he’ll slam stuff. He’ll slam his

book and start badmouthing his teachers. ‘These teachers are stupid, they gave me this homework and it’s not even important. They don’t even look at it.’” For adolescents like Jesse Walby and David Hernandez, a low tolerance for frustration leaves them feeling overwhelmed by many academic tasks. David’s father describes his son’s reaction to reading practice, “he’ll get watery eyes and start bawling right away . . . He just feels like he can’t learn, like he can’t grasp it.”

Challenge-seeking orientation. In addition to frustration tolerance, a challenge-seeking orientation seems to contribute to the level of stressors perceived by learning disabled adolescents. Adolescents who are challenge-seeking seem to search for opportunities to test themselves, and they appear to enjoy difficult tasks precisely because they are difficult. In this study, three adolescents seemed to have very high levels of challenge-seeking behavior. For these youth, difficult academic tasks may provoke some frustration; however, they seem less likely to identify these tasks as stressors. Mateo Ross is one such adolescent. According to his mother, Mateo likes things to be difficult, “Mateo is very driven and he really likes to do things very well, and he just likes things to be hard and to work at things.” Mateo concurs, describing his social studies class as frustrating because it is “too easy.” According to Mateo, “She [teacher] doesn’t give hard enough stuff. I mean, we had to do—she said, oh this is really hard—but we had to write notes from books, and the stuff was so easy, like, I didn’t even look at a book at all, and I made an “A” on the project.” Like Mateo, Anne Zeto and Joshua Marino also seem to be challenge-seeking. Joshua seeks out more difficult and advanced classes, such as Algebra, and Anne takes on challenging honors classes and athletic opportunities (e.g.,

playing on boys' sports teams). These adolescents seek out more difficult tasks and push themselves to succeed. Consequently, difficult academic tasks are appraised as “challenges” rather than stressors.

Ability level. Adolescents' ability level also seems to play an important role in determining the level of stressors adolescents experience. It is to be expected that some adolescents will have greater difficulty due to more limited cognitive ability or more severe learning disabilities. However, within this study, it is difficult to assess the true impact of intellectual ability level, as most participants have intellectual abilities within the broad average range (IQ between 85 and 115). However, the data supports the connection between weak academic skills and greater stressor experiences. Parents including Ernie Hernandez, May Rios, and Melissa Hernandez describe their children's weak academic skills as contributing to their stressor experiences. For adolescents who have more difficulty reading, for instance, a reading assignment is more likely to be evaluated as stressful. Adolescents, too, seem to attest to this connection. Shana Rios explains why her language arts class is a problem for her, “Well, it's kind of like hard, and the teacher moves pretty fast and it's hard to keep up . . . I can't really write that fast, and so I try to keep up.”

A high frustration tolerance, a tendency to seek challenges, and a high ability level seem to serve as preventive coping resources that influence adolescents' appraisal of academic events and situations. The effect appears to be cumulative. Adolescents, such as Mateo Ross or Joshua Marino, who have a high tolerance for frustration, a high level of challenge-seeking behavior, and strong cognitive and academic abilities, report fewer

stressors than adolescents such as Star Herrerra or David Hernandez, who appear to be easily frustrated, challenge-averse, and academically weak.

### Interpersonal Stressors

Because they are less common within this study population, it is more difficult to discern what factors predispose adolescents to experience a higher level of interpersonal stressors. It is likely that something akin to frustration tolerance also influences adolescents' appraisal of interpersonal events. Parents, such as Kassie Williams, suggest that their children's emotional characteristics shape their response to interpersonal stressors, "I think it's just Satin. She seems to be a very emotional person . . . she might not have the same kind of coping skills for grief that the rest of us have to move past it." In contrast, when Shana Rios was the only student to "dress out" on the first day of her sixth-grade gym class, she did not seem to appraise this event as stressful. According to her mother, "[Shana] said she stood at the back the whole time, and then after class, she went back and changed into her street clothes and went on . . . But she just handled it—it was over. She smiled about it when she told me. I felt like crying, but I didn't because she wasn't upset."

Adolescents' varying levels of interpersonal stressors also appear to be tied to social skills. This relationship seems clearest in the case of chronic interpersonal stressors. Adolescents who experience persistent peer difficulties are described by their parents as "shy," "socially immature," "slow," and "quiet." Melissa Herrera views her daughter as naïve, and worries that "she doesn't recognize when someone's taking advantage of her." Similarly, Kassie Williams expresses that Satin is "gullible" and does

not recognize when others are trying to trick her. It is possible that adolescents with chronic peer difficulties are not as adept at recognizing social subtleties and therefore, may find themselves in problematic peer interactions.

In summary, adolescents' personal characteristics, including frustration tolerance, challenge-seeking orientation, skills, and abilities, impact their appraisal of events and situations. Certain characteristics (e.g., high frustration tolerance, strong academic abilities) act as coping resources for these adolescents, making them less likely to perceive situations or events as stressors.

#### Context and Adolescents' Stressor Load

As discussed in the previous sections, adolescents' personality characteristics seem to influence their appraisal of events and their subsequent stressor load. Characteristics of the home, school, and peer social systems also contribute to variations in adolescents' stressor loads. Certain social and academic contexts may be inherently more stressful than others; structures and routines present in some contexts may also mitigate adolescents' experience of stressors. Characteristics of home and school environments are also discussed in Chapter Eight.

Characteristics of the school environment contribute to adolescents' stressor levels. When Joshua Marino was in regular education language arts classes, he experienced frequent and intense academic stressors. His mother explained, "Fourth grade was much more of a struggle because the teacher. He had two teachers, and one of them didn't quite get it, you know . . . He had headaches, stomachaches. He was just really struggling with a lot of things." When Robin Marino and her husband decided to

put Joshua in special education classes, his educational environment and his stressor level change dramatically. “It’s made all the difference in the world,” she explained.

Similarly, Mateo’s mother, Marisa Yerbabuena, explained how characteristics of the school environment contribute to his limited experience of stressors, “I think having professionals that know how to teach him . . . give him success, and his self-esteem has shot up, and he knows what he has trouble with, and he’s very good at compensating, and he’s getting all the help and all the accommodations he can, that he can get to be successful, and I think that’s the key.” In fact, Mateo’s school day is so carefully structured, that he rarely has homework to bring home.

I come 20 minutes early in the mornings. I get homework done then, and then I have 20 minutes during advisory, for a total of 40 minutes, and then I have 40 minutes that I don’t have to do, but I choose to do it, so I don’t have anything at home, and then I have a full 42 minute period . . . since I do a CMC period, instead of going to choir or something like that.

In collaboration with his teachers, Mateo and his parents have created a school program that works very well for him. At school, there are often time limits for work to be completed, and these time limits may present adolescents with more potential stressors. Shana Rios described her language arts class is an ongoing struggle because it moves too quickly. David Hernandez, Jeremy Ryan, and Star Herrera also identify difficulty finishing class work as a recurring stressor. They worry about their ability to complete these assignments and experience distress as the end of the class period approaches.

Thus, characteristics of the classroom, such as the emphasis put on finishing quickly, may also impact adolescents' stressor experiences.

Peer social context can also influence adolescents' stressor experiences. When Star Herrera first began middle school, she attended school with peers who were, according to her mother, "too street-wise."

It got to a point where girls started taking advantage of her, because, you know, she'd go to school with certain clothing . . . but then when I picked her up, she came home completely different, dressed in different clothing . . . [these] girls had actually convinced her to let them borrow her clothes, and this was already happening . . . we went through like 3 jackets.

Melissa chooses to send Star to a different school in another part of the city, and after this move, Star seems to have fewer problems with peers. Jerrius James also seems to experience some stressors related to his peer group. His stepmother explained,

Around Halloween, he said, 'There's a lot of people having Halloween parties,' and I said 'Are you invited to one?' And he said no . . . So, you know, I didn't want to say, 'Why weren't you?' I didn't want to make him think about that . . . And his friends have girlfriends. And [Jerrius] goes, 'No, I don't have a girlfriend.' And I sometimes wonder—what does he think because his friends have girlfriends.

Jerrius' peer group is more socially mature than he is, and they sometimes fail to include him in social activities. Thus, he experiences stressors related to peer rejection. For other

adolescents, such as Anne Zeto, Shana Rios, and John Underwood, a positive peer network seems to protect them from some interpersonal stressors.

The home environment of learning disabled adolescents also contributes to their stressor load. In the home, parents and adolescents may develop *stressor management routines* for dealing with recurrent stressors. These routines, which mitigate adolescents' exposure to stress, are described only briefly in this section and discussed in more detail in Chapter Eight. Jo Ryan describes their family's routine for completing homework and her availability to assist, "Homework starts 4:30 to 5:00, something like that, because then I had dinner going, baths always had to be starting at least by 7:00 or we'd be spending forever, you know, with all these babies. So it was just our routine, and they were used to asking me. I was there, close by—they did it automatically." Many other families have developed similar routines for managing recurrent stressors. In the Rios household, for instance, May routinely provides reading assistance to minimize Shana's homework frustration.

A lot of things I just read to her. I read her science to her when she brings it home . . . When she has a report, last time she had a real short book, and she read it herself, but see, earlier in the year, they were longer books, and some of it I made her read, and she read part of it and I read part of it . . .

You know how dyslexic kids [are], and a lot of times you just read the material to them, and they're really smart, they just can't read it.

With reading assistance, Shana is generally able to complete her homework; thus, it does not become a significant stressor. Such routines seem to allow carefully regulated

exposure to stressors, with readily available parent support. In families with functional stressor management routines, adolescents seem to experience fewer stressors.

#### Chapter Summary

Adolescents in this study experience widely varying levels of academic and interpersonal stressors. Adolescent characteristics, such as frustration tolerance or ability level, influence adolescents' cognitive appraisal of events, and thus, their stressor load. Differences in academic and social contexts also impact adolescents' stressor experiences, as certain family, school, or peer systems may expose adolescents to more stressor experiences. Structures or routines within the home may also mitigate adolescents' exposure to stress.

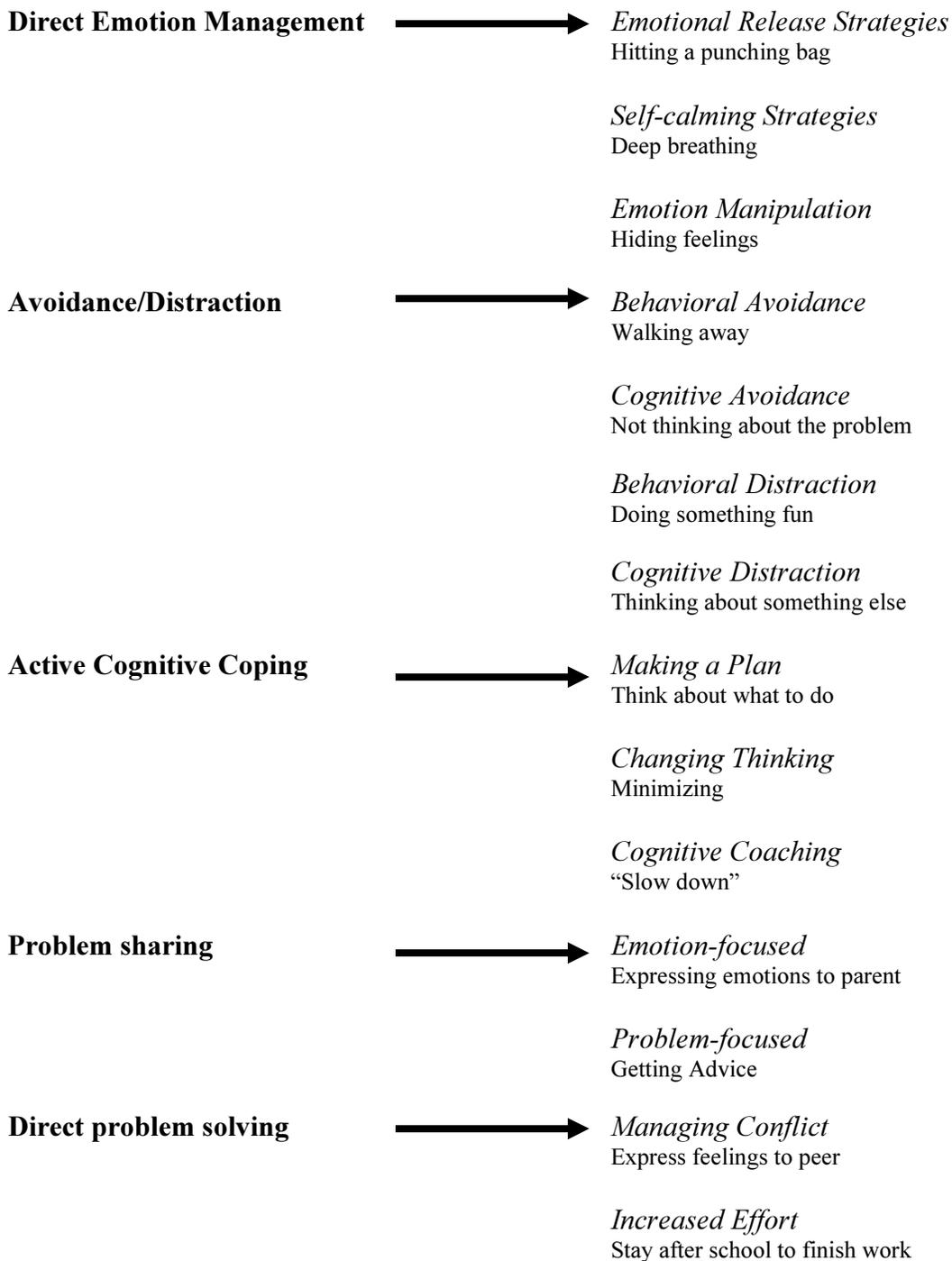
## CHAPTER SEVEN

### ADOLESCENT COPING

Adolescents in this study engage in a broad range of strategies to solve problems and deal with the emotional aspects of stressors. The distinction between problem-focused and emotion-focused coping (e.g., Lazarus & Folkman, 1984) and the approach/avoidance distinction (e.g., Band & Weisz, 1988) seem to have relevance for examining strategies used by learning disabled adolescents. However, these distinctions fail to fully capture the complex nature of coping within this population, as some strategies can serve both purposes. For example, when confronted with a difficult assignment, Shana Rios uses self-talk—“I’ve got to finish this. I know this answer.”—to coach herself (problem-focused) and to reassure herself (emotion-focused). Moreover, classifying strategies based on the approach/avoidance dimension obscures important distinctions within each category

The goal of this chapter is to explore the ways in which adolescents participate in their own coping. Because it is almost impossible to separate adolescent coping from the context of parent-child interactions, parent actions are referenced when relevant. Based on the data, adolescent coping strategies seem to fall into one of five categories: direct emotion management, avoidance/distraction, active cognitive coping, problem sharing, or direct problem solving. Figure 3 illustrates several examples of each strategy. In the following sections, each category is discussed, along with conditions which appear to be related to strategy use.

Figure 3. Categories and subcategories of adolescent coping strategies.



## Direct Emotion Management

Most adolescents in this study (11 of 15) described some form of direct emotion management. When adolescents engage in direct emotion management, they are acting in a way that alters their internal emotional experience or outward emotional expression. Direct emotion management (DEM) includes emotional release strategies, such as screaming or hitting a punching bag; self-calming strategies, such as taking a break or deep breathing; and emotion manipulation, such as expressing or suppressing feelings. Parents and teachers suggest some emotion management strategies, such as writing in a journal or taking deep breaths, but other strategies, such as using physical movement to release distress, seem to grow out of adolescents' own experiences. Adolescents utilize DEM strategies in response to academic and interpersonal stressors. The key condition for DEM seems to be a rising sense of frustration, anger, or anxiety.

Sometimes adolescents' initial response to a highly emotional situation is some type of emotional release. John Underwood uses his punching bag when he gets angry, "if I get mad or something, just go over there and hit it . . . It's a stress release, I guess." Christine Williams described moving around when nervous because, "It gets rid of my nervousness, gets it all out." Adolescents seem to discover certain actions that allow them to "release" emotions through expending energy, or, as in the case of Barbara Abbott, these actions may be suggested by parents. Steven Abbott encourages his daughter to use emotional release, "when you can't figure out what to do, it's o.k. just to scream . . . And she told me, you know, dad, the first time I screamed it didn't really help

me, but what I found out is that the energy it takes to scream really relaxes my body, calmed me down.”

Self-calming and emotion manipulation strategies appear to be less common in this population. The three primary self-calming strategies, taking a break, isolation in room, and taking deep breaths, are described by only four adolescents. As a whole, self-calming strategies seem to be suggested, at least initially, by a parent or other adult. David Hernandez explains that he was taught to “just close the book, and take deep breaths” in his home economics class. Satin Williams’ Aunt Kassie guides her in taking some time alone to calm down, “And just steering her that way and giving her time alone. And that’s another thing, when she gets angry around here, you can’t give her these activities and put her in the room with somebody. She has to be alone.” Self-calming strategies may require a greater level of emotional maturity and therefore, may not be used independently as often as emotional release. Adolescents may also directly control their emotional expression as a form of emotion management. Some adolescents, such as John Underwood or Barbara Abbott, describe hiding their feelings from others, and one adolescent, Joshua Marino, described coping with feelings of anger by diverting these feelings toward another person. “I just thought and turned the anger toward my assistant principal more because she’s real mean.” Because emotion manipulation is cited by such a small sample of adolescents (3), it is unclear how adolescents carry out this strategy.

Direct emotion management may facilitate the use of other coping strategies by mitigating interfering emotional responses. Parents such as Steven Abbott and Jessica

Dietz seem to recognize that encouraging direct emotion management in the early stages of a stressor may facilitate other coping later on. Steven is able to recognize signals of his daughter's rising frustration and suggests self-calming strategies.

And if she's totally getting too frustrated, where she's not going to be able to calm down, if I can relieve myself of the situation . . . I can trust Barbara to go in her room for about an hour and think about whatever is going on and she'll come back out and apologize and then we'll get back focused on whatever . . . when no matter what it is I say, no matter what approach I take, it is thrown back at me. And it doesn't matter how good it is, and even if I take both sides, if she's not listening to it, then I know at that point that Barbara needs to calm down and relax.

Likewise, Jessica can recognize her son's frustration when "he starts yelling, he gets mad, he'll slam stuff" and prompts him to take a break, "even just for a minute or two while I go the restroom or something or he gets a soda. Sometimes just to have a minute or two break from it seems to help." Both parents suggest self-calming strategies to their children when their emotions begin to interfere with problem solving.

#### Avoidance/Distraction

Like direct emotion management, most avoidance/distraction strategies also serve the purpose of managing emotions; however, the locus of action is typically the emotion provoking situation, not the emotion itself. Avoidance and distraction can operate through either behavioral or cognitive modalities. In using avoidance strategies, adolescents are physically or cognitively avoiding a situation that induces distress or

frustration. With distraction, adolescents are not simply avoiding a problem situation but also doing or thinking something else instead. Behavioral avoidance includes physically escaping the problem situation or avoiding problematic or difficult tasks, and cognitive avoidance includes “not thinking about it” or “forgetting” about a problem. Activities such as watching TV or playing a game are forms of behavioral distraction; whereas, cognitive distraction can take the form of fantasy or daydreaming. However, even when engaging in behavioral avoidance/distraction, adolescents are manipulating their thinking. When Star Herrera watches television or Satin Williams reads a book, each girl is shifting her cognitive focus to more pleasant thoughts (or avoiding thinking altogether).

Traditionally, most research has found avoidant strategies to be associated with less adaptive outcomes (e.g., Fabes & Eisenberg, 1992). However, in the context of this study, avoidance and distraction are typically one element in a range of coping strategies implemented by adolescents. For some adolescents, avoidance and distraction appear to alleviate distress and frustration, which may facilitate the use of other coping strategies. Star Herrera walks away from her anger, goes to her room, and uses distraction to manage her anger. After some time has passed, her anger abates, “then, the day after, I’ll just talk to them,” allowing her to work on resolving the conflict. When her great-grandfather died, Christine Williams initially coped through distraction, “then when we got home, we went to my uncle’s house—no my grandpa’s house, and we played there, and we didn’t really worry anymore . . . my two cousins and my brother—they just distracted me a lot.” Once some of her initial shock and sadness had abated, she was able to talk with her aunts about the death.

Moreover, avoidant strategies also seem to be used in situations where there are few options for direct problem solving. For instance, when Joshua Marino's friend moved away or Christine and Satin William's great-grandfather died, there was little these adolescents could do to "solve" the problem. Instead, each used cognitive avoidance and distraction to manage the emotions associated with the loss. Similarly, avoidance may be used when adolescents perceive little hope of solving the problem. For Barbara Abbott, conflict with her sister is a daily struggle, and her attempts to resolve the conflict are typically unsuccessful. Instead, she escapes the problem, "Well, I get away from the house, and I especially get away from that problem so when I come back, it's like nothing happened."

Although avoidance and distraction may be part of a healthy coping repertoire for interpersonal situations, in coping with academic problems, avoidant coping seems to exacerbate problems, although it may alleviate some frustration. Star Herrera uses avoidance to deal with her frustration over homework, "I don't know how to do one of the problems on the worksheet, and I get really mad, and I just don't do it." Similarly, many adolescents cope with ongoing academic difficulty by avoiding these tasks. Joshua Marino, for instance, avoids writing tasks when possible, and Christine Williams, who finds reading to be frustrating, only reads when it is absolutely necessary. In contrast, Jeremy Ryan, who creates stories in his mind, uses cognitive distraction as only one part of his overall approach to difficult academic tasks. Avoidance and distraction can be useful in reducing academic frustration, but when adolescents rely primarily on these strategies, they may miss the opportunity to develop other coping skills.

## Active Cognitive Coping

Active cognitive coping occurs when adolescents use their thought processes to facilitate problem solving or emotion management. Active cognitive coping includes making a plan, changing thinking, and cognitive coaching. To engage in active cognitive coping, adolescents must have some awareness of their cognitions. Therefore, these strategies may be more common in adolescents who are more cognitively mature. In this study, only nine adolescents identified active cognitive coping as part of their repertoire.

Adolescents may make a plan for doing an academic task as the first step in coping with an academic stressor. In making a plan, adolescents are cognitively rehearsing steps to solve a problem. For instance, Mateo Ross makes a plan to finish a school project, “if I do this much everyday, then I’ll finish it right on time, and I give myself a certain amount of time to do it, and goals to get done everyday.” Adolescents are not always so specific in making a plan. When Jeremy Ryan has homework he also makes a plan, “I think about it. About how—I think about what it’s kind of about first. And then, kind of have thoughts of how I’m going to do it.”

Changing thinking may take the form of cognitive reassurance (e.g., you can do this), reframing (e.g., she didn’t mean it), minimizing (e.g., it’s not a big deal), or focusing on the positive (e.g., at least we got to spend time with him). When changing thinking, adolescents must recognize, on some level, that their current thinking is problematic. For instance, when Star Herrera becomes angry with her little sister, she reminds herself “that she’s only three, and she doesn’t know.” Similarly, according to her father, Barbara Abbott tries to remind herself of her sister’s life circumstances,

“Barbara would come to me and say, ‘Dad, I realize [my sister] has been through a lot of things that I haven’t been through and it’s just going to take some time.’” When adolescents become emotionally upset over some situation, they may attempt to reduce their distress by minimizing the importance of the situation. Joshua Marino minimizes the importance of getting into a math class, “I thought ‘oh well,’ if I don’t get in.” Likewise, Mateo Ross minimizes the importance of losing a worksheet by thinking “It’s no big deal. I’ll just get another one.”

Cognitive coaching is internalized self-talk (e.g., Slow down and stay focused) that adolescents use for self-instruction or motivation. Cognitive coaching seems to be a less common strategy in this population; however, for some adolescents, this internalized self-talk seems to be critical for working through difficult tasks. David Hernandez instructs himself to “Go slow and go at your own pace;” whereas, Shana Rios tells herself to “hurry up, hurry up.” Because many adolescents in this study seemed to have difficulty identifying specific thoughts, cognitive coaching may be more common than it appears.

### Problem Sharing

Problem sharing, which is used by all adolescents, can either be an attempt to address the problem directly or a form of emotion-focused coping. Sometimes adolescents share problems with their parents with the goal of getting advice or problem-solving assistance, but in other situations, adolescents may share problems as a way of managing their emotions. For instance, Barbara Abbott shares peer and sibling problems with her father, hoping that he will give her advice; whereas, Shana Rios tells her mother

about a fight with a friend with the goal of feeling better. In the midst of emotional distress, adolescents may not always identify a specific goal for problem sharing; however, it is clear from the data that there is a distinction between problem-focused and emotion-focused problem sharing.

Problem-focused problem sharing seems to be common when adolescents are faced with academic stressors. Adolescents such as Shana Rios, Misty Ryan, Jesse Walby, and Joshua Marino ask parents for help with academic tasks. Shana presents a scenario that is typical for many adolescents, “Well, if it’s really easy, I do it on my own, but it’s usually pretty hard, so I ask for help.” While many adolescents seek parent help for homework or other academic tasks, some adolescents are very reluctant to seek parent help. For these adolescents, such as John Underwood or Star Herrerra, parents’ academic assistance may not be viewed as helpful. According to John, he avoids asking his mother for help because “she just makes me get out another sheet of paper and write down stuff on it. I can’t do it that way.” Star avoids asking her parents for help because she believes that “they don’t know anything about the math.” Some adolescents may avoid asking for parent help due to their emerging sense of independence. Both Mateo Ross and Shana Rios express a desire to handle problems on their own. As Shana explains, “sometimes I go to my mom and talk to her but usually I want to figure it out on my own.” Similarly, Mateo’s mother describes him as wanting to be “self-sufficient” and to avoid asking her for help. This developmentally appropriate desire for greater independence may limit some adolescents’ help-seeking.

Emotion-focused problem sharing occurs most often with interpersonal stressors. In some situations, adolescents may resolve interpersonal problems on their own and then relate this process to parents as a form of emotional release. For instance, Anne Zeto shares peer problems with her mother because she, then, feels less burdened, “it just makes me feel better, that I can talk to someone about the problems that they told me.” As with many forms of emotion-focused coping, adolescents may use this strategy more commonly in situations over which they have little control. For Jerrius James, who misses his mother, talking to his stepmother seems to serve as an emotional release, even though it does nothing to bring him closer to his mother.

Adolescents may choose to share problems with only one person, perhaps a parent, or they may choose multiple confidantes. Gender appears to play some role in the extent to which adolescents divulge problems. While boys and girls seem equally likely to share problems with parents or teachers, girls in this study were more likely to share problems with peers. Moreover, girls were more likely to choose multiple confidantes, telling several people about one problem; however, boys typically shared a problem with only one person, either a parent or a teacher. When Satin Smith has a disagreement with peers or a problem at school, she talks to “my teachers, my coaches, my friends, other family members.” While teachers help her find an “easier way to solve the problem or understand it,” friends “try and like put their arm around me and say, I hope you feel better or I’d like to help you.” The data suggests that adolescents may choose their confidantes based on the type of assistance they are seeking.

In most situations, problem-focused problem sharing seems to be prompted by the adolescents' perception that a problem is "too big" for them to handle on their own. Each adolescent seems to have a personal threshold for problem sharing. Anne Zeto explains, "Well, if it's just like stressing me out or it's too much for me to handle, I just go to my mom and dad." Similarly, Joshua Marino decides whether to share problems with his parents based on "how big it is. Like, if it's something that will help me later on, I'll go to my parents. If it's something I can deal with, that won't hurt me or help me later, then I'll handle it." Thus, the severity of a stressor and its long-term impact seem to influence whether or not adolescents seek parent help. Moreover, adolescents seem to seek out parent support when they have exhausted their own resources.

Problem sharing is often embedded in complex, reciprocal parent-child interactions. It is typically part of a series of intertwined parent and child actions, rather than an isolated strategy. As with other strategies, adolescents' use of this strategy may be prompted by their parents. For instance, several parents in this study routinely offer their children the opportunity to share problems by "checking in" to assess their children's well-being or seeking information if they notice a change in children's functioning. David Hernandez's father regularly asks him about his day, offering David the opportunity to share problems with his father, "He asks me, usually after school, how was school, and most of the time, I say that it's fine, but sometimes I say that I got a little stressed out in one class." Parents' monitoring strategies are discussed in more detail in the following chapter.

## Direct Problem Solving

Direct problem solving strategies are those aimed at solving a specific problem. Within the data, two classes of direct problem solving emerged: managing conflict (e.g., negotiating, stating opinions, fighting back) and increasing effort (e.g., working harder, staying after school). Although direct problem solving, by definition, addresses the stressor or problem, it may also serve a secondary function of emotion management. For instance, when a student stays after school to finish an assignment (direct problem solving), he feels less anxious.

Youth seem to have several options for managing conflict. In conflict with peers or siblings, adolescents may act in ways that either diminish or intensify ongoing conflict, depending on their goal for the situation. Satin Williams tends to prolong conflict. “I’ve been aggressive since I was little. I just love fighting . . . I’ll go after her, and one thing she hates is when I grab her sides and squeeze them until it really hurt, so I’ll do that, and she’ll get all mad and everything.” Jeremy Ryan seems to have more flexibility in the way he manages conflict. At times, he chooses to “name them, like they do [to me], to make them feel bad,” but other times, he ignores them. Jeremy’s sister, Misty, is more likely to take a conciliatory approach to peer conflict by expressing her feelings toward her peers. According to Misty’s father, she “really just wants to be friends and get along with everybody.”

Increasing effort seems to be a commonly cited strategy for handling academic stressors. Some adolescents described persisting at difficult tasks or staying after school to finish assignments as a form of direct problem solving. Although several participants

suggest that they cope by “working harder,” few are able to describe how they increase their effort. Perhaps, adolescents use active cognitive coping, such as cognitive coaching, to increase their effort (e.g., “Come on, you can do it. Just a little bit more.”). Based on the current data, however, it is unclear how adolescents carry out this process.

Adolescents seem to take a more direct approach to problems that they believe they are able to solve. Past success in solving a similar problem may predispose adolescents to take a direct problem solving approach. Both Kanji Takase and Barbara Abbott have been successful in negotiating problems with peers, so each is willing to attempt this strategy when a similar problem arises in the future. When adolescents have little confidence that they can solve a problem or accomplish a task, they seem more likely to engage in avoidance, distraction, or problem sharing.

Adolescents may generate problem-solving strategies on their own, or these strategies may be suggested by parents. Jerrius’ father Jermaine gives him suggestions for how to solve an interpersonal problem:

I talk to him and try to find out what’s bothering him and then I try to come up with a solution for him . . . I’ll give you an example: He was upset about his mom. She had come down here for church and she didn’t spend any time just with him. And he wanted to do something with just his mom and his brother when they come down here from Alabama to Austin. But everything they did was involved with the church. And when he came to me, he was upset. And I said, what you need to do is call your mom and tell her.

Barbara Abbott and her father Steven seem to approach problem solving more collaboratively. She shares problems with her father, and he encourages her to develop her own problem-solving strategies.

#### Chapter Summary

Adolescents in this population seem to engage in both emotion-focused and problem-focused coping. Coping strategies appear to fall into five categories: direct emotion management, avoidance/distraction, active cognitive coping, problem sharing, and direct problem solving. Strategy use is influenced by several factors including the stressor domain, level of distress, adolescent goals and beliefs, and parent support.

## CHAPTER EIGHT

### PARENTS' ROLE AS A COPING RESOURCE

A coping resource is something that individuals draw on to cope with internal or external demands. In the literature, specific assets (e.g., social support network, adequate finances) or characteristics (e.g., optimism, intelligence) are typically identified; however, the reality is often more complex. Although parents may provide specific social or material coping resources, within this population, parents seem to have their most significant impact on adolescent coping through their shaping of adolescents' environment. In reciprocal interactions with adolescents, parents create a space where adolescents' exposure to stressors is controlled and coping resources are available. Through their actions, parents structure adolescents' home and school environments to provide a setting where adolescents are supported in the development and use of independent coping skills. This space looks different for each family, as parents make different choices about where to draw the boundaries of this space and what to let inside. Within this space, parents also offer situation-specific coping assistance and contribute to adolescents' fund of coping resources by conveying knowledge and building skills.

In creating this space, parents are guided by what they believe their child needs and constrained by family circumstances (e.g., time, work responsibilities). Parents determine their children's needs through monitoring strategies; however, information obtained through monitoring is interpreted in light of a parent's cognitive lens. Thus, parents' knowledge, attributions, beliefs, and goals shape the decisions they make in creating a space that supports adolescent coping. For instance, a parent who believes that

children need to experience the “real world” to learn coping skills, may not shield their child from negative consequences. In contrast, parents who believe that their children are vulnerable and in need of protection may try to protect their children from many experiences.

In the following sections, parents’ monitoring strategies and cognitive lens are described, along with the ways that cognitive factors shape parents’ actions. Then, I consider the ways that parents structure adolescents’ environment through regulating exposure, structuring the home environment, and influencing the school system. Parents’ situation-specific coping assistance and their efforts to prepare and equip adolescents are also examined.

### Monitoring Strategies

To respond appropriately to adolescent stressors, parents carefully monitor adolescents’ emotional state, developmental level, social-behavioral functioning, and academic performance. In monitoring, parents are observing their child, asking their child questions, and gathering information from other sources (e.g., school). This information, interpreted in light of parents’ beliefs, knowledge, attributions, and goals (cognitive lens), informs parents’ actions.

All parents in this study seem to monitor their child’s emotional state to some degree. Parents who are able to recognize and respond empathically to adolescents’ emotions demonstrate something akin to the attunement seen in parent-infant interactions. However, not all parents and adolescents are uniformly successful in achieving this level of emotional understanding. To adequately monitor adolescents’

emotions, parents must be able to recognize adolescents' emotional signals. Some parents, such as Jessica Dietz, identify specific behaviors that clearly indicate frustration, "[Jesse] starts yelling, he gets mad, he'll slam stuff. He'll slam his book and start badmouthing his teachers." Not all cues are as clear as Jesse's. Melissa Herrera, for instance, observes that her daughter Star "withdraws" when upset, and according to his mother, Joshua Marino develops headaches and stomachaches when distressed. Parents who accurately read their child's emotional state are more likely to respond appropriately. Some parents may be more perceptive than others, and adolescents seem to recognize the skill with which their parents are able to "read" their emotions. Jerrius James explains what happens when parents misread emotional cues.

My dad, he's not really good at it because whenever he sees you looking out a window, he says, 'What's wrong?' Or because he'll just be looking and he'll see you looking out the window when you're in the car and he'll ask you what's wrong. And, he thinks—have you ever seen an old-time movie, and someone's real mad, they'll just like look out the window—so he thinks that's why I'm looking out the window... I tell him I'm not mad.

In families where misread (or missed) emotional signals are common, adolescents may develop more direct ways of communicating their distress, or they may stop expressing their emotions. The current data contain some support for both alternatives.

Although all parents engage in monitoring of their children's affect, parents' response thresholds vary, and parents may respond very differently to the same information, dependent on their beliefs about their child or parenting. For instance, Ernie

Hernandez perceives his son, David, as emotionally sensitive and is accustomed to David's frequent distress and crying. Therefore, when he notices him crying, he responds by sending him to his room until he is able to calm down. In contrast, Jo Ryan views her son Jeremy as calm and reserved, so when she sees him become upset, she is surprised, "He's always been a reserved child, but all of a sudden, he's finally coming out . . . it was a shock the first time I heard him, I mean, he let go with one of his sisters one day. I was going, 'That's Jeremy?'" Jo responds by discussing this outburst with Jeremy and working with him to control his emotions.

Parents also monitor their children's developmental level. Parents judge their children's maturity relative to other children their age and to internalized standards of "normal" development. Kassie Williams describes Satin as being immature for her age and judges her as less capable to handle some problems than others her age, "Because she doesn't have the same maturity as someone her age, and then she's easily manipulated, so we have to keep a close watch out for that." Parents who judge their children to be less mature than their age-mates may monitor more closely. Parents in this study also recognize normative developmental changes in their children. Jo Ryan, for example, views changes in her son's behavior as part of his becoming a teenager, "[Jeremy's] just beginning to come out of that this year, showing a different side to him, but I think it's because he's transitioning into a teenager too, and everything's just flipping around on him, bless his heart." Similarly, Steven Abbott and Melissa Herrera notice developmental changes in their daughters, such that both girls are seeking distance from their parents and increased closeness to peers. When parents associate behavior changes

with normative development rather than delayed development, they seem less likely to express concern. Given the importance of normative development in adolescents' coping, parents' developmental awareness seems to play a key role in their supportive responding.

In addition to emotional status and developmental level, parents also monitor children's socio-behavioral functioning and academic performance. Parents listen to children's accounts of their interactions with others, and they get information from school staff. Miko Takase and Stella James each take note of their sons' difficulties with peers. Miko learned from Kanji's teachers that he is being bullied. For Stella, it is Jerrius' report that he was not invited to a Halloween party that opened her eyes to his social isolation. Parents also have several means for monitoring academic performance. Most parents in the study seem to take advantage of "institutionalized" means of monitoring academic progress, including report cards, progress reports, and special education ARD (Admission, Review, and Dismissal) meetings. A small subset of parents have established systems by which they are able to more closely monitor their children's progress. Jessica Dietz, for instance, noticed a decline in Jesse's academic performance and decided to get more frequent updates on his progress. "I would call and ask them exactly where he was at. I wanted to monitor his progress a couple of times of week, like at the beginning of the week, and maybe Thursday of the week to see what was going on. And I wanted to be more involved with them on a day-to-day basis because I didn't want him to fail." Similarly, after a failing grade, the James family developed a system to more closely monitor Jerrius' academic performance. In the Ross-Yerbabuena and

Williams-Jones families, parents have communicated to the school that they want to be notified at the first sign of a problem. This proactive approach seems to facilitate families' monitoring of adolescents' academic performance.

Parents take in information regarding adolescents' emotional state, developmental level, socio-behavioral functioning, and academic performance. What parents do with this information, how they interpret it, depends on several cognitive factors, which are discussed in the following section.

#### Parent Cognitive Factors: The Cognitive Lens

A parent's "cognitive lens" is comprised of their knowledge, attributions, beliefs, and goals. These factors influence how parents interpret information gained through monitoring and consequently, how they respond to adolescent stressors and shape adolescents' environment. Each factor is described below.

#### Parents' Knowledge

Parents in this study seem to vary in how much they know about their child and his or her disability. As discussed in the preceding section, parents learn about their children's emotions, development, socio-behavioral functioning, and academic performance through various monitoring strategies. In monitoring their children, parents both assimilate new information and accommodate their existing cognitive structures. In other words, parents' existing knowledge about their child shapes their interpretation of incoming information, and incoming information alters parents' existing knowledge. For instance, Robin Marino knows that her son Joshua is prone to somatization; thus, she is likely to carefully attend to any physical symptoms and interpret such symptoms as

evidence of distress. In an example of accommodation, Regina Zeto observes her daughter's school success and revises her understanding of learning disabilities.

Through observation, parents may also learn about their child's disability. For instance, Ernie Hernandez notices that his son David will "put a word in there that's not even there, a totally different word. Or he'll just make up his own word." This observation informs Ernie's "disability understanding." Parents may observe their child experiencing learning difficulties for many years before the learning disability is formally identified. Parents integrate these observations with information from other sources (e.g., school staff, research) to construct an understanding of their child's disability. Parents' disability understanding can directly impact their response to their children's stress or frustration. Ernie attended a workshop offered by the school district, and after learning more about David's disability, he no longer becomes frustrated with David's reading. "I told him, I promise I won't get upset with you because I understand now." Like Ernie, many other parents engage in research, either through reading, searching the Internet, or attending classes, to find out more about learning disabilities. In this study, parents who make an effort to understand learning disabilities appear to embrace a "disability perspective." They seem to have a realistic understanding of their child's strengths and weaknesses and are able to view some of their child's difficulties and frustration as resulting from a learning disability.

#### Parents' Attributions

Related to disability understanding, parents make specific attributions regarding adolescents' stressors. In other words, parents seem to make cognitive appraisals about

the origin or source of problems that their children experience, and these attributions influence how they respond to their children's difficulties. For instance, if parents believe that their child's school difficulties are the result of laziness, they may refrain from offering problem-solving assistance, viewing their child as capable of independent problem solving. Parents who hold a disability perspective seem to view some adolescent difficulties as related to their learning disability and therefore, may be more likely to engage in helping behavior. Parents view adolescents as having varying degrees of control over their stressor experiences, and this property of "controllability" seems to be key in discussing parents' attributions.

Based on the data, parents attribute adolescent stressors to either internal or external causes. When parents attribute adolescents' difficulties to emotions, development, disability/special needs, or motivation, they are making internal attributions. When Barbara Abbott responds aggressively to her sister, her father explains this behavior as due to her extreme frustration (emotional attribution). Jo Ryan explains Jeremy's emotional outbursts as part of "becoming a teenager" (developmental attribution). Robin Marino explains Joshua's disorganization as part of his learning disability (disability attribution), and John Underwood's parents attribute his homework difficulty to "laziness" (motivational attribution). Parents in this study also recognize external sources for adolescent stressors (e.g., teacher did not explain it, peers are mean). Although parents in this study tend to have a characteristic attributional style, attributions change based on the situation. For instance, Jessica Dietz attributes Jesse's reading difficulty to his learning disability, his poor science grades to teacher problems, and his

homework difficulties to low motivation. Parents' attributions are important not only because of their impact on parent behavior but because parents may convey aspects of their explanatory style to their children. This process is evident in several families, including the Marino, Ross-Yerbabuena, and Hernandez families, where parents seem to convey a disability perspective to adolescents.

### Parents' Goals

In this study, many parents spoke of their long-term goals for their children, and in many cases, parents' actions are influenced by these goals. Ernie Hernandez, for example, wants his son David to be the first high school graduate in their family. To this end, Ernie prepares his son by emphasizing the importance of a good education and the challenges of the real world.

Well, I use myself as an example a lot. I dropped out of school in the 9<sup>th</sup> grade, but I've learned a lot through life myself. I got married at 16. I said, 'don't go what I go through.' Get an education so you can make more money than what I'm earning right now. The more education you have the better off you're going to be for yourself.

Parents may revise their goals over time as they learn more about their children. Melissa Herrera illustrates this when she talks about setting realistic goals for her daughter Star.

But I have to bring myself to reality and think, I'll settle for you just graduating . . . And you just always have these high goals. But I think I would be just happy with her graduating because it's been such a struggle

for her that it would be—I would just breathe a sigh of relief and whatever she wants to do afterwards, I’m going to have to be o.k. with it, I think.

Most parents cite independence as a general goal for their child, but parents seem to differ in the emphasis given to this goal. Parents such as Regina Zeto and Ed Ryan, for instance, identify their children’s happiness as their primary goal. Regina Zeto places a strong emphasis on Anne’s health and happiness, and she does not “spend a lot of time poring over their report cards. I’m like, that’s great, that’s great, and maybe I should praise her even more . . . I don’t want her to get too worried or stressed out, to realize it’s all relative.” Regina is careful to limit the “pressure” she places on her daughter. In contrast, parents like Jenny and Tom Underwood, who place a high value on independence, instruct their son John on the challenges of the real world and expect him to solve many problems independently. Parents’ goals shape their regulation of exposure, structuring of the home environment, interactions with the school, and the actions they take to prepare and equip adolescents and to address specific stressors.

### Parents’ Beliefs

Over time, parents also develop beliefs about themselves, their children, the world, and the school system. Parents hold general beliefs about the role of parents as well as more specific beliefs about themselves as parents. In this study, two conceptualizations of the parenting role emerged—parent as “comforter/protector” and parent as “coach.” Parents in this study do not necessarily adhere to only one of these ideals. In fact, several parents in this study seem to demonstrate comfort with both roles. However, the way that parents conceptualize their role or function has implications for

their parenting behaviors. Parents who identify most closely with the comforter/protector role include Jo Ryan, Melissa Herrera, and Regina Zeto. These parents seek to protect their children from undue distress and see their children's happiness as an important goal. As Melissa states, "I'm sure there'll be a point sometime in life where I'll just have to say, she's a grown girl now, you know. But I think right now that it's just real important for me to watch every step because I think that she doesn't recognize when someone's taking advantage of her." Parents such as Jenny and Tom Underwood and Jermaine James seem to identify most closely with the ideal of parents as coaches. They are intent on preparing their children for the real world and ensuring that they are adequately equipped to handle these challenges. Jermaine states, "Well, like I tell my wife, some parents, they try to protect their kids. They try to sugarcoat certain things. I tell [my wife], that's wrong. I say, kids should understand what it's really like in the real world. That's why lots of kids go out in the world unprepared."

Parents also make judgments about their own skills and success as parents. Steven Abbott reflects on his growth and development as a parent, "Just like every other parent, every now and then, sometimes I don't have solutions. I don't have any answers . . . some days, I get the daddy of the year award and some days I don't." Moreover, he recognizes his own strengths and weaknesses as a parent.

Now, you know, I'm not the best teacher. I think I'm a good dad, but you know there are times when we study—and I think there are people in this world who are meant to be teachers and mentors—and I don't think I help.

I think I help with organization, I think I help with motivation, I think I help with direction, but the actual teaching, I find that I get frustrated.

Steven's evaluation of his parenting means that he knows where his strengths lie, and he is able to accept that there are some parts of the parenting job with which he struggles. However, as a single parent, he does not have a partner who compensates for his weaknesses. Kassie Williams, on the other hand, relies on her sister to form a strong parenting team. She recognizes her strength as "a motivator" and her sister's role in "reasoning, and [making] you see the error of your ways." In families with two parents, recognition of one's specific parenting strengths and weaknesses may allow co-parents to divide responsibilities in a way that makes the best use of available resources.

Parents' beliefs about their children, including their perceptions of children's abilities and personality characteristics, influence their parenting behaviors. For instance, parents who believe that their children are capable and competent seem to have behavioral expectations that differ from parents who view their children as "slow" or "immature." Kassie Williams, who views Satin as socially immature, recognizes that her niece will need support to resolve peer conflict; however, Steven Abbott sees his daughter Barbara as possessing excellent problem-solving skills, and he trusts her to resolve conflicts independently. In general, parents' beliefs about their children seem to be realistic, to the extent that they are consistent with other study data (e.g., child self-report, special education folder review).

In this study, parents reflect varying worldviews. Fathers such as Tom Underwood, Ed Ryan, and Jermaine James seem to see the world as a "tough" place,

where adolescents will encounter numerous challenges as they grow and develop. Parents who view the world as a tough place may seek to prepare their children for the “real world” by exposing them to challenges, or they may instead seek to protect their children from hardship. Reflecting a very different view, Regina Zeto expresses that “life is good.” Although Regina has experienced recent hardships (e.g., unemployment, end of relationship), she seeks to convey a positive worldview to her daughter.

Parents’ worldviews certainly influence their parenting; however, for this population, parents’ views of the school system seem to be particularly salient, as they influence their interactions with school staff. Within this study, parents’ views of the school range from cooperative to adversarial. Parents with a more cooperative view of the school are likely to view themselves as partners with teachers in shaping their child’s educational program. Kassie Williams typifies this view. Even when she disagrees with the school system, which has happened several times, she is able to work cooperatively with school staff to resolve differences.

Even if I’m very angry or very disappointed with something, I always try to calm myself down, and try to see it from the other person’s perspective, and even if I think they’re so wrong and I want to go in there and tell this person off. Then, I think about if a person took that same attitude with me, I wouldn’t be very receptive to what they had to say.

Parents with an adversarial view of the school system have often experienced difficulty getting the school to recognize or respond to their child’s needs. Melissa Herrera recognized Star’s reading difficulties early in Star’s development; however, it took

several years for the school to identify her as learning disabled and begin to provide support. Melissa Herrera expresses her frustration and adversarial view of the school system.

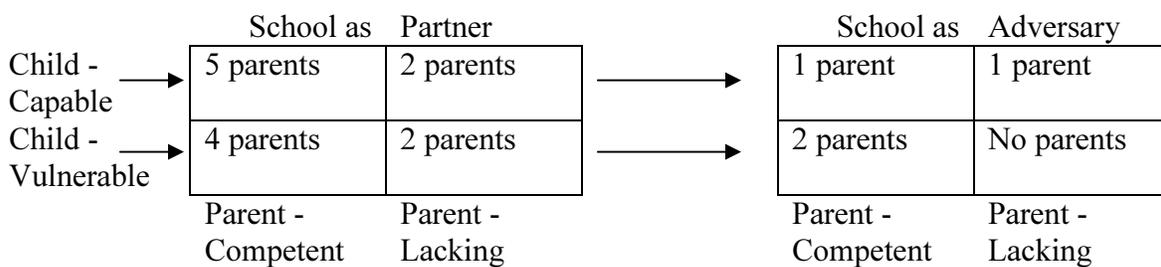
Well, it got even worse when we got to the school because they would not acknowledge—I'm sorry I have nothing against [the school district]—but [the school district]—Oh my God! [The school district] would not give her the testing that she needed. They would not acknowledge that she had a disability . . . Then they tested again in 5<sup>th</sup> and finally acknowledged that she had a learning disability. But I started requesting the testing way back. To be honest, it was already to the extent that I was ready to quit my job and home-school her . . . it was just so frustrating.

Parents' beliefs about the school system impact their interactions with the school, and parents' interactions with the school system influence their children's educational experiences. This group of parents demonstrates the ability to effect change working from either a cooperative or adversarial perspective; however, parents who view the school as a partner or ally seem to experience less frustration.

Parents make in-the-moment decisions about how to respond to adolescent distress or problem situations; however, over time, various cognitive factors may also predispose parents to develop a characteristic style or approach to supporting adolescent coping. Parents' general beliefs about themselves as parents (competent versus lacking), their children (capable versus vulnerable), and the school system (partner versus adversary) intersect to create a useful taxonomy for discussing the various ways parents

support their child’s coping, particularly their interactions with the school system. For instance, parents who view their child as vulnerable and in need of protection, who judge themselves to be confident and well-informed, and who see the school system as an adversary are likely to develop a very protective parenting style. Parents who fit this profile, such as Melissa Herrera and Jessica Dietz, carefully control what their children are exposed to and intervene quickly in school problems. Figure 4 illustrates these categories and the number of parents who fall into each group.

Figure 4. Parents classified according to self-beliefs, beliefs about child, and view of school.



These dimensions are not absolute: no parent sees him or herself as completely competent or completely lacking. Likewise, no parent sees his or her child as entirely capable or entirely vulnerable. The majority of parents in this study (9 of 17) seem to see themselves as competent and the schools as cooperative; however, within this group, parents are split in their views of their children. Five parents generally view their child as capable, while four parents seem to view their child as vulnerable and needing protection. Based on differing views of their children, these parents provide varying levels of protection. Parents such as Jenny Underwood, who views herself and her son as competent and the school system as cooperative, expects her son to handle most stressors independently and seldom intervenes at school. In contrast, Stella James, who has

similarly positive views of herself and the school system, views Jerrius as vulnerable and therefore, frequently takes responsibility for problem solving. Parents may also see the school as a partner but judge themselves as lacking in parenting skills or specific knowledge. These parents, regardless of their view of their child (capable versus vulnerable) are likely to trust the school to make good decisions for their child, but they may be hesitant to participate in this process due to concerns about their own knowledge and abilities. Ernie Hernandez, for instance, trusts the school counselors to tell him when there is a problem and seldom initiates contact with the school. Miko Takase, Kanji's mother, views herself as lacking knowledge about the American school system and American peer culture. Thus, she, too, is likely to rely on the judgment of school staff.

For parents who see the school as an adversary, their approach to dealing with non-school problems may be similar to parents with more positive views of the school. However, when school-related problems arise, these parents tend to take an adversarial stance in addressing these problems. Jessica Dietz believes that the school has been unresponsive to many of her concerns about Jesse, and she seems to take a defensive and distrustful stance in approaching the school. As she explains, "I guess, I'm not threatening when I call, but I just ask if you give a test and you fail to explain and he doesn't pass the test, then we have a problem! And I don't feel that's threatening but it got [the teacher] very excited." Only one parent in this study (May Rios) seems to view the school as uncooperative and herself as lacking in the knowledge and skills to intervene. Thus, she tends to express her frustration to others rather than attempt to make changes in her daughter's school program.

### The Development of Parents' Cognitive Lens

The parents in this study have widely ranging beliefs regarding themselves, their children, and the school system. Parents' description of their beliefs offers some insight into the development of the cognitive lens. Parents' life experiences seem to be the primary influence in shaping the cognitive lens. More specifically, several parents reference their own upbringing in explaining their beliefs about parenting. Parents' stress and coping experiences also shape their beliefs about why problems happen and how they should be solved.

Jermaine James, father of Jerrius, credits his father's parenting approach with shaping his own "old-fashioned" approach to parenting.

Yeah, the kids always tell me I'm old-fashioned. But I gave them an example. I had lots of friends I went to school with. Their parents was real lenient and let them did this, that. And, but my dad he wasn't that type and lots of my friends they're either on drugs, got killed from something dealing with drugs, or they're in jail . . . and lots of people tell me, God, you sound like your dad.

Jermaine embraces his father's parenting style because he believes it was instrumental in his own success, and he wants the same outcome for his son. Other parents reflect on their own upbringing more critically and adopt a very different parenting philosophy. May Rios, for example, believes that her own mother was seldom available to help her solve problems. "I would ask my mom, and she would say, 'I don't know, the same thing happened to me when I was a kid.' And I would be like, 'O.k., how does that help?' So

pretty young, I learned not to ask my mom for help, but with my kids, I try to tell them why people may be doing things, what they may be thinking, and that's not your fault, that's their problem." May remembers her own parent as unsupportive and tries to be more available and supportive for her children.

Parents' own stress and coping experiences may shape their ideas about how to help their children cope. In the Ryan family, both mother and father draw on their own experiences to support their children. Jo Ryan recognizes that she often responds best when people give her specific, concrete suggestions for approaching problems, and she tries to do the same for her children. Ed Ryan's severe back injury and subsequent depression affects the way he sees the world and the way he approaches problem solving with his children.

It's hard sometimes. Life's rough. If you don't keep your head up with a smile on your face, it will tear you down, both mentally and physically, and I been tore down physically, being hurt . . . I went through a bad time, when all I wanted to do was lay there, all the time . . . [I] just figured I had to deal with it. I had to deal with the pain.

Based on his experiences, Ed believes it is harmful for children to "wallow" in their distress, and he employs distraction to lift his children's moods.

In summary, parents engage in monitoring to gather information about their children's emotional state, developmental level, socio-behavioral functioning, and academic performance. This information is interpreted in light of parents' existing knowledge, attributions, beliefs, and goals. In this study, parents' beliefs seem to grow

out of their life experiences. Parents beliefs about their children, themselves, and the school system interact to create characteristic styles of supporting adolescent coping.

### Creating a Space

Parents are continuously monitoring adolescent emotions, social and behavioral functioning, development, and academic performance, then interpreting this information through their cognitive lens. Based on their monitoring and their cognitions, parents create a space that supports adolescent coping. Parents' beliefs about their children and their beliefs about parenting influence the space that they create. This "space" is not a literal, physical space. Rather, it is the overlapping of multiple systems—family, school, peer—that creates a zone in which adolescents' development of coping skills and resources is encouraged. Because parents have different ideas about the world, their children, and themselves, they have widely varying methods for fostering adolescent coping. Moreover, parents make different decisions about where to "draw boundaries" and what to "let in." Despite these apparent differences, all parents in this study engaged in strategies intended to foster adolescent coping.

Regulating exposure, structuring the home environment, and influencing the school system seem to be the primary processes by which parents "create a space" that supports coping. These three processes set the stage for parents' situation-specific coping assistance and parent efforts to prepare and equip adolescents for independence. In the following sections, each of these processes is discussed. Regulating exposure is discussed first, as the regulation of exposure plays a part in both structuring the home environment and influencing the school system.

### Regulating Exposure

Key in “creating a space” is parents’ regulation of adolescents’ exposure to potentially stressful life experiences and information. Based on observations of their children, as well as their own knowledge, beliefs, attributions, and goals, parents make decisions about what their children are able to cope with and what they “should” experience. At this level, parents’ actions directly influence adolescents’ stressor experiences and the opportunities they have to develop and use coping skills.

By regulating exposure, these parents create opportunities for their children to experience “manageable challenges.” When parents choose to shift problem-solving or coping responsibilities to their children, they are, in fact, “exposing” children to an opportunity to try out independent coping skills. Parents Tom and Jenny Underwood believe that their son should handle many problems independently. Thus, they monitor from a distance, intervening infrequently, and allowing John to learn from his mistakes. Jenny explains, “I want him to make choices. I want him to learn what the right choices are. I want to give him every opportunity, even if it means some mistakes. I’d rather him try things.” Tom expresses a similar view, “I try to put it back on him because I know he can handle it. Because, again, he’s lazy. If you do it for him, that’s just fine with him.” Although the Underwoods initially appear to take a hands-off approach with their son, they, in fact, act as a “safety net,” intervening when they notice a drop in his academic performance. John seldom asks his parents for assistance, instead relying primarily on avoidant and direct emotion management strategies (e.g., punching bag). Likewise, Kassie Williams and Laurie Jones structure their nieces’ academic experiences to create a

challenge that is manageable. When Christine or Satin leave a school project to the last minute, the aunts provide encouragement and motivation but expect them to complete the assignment on their own. Kassie explains how she provides the necessary encouragement and support for her nieces to use independent coping skills.

So basically when they're doing a project when they have to stay up late, we're up just to make sure that they stay up to do it, and throughout the whole time, we're explaining, this is what happens, this is the result. This is the opportunity cost that you chose, and we just have to tell them that you just have to face it because you made this choice . . . If you need to get some water, cold water or something, wake up, and we're going to get this done.

Christine and Satin have the opportunity to try out a range of coping strategies, and indeed, both girls make use of various emotion- and problem-focused strategies. Steven Abbott creates an opportunity for his daughter to flex her emerging coping skills when she has a problem on the school bus. He listens to her plan, encourages her to take action, and offers to talk with her after she has tried her plan. Based on their own beliefs and their perceptions of their children, parents make different judgments about what is a manageable challenge. However, all parents create these opportunities for adolescents to try out coping skills in a safe environment. Parents who balance exposure and protection facilitate children's use of a variety of coping strategies. These parents send the message to children that problems can be solved and that children have the capability to solve them.

There are some problems or stressors that parents judge as too extreme or too demanding for adolescents to handle on their own. When parents intervene and take responsibility for handling a problem situation, they are shielding their child from a potentially stressful experience. Ernie Hernandez takes responsibility for problem solving when his son David is targeted by bullies.

Well, one particular time that I can think of was this last year when some little kids picked on him and kind of knocked him down and they didn't want to leave him alone . . . So what I did was to get the names of the kids and talk to the principal. And all I asked was that they get these kids to leave him alone. And that was it . . . I've gone through that myself where bullies have pushed me and beat me up. I knew it wasn't going to stop there. They were probably going to label him as a—I don't know what—a sissy or something, and think that they can get away with pushing him all the time. I wanted to confront it right away so they didn't think they could get away with it.

He believes that there may be long-term, negative consequences for David, so he takes over problem solving and shields his son from having to address the bullies on his own. Jenny Underwood generally expects her son John to deal with problems that arise at school; however, when she learns that a teacher is mistreating him, she determines that John's problem with this teacher is not one he is capable of solving on his own and intervenes. Parents like Ernie and Jenny make decisions about their child's ability to

handle stressors or problems, and when problems are judged to be too demanding, they act as a buffer.

Parents may also regulate adolescents' exposure to the negative consequences of their actions. Parents may seek to protect younger children from negative consequences, then, as children grow and mature, decide to let them experience the consequences and learn from them. Jessica Dietz, for instance, carefully structures Jesse's homework routine; however, at times, when he is reluctant to follow her lead, she "backs off" and lets him experience the consequences of incomplete or incorrect homework. Robin Marino describes the difficult process of letting her son experience the consequences of his work, "I can't do it for him. I can't fix it. I think you go through that process, in 3<sup>rd</sup> grade and 4<sup>th</sup> grade, and it's finally—he's going to have to get the grades that he deserves. If he does something that's truly horrible, he'll get a bad grade." At an earlier point in Joshua's development, Robin chose to shield her son from the negative consequences of his sloppy work; however, as he matured, she allowed him to experience these consequences and learn from them. When adolescents are allowed to experience the consequences of their actions, they have the opportunity to learn important lessons about how the world works and to develop coping strategies.

Parents may also set up boundaries for their child's behavior, hoping to protect them from potential problems or stressors. By enforcing strict limits, parents such as Jessica Dietz, Jermaine James, and Melissa Herrera seek to protect their children from harmful or stressful experiences. Parents may believe that allowing certain types of social activities (e.g., unsupervised parties) puts their child at-risk for stressful or harmful

consequences. May Rios, for instance, believes that too much “socializing” will lead to problems for her daughter. Thus, she limits the opportunities Shana has to talk on the phone. Jessica and Jermaine carefully monitor their children’s peer interactions, hoping to limit their associations with a negative peer group. Adolescents who are protected from certain experiences may encounter fewer stressors; however, these adolescents may also miss out on the opportunity to develop critical coping skills.

Parents also regulate adolescents’ access to information. When Regina Zeto was laid-off during a year filled with other stressful events, she decided not to share this information with her daughter, judging that Anne “should not have to handle that.” In this study, parents also control access to information about learning disabilities by choosing how much “disability talk” their children witness. Disability talk, for the purposes of this study, is discussion about a child’s learning disability and its potential implications. Robin Marino and Marisa Yerbabuena are very open in discussing their children’s learning disability with them. Robin talked to Joshua about his learning disability as soon as it was diagnosed, “Joshua, you’re dyslexic. You’re very bright, but you’ve got some difficulties . . . I went over all the information they gave us, and I did, I said, ‘Look here, this says you’re a pretty smart kid, you know, but you’ve got a 50-point discrepancy.’” May Rios has also tried to be open in sharing this information with her daughter.

Well, we’re just real matter-of-fact in talking about [her learning disability]. It seems like it would be harder to deal with if you didn’t know about it. It’s like if you had a big foot and nobody wanted to

mention it, and the kid goes around with this big foot. And he's like, 'Mom, why is my foot big?' And she says, 'It's not big. It's normal.' I just think you would be able to cope better with things in life if you know about it. 'Yes, honey, you have a big foot, but you know some people have this or this, and we're just going to go on.'

Other parents, such as Melissa Herrera and Jenny Underwood, avoid disability talk, seeking to protect their children. Melissa postponed telling her daughter about her learning disability for many years, "I've always held off, um, not so much using, yeah, I think it is using that terminology, "disability" because she's always had a self-esteem issue."

A family's approach to explaining a child's learning disability may affect the way the child thinks about him or herself and his or her ability to handle problems. For instance, in the Ross-Yerbabuena family, Marisa and her husband have shaped Mateo's beliefs about his learning difficulties by telling him, "this doesn't mean you're stupid" and through regularly discussing his learning disability in a matter-of-fact way. As Marisa explains, "we've talked about it so much that his self-esteem is very healthy." Because Mateo believes that it is acceptable to have learning difficulties and to ask for help, he may not experience academic tasks as stressful. Indeed, Mateo seems to welcome difficult academic tasks as challenges.

In summary, parents regulate adolescents' exposure to life experiences and information. Based on their beliefs and their observations of adolescents, parents seem to be making decisions about what they believe will help or harm adolescents. Through

carefully controlling adolescents' exposure to potential stressors, parents create the experience of manageable challenges, allowing adolescents to develop and practice coping skills in a relatively safe environment.

### Structuring the Home Environment

Parents are often spurred to action by discrete events—a difficult test, conflict with a peer, a teacher who mistreats their child—however, their role as a coping resource is much more than situation-specific advice and assistance. Within the home environment, family system factors seem to play an important role as coping resources. Parents obviously contribute to the family environment in multiple ways; however, three factors emerged in the current data—parent availability, stressor management routines, and prevailing values orientations. By structuring the home environment, parents influence the resources available for adolescents to develop and use coping strategies.

Parent availability appears to be an important resource for adolescents. Parents make decisions about work and education that influence their availability, and parents' work and school responsibilities can facilitate or interfere with their availability. In this study, adolescents and parents discuss parent availability and competing demands on parents' time. When single father Steven Abbott was in graduate school, he had greater flexibility in his schedule and was able to be more available to his daughter Barbara.

You know I had the luxury of walking Barbara to school and lingering, and I actually had lunch with her three times a week. So I was in school for the whole five years she was there, so it was nice, and I was actually in touch with the teachers . . . She'd come home and I would be that person

with open arms, open ears, and she would chatter and chatter and chatter, and then we'd play and play and play, and so on and so forth, and so I was always accustomed to that.

Now that he works outside the home, Steven is not always as readily available; however, he continues to prioritize availability by having family dinnertime every night. For Jo Ryan, unemployment means that she is now more available to help with homework and day-to-day problems, "Now, I'm home, and I've been able to sit down, and really help them with homework." In two-parent homes, parents often seem to have differing levels of availability. In the Underwood family, Tom acknowledges that his work schedule has shifted many parenting responsibilities to his wife. Tom explains that he has not been consistently available to help with homework, "I worked a lot of nights, so I wasn't always there." Adolescents such as Shana Rios, Anne Zeto, and Kanji Takase suggest that parents' relative availability plays a major role in which parent provides the most coping assistance. For Shana, whose father works long hours, she tends to turn to her mother for help. Similarly, Kanji's father's work demands mean that his mother is more often present when he has a problem. Anne, who lives with her mother and sees her father alternating weekends, is also more likely to seek help from her mother.

Socio-economic status may also play a part in parents' availability. In two of the participating families with incomes in excess of \$95,000, one parent does not work outside the home and thus, is readily available for support and assistance. In the third family in the highest income bracket, the mother has a job with very limited and flexible hours and is at home when her children are at home.

As discussed in the previous section, parents act in ways that create manageable challenges for adolescents. Over time, parents' efforts to make challenges more manageable may develop into stressor management routines. Stressor management routines are a set of strategies, developed through parent-child interactions, for coping with recurrent stressors or daily hassles. Stressor management routines are not coping strategies, per se, but rather a system for preventing or minimizing stressors' impact. In the Dietz-Walby family, for instance, Jessica and Jesse work together each night, sitting side-by-side, to complete his homework assignment. Similarly, in the James family, after Jerrius fails a class, his parents develop a routine to deal with academic stressors. Each day, Jermaine reminds his son to stay focused at school, and once a week, Stella checks Jerrius' planner. Although stressor management routines may grow out of a specific stressor, they are maintained over time as part of a family's regular routine.

Families are also characterized by prevailing values orientations. Within this study, several families spoke of the importance of instilling specific values, such as respect, empathy, or acceptance. Parents may emphasize these values through their words or their actions. In the Ryan family, both parents discuss the importance of having respect for all people. Toward that end, the children in this family are expected to treat people with kindness. Jo discusses her daughter Misty, "So that's a big part of it, the way they treat others . . . I mean they automatically help. I see that it just automatically comes out, so apparently, she has picked up the correct way to treat others, because she is very helpful." When Misty or her brother are involved in conflict with peers, they are encouraged to respond in ways that are respectful (e.g., expressing feelings to other

person). In the Williams-Jones family, empathy is important, and this value also influences the way adolescents are encouraged to respond to conflict. Kassie explains the way this values orientation impacts her niece's interactions.

Well, I guess one thing too that we've talked about is for them to be empathetic with each other. Christine understanding that Satin has this learning disability that makes her act impulsive, that she can be easily manipulated, so Christine has kind of looked out for Satin since they've been in school. And then, Satin, trying to get her, she really likes helping other kids, and letting her know that . . . you can start right here in this house, with Christine, helping her with her reading.

Through encouraging empathy, Kassie is providing her nieces with a guiding principle for how to interact with others and how to resolve interpersonal conflict. In the Ross-Yerbabuena family, acceptance of differences and the value of hard work are emphasized in everyday interactions. According to Marisa, she and her husband convey the message of acceptance and perseverance.

We were able to help him understand that there's nothing wrong, that probably his grandpa—we think his grandpa could have been dyslexic and we think his dad was probably a little bit dyslexic . . . And I probably have a little bit of attention issues, and my husband has more than I do, and he got it from both of us—a double whammy. But it's been de-mythed. We've de-mythed these difficulties because we've talked so much about the fact in life that we all have strengths and weaknesses, but it's

really what percentage sweat that you put into things, and it is o.k. to have difficulties.

A family's prevailing values orientation can include multiple values and seems to provide adolescents' with internal guidelines which influence their approach to coping.

The overall family environment is influenced by parents and adolescents in multiple ways. In this study, three important family systems variables emerged. Parents' availability, which is influenced by work and other responsibilities, acts as a coping resource for adolescents. Through their reciprocal interactions, parents and adolescents create stressor management routines to handle recurrent stressors. Finally, families' prevailing values orientations (e.g., respect, empathy), as conveyed by parents' words and actions, provide direction for adolescents' coping.

#### Influencing the School System

The school system is a critical part of the "space" that parents create, and their interactions with the school system are often aimed at making it a better fit for their children's needs. Because so many of the stressors experienced by adolescents with learning disabilities fall in the school domain, a great deal of parents' support seems to come in the form of their interactions with the school. Parents' interactions with the school may occur in response to a specific problem situation or may be more proactive or preventive. The nature of parents' interactions with the schools is influenced by their view of the school system (partner versus adversary).

Parents exert influence over the school system on multiple levels. Most basically, parents have some choice about what school their child attends. Although children are

expected to enroll at their “neighborhood” school, parents may apply for transfers, as in the case of Star Herrera, Satin Williams, and Christine Williams. Alternately, some parents choose between public schooling and other options (i.e., private school, home-schooling). Parents’ choices in school enrollment seem to be most influenced by their child’s school experience. For instance, Melissa Herrera was disappointed in her daughter’s lack of progress in her neighborhood school. Thus she researched alternatives and chose another school:

And I said, there’s got to be a school that really believes every student’s got it in them. [This school] just happened to come out that year as a blue ribbon school. They—the majority of their students had passed the TAAS test and the ITBS test, and it was a recognized school . . . That’s exactly what I think she would benefit from, if she had smaller classes . . . So I got a transfer. The summer after 5<sup>th</sup> grade—she went to [neighborhood school] for 4<sup>th</sup> and 5<sup>th</sup>, and the summer after 5<sup>th</sup>, I said, [neighborhood school] is not helping her . . . I kind of felt like [neighborhood school] was just letting her fall further behind because it just felt like those two years that she was there—she’d just take 2 steps further and 3 steps back.

When Melissa finally found the “right” school for Star, she described it as a good fit for her daughter’s needs, “It was just perfect. It just all fell into place because they prepared her for middle school completely. I mean, it was the best thing that could have happened.” Ernie Hernandez, father of David, worried about the effect of multiple school

changes on his son's learning, so when his son came to live with him, he chose to keep him at his current school despite the distance.

His mother moved him to better be convenient to pick him up, and we spoke about this. I said, 'You're devastating the child because he's barely getting to meet new friends, barely getting to meet his teachers, and then you pull him out of that school for another school.' So even though I lived here and [his current school] was over on [name of distant street], I went ahead and dropped him off, picked him up, and we finished out that school year.

Marisa Yerbabuena chose to place her child in private school, as she disagreed with the public school's efforts to identify her son as learning disabled. Like Melissa Herrera, she became disappointed in her son's poor progress and chose a public school that she felt would be more successful in meeting her son's needs. Marisa states, "At that point, we decided that it was best to go ahead and trust the experts in the public school and get [him] as much help as he could." In all, five parents spoke of making conscious choices about the school that their child attended.

Parents may also act as advocates for their children within the schools. In general, parents seem to want their child to have a school environment that is safe, stable, sufficiently challenging, and supportive. When parents perceive that a child's school experience is not meeting these standards, they may interact with the school to make changes. Kassie Williams aptly describes this role as letting the school know that, "in order for my child to fit in that vision or have a place, this is what I need you to do."

Parents express varying levels of comfort advocating for their children. On the whole, parents who feel knowledgeable about their child's disability and the school system seem to feel empowered to push for changes in their child's educational program. In the Marino family, both parents work for the school system, and when a problem arises for Joshua, they are able to use their expert knowledge to solve it. When Joshua was denied access to an advanced math class, Robin took action.

So after that, I ended up calling the math secondary education coordinator and talking to her a little bit about what happened, and she really encouraged, you know, she said, he should be able to take the class. You know, she was wonderful, she went back and looked at all his tests, TAKS, benchmarks, and all that, and his scores were fine . . . And we knew, we knew what we had to do. We knew they couldn't deny him access to the class.

In contrast, Jenny Underwood is not as comfortable in the role of advocate. She explains, "I've never wanted to push my circumstances on anyone, which I just don't—first of all, having special help made both of us kind of feel funny at first. I'm not one of those moms out of there—'My child needs this, my child needs that.' I mean, we don't do that." However, even Jenny chose to intervene and request a schedule change when she learned of her son's problems with a specific teacher. A school environment that is a good fit for a child's specific needs appears to limit exposure to stressful experiences and provide access to coping resources (e.g., supportive teachers, stability).

Children have many ways of communicating to parents that a specific educational arrangement is not meeting their needs. Adolescents in this study often communicated their dissatisfaction directly. For instance, Shana Rios tells her mother that she does not like her special reading class because she is not learning. Likewise, Jesse Walby tells his mother that a specific teacher is not letting him go to content mastery. Parents may also pick up on their children's emotional cues. When Joshua Marino was in elementary school, his mother noticed "he'd come home saying 'I'm stupid. Everybody thinks I'm stupid.'" Joshua's distress prompted his parents to initiate special education services.

Parents can influence their children's school environment by choosing the school they attend and advocating for specific services or classes. In general, parents who feel more knowledgeable about the school system are more likely to assume the role of an advocate. Parents monitor their child's academic, emotional, and behavioral functioning to determine how well the school environment is meeting their child's needs. Adolescents may also tell their parents when there is a problem at school.

#### Situation-Specific Coping Assistance

Parents' efforts to regulate exposure, structure the home environment, and influence the school system lay the foundation for parents' situation-specific coping assistance. Parents in this study engage in interactions with adolescents intended to address specific stressors. Parents' situation-specific strategies are also influenced by their knowledge, attributions, beliefs, and goals. When parents become aware that their child is experiencing a stressor, either through monitoring or adolescents' problem sharing, parents have several options for responding. They may refrain from taking any

action, hoping that their son or daughter can solve the problem independently. Parents may delay their responding, continue to monitor, and act only if the problem continues or adolescent distress intensifies. Parents may also respond immediately. In this study, parents tend to respond to specific problems by encouraging problem solving, attempting to manage adolescent distress, or providing direct assistance. Direct assistance can serve both emotion-focused and problem-focused goals. Table 5 presents examples of each type of responding.

Table 5

Parents' Situation-Specific Coping Assistance.

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<u>Encourage Problem Solving</u>	<u>Managing Distress</u>	<u>Direct Assistance</u>
Giving advice	Physical Comfort	Demonstration
Offer incentives	Distraction	Get organized
Role-playing	Listening	Intervene in conflict

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Parents seem to encourage problem solving when adolescent distress is at a manageable level, they believe the problem can be solved, and they view their child as having the necessary skills to engage in problem solving. In this study, adolescents and parents discuss advice-giving as one way parents encourage problem solving.

When parents offer advice, they are suggesting ways that adolescents may be able to solve the problem; however, they are not taking over the coping process. For example, Ernie Hernandez offers his son David advice about speaking in front of others, "It's hard,

I said. Don't even look at the crowd. Just read a few lines, and then look over here and then read another few lines and look over here, just glance. Don't look at any one person because you might think that they're staring at you. Just sort of glance around." Ernie is offering suggestions as to how David can cope with this stressor, but David has the ultimate responsibility for following through on these suggestions. Parents can also encourage problem solving by rewarding adolescents' coping. In both the James and Underwood families, parents offer incentives to motivate adolescents to use effective coping strategies for dealing with academic stressors. In the Williams-Jones family, Kassie Williams role-plays specific situations with her niece in hopes of facilitating problem solving. "So in those situations, we might do role-plays or give her—for instance, if a person came up to you, and you had \$10 and they didn't have any money, and they told you that they wanted to get something out of the cafeteria and that they had money in their locker, but they couldn't go get it right now, would you give them money?" Parents' suggestions that children think about solutions or take action to solve problems may send the message that problems can be solved and that children have the capability to solve them.

When parents perceive adolescent distress to be high, to the level that it may interfere with problem solving, they may attempt to manage adolescent distress. Distress management also seems to be more common in situations that are not amenable to direct problem solving. Mothers such as Melissa Herrera and Jessica Dietz have developed strategies for managing the frustration that often surrounds homework. Both mothers tend to suggest that adolescents "take a break" from homework so that their frustration is

reduced. In the Hernandez family, David seems to become easily upset and often begins crying. According to his father, David must calm down before he can begin problem solving. As Ernie explains, “I ask him first of all, what’s wrong? But it won’t come out, so I say for him to go to his room for awhile and calm down. Then, I’ll ask him to come out here, when I know that he’s completely cried it out. Let me know what it is. If I can help him, I’ll show him or tell him how to work it out.” Parents also provide physical comfort (e.g., hugs) and verbal reassurance in an effort to alleviate adolescent distress. Distraction is another method that parents use to manage adolescent distress. Ed Ryan describes using play and humor to “get their mind off the whole other thing that’s irritating them and get them thinking in a different direction, and maybe, they loosen up a little bit and don’t get so uptight about it. They get focused on it too much, they just wallow in it.” Parents’ efforts to manage adolescent distress may serve as models for adolescents’ development of more independent emotion management strategies.

When parents see adolescents as lacking skills for coping or problem solving and see themselves as having the requisite skills, they may engage in direct coping assistance. The most common example of direct assistance is parental homework help. Parents often demonstrate a problem, read the directions, help locate an answer, or provide editing. Parents in this study also describe responding to academic stressors by helping adolescents “get organized.” When John Underwood was missing an assignment, his mother looked through his backpack and organized his materials in hopes of finding the assignment. Direct assistance is also seen in response to interpersonal stressors. In both the Abbott and Ryan families, parents intervene in sibling conflict to broker a resolution.

Parents manage distress, encourage problem solving, and provide direct assistance in response to specific adolescent stressors. Adolescents' distress level seems to play an important role in determining how parents respond. Parents' perception of their own skills and adolescents' skills also impacts their responding.

### Preparing and Equipping Adolescents

The current data suggests that, in addition to responding to specific stressors, parents also engage in strategies intended to prepare and equip their children for autonomous problem solving and self-directed coping. Parents prepare and equip adolescents by building skills or conveying information. Both processes add to adolescents' fund of internal coping resources.

Parents in this population seem to engage in "real world talk" in an effort to prepare children for eventual independence. These parents seem to feel that a realistic understanding of how the world works will prepare adolescents to more effectively handle future challenges. Real-world talk seems to be a strategy parents use to prepare children to face the challenges they will encounter as they grow into adolescence and adulthood. Ed Ryan, for instance, wants his daughter Misty to understand what the real world is like so that she is prepared to handle problems with other people.

You have to straight, up-front explain, I don't know, the sickness of people. Give it to them in detail so they understand . . .you can't just take things for granted, that people will be nice, that this man is going to help you . . . You have to keep your guard up, be very attentive . . . They're prepared, they see it, they're not going to be shocked when they're older

to be confronted with something like that. . . . If I had the knowledge then that I have now, I could have avoided a lot of the situations, the problems that I had. They have a lot of that information now, I let them know what the world will be like.

Ed hopes that giving his children this information will allow them to avoid the problems he faced. Likewise, Tom Underwood explains how he uses real world talk to prepare John for independence, “I talk about my business with him. Here’s what’s happening. Here’s what I’m doing. . . . [I want to] make them responsible as an individual and be a productive member of society . . . The main thing is to understand that it’s not fair, it’s not easy and that you have to accept that and go on.” Such knowledge is a resource adolescents may draw on to cope with future stressors.

In addition to conveying information about what the “real world” is like, parents also work with adolescents to build skills for independent living. Although independent coping skills are certainly important, parents in this study do not seem to directly teach such skills to adolescents. However, parents do focus on basic living skills that are necessary components for adolescents to cope with life’s challenges. Melissa Herrera worries about Star’s ability to meet the challenges of living alone and providing for herself, “Because I’ve thought, will she be able to keep a job, pay her rent, write checks. So when we go out, and I have to write a check, she’ll say, ‘Mom can I write the check?’ and I say, yeah—so I know that she can.” Similarly, Tom Underwood wants John to have skills for managing his money and seeking employment. He works toward these goals by helping his son develop basic skills, “When we go to the grocery store, and

before the cash register comes up and says \$18.43, and I'll turn to him and say, 'I'll give him a \$20, what's the change going to be.'" Parents also express concerns about the impact of adolescents' weak academic skills on their future functioning. Ernie Hernandez hopes that regular reading practice will improve David's skills.

Knowledge and skills intersect in the area of self-advocacy. Parents such as Marisa Yerbabuena, Regina Zeto, and Robin Marino encourage their children to become advocates for their own needs by providing them with knowledge and encouraging the development of communication skills. These three parents encourage their children to participate in the ARD process and express their perceptions of what they need. Parents seem to encourage self-advocacy as a path to independence. As Robin Marino explains, "He's becoming, in a lot of ways, his own advocate in a lot of things, and he's needing less and less as we go along."

As a whole, parents express some concern about adolescents' abilities to independently manage life's demands. Thus, parents seek to provide learning disabled adolescents with coping resources such as knowledge about how the world works and skills for independent living.

#### Integrative Summary

In conclusion, adolescents' coping processes and parents' actions interact in a recursive process to create a space that supports adolescent coping. This space, the overlapping of family, school, and peer systems, determines, to a great extent, the environment in which these adolescents function. The characteristics of these systems influence adolescents' experiences, their exposure to stressors, the availability of social

support, and the fund of coping resources. In environments where adolescents' exposure to stressors is regulated, social support is adequate, and coping resources are available, adolescents are able to develop and use independent coping strategies. Because adolescents have a broad range of personal characteristics and individual needs, a "space" that works for one adolescent may not work for another.

In this study, parents vary widely in the boundaries they establish, the support they provide, and the strategies they use to build adolescents' coping resources. Clearly, some families are more successful than others in facilitating adolescents' coping; however, all families create a space that encourages their specific vision of adaptive adolescent coping. In some families, this vision may entail significant parent involvement and support; whereas, in other families, this vision emphasizes independence, and parents function as a "safety net". Based on the current data, it is not clear, what impact different "spaces" have on adolescents' psychosocial outcomes. However, families foster differing notions of healthy adolescent coping, and within this study, adolescents' stress and coping experiences are shaped by their environment. The following chapter presents two families' stories to further illustrate this model.

## CHAPTER NINE

### ILLUSTRATION OF THE THEORY: TWO FAMILIES' STORIES

In the following sections, two families' experiences are explored to better illustrate the major concepts and relationships within this theory. In each family, adolescents' stressor experiences and their coping processes provide the context for parents' support. Parents engage in monitoring strategies to assess their children's needs and tailor their actions to meet these needs. A parent's cognitive lens—their knowledge, beliefs, attributions, and goals—influences how that parent interprets information gained through monitoring and consequently, how the parent shapes the environment and responds to adolescent stressors. The Williams-Jones family and the Underwood family both “create a space” that supports their children's coping through regulating exposure, structuring the home environment, and influencing the school system; however, the spaces they create are very different. These two families differ on several dimensions critical to the current theory, including adolescents' stressor level, adolescent coping, parent beliefs, and parent support.

#### Williams-Jones Family

Kassie Williams, age 46, and Laurie Jones, age 43, have raised their grandnieces Satin, age 13, and Christine, age 11, since birth. Kassie is the girls' legal guardian, although they see their mother almost daily. Laurie's husband, Mike, and their two young sons also live in this household. At the time of the interview, Kassie and Mike worked outside the home, and Laurie stayed at home. The family's combined income is between \$65,000 and \$80,000. During the year preceding the interview, the family

experienced a series of major stressors, including the death of Kassie and Laurie's father from cancer.

When Satin was ready to start kindergarten, her aunts suspected she would have difficulty because of behavior and learning problems they had seen in preschool. Kassie researched various options, chose a well-regarded school near her place of employment, and requested a transfer. As a first-grader, Satin was identified as having a learning disability. Compared to her older sister, Christine seemed to do well in preschool kindergarten, but first grade was a struggle, and in second grade, she, too, was identified as having a learning disability. Special education records indicate that Satin has a below average IQ (standard score = 80) and a learning disability in the area of math calculation and that Christine's IQ is in the average range (standard score = 99) with learning disabilities in basic reading and written expression. Currently, Satin has resource instruction for math but has regular education classes for all other, and Christine has regular education classes for all subjects. By choosing this school and working with the school to make important decisions about the girls' education, Kassie and Laurie provide the girls with an environment that limits their stressor experiences and makes coping resources available.

As adolescents, Satin and Christine seem to have very different stressor experiences. Satin's low frustration tolerance and poor social skills lead her to appraise many everyday events as stressful. Christine, who is less emotionally intense than Satin, reported far fewer stressors. Both girls use a wide range of coping strategies in addressing stressors, although they seem to have different coping goals. Where Christine

seems intent on calming down or resolving conflict, Satin enjoys expressing her emotions and, in conflict situations, often chooses to retaliate. While Christine has been able to develop her own self-calming strategies, Satin seems to rely on her aunts to structure her emotion management. Both girls seem to utilize distraction, active cognitive coping, and problem sharing with their aunts, as well as peers.

Sisters Kassie and Laurie seem to have developed similar beliefs, attributions, and goals; however, Kassie appears to have more knowledge about the girls' disabilities, due to her work experience. Their understanding of learning disabilities appears to be realistic and optimistic. Both women see themselves as competent parents and view the school as a partner. They tend to view Christine as relatively competent and Satin as vulnerable and naïve. Although the women expect their nieces to take responsibility for their behavior, both women seem to embrace a disability perspective. They seem to have a realistic understanding of the girls' strengths and weaknesses and are able to adjust their expectations based on this understanding. The women share a goal of eventual independence for Satin and Christine; however, they see this as a long-term goal, rather than something they will achieve soon. They closely monitor the girls' behavior and emotional functioning, and pay particular attention to Satin's behavior and emotions.

Now that the girls are in middle school, Kassie and Laurie work to create manageable challenges for the girls through close monitoring and frequent support. Over time, this family has developed routines for addressing daily hassles (e.g., sibling conflict, homework). Through trial and error, the women have learned what works with each child and have similarly discovered their own strengths as parents. Laurie seems to

be better at handling emotional aspects of problems and providing comforting; whereas, Kassie is better at problem solving. The women seem to believe that it is important for the girls to experience and learn from the consequences of their actions, and they attempt to create safe opportunities for this to happen. Kassie and Laurie have been open and matter-of-fact in discussing the girls' learning disabilities. Satin recalls how her aunt explained it to her, "She told me because I had a learning disability, and I finally realized that because I'm having a hard time in math and science, some of my classes." In dealing with their father's illness and death, Kassie and Laurie made the decision to let the girls witness his dying because they believed that it would make his death less frightening. Thus, the children visited him, lay in bed with him, and spent time with him up until the moment of his death. However, Kassie and Laurie "carefully monitored the girls' responses and were available to talk with them about their feelings.

This family emphasizes values such as empathy and responsibility, and these principles seem to guide the girls' coping with both academic and interpersonal stressors. Now that both girls are adolescents, they cope with many stressors with only minimal support. In responding to specific stressors, Kassie and Laurie dispense advice, guide the girls (especially Satin) in managing emotions, and provide direct academic assistance. To prepare the girls for independence, Kassie and Laurie emphasize skills such as self-control and communication and also encourage the girls' specific talents.

#### The Underwood Family

Jenny and Tom Underwood are parents to John, age 14, and his older sister Chrissie. Tom owns his own business and works long hours; Jenny no longer works

outside the home and is more available for supporting John's coping. The family's income is more than \$95,000 a year. The family does not seem to have experienced any major stressors in recent years.

John's parents and teachers noticed his learning difficulties from the time he began kindergarten, and in second grade, his parents eventually obtained a private psychological assessment, which revealed a learning disability. Jenny explains her reaction, "to have a kid then that seems to have some sort of learning disability was kind of a surprise." They have carefully avoided disability talk (regulating exposure), and even during the interview, Jenny avoided using words such as learning disability and special education. Jenny and Tom delayed placing John in special education for almost three years, but his difficulties increased, and they eventually chose to pursue special education services. According to special education records, John's IQ is above average (standard score = 116), and he has learning disabilities in basic reading, written expression, and math calculation. At the time of the study, John received resource instruction for English, reading, and math, with regular education science and social studies. According to his parents, John typically fails one academic class per year and has had to take classes in summer school most years. Although Jenny has noticed some factors (e.g., positive student-teacher relationship, smaller classes) that seem to benefit John at school, she is generally uncomfortable in the role of an advocate and relies on the school to structure John's program.

John's parents describe ongoing academic problems related to John's learning, organization, and work habits. According to Tom, "When [John] started reading, he

couldn't read his own name, and writing, it's still awful, he couldn't hold a pencil right. I tried to show him. His writing is awful. Then it was science, and now it's history . . . He doesn't do his homework. He doesn't pay attention in class. It was always a struggle.”

As an adolescent, John seems to view academic problems as minor inconveniences, rather than a source of significant distress. John tends to cope with academic difficulties independently, although he sometimes asks his older sister or a teacher for help. John rarely engages in problem sharing, instead using avoidance and emotional release to cope with frustration.

With regard to their cognitive lens, Jenny and Tom share similar beliefs about John's abilities, seeing him as generally competent, although “lazy” and attributing John's academic difficulties to lack of motivation or laziness. Thus, much of their problem solving support takes the form of trying to motivate John to work harder. Jenny seems to see herself as competent in handling most problems that arise; however, Tom acknowledges that he is often not sure what specific advice to give his son. Both parents view the school as a trusted partner in shaping John's education. Both parents, but especially Tom, monitor John from a distance and often have little information about his day-to-day life. They rely on regular communication with the school (e.g., report cards, progress reports) to learn about John's academic performance and any behavior problems. Their hope for John's future is that he is able to find a way to support himself, and both parents have specific ideas of what that might entail. Jenny believes, “the Air Force or the Army would be great,” and Tom expresses that John “better learn how to

figure out a transmission in 40 minutes.” These more specific and immediate goals lead Jenny and Tom to focus on preparing and equipping John for the “real world.”

The family’s “routine” for handling routine problems such as homework is for John to cope with these stressors on his own. Earlier in John’s schooling, he and his mother tried to work together on homework; however, there was too much conflict, and they eventually agreed to stop working together. The Underwood family seems to emphasize independence and hard work as important values. Jenny and Tom perceive John as able to cope with most stressors on his own and rarely provide situation-specific coping assistance. Moreover, John seldom asks for parent help.

#### Summary

The Williams-Smith and Underwood families differ on several dimensions relevant to the current theory. First, Satin, Christine, and John seem to experience varying levels of academic and interpersonal stressors, which is likely to contribute to differences in parent support. Their coping strategies also seem to differ. Christine and Satin use direct problem solving, direct emotion management, active cognitive coping, problem sharing, and distraction/avoidance. John’s coping repertoire appears to be more limited. He rarely makes use of problem sharing because he does not judge his parents’ assistance to be beneficial. John also describes few instances of direct problem solving and seems to rely, instead, on avoidance and emotional release. John’s more limited academic success (e.g., multiple failing grades) may give him less confidence in his ability to directly address academic stressors.

Kassie Williams, Laurie Jones, and Jenny Underwood see themselves as

competent and the school as a partner. However, these women's differing beliefs about their children contribute to differences in the support they provide. Because Kassie and Laurie embrace a disability perspective, they are more likely to evaluate the girls as needing their support to deal with school problems. In contrast, Jenny (and Tom) view John as competent but lazy. They attribute many of his academic difficulties to lack of motivation or misplaced priorities. These parents' differing beliefs about their children shape how they interpret information and what actions they take. The Underwoods allow John to experience stressors and the consequences of his actions with little buffering. They act as a safety net, providing support when John falters, thus creating the experience of manageable challenges. Kassie and Laurie carefully control what Satin is exposed to, and she seems to be protected from stressors that might overwhelm her coping resources.

Both the Underwood and Williams-Jones households are characterized by routines for handling recurrent stressors, such as homework. However, the routine in the Underwood household is that John completes his homework independently; while, in the Williams-Jones household, Kassie and Laurie provide more direct support for coping with stressors. The families' values orientations also shape the nature of parental support. In the Underwood family, the emphasis is on independence and hard work, and John is encouraged to cope independently. In the Williams-Jones family, empathy is highly valued, and the girls are encouraged to take others' perspectives. Kassie and Laurie frequently respond to the girls' specific stressors by offering advice or direct assistance. The Underwoods are more focused on preparing and equipping John for independence by conveying knowledge and encouraging him to develop practical skills.

## CHAPTER TEN

### DISCUSSION OF FINDINGS

In the preceding sections, study results are framed in terms of a theory of parents' role as a coping resource for adolescents with learning disabilities. As discussed in previous chapters, parents' most critical function in adolescent coping within this population seems to be their shaping of adolescents' home and school environments. The following sections consider findings first in terms of the initial research questions that guided this study. Where appropriate, findings are related to existing research. Then, implications for future research are discussed, with particular emphasis on lessons learned from this study. Finally, implications for education and clinical practice with this population are outlined.

At the outset of this study, the following questions shaped my inquiry.

1. What are the typical stressors encountered by learning disabled adolescents?
2. How do adolescents with learning disabilities respond to stressors?
3. What is the nature of parent involvement in the coping process of adolescents with learning disabilities? What strategies do parents employ to support these adolescents in coping with stressors? What goals or beliefs guide parents' actions?

Findings relevant to each of these questions are discussed below.

#### Question #1: Stressor Experiences of Learning Disabled Adolescents

As discussed in Chapter Six, adolescents with learning disabilities report academic (e.g., difficulty reading, homework) and interpersonal stressors (e.g., conflict

with peers, death of relative). Most striking was the wide variation in stressor experiences within this population.

No single stressor was reported by all adolescents or parents; however, homework was cited by more than half of the participants as a recurrent stressor. Perhaps, homework is judged as being a more significant academic stressor because it intrudes upon adolescents' world outside of school. For learning disabled adolescents, the school day may represent a series of difficult and demanding tasks, which appear to tax some adolescents to the point that few resources remain for dealing with homework. Moreover, homework also seems to set up potentially conflictual parent-adolescent interactions. Adolescents may struggle to complete homework and seek some sort of aid; however, parents may not be equipped with the skills for assisting adolescents with homework. In addition, because the developmental period of adolescence is characterized by seeking distance from parents, some adolescents may be uncomfortable asking for or accepting parent help. Parents, too, may have expectations that adolescents "should" be able to work independently.

Existing research examining stressors among LD adolescents indicates that adolescents with learning disabilities experience more frequent academic stressors than their non-disabled counterparts (Geisthardt & Munsch, 1996, Wenz-Gross & Siperstein, 1998). In this study, adolescents' level of academic stressors varied widely. Based on parent and adolescent interviews, many adolescents in this study experienced more frequent and intense stressors during elementary school. This pattern may be related to the typical process by which learning disabilities are identified. In this study, all

adolescents were assessed and diagnosed with a learning disability while in elementary school. Often children experienced severe and persistent academic difficulties before their learning disabilities were identified and appropriate services were initiated. After identification, there seems to be a period of adjustment as parents and the school identify appropriate interventions and instructional strategies, but by middle school, many adolescents may be in educational programs tailored for their specific needs.

Some research suggests that older adolescents with disabilities experience distress resulting from the recognition of their academic limitations (e.g., Calhoun & Beattie, 1987). In this study, adolescents seem to vary in their awareness of their learning difficulties, and no adolescent specifically cited “having a learning disability” or “receiving special education” as a stressor. However, two adolescents described feeling embarrassed about receiving special education services, and another recalled feeling “dumb” during elementary school. The salience of having a learning disability for adolescents’ stressor experiences may depend on their level of awareness, extent of academic difficulties, and enrollment in special education classes.

In the interpersonal domain, one-third of participating adolescents seem to have persistent difficulties with peers. In a finding that may be particularly relevant to the current study, Wenz-Gross and Siperstein (1998) indicate that learning disabled adolescents report being “picked on” more by older students. In this study, adolescents with persistent peer problems seem to be vulnerable to bullying by peers. Some parents suggest that adolescents’ social immaturity makes them easy targets for bullies, and some participating adolescents seem to misperceive peers’ social cues and fail to recognize

peers who seek to take advantage of them. Existing research provides some support for the idea that LD adolescents make less accurate social judgments than their non-LD peers (e.g., Hoyle & Serafica, 1988, Settle & Milich, 1999). Learning disabled adolescents, for example, may not be as adept as their non-LD peers at understanding which peers like them and which do not.

In exploring the “typical” stressors encountered by LD adolescents, other factors related to adolescents’ stressor experiences also emerged. For instance, acute stressors, for LD adolescents, are often embedded within the context of ongoing or chronic stressors. Many adolescents in this study seem to experience academic difficulties as a chronic stressor. Some research (e.g., Wheaton, 1994) suggests that chronic stressors have more significant health effects than acute stressors. Thus, the chronic nature of stressor experiences among learning disabled adolescents may place them at greater risk for poor mental health outcomes (e.g., Morrison & Cosden, 1997).

Adolescents’ cognitive appraisal seems to be key in explaining differences in their stressor experiences. Few existing studies have directly assessed how children and adolescents with LD appraise stressors. In this study, adolescents seem to make both primary and secondary appraisals of stressors. Initially, adolescents evaluate an event or situation in terms of its meaning for them. A small group of participating adolescents demonstrated a challenge-seeking orientation. It appears that adolescents who seek challenges may be more likely to appraise potential stressors as challenges and may, therefore, perceive fewer stressors than their challenge-averse peers. This style of appraisal seems to be a powerful preventive coping resource and represents an important

avenue for future research. In this study, adolescents also seem to make a secondary appraisal—What can I do about his stressor? The way that adolescents answer this question seems to have implications for the coping strategies they use. For example, in coping with academic stressors, some adolescents perceive themselves as having little ability to change the situation and, therefore, choose to cope through avoidance.

### Question #2: Adolescent Coping

As discussed in Chapter Seven, adolescents with learning disabilities utilize a wide range of strategies to cope with stressors. Five categories of coping strategies emerged from the current data: direct emotion management, avoidance/distraction, active cognitive coping, problem sharing, and direct problem solving. Existing research suggests that LD youth are more likely to use avoidant coping and less likely to use active or “approach” coping (e.g., Halmhuber & Paris, 1993, Shulman et al., 1995). In addition, children and adolescents with learning disabilities appear to have difficulty with multiple steps of the problem-solving process (Carlson, 1987; Schneider & Yoshida, 1988; Toro, Weissberg, Guare, & Liebenstein, 1990). Finally, interpersonal and social skills difficulties may present these adolescents with fewer options for accessing social support.

Although most adolescents in this study utilized avoidance or distraction to cope with some stressors, these strategies were typically only one part of adolescents’ overall coping repertoire and were often used in situations where adolescents perceive little control. For instance, several adolescents used avoidance to deal with feelings of loss. However, avoidance may become problematic when it is used in academic situations.

Some adolescents may see themselves as having little control in academic situations and thus, choose to avoid difficult academic tasks in order to minimize distress. Over time, avoidance becomes an established pattern for coping with academic stressors. Conceptualizing adolescents' avoidance of academic tasks as a functional, albeit maladaptive, coping strategy, has implications for educational interventions. These implications are discussed in a later section.

Although many adolescents in this study identified a broad repertoire of coping strategies, some described more limited options. Because this study relied on self-report (and parent report), it is unclear whether adolescents with seemingly limited coping options have a smaller repertoire of coping strategies or are less skilled at describing them. Studies relying on youth self-report of coping are often more accurately measuring "meta-coping" or children's "knowledge and understanding of their own coping" (Wertlieb, Weigel, and Feldstein, 1987, p. 557). Perhaps, youth who report fewer strategies have a less developed understanding of their own coping. Nonetheless, consistent with existing research, it appears that some learning disabled youth have difficulty generating multiple coping strategies.

In this study, parents are the most commonly identified source of support for academic problems among both boys and girls, and for boys, parents are mentioned almost exclusively. Although research with non-learning disabled adolescents suggests that they are more likely to seek help from peers than from parents (e.g., Schonert-Reichl & Muller, 1996), such research often focuses on adolescents who are older than those in the current study (e.g., high school students). Consistent with previous research, girls in

this study report using peers as a source of support more often than boys (Schonert-Reichl & Muller, 1996). In particular, girls seem to find that problem sharing with peers makes them “feel better.” Learning disabled adolescents’ may access parent support more often than peer support because they have fewer strong peer connections or limited skills for accessing peer support. Alternately, parents may be a more appropriate source of support for some problems frequently experienced by these youth, such as academic stressors.

Adolescents’ sequencing of coping strategies is rarely discussed in existing literature, perhaps due to reliance on checklist measures that are not designed to assess the order of coping responses. In this study, many adolescents seem to use an emotion-focused strategy as a predecessor to some form of problem solving or problem sharing. It appears that some adolescents may use direct emotion management, for instance, to alleviate some distress, thus allowing them to engage in other forms of coping (e.g., problem sharing). Suggestions for assessing the sequencing of coping strategies are discussed in a later section.

### Question #3: Parents’ Role

In initiating this study, I hoped to describe parents’ role in the coping of adolescents with learning disabilities. The limited research addressing this process in learning disabled and non-learning disabled populations tends to consider broad factors (e.g., emotional support), rather than the specific mechanisms by which parents provide support. Thus, I structured the interview to probe the specific ways that parents support adolescent coping. Parents’ involvement in adolescent coping, as discussed in Chapter

Eight, is multi-faceted. Although several specific types of parent support emerged from the data, parents seem to have the most significant impact through their shaping of adolescents' environment.

Results of the current study are consistent with retrospective accounts of learning disabled college students which cite monitoring of homework, positive messages (e.g., telling children they are smart), school-level advocacy, seeking of information, and constant encouragement and love as ways that mothers provide support (Reis, Neu, & McGuire, 1997, Barga, 1996). The idea that parents create a space that supports coping is similar to the broad parenting constructs of "support," "control" and "structure" discussed by Hardy, Power, and Jaedicke (1993). Creating a space includes some aspects of each of these constructs. Parents' regulation of exposure, structuring of the home environment, and influence of the school system are similar to the concept of structure. Likewise, parents provide support and control through their efforts to respond to specific adolescent stressors and to prepare and equip adolescents. In Hardy's study, these parenting dimensions were associated with children's coping strategies and their perceptions of efficacy (Hardy, Power, & Jaedicke, 1993).

Research suggests that there are qualitative differences in mother-adolescent and father-adolescent relationships (Youniss, 1987). Due to the limited number of fathers who participated in this study (5), it is difficult to draw any conclusions about how differences in mother- and father-adolescent relationships may impact this process. However, some tentative trends emerged with regard to school involvement. In seven of the eight mother-father families that participated, mothers tended to take the lead in

communicating with the school. In the eighth family, both parents work for school systems and seem to take similar roles in interacting with the school. In these seven families, parents described the mother's higher level of school involvement as the result of differing job responsibilities (e.g., mother does not work outside home) or differing skills or knowledge (e.g., mother is better at talking to teachers). Thus, it appears that although parents may share other roles (e.g., giving advice, comforting), one parent often takes the lead in interactions with the school.

Parents' goals and beliefs emerged as a powerful influence on their actions, both in influencing the environment and responding directly to adolescents. Parents' beliefs about the cause of their child's problems or stressors seem to be particularly important. In this study, most parents viewed adolescents' academic difficulties as at least somewhat related to their disability. Parents who perceive a strong link between adolescents' stressor experiences (e.g., failing grades) and their disability seemed more likely to intervene by providing direct assistance, problem-solving support, or emotion management.

#### Study Limitations and Directions for Future Research

Data collection in this study relied on semi-structured interviews with parents and adolescents. These interviews yielded a rich description of the stress and coping processes among adolescents with learning disabilities and provided a useful method for exploring the role of parents in this process. However, in some instances, adolescents with poor verbal skills found it difficult to respond to open-ended questions or provided very short responses, which limited the interview process. In future research with this

population, in-depth interviews might be combined with other assessment measures. A daily diary method such as that used by Sorenson (1993) may prove useful with learning disabled adolescents. In addition, using a daily diary method to assess coping is likely to provide detailed information on the sequencing of adolescents' coping strategies. Moreover, data from adolescents' interviews could be used in the development of coping strategies inventories specific to this population.

In contrast to some adolescent interviews, parent interviews were a rich source of data and provided information beyond the original research questions. Because parent participants were self-selected by their willingness to participate, this group of parents may not be representative of the overall population in all respects. As a whole, participating parents seemed to be highly involved in their children's education. Thus, this research may paint an overly positive picture of stress, coping, and parent support among learning disabled adolescents. In future research, offering small incentives for participation may aid in recruiting a more representative population. Moreover, some parents who initially expressed interest in participating were, in fact, seeking an intervention program for their children, so a more comprehensive research program, linked to intervention efforts, might also attract a larger and more representative sample.

Parents' retrospective accounts of their children's early years suggests that parents' roles evolve as their children grow and mature, but the narrow age range within this study made it difficult to examine developmental trends. In a longitudinal study with parents of special education students, parents' school participation practices changed over time (Harry, Allen, & McLaughlin, 1995). In future studies, multiple parent interviews

conducted over several years' time might provide useful information on the developmental progression of parents' support. A cross-sectional design, in which parents of younger and older children are interviewed, might also provide similar information. Future research should also include participants with a wider range of ability levels in order to assess the impact of learning difficulties on coping. In the current study, 14 out of 15 adolescents had an IQ within the average to above average range, and almost one-half of participating adolescents were "mainstreamed" in all regular education classes. Because development of coping skills seems to parallel cognitive development, more limited cognitive functioning may be associated with less developed coping skills, and more limited academic skills may be associated with increased academic stressors.

The current model supports research examining connections among broad parenting variables and children's coping within learning disabled and non-learning disabled populations (e.g., Hardy, Power, & Jaedicke, 1993). Barber (1997) suggests that three parenting dimensions, which he labels connection, regulation, and psychological autonomy, are critical for healthy socialization of children. Although regulation and psychological autonomy are consistent with concepts in the current study, parent-child "connection" is not as well developed in the current data. Warm, consistent parent-child relationships are important in fostering children's sense that the world is safe and predictable, and children who feel a greater sense of control over their environment seem more likely to utilize active coping strategies. Future researchers should assess the role of parent-adolescent relationship variables in adolescents' coping.

This study is important in moving beyond the “deficit model” that characterizes much of the stress and coping literature in the learning disabled population; however, future studies including non-learning disabled comparison groups are key for understanding the impact of learning disabilities on stress and coping. In studies comparing the coping of learning disabled and non-learning disabled youth, it is important that researchers carefully assess the constructs of life experiences, cognitive appraisal, and coping response. Learning disabilities may impact children and adolescents’ life experiences in ways that make them more likely to experience stressful life events. Further research is also needed to examine potential differences in cognitive appraisal among LD and non-LD youth. Identifying factors associated with adolescents’ positive, or “challenge,” appraisals seems to be particularly important. The results of this study suggest that research that goes beyond the checklist approach may be more sensitive to a wider range of coping variables (e.g., sequence, goals). Consistent with the conclusions of other researchers (e.g., Ayers, Sandler, & Twohey, 1998), a situational approach to assessing coping appears to be most useful in exploring relationships between context, appraisal, and coping. In this study, adolescents tended to respond more readily and provided greater elaboration when asked how they coped with specific stressors (first part of interview) than when asked about their general approach to coping.

Given the negative psychosocial outcomes common for many learning disabled youth, future researchers should also begin to examine the relationships between coping and outcome variables, including mental illness, school completion, and substance use. The current research also provides support for assessing the goodness-of-fit between

coping strategies, context, and appraisal. Recent research (Sorgen & Manne, 2002) found that youth who used emotion-focused coping in situations where they perceived little control and problem-focused coping in more controllable situations experienced less psychological distress. A coping strategy's "fit" for a particular situation or stressor may be an important variable for understanding relationships between coping and psychosocial outcomes.

Social support coping or help-seeking is discussed in much of the adolescent coping literature (e.g., Dalton & Pakenham, 2002, Schonert-Reichl & Muller, 1996). The current study and other recent studies suggest that future research should include a more finely tuned assessment of help-seeking. Based on the results of this study, it seems important to assess adolescents' goals for talking to others about their problems. Recent research also provides evidence that adolescents consider multiple criteria in choosing a "help-giver" (Sullivan, Marshall, Schonert-Reichl, 2002). Adolescents' expectations of support and nurturance influence their help-seeking for interpersonal, academic, and health problems. These findings further support the importance of assessing adolescents' goals or expectations in seeking support from others.

Although level of disability understanding was not directly addressed, this study suggests that adolescents' understanding of their disability varies widely. It appears that many parents struggle with how much they should tell their children about having a learning disability. Some parents in this study have explained their child's learning disability as being a "difference," just like any other difference. Future research with learning disabled youth should explore differences in self-concept and adjustment among

adolescents with varying levels of disability understanding and awareness. Some research suggests that the way that children and adolescents define their learning disabilities can impact self concept (Rothman & Cosden, 1995) and scholastic competence (Cosden, Elliot, Noble, & Kelemen, 1999). As adolescents mature, they may integrate having a learning disability with other information about themselves to form a coherent identity (Olney & Kim, 2001). Research with young adults with learning disabilities would be helpful in exploring the connections among disability awareness, adjustment, and identity formation.

In summary, the method of data collection used in this study offers possibilities for future research with this population and other disability populations. Future research should consider using multiple assessment methods to compensate for some adolescents' difficulties with the semi-structured interview format. The theory developed from the current data also offers a framework for researchers examining parents' support for adolescent coping within a variety of populations. In future studies, researchers should consider including a more diverse sample. Increased attention to the sequencing of coping strategies, coping goals, cognitive appraisal, and goodness-of-fit among strategy, context, and appraisal is also critical in future research in this area. Finally, because adolescents' disability awareness varies widely, researchers should explore the connections between disability awareness, identity, and adjustment.

#### Implications for Practice

Results of this study have implications for the education of children with disabilities, particularly the involvement of parents in this process, and for clinical

practice with learning disabled youth and their families.

The Individuals with Disabilities in Education Act (IDEA), which governs special education policy and practice in this country, mandates that parents be invited to participate in program planning. However, beyond this mandate, the requirements for parent involvement are actually quite limited. Moreover, special education policy and procedure often emphasize paperwork over authentic parent participation. Thus, the degree to which parents of special education students are involved in their children's education is often related to the practices of school staff.

Parents in this study have varying levels of involvement in the special education process and varying levels of comfort engaging in advocacy. Because of the emphasis placed on proper procedures, rather than authentic parent participation, school staff often seems most concerned with completing paperwork (e.g., getting a parents' signature). The current study and studies of parents' involvement in special education (e.g., Harry, Allen, & McLaughlin, 1995, Pruitt, Wandry, & Hollums, 1998, Shriver & Kramer, 1993) suggest several means of encouraging an authentic partnership between parents and special educators. Special educators should receive training to help them understand parents' various reactions to their child's disability. School staff may perceive parents who are powerful advocates for their children as combative, thus disregarding the "untapped potential of parents as partners in decision making" (Harry et al., 1995, p. 375). Potential conflict, which can damage the family-school relationship, might be prevented by training school staff to understand parents' perspectives and to create a partnership with parents. Based on the current data, parents who perceive their

relationship with the school as a “partnership” seem to experience less frustration in working with school staff. Special education staff should also be trained in the use of a collaborative goal-setting approach in meetings (Shriver & Kramer, 1993).

This study suggests the importance of parent training and information sessions for all parents of special education students, not simply those with severe disabilities. The current data suggests that some parents of learning disabled adolescents have mistaken or incomplete understandings of learning disabilities (e.g., it means he sees letters backwards). In most families, parents first learn about their child’s disability from special education staff (e.g., educational diagnosticians, school psychologists). Based on my own professional experience, this information is often shared with parents in the context of a special education meeting, and many parents may not feel comfortable asking questions in this context. This study suggests that it is important for parents to receive accurate and complete information about their child’s learning disability. Because parents’ response to their child’s disability may change over time, regular opportunities for parent training are important.

Because parents’ cognitions play such a crucial role in the actions they take to support and prepare their children, professionals who work with children with disabilities and their families should carefully assess parents’ beliefs regarding their child and his or her disability. Parents in this study varied widely in their responses to children’s learning disabilities. Some parents moved quickly into acceptance; while, other parents took much longer to adjust to the diagnosis. Clinicians who work with these families are encouraged to explore the “meaning” of the learning disability for parents. In the current

study, parents expressed beliefs such as self-blame (e.g., I wondered if I had done something wrong) and perceptions of a limited future (e.g., I worry about him being able to hold down a job). Beliefs such as these may stand in the way of parents' healthy adjustment.

Given this population's increased risk for negative outcomes and the chronic stressors reported some adolescents, enhancing coping skills should be a consideration in learning disabled students Individual Educational Plan (IEP). School counseling or social skills programs often aim to improve students' coping skills. This research suggests some guidelines for coping intervention programs with this population. Many adolescents in this population have developed a wide repertoire of coping skills; therefore, intervention programs should initially assess existing coping skills and build from there. Intervention programs should recognize that many different coping strategies have a legitimate place in children's repertoire. In working with adolescents, it is also important to understand coping goals. Some adolescents, for instance, may choose strategies based on a desire to feel better in the short-term, rather than address the underlying problem. For adolescents with learning disabilities, short-term frustration relief may take precedence over problem solving in many academic situations, and adolescents may rely on avoidance to alleviate distress. Adolescents with avoidant tendencies should be encouraged to become more aware of situations in which they use avoidance. As adolescents begin to develop other means of coping with the distress surrounding academic work, their use of avoidance should decline. In a universal school-

based program, students' non-productive coping decreased as they were taught active cognitive coping (Cunningham, Brandon, & Frydenberg, 2002).

Comprehensive intervention programs should also target school climate. Schools should be places where students feel comfortable and safe asking for help. In this study, several participants described classroom unsupportive classroom environments. Programs aimed at enhancing coping skills should be an integral part of a student's educational program, rather than disconnected lessons in coping skills. As in any intervention program, parents and teachers should be involved in supporting adolescents' skill development. Teachers may play a particularly important support role among adolescents in this population.

Parents in this study were generally active participants in the special education process and were able to exert influence over their child's educational program. This appears to be an important role for parents, who can often share valuable information about "what works" with their child. To encourage the active participation of more parents, teacher and parent training is necessary. Clinicians who work with families who have a learning disabled child should assess parents' beliefs about their child and his or her disability. Finally, school-based intervention programs should include assessment of current coping, recognition of active and avoidant coping, and parent and teacher involvement. Interventions addressing school climate are also important in creating an environment where adolescents feel comfortable asking for help.

### Chapter Summary

Results of this study present a detailed picture of the widely varying stressor

experiences of youth with learning disabilities. Important aspects of adolescents' stressor experiences include the chronic or recurrent nature of many stressors, age-related changes in academic stressors, and a heightened vulnerability to bullying. These adolescents utilize both avoidant and approach coping strategies but tend to use avoidant strategies most often in situations where they perceive little control. Adolescents' goals for coping and the sequencing of multiple strategies emerged as important elements in the coping process. Consistent with previous research, the current data suggest some gender differences in adolescent problem sharing. With regard to parent support, the specific strategies used by parents are similar to those cited in previous research. In addition, the experiences of some participating families suggest that mothers may take a more active role than fathers in interactions with the school. Parents' goals and beliefs appear to influence the ways that they support adolescent coping. Results suggest implications for future research as well as education and clinical practice.

This study begins to move our thinking beyond the deficit perspective that characterizes much of the current literature. Future researchers and those who work with these children and their parents have the opportunity and the responsibility to recognize the strengths and resources in these families. Borrowing the words of a parent, “[My child] will be successful in life precisely because of his learning disability because he has learned to struggle and work hard at things, and he likes it, he likes the challenge, and he will know that this is what life is like.”

## Appendix A

### Sample Parent Letter

Dear Parent(s)/Guardian(s),

The Special Education Department at [Name] Middle School is participating in a research project conducted by a graduate student researcher from the University of Texas School Psychology Program. The research project focuses on stress and coping among middle school students with learning difficulties and the role of parents in helping their children cope. This letter is being distributed by Small Middle School special education staff to the parents of special education students identified by [Name] I.S.D. as having a learning disability. The school will release no student information to the researcher without your permission, and you will be contacted by the researcher only if you return the attached form.

You and your child are invited to participate in this study. If you decide to participate, a graduate student will interview you and your child at your home or another convenient location. **You will be asked to sign a consent form at the time of the interview. The enclosed consent is for your reference only.** Each interview will take approximately 30 minutes to one hour. The interview questions will focus on (1) problems your child may experience, (2) what he or she does to solve problems and cope with stress, and (3) what you do to help your child solve problems and cope with stress.

Interviews will be audio-taped. Information from the interviews that can be identified with you or your child will remain confidential and will be disclosed only with your permission. Your responses and those of your child will not be linked to his or her name or your name in any written or verbal report of this research project. You and your child do not have to answer any questions that you do not want to answer, and you are free to discontinue participation at any time.

Because many parents are interested in this topic, the researcher is available to answer questions, and a copy of the final paper will be available to any parent who requests it. Your participation is greatly appreciated. Please indicate your interest in participating by checking one of the options below. If you are interested in participating or learning more about the study, Julia Hoke, a graduate student researcher at the University of Texas, will contact you. **If you have any questions about the study, you may contact Ms. Hoke at 841-6072.** Thank you for your time.

-----  
Parent(s)/Guardian(s) \_\_\_\_\_ Student \_\_\_\_\_

Preferred phone number \_\_\_\_\_ (not necessary if not interested in participating)

Please indicate your interest in participation by checking one of the following options:

\_\_\_\_\_ I am interested in participating in the study. I would like to schedule an interview.

\_\_\_\_\_ I am interested in learning more about the study.

\_\_\_\_\_ I am not interested in participating in this study.

Appendix B

Consent Form

***Informed Consent to Participate in Research***

**The University of Texas at Austin**

You are being asked to participate in a research study. This form provides you with information about the study. The Principal Investigator (the person in charge of this research) or his/her representative will also describe this study to you and answer all of your questions. Please read the information below and ask questions about anything you don't understand before deciding whether or not to take part. Your participation is entirely voluntary and you can refuse to participate without penalty or loss of benefits to which you are otherwise entitled.

**Title of Research Study:**

**Parents as Coping Resources for Adolescents with Learning Disabilities**

**Principal Investigator, Faculty Sponsor, UT affiliation, and Telephone Number(s):**

Principal Investigator:

Julia K. Hoke, M.A., Doctoral Candidate, School Psychology, University of Texas – Austin, 471-4407

Faculty Sponsor:

Kevin D. Stark, Ph.D., Professor of Educational Psychology, University of Texas – Austin, 471-4407

**Funding source:**

Not applicable. Only personal funds are used.

**What is the purpose of this study?**

This study of stress and coping among adolescents with learning disabilities is being done in order to complete my dissertation. I expect to have 18 students and their parents as participants in the study.

**What will be done if you take part in this research study?**

If you decide to participate and allow your child to participate, I will interview you and your child at your home or another location that is convenient for you. Each interview will take approximately one hour. The interview questions will focus on the types of problems your child experiences, what he or she does to solve problems and cope with stress, and what you do to help your child solve problems and cope with stress. If you agree to allow your son or daughter to participate in the study that is described above, I will also want to review his or her school records to obtain information about his or her area of disability (e.g., math, reading comprehension).

**What are the possible discomforts and risks?**

Adolescents or parents may disclose information during interviews that affects them emotionally. You and your child will have the option of not answering any questions that you do not want to answer. A list of community and school-based mental health resources is available for parents and adolescents. Parents may contact me in the days following the interview if concerns arise for them or their child. I will also contact counseling staff at each school to secure their agreement to support participating students as necessary.

**What are the possible benefits to you or to others?**

Because this topic is of interest to many parents, I am available to answer questions and will provide a copy of the final paper if you request it. Information from this research may be used to guide intervention efforts for adolescents with learning difficulties.

**If you choose to take part in this study, will it cost you anything?**

There is no cost for participating in this study.

**Will you receive compensation for your participation in this study?**

There is no financial compensation for participating in this study.

**What if you are injured because of the study?**

This study involves no physical risk.

**If you do not want to take part in this study, what other options are available to you?**

Participation in this study is entirely voluntary. You are free to refuse to be in the study, and your refusal will not influence current or future relationships with The University of Texas at Austin or Austin Independent/Eanes Independent School District.

**How can you withdraw from this research study?**

If you wish to stop your participation in this research study for any reason, you should contact: Julia Hoke at (512) 471-4407. You are free to withdraw your consent and stop participation in this research study at any time without penalty or loss of benefits for which you may be entitled. Throughout the study, the researchers will notify you of new information that may become available and that might affect your decision to remain in the study.

In addition, if you have questions about your rights as a research participant, please contact Clarke A. Burnham, Ph.D., Chair, The University of Texas at Austin Institutional Review Board for the Protection of Human Subjects, 512/232-4383.

**How will your privacy and the confidentiality of your research records be protected?**

Authorized persons from The University of Texas at Austin and the Institutional Review Board have the legal right to review your research records and will protect the confidentiality of those records to the extent permitted by law.

If the results of this research are published or presented at scientific meetings, your identity will not be disclosed.

Interviews will be audio-taped and cassettes will be coded so that no personally identifying information is visible on them. Cassettes will be kept in a secure place and will be heard only for research purposes by the investigator and his or her associates. Cassettes will be retained for possible future analysis.

**Will the researchers benefit from your participation in this study?**

This research is being completed as part of the degree requirements for a doctorate in Educational Psychology. Potential benefits of your participation include providing data for the researcher's doctoral dissertation.

**Signatures:**

**As a representative of this study, I have explained the purpose, the procedures, the benefits, and the risks that are involved in this research study:**

---

**Signature and printed name of person obtaining consent** **Date**

**You have been informed about this study's purpose, procedures, possible benefits and risks, and you have received a copy of this Form. You have been given the opportunity to ask questions before you sign, and you have been told that you can ask other questions at any time. You voluntarily agree to participate in this study. By signing this form, you are not waiving any of your legal rights.**

---

**Printed Name of Subject** **Date**

---

**Signature of Subject** **Date**

---

**Signature of Principal Investigator** **Date**

Appendix C

Assent Form

**Stress and Coping among Adolescents**

I agree to be in a study about stress and coping. This study was explained to me by my parent(s) or guardian(s). My parent(s) or guardian(s) have said that I could be in this study. The only people who will know what I say in this study will be the people in charge of the study. My name won't be linked to anything that I say in the study.

In this study, I will be asked questions about a problem I have had or something that has made me upset. I will also be asked how I solve problems or cope with my feelings. Then, after I've answered some questions, my parent(s) or guardian(s) will be asked about how I solved that problem or coped with my feelings and how they helped me. My parent(s) or guardian(s) will be told the problem or upsetting thing that I pick to talk about so that they can talk about the same problem. I understand that I don't have to answer any questions that I don't want to answer and that I can decide to quit this study at any time.

Signing my name means that I have read this page or that it has been read to me and that I agree to be in the study. I understand what will happen in this study. If I decide to quit this study, all I have to do is tell the person in charge.

\_\_\_\_\_

Signature of Student

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Researcher

\_\_\_\_\_

Date

## Appendix D

### Demographic Information Form

_____	_____	
Name of Parent/Guardian	Employment/Occupation	
_____	_____	
Name of Parent/Guardian	Employment/Occupation	
_____	_____	_____
Name of Student	School	Grade
_____	_____	
Home Address	Home Phone Number	

**Racial/Ethnic Group of Child:** (circle one or more)

White/Caucasian African-American/Black Hispanic Asian Other: \_\_\_\_\_

**Racial/Ethnic Group of Parent(s):** (circle one or more)

White/Caucasian African-American/Black Hispanic Asian Other: \_\_\_\_\_

#### **My Child's Learning:**

How old was your child when his/her learning disability was identified? \_\_\_\_\_

How did you find out about your child's learning disability? (circle one or more)

school based assessment private assessment other: \_\_\_\_\_

Other family members with identified learning difficulties? \_\_\_\_\_

#### **Our Family:**

List names and ages of everyone living in the home:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Approximate Family Income

Below	\$20,001	\$35,001	\$50,001	\$65,001	\$80,001	\$95,001
\$20,000	-35,000	-50,000	-65,000	-80,000	-95,000	or more

List any significant family events and year event occurred: (e.g., death, divorce, moves, births, marriage)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Appendix E

### Participating Families

<b>Family/Family Member</b>	<b>Relationship</b>	<b>Age</b>	<b>Race/ Ethnicity</b>	<b>Family Income</b>	<b>Other Household Members</b>
<b><u>Abbott</u></b>					
Barbara Abbott	Child	12	C	\$50,001-\$65,000	Younger sister
Steven Abbott	Father	38	C		
<b><u>Dietz/Walby</u></b>					
Jesse Walby	Child	13	BR	\$35,001-\$50,000	Younger sister
Jessica Dietz	Mother	47	C		
<b><u>Hernandez</u></b>					
David Hernandez	Child	13	H	\$35,001-\$50,000	Older Sister,
Eddie Hernandez	Father	47	H		niece
<b><u>Herrera</u></b>					
Melissa Herrera	Mother	31	H	\$35,001-\$50,000	Father, younger
Star Herrera	Child	13	H		brother & sister
<b><u>James</u></b>					
Jerrius James	Child	12	A	\$50,001-\$65,000	Two older
Jermaine James	Father	39	BR		stepsisters
Stella James	Stepmother	37	H		
<b><u>Marino</u></b>					
Joshua Marino	Child	14	C	\$80,001-\$95,000	Father, two
Robin Marino	Mother	48	C		older brothers
<b><u>Rios</u></b>					
May Rios	Mother	41	C	\$50,001-\$65,000	Father, older brother,
Shana Rios	Child	12	C/H		three younger siblings
<b><u>Ross-Yerbabuena</u></b>					
Marisa Yerbabuena	Mother	47	H	\$95,001 or more	Father, older
Mateo Ross	Child	12	C		sister
<b><u>Ryan</u></b>					
Jo Ryan	Mother	39	C	Below \$20,000	Two younger
Ed Ryan	Father	39	C		sisters
Jeremy Ryan	Child	12	C		
Misty Ryan	Child	11	C		
<b><u>Takase</u></b>					
Miko Takase	Mother	42	O	\$95,001 or more	Father, two
Kanji Takase	Child	11	O		older sisters
<b><u>Underwood</u></b>					
Tom Underwood	Father	51	C	\$95,001 or more	Older sister
Jenny Underwood	Mother	50	C		
John Underwood	Child	14	C		
<b><u>Williams-Smith</u></b>					
Kassie Williams	Great-aunt	46	A	\$65,001-\$80,000	Great-uncle, four younger
Laurie Jones	Great-aunt	43	A		cousins
Christine Williams	Child	13	A		
Satin Williams	Child	11	A		
<b><u>Zeto</u></b>					
Regina Zeto	Mother	46	C	\$50,001-\$65,000	Older brother
Anne Zeto	Child	13	C		

## Appendix F

### Example of Open Coding

Note: Codes are indicated in **bold** font. In-vivo codes are underlined.

Mother: Well he has his own version **different versions** of the way he thinks things **child's opinion** should be done. Like with the homework tonight **time**. He had to look up a word, tell if it was a verb or a noun, connotation and denotation, and use it in a sentence. **academic tasks** And he said, I'm just going to write the definition **sharing plan/partial completion**, and I said that's not what it says you're supposed to do, and he would not listen. **Parent child disagreement**

Interviewer: So he had a different idea of what he was supposed to do.

**Child's learning theory**

**offer of help**

Mother: He said how am I going to learn if I don't do it wrong. I said I will help you with one example and then you can go through the rest and complete it the way it says you're supposed to **adherence to directions**. He refused. **Rejection of parent help**

Limited  
assistance

Interviewer: How did you work that out?

**Child's argument**

Mother: I let him go. I said you know, alright. He said, I'm getting a good grade in this class anyway. I said, this homework can bring it down **consequence**. He didn't care **don't care attitude**. I said, she may give it back to you to do over, she may just give you an F **stating consequences**. You know, and that's not acceptable. **Stating parent expectations**

Interviewer: So you tried to point out the consequences to him.

Mother: Of not doing it according to the directions **adherence to directions**. He wanted to hurry up and get it done, so when his part of the interview was done he could be out of here. **Hurrying**

## Appendix G

### Examples of Memos

#### Memo: Adolescent Distress

Adolescents may show their feelings, their distress, in various ways. Physical manifestations of distress may be more or less intentional (property). This mother describes her son as unintentionally showing his distress in physical ways. He *internalizes* his distress, which is then manifested in physical symptoms. This mother *identifies cues* that alert her to her son's distress. Parents may or may not correctly identify cues of their child's distress. What is the opposite of internalizing one's distress? What does that look like? Crying, yelling, open problem sharing? Are there certain types of emotional upset that adolescents are more likely to demonstrate? Are there certain types of stressors which are more likely to elicit an emotional response?

#### Memo: Real World Talk

*Real-world talk:* What is the purpose of real-world talk? What goal are parents trying to achieve through engaging in real-world talk?

- I'm hoping the result will be that they will take [school] more seriously
- I'd rather protect them in that way, than protect them in a way so they become a grown man and walk out into the world without a clue of what's going on.
- But I gave them an example. I had lots of friends I went to school with. Their parents was real lenient and let them do this, that. And, but my dad he wasn't that type and lots of my friends they're either on drugs, got killed from something dealing with drugs, or they're in jail.
- I usually tell him a lot about, I mean look at his brother and sisters. His brothers and sisters, you know children do what they want to do, but they're settling for mediocre jobs, and possibly, if they had continued with their education, they could possibly earn a lot more than they're earning now.
- When he grows up, that you get a paycheck. Say you get \$2000 a month and you have to pay rent, you have to pay utilities, you have to pay other bills, you have to pay your car, your insurance, and then if there is money left over you can have fun . . . To study to get an education that's going to help him get a good job to earn a good income to buy the things he likes.

The purpose of real-world talk seems to be to motivate, to teach by example, and to protect from negative outcomes. Motivation is the short-term goal, but what will motivation accomplish? These parents seem to hope that their sons will be motivated to do well in school and follow the rules, to avoid negative outcomes.

How does real-world talk relate to children's coping?

Real-world talk may be a way to equip children to face the challenges they will encounter as they grow into adolescence and adulthood. These parents seem to feel that their children need knowledge about the way the world works and what could happen if they neglect their responsibilities (e.g., going to school, paying attention, working hard). An understanding of how the world works will prepare these adolescents to more effectively handle future challenges.

What conditions predispose parents to use real-world talk?

Parents who use real-world talk seem to believe that knowledge about the real-world can prepare and equip their children to deal with real-world problems. They seem to believe that their children need to be motivated (e.g., by avoiding negative outcomes, desiring positive outcomes) to achieve in school. This idea that these adolescents need to be motivated seems to derive from the idea that they are not currently motivated to do well. However, the data only partially support this idea. One father (EC), for example, seems to believe that his son is strongly motivated to do well. He seems to fear, though, that his son will end up making the same “mistakes” other family members have (e.g., dropping out of school). So perhaps, parents’ life experiences are a condition for real-world talk. Two fathers encountered difficulty in their own life and they express a desire for their sons to avoid the same pitfalls. Another father speaks of the difficulty encountered by his childhood friends (e.g., drugs, legal problems) and expresses a desire for his son to avoid these problems.

So perhaps real-world talk isn’t simply meant to prepare adolescents for problems but as a preventative, something that will allow them to avoid these types of problems.

## Appendix H

### Examples of Axial Coding

#### **Phenomenon: Parent Actions**

##### Interview: Jenny Underwood

Causal condition: Son leaves work at school

Intervening condition: belief that son is insufficiently motivated

Action: “trying everything”—special materials, motivational strategies, punishment, organizational help

Consequence: mother is frustrated, son shows limited improvement

Properties: Strategy success (low)  
Persistence (high)

##### Interview: Kassie Williams

Causal condition: Niece is taken advantage of by peers

Intervening condition: Niece lies about incident

Action: specific instructions for how to handle this incident

Consequence: adolescent enacts strategy recommended by aunt

Properties: specificity (high)  
Strategy success (high)

##### Interview: Ernie Hernandez

Causal condition: Son is worried about making presentation

Contextual condition: Son has a history of difficulty speaking in front of others

Intervening condition: Father believes he can help son

Action: Gives specific instructions, rehearses with son

Consequence: Son is successful in making presentation

Properties: specificity (high)  
Strategy success (high)

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## VITA

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