

Coping with a Learning Disability: A Case Study

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Abstract

The purpose of this qualitative case study was to understand a child's experience with a learning disability (LD) through the way that they cope with it, and how self-esteem, self-efficacy, attribution style, and social support contribute to this process. Qualitative interviews were conducted with one child, his parents, and his teacher, accompanied by a content analysis of the child's psychosocial assessment report. It was found that the child copes well with having a learning disability, employing a problem-focused/approach coping style by seeking help and practicing for skills he struggles with, an emotion-focused coping style by implementing strategies to alleviate frustration, and compartmentalizing his disability. Further, self-esteem, self-efficacy, attribution style, social support and sports and leisure engagement were found to contribute positively to the coping process. These findings offer useful implications for parents, teachers, and practitioners to support other students with LD.

Keywords: learning disabilities, coping, support, psychosocial, resilience

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Chapter 1

Introduction

Education is a highly valued and highly important experience in childhood as it is the process of transferring a variety of knowledge and skills that are deemed important in society. Not only is school the foundation for acquiring knowledge in various fields, it is a stepping stone in a child's life for learning important life skills and socialization. A significant goal in schools is literacy acquisition, and reading in particular is a fundamental skill for gaining information in a variety of ways, whether it is for mandatory content in schools, a necessity in the workplace, or even in conveying important directions. Reading can also help children develop language skills, and stories can foster the development of children's imagination and creativity. Thus it is understandable why there is great concern when children struggle with this skill, since it can interfere with their academic achievement. Specifically, children who have a learning disability (LD) are faced with this reality regularly. Fortunately, interventions have been put in place to assist children with their academic struggles, such as providing extra attention to developing their reading skills.

However, many individuals with LD's also experience social-emotional difficulties (Leichtentritt & Shechtman, 2009; Lackaye, Margalit, Ziv, & Ziman, 2006), yet there is less emphasis on the emotional needs of students with LD in the classroom than there is on academics. According to Hallahan, Lloyd, Kauffman, Weiss, and Martinez (2005), many teachers are unwilling to identify emotional or behavioural problems and take preventive action. Behavioural and emotional regulation is found to be vital to school learning and success, particularly because anger and distress can inhibit learning (Frydenberg, Deans, & O'Brien, 2012), yet behaviour problems are often managed by medication rather than through school-based interventions (Firth, Frydenberg, & Greaves, 2008). This is concerning, since LD is a risk

factor for negative life outcomes such as school dropout, juvenile delinquency, unemployment, social isolation, low self-esteem, depression, and mental health problems (Firth, Frydenberg, Steeg, & Bond, 2013).

However, it is not necessarily the LD itself that predicts students' life outcomes; it is their ability to cope with it adaptively (Firth et al., 2013). Coping is the cognitive and behavioural efforts that are employed to manage particular external and/or internal demands that are viewed as challenging (Frydenberg, Deans, & O'Brien, 2012; Folkman & Moskowitz, 2004), which in the case of a learning disability is conceptualized as external academic stresses and the aforementioned internal difficulties. Coping is a gateway to intervention, and according to Firth et al. (2013) it is increasingly recognized that there is an urgent need to develop ways of providing emotional support and adaptive coping resources for children who struggle before maladaptive coping patterns develop such as disruptive behaviour problems and social withdrawal (Firth et al., 2008). Since LD is life long, the focus of interventions should not be on remediation as it is not something that can be "cured"; rather the focus should be on promoting adaptation and compensation to support individuals in ways that help them manage their difficulties and overcome obstacles. Of course, when determining how to deliver intervention that provides emotional support and adaptive coping resources, it is important to include the perspective of the person who is receiving the support as one cannot assume that they are the experts in another person's life.

Hence the purpose of this study is to understand a child's experience with a learning disability through the way that they cope with it. Of course, conceptualizing the way that this child copes can be complex, as coping encompasses a person's appraisal of a situation that can be influenced by the characteristics of the child as well as the amount of social support that they

receive in their life. Thus, another aim of the study is to attempt to capture the complex role of the child's self-esteem, self-efficacy, and attribution style in relation to their learning disability, as well as the external coping resource of social support that can contribute to the way that they cope with having a learning disability. In doing so, the overall goal is to provide insight for educational professionals, parents, and practitioners on ways that they can support the social/emotional needs and development of individuals with a learning disability and contribute to the well-being of a community (Frydenberg et al., 2012).

Chapter 2

Literature Review

This literature review is presented in three sections, each addressing an area of theoretical significance to the study. First, when discussing any type of phenomenon, it is imperative to provide a formal definition of it to provide consistency throughout the study. While many people may believe they know what learning disabilities (LDs) are in an informal sense, the term is not necessarily straightforward which can create confusion. Thus, the first section of the study will discuss the primary characterization of a LD. This section will include the importance of understanding LDs by highlighting their prevalence, and by providing a brief background into the disputed term and how it came to be, a formal definition and classification, and a description of the different types of LDs that exist. The second section of the study will outline the secondary characteristics of LD, which refer to characteristics that are often associated with LDs but are not necessarily experienced by every individual. These characteristics fall under the category of social and emotional difficulties and addresses issues of self-concept, self-efficacy, attribution style, self-esteem, social competence, and peer relations. Third, as the focus of the study is on understanding the essence of a learning disability through the way one copes with it, the third section will cover research on coping. This section includes a definition and background of coping research, some ways it has been conceptualized, some of the internal coping resources as well as the external coping resource of social support that can contribute to how someone copes.

Defining Learning Disabilities

Learning disabilities (LDs) represent the largest and most rapidly growing category of students with special education needs (Tanner, 2001; Büttner & Hasselhorn, 2011), and these students compose over 50% of special education placements (Learning Disabilities Association

of Ontario, 2011). The term *Learning Disabilities* has been the subject of controversy for many decades, more than any other category of special education (Hallahan, Kauffman, Weiss, & Martinez, 2005; Wicks-Nelson & Israel, 2009). Various categories have been used in the past to identify the difficulties that children experience with learning such as “mild mental retardation caused by injury”, “minimal brain dysfunction”, “dyslexia”, “perceptual impairment”, “hyperactivity”, and “slow learning” (Hallahan et al., 2005). The field gradually developed from the work of physicians who recognized that the behaviour of individuals with LD was similar to that of individuals with known brain injury, although there was no indication of brain damage in the former (Hallahan et al., 2005). The term *learning disability* was coined in 1963 by Samuel Kirk, who used it to refer to students who experienced difficulties at school but did not have mental retardation or emotional disturbance, when presenting to a group of parents at the first conference of the “Association for Children with Learning Disabilities” in Chicago (Hallahan et al., 2005). Thus, general consensus has been made on the etiological basis of learning disabilities which has been a common topic of interest among researchers (Hoskyn, 2008). The following section will outline the primary characteristics of learning disabilities.

Primary characteristics of learning disabilities. A learning disability has been defined as a neurobiological disorder that interferes with an individual’s attainment, organization, retention, understanding, or use of verbal or nonverbal information resulting from impairments in one or more processes related to perceiving, thinking, remembering, or learning (LDAC, 2011). This difficulty in processing information stems from a dysfunction in a person’s central nervous system, and is lifelong (Baumeister, Storch & Geffken, 2008; Shaw, Cullen, McGuire & Brinckerhoff, 1992). It has been speculated that the temporal lobe of the brain plays a role in LD

because it is involved in attention, memory, and language production and reception which are significant for learning (Hallahan, Kauffman, Weiss, & Martinez, 2005).

There are three major learning disorders according the DSM-IV-TR which include reading disorders, disorder of written expression, and mathematics disorder, however reading is the most common type of learning disability (Wicks-Nelson & Israel, 2009). Diagnosis of a learning disability is based on unexpected academic underachievement. For instance, according the *Diagnostic and Statistical Manual of Mental Disorders, 4th edition, text revision* (DSM-IV-TR), an LD diagnosis is made when an individual's academic achievement on standardized tests in reading, mathematics, or written expression is significantly lower (two standard deviations below) than their expected learning potential, which is represented as their intelligence quotient (IQ) (American Academy of Pediatrics, 2011). In other words, there are no impairments in intelligence as their IQ is comparable to the average achieving population, which is characterized by a score of 100 on standardized intelligence tests; however their academic achievement is not equivalent. This academic underachievement cannot be explained by external factors such as impairments in hearing or vision, mental retardation, emotional disturbance, cultural differences, developmental delays, poverty, or insufficient instruction (Baumeister et al., 2008) although they might co-occur. Thus learning disabilities can be difficult to recognize because it is an unobservable construct, since identified individuals are unable to master academic skills despite an absence of these common causes of low academic achievement. Taken together, learning disabilities can be explained by a neurological dysfunction that alters the way one processes information, not by a deficit in intelligence (Tanner, 2001).

Reading disabilities. As mentioned, reading disabilities are the most common type of learning disability, and a direct indicator of the aforementioned central nervous dysfunction that

is present in individuals with learning disabilities is a deficit in phonological processing (Kavale & Forness, 2000) which plays a vital role in reading. Phonological processing is the use of the sound structure that makes up a language to process written material (Wicks-Nelson & Israel, 2009), thus reading disabilities are usually accompanied by significant problems in language and communication. As a result of this phonological processing deficit, individuals with reading difficulties struggle with fluent word recognition, spelling and decoding capabilities which impacts their cognitive processes and, in turn, their academic achievement (Deci & Chandler, 1986). Wicks-Nelson and Israel (2009) state that the brain system necessary for good language and reading is defective such that the patterns of brain activation in children and adults with reading disorders is different than individuals without reading disorders during phonological and reading tasks. Furthermore, the left hemisphere of the brain that is more responsible for language is usually where the dysfunction takes place (Hallahan et al., 2005), which explains why reading disabilities are the most common. For these individuals, the left side of the brain seems to be under activated, whereas the right side of the brain is overactive (Wicks-Nelson & Israel, 2009). These findings suggest that the right side of the brain of individuals with reading disabilities has to overcompensate for the weak activation of the left side of the brain, when these two hemispheres should be balanced.

Along with the processing difficulties that interfere with academic achievement, many individuals with learning disabilities also experience social-emotional difficulties (Leichtentritt & Shechtman, 2009; Lackaye, Margalit, Ziv, & Ziman, 2006), which places them at an increased risk for experiencing negative life outcomes (Firth, Frydenberg, Steeg, & Bond, 2013). The following section will describe these difficulties which are considered secondary characteristics of a learning disability, which alone do not signify a diagnosis but are certainly of great concern.

The Social-Emotional Characteristics of Learning Disabilities

When children internalize extensive failure and negative feedback at school, it can present agonizing experiences. Thus, it is not surprising that many students with LD may have increased frustration, poor motivation, and low self-regulation (Garcia & Caso, 2004). Moreover, many of these students have a low self-concept (Gans, Kenny & Ghany, 2003; Bender, 2008), low self-efficacy (Garcia & Caso, 2004), a high external locus of control (Bender, 2008), and low self-esteem which is linked to mental health problems (Bender, 2008; Firth et al., 2013). Also, they often have difficulties with peer relations such as low social acceptance (Maag & Reid, 2006), and have social skills difficulties (Kavale & Forness, 1996) due to low social competence.

Self-concept, self-efficacy, and attribution style. Self-concept and self-efficacy are closely related, but have important differences. Self-concept refers to the view that a person has of oneself whether it is overall or in relation to a particular situation or setting (Bender, 2008). It is important to distinguish between global self-concept which is a more general view of self, and self-concept that is specific to a domain such as academic self-concept which is specific to subjects in school (Bender, 2008). Typically, younger children with LD tend to report a lower global self-concept whereas with age, students' self-concept becomes more school specific (Bender, 2008).

On the other hand, self-efficacy beliefs are one's judgements of their ability to organize and execute actions that are necessary for attaining certain types of performances, as well as a person's confidence in their abilities (Lackaye et al., 2006). Compared to students without LD, students with LD have lower academic self-efficacy which was found to play a key role in academic achievement (Lackaye et al., 2006). Interestingly, Lackaye et al. (2006) explain that

the low scores in self-efficacy that have been reported among students with LD may be related to a lack of available sources for developing positive self-efficacy beliefs rather than to the LD status directly.

Likewise, attribution style is an educational concept that has been defined as a person's perception of control over their environment (Bender, 2008). This concept has also been referred to as locus of control. Many students with LD have an external attribution style or locus of control meaning that they perceive control as residing from external forces rather than from their own effort (Bender, 2008). This may be due to continued failure in spite of continued attempts at school, and can lead to a lack of motivation for school and low effort which is referred to as learned helplessness. Similar to self-concept, locus of control may be general or specific, and students with LD tend to have school specific learned helplessness (Bender, 2008).

Self-esteem. Self-esteem has been defined as a form of self-evaluation of one's self-worth that guides future behaviour and action (Boden, Fergusson, & Horwood, 2008), which has major implications for the quality of a person's life. The frequent academic difficulties and negative feedback that children with LD experience often contribute to negative beliefs and low self-esteem (Whelan, Haywood, & Galloway, 2007), which is an unfavourable definition of the self (Baumeister et al., 2003). This is clearly problematic as low self-esteem can affect the quality of a person's life, and has serious consequences to their well-being and adjustment. For instance, low self-esteem has been linked to a variety of mental health outcomes including mental illness, substance abuse (Gans et al., 2003), suicidal behaviour, high levels of anxiety (Boden et al., 2008; Hallahan et al., 2005), depression (Whelan et al., 2007; Hallahan et al., 2005), social and adjustment problems (Boden et al., 2008), eating disorders and psychosis (Whelan et al., 2007). Specifically, Jong, Sportel, Hullu, and Nauta (2011) found that social

anxiety and depression are consistently reported together with low self-esteem, which is attributed to a cognitive distortion in the individual. It has also been found that adolescents low in self-esteem had higher criminal convictions as adults than adolescents with high self-esteem, which could be explained by their need to seek out forms of antisocial behaviour in order to enhance their self-worth (Trzesniewski et al., 2006). Similarly, Baumeister, Campbell, Krueger, and Vohs (2003) define self-esteem as the value that people place on themselves, thus it is the evaluative component of self-knowledge. According to Baumeister et al. (2003), self-esteem is a perception rather than a reality since it is based on a person's beliefs; and these beliefs have important consequences as they can shape a person's actions which in turn shape their social reality and the social realities of others around them. Also, they explain that it is possible that low self-esteem may generate a self-fulfilling prophecy that can change a person's objective reality (Baumeister et al., 2003). For instance, if someone has low self-esteem it could affect their behaviour towards others, who in turn might act unfavourably towards that person thereby reinforcing their negative beliefs.

However, while it has been found that self-esteem is related to later life outcomes, it is difficult to infer causation. Although low self-esteem is concomitant with mental health problems such as anxiety and depression, the direction of this relationship is not clear. Jong et al. (2011) assert that low self-esteem also interacts with other adversities such as challenging life events or learning experiences that may determine whether one develops depression, social anxiety, or other issues. Thus, it is important to consider the interaction of contextual factors and self-esteem when making efforts to prevent or reduce negative outcomes for children and youth.

Peer relations. Students with LD often experience social isolation (Firth et al., 2013) and a higher rate of peer rejection and victimization, and tend to have a lower social status compared

to their average achieving peers (Baumeister et al., 2008). According to Wiener (2004) children and adolescents with LD have a higher likelihood of being socially neglected and in turn a lower likelihood of being socially accepted, which is a consistent finding in the literature. This is concerning, considering that the peer relationships of children and adolescents are crucial to their behavioural adjustment (Wiener, 2004), understandably because they spend a lot of time with peers who act as an important reference group. Also, as Boden, Fergusson, and Horwood (2008) emphasize, humans have a core need for belongingness and affiliation, which when unfulfilled can have negative implications. Similarly, Hutchinson et al. (2004) state that peers can provide social support that can enhance interpersonal adjustment and reduce stress; however these benefits are often limited for students with LD who have social skills deficits that create difficulties conversing with others. At the same time, as children transition to adolescence, their friendship experiences become significant for their development seeing as they validate areas of their self-worth and self-concept (Wiener, 2004; Tur-Kaspa, 2002). In particular, Tur-Kaspa (2002) claims that social adjustment is influenced in part by peer acceptance, thus socially rejected adolescents are at a higher risk of developing a variety of disorders and social adjustment difficulties later in life (Wiener, 2004; Tur-Kaspa, 2002).

Social competence. Pearl and Donahue (2004) state that approximately three out of four students with LD demonstrate differences in some aspect of their social competence compared to their average achieving peers. This is important because it is widely agreed that social and emotional competence are vital for a child's success and has implications for the way they cope with daily stressors in life (Frydenberg et al., 2012). Social competence refers to a person's social effectiveness (Wight & Chapparo, 2008) or quality that represents an evaluation or judgement of one's social behaviour that is based on proficient performance on social tasks in a

particular situation (Vaughn et al., 2004). Some components of social competence include the effective use of social skills, which is the knowledge and ability to apply appropriate social behaviours to a particular social situation (Wight & Chapparo, 2008), as well as the absence of maladaptive behaviour, positive relations with others, accurate and age-appropriate social cognition (Hallahan et al., 2005), self and social awareness, responsible decision making, self-management and relationship management (Frydenberg et al., 2012).

It has been estimated that approximately 75% of students with LD demonstrate social skill deficits compared to students without LD (Kavale & Forness, 1996). This may be explained in part by difficulties with social cognition. Social cognition refers to an understanding of social relationships and experiences (Bjorkland, 2005) and the ability to effectively read and interpret social cues and information, to sufficiently acknowledge another person's mental or emotional state, and knowledge that social behaviours can differ based on the social situation or context (Bauminger, Edelsztein & Morash, 2005). According to Walker and Nabuzoka (2007), children with LD have demonstrated a lack in the ability to read social cues that often leads them to respond inappropriately and use ineffective behaviours, which could explain why these children often have poor social relationships. It is also indicated in research that children need more time to process social information (Wight & Chaparro, 2008). A model that is consistently utilized in the literature to explain these difficulties in social processing is the social information processing model by Crick and Dodge (1994). This model involves five steps which include a process of encoding social information by attending to and perceiving social cues, a mental representation and interpretation of social cues, selecting a goal or outcome for the social situation, searching for a response to the situation from long term-memory, and enacting the response once it is

evaluated (Pearl & Donahue, 2004; Bauminger, Edelsztein & Morash, 2005; Tur-Kaspa, 2004; Meadan & Halle, 2004).

Coping

What is coping? Coping has been referred to as the cognitive and behavioural efforts that are employed to manage particular external and/or internal stressors that are viewed as challenging (Frydenberg, Deans, & O'Brien, 2012; Folkman & Moskowitz, 2004). Coping encompasses one's thoughts, feelings, and actions in response to these situational stressors, so is viewed as a transaction between a person and the environment (Frydenberg et al., 2012). Also, it is viewed as a subcategory of self-regulation in response to stress, so it includes emotional and behavioural regulation in response to a stressor, as well as regulation of the stressor itself (Frydenberg et al., 2012). Coping has also been defined as the capacity to successfully reach the period of self-adjustment despite a challenge or threatening situation (Garmezy & Masten, 1991).

Stress and coping research. Research on coping emerged from research on stress, and these two topics are one of the most highly researched in psychology (Frydenberg et al., 2012). Stress has been defined as the mismatch between situational demands and a person's perceived capacity to cope (Frydenberg et al., 2012), and research in this area has typically focused on a deficit model of adaptation (Frydenberg, 2008), helplessness, pathology, or incapacity (Frydenberg et al., 2012). The groundwork in the field of coping is attributed to Richard Lazarus at the Stress and Coping laboratory in Berkely, California, and as a result of the contextual approach he provided in his book, *Psychological Stress and the Coping Process* (1966), the boundaries of coping research were expanded (Folkman & Moskowitz, 2004). Thus it moved beyond defense and towards a more positive orientation that includes a wider array of cognitive and behavioural responses to stress (Folkman & Moskowitz, 2004). Contemporary research on

coping emphasises health and well-being, where coping can be viewed on a continuum beginning with stress management and adaption to the ability to handle life's circumstances through the way a person prospers in their pursuit to attain goals, achieve success and meet challenges (Frydenberg, 2008; Frydenberg et al., 2012). Coping research conveys the ideologies of positive psychology, which is underscored by the principle that well-being, happiness and optimum functioning are important endeavours, and focuses on the ways that people thrive in multiple settings within the home, workplace and community (Frydenberg et al., 2012). Positive psychology was introduced by Martin Seligman and Mihayli Csikszentmihayli at the turn of the 21st century, and it pursues the strengths and virtues in human behaviour and development (Frydenberg et al., 2012).

Cognitive appraisals. It is generally established that the first step in understanding coping is the notion of appraisal or judgement, which is the cognitive action where a person evaluates whether a particular encounter exceeds his or her resources and is relevant to his or her well-being (Frydenberg et a., 2012). When someone encounters a situation, their primary appraisal of that situation refers to the initial reaction to how it might pose a threat or a challenge in their life (Frydenberg et al., 2012; Givon & Court, 2010). Secondary appraisal refers to the person's thought on what action can be performed to deal with the situation. According to Givon and Court (2010), the principle determining factor for how a child chooses to cope with a learning disability is the way that they first perceive of the disability and its diagnosis. Some students may focus on the problem itself while others may focus on the emotional distress that it causes, such as a fear of being labelled (Givon & Court, 2010).

Classifications of coping. As a research area, coping is not to be taken lightly as it is complex and dynamic. Indeed, efforts have been made to organize the multiple ways that people

cope. Some of the labels that have been given include “ways of coping” (Lazarus and Folkman, 1984), “coping families” (Skinner, Edge, and Sherwood, 2003), “coping strategies” (Frydenberg and Lewis, 1993), “engaging and disengaging coping” (Tobin, Holryd, Reynolds and Wigal, 1989), “approach and avoidance coping” (Ebata and Moos, 1991), and “active and passive coping (Denham and Burton, 2003) (cited in Frydenberg et al., 2013). According to Skinner, Edge, and Sherwood (2003), categories are ways of describing specific coping responses, which are the behaviours, cognitions, and perceptions that people undertake when they are faced with a problem.

One of the earliest classifications of coping is known as problem-focused versus emotion-focused coping (Lazarus & Folkman, 1984), which are action types that serve a particular function according to Skinner et al. (2003). Problem-focused coping is where one deals with a problem directly, and emotion-focused coping is when an individual feels that they lack control and may resort to self-blame or worrying (Lazarus & Folkman, 1984, cited in Frydenberg et al., 2012). There has been a tendency to group problem-focused coping as a productive type of coping, and emotion-focused coping as a non-productive type since some view emotions as interrupting one’s cognitions and coping (Frydenberg et al., 2012). However, Frydenberg and Lewis (1993) theorized three styles of coping: productive, non-productive, and relational, with the first two involving both problem-focused and emotion-focused coping, while the third involves an individual turning to support networks. According to this approach emotion-focused coping can be placed under the category of productive coping, contrasting the dominant view that emotion-focused coping is maladaptive or non-productive (Frydenberg et al., 2012). This indicates that in some cases, focusing on emotions may be beneficial for helping a person cope,

such as in instances where emotion regulation is necessary in order to help an individual focus on the task or situation.

The way that people cope has also been characterized by active versus passive coping, cognitive versus behavioural coping, and approach versus avoidant coping, the former being one of the oldest and most commonly used classifications in this regard (Skinner et al., 2003). Approach coping involves the tendency for a person to make closer contact with a stressful situation and direct their attention to it, and provides the prospect of instrumental action (Skinner et al., 2003). Similar to approach coping is active coping, as in the active versus avoidant categorization made by Holohan and Moos (1987). According to this view, active coping involves behavioural or psychological responses that are meant to alter the situation or how one views it. On the other hand, avoidant coping responses lead individuals into activities that prevent them from addressing stressful events and are considered a psychological risk factor for adverse responses to strains in life (Holohan & Moos, 1987). For instance, some individuals may turn to drugs or engage in risky behaviours to avoid the problem. In regards to academics, students may have a fear of failure and anxiety over academic strains, so they avoid the opportunity to fail through behaviours such as truancy or non-fulfillment of academic tasks (Givon & Court, 2010). Regarding students with LD, this may partially explain why there has been a high report of high school dropout in this population as they may be avoiding the problem of academic struggle. However, there may be instances where avoidance is adaptive, such as in situations where a person has no control and it may be detrimental or counterproductive to continuously try to change the situation. Depending on the circumstance, both approach/active and avoidant ways of coping can be considered adaptive, and individuals may repeatedly cycle between them (Skinner et al., 2003).

While the classification systems of coping can be overwhelming, Skinner et al. (2003) offer a comprehensive account of the structure of coping that is helpful for organizing these multiple classifications used in research. They argue for a hierarchical view of coping as a framework that categorizes coping into lower order and higher order classifications. This view is multidimensional and multifunctional. Lower order categories include observable action types that people use to cope, that can be classified into higher order categories. These involve different dimensions such as the functions of coping, as in the problem-focused and emotion-focused categories, the aforementioned topological features that characterize the ways that people cope (passive coping, cognitive versus behavioural coping, approach versus avoidant coping) and distinctions of higher order action types. Action in this sense is referred to as a combination of behaviour and consideration of a person's emotions, attention, and goals that transact with the context (Skinner et al., 2003). For instance, a common distinction between action types is primary versus secondary control coping, or assimilation versus accommodation. The latter has arisen from work on perceived control and distinguishes between coping that is meant to influence objective events, and coping that seeks to enhance one's fit to current conditions (Skinner et al., 2003). This distinction incorporates instrumental action, acceptance and adjustment (Skinner et al., 2003). Similarly, assimilation is referred to as a transformation of circumstances based on one's inclinations, and accommodation is referred to as an adjustment of personal inclinations to situational confines, which has been preferred by some researchers over secondary control since the latter can imply low control (Skinner et al., 2003).

Likewise, Skinner et al. (2003) conducted a thorough review of empirically tested coping hierarchies, and concluded thirteen fundamental higher order coping families which cover the range of the ways of coping that has been studied. In order of prevalence, the first five

categories include problem solving, support seeking, avoidance, distraction, and positive cognitive restructuring. The next four categories include rumination, helplessness, social withdrawal, and emotional regulation. The next three families are information seeking, negotiation, and opposition, and the last and less frequently used family is delegation. The first twelve families represent the ways of coping that are used the most frequently by children and youth in general and are common to the best and most frequently used multidimensional measures of coping during childhood and adolescence (Skinner, Pitzer, & Steele, 2013).

Regardless of the label given, it is important to be able to characterize the ways that people cope in order to understand where to apply intervention to promote positive development and success.

According to Frydenberg et al. (2012), the model of coping that is best reflected in the research is that coping is an interaction of situational factors and the characteristics of a person, as well as their perception of the situation and their objectives. Taken together, it seems logical to assert that coping is the outcome of the interaction between a person and the environment. Thus the coping styles of children with LD will look different depending on how their self-perceptions interact with the level of support they receive in their environment, and how conducive it is for their needs.

Internal and External Coping Resources

Regardless of the way one conceptualizes a person's coping style, classifying it is not enough. As mentioned, coping is complex and dynamic, so there are several factors that can shed light on a person's coping style. While it is beyond the scope of this study to cover them all, there are a few factors that coincide with the social/emotional characteristics of children with learning disabilities as discussed previously, namely self-esteem, self-efficacy, attribution style and social support.

Self-esteem. Seeing as self-esteem refers to the positive or negative attitudes that one has towards themselves, it is not surprising that it can influence the way that they evaluate stressors as well as their process of coping (Eisenbarth, 2012). For instance, an individual may appraise a situation with high stress if they do not believe that they are proficient, important, or worthy (Eisenbarth, 2012). Also, self-esteem can contribute to the choices that people make in their coping strategies. For example, those with high self-esteem have been found to utilize problem-focused coping strategies such as active coping and goal setting, whereas those with low self-esteem may lack the confidence to approach their difficulties and instead will employ avoidance as a coping strategy (Eisenbarth, 2012).

Self-efficacy. Self-efficacy is considered to be an internal coping resource that is predictive of active coping (Schwarzer & Knoll, 2007). As mentioned previously, self-efficacy refers to an individual's beliefs and judgement of their capabilities to organize and execute courses of action that are required to attain designated types of performances. According to Lackaye et al. (2006), people with strong efficacy beliefs have a higher likelihood of persisting and exerting effort when faced with difficult working tasks, and cope well with challenges if they believe they have the capability. There are three types of self-efficacy beliefs that have been found by researchers: academic self-efficacy which refers to judgements about one's effectiveness in executing specific academic behaviours in a given context (Baird & Scott, 2009) and mastering and executing academic subjects and expectations (Lackaye et al., 2006), social self-efficacy which relates to children's perceived capability of dealing with social challenges, peer relationships and assertiveness, and emotional self-efficacy which is the perceived capability for emotional regulation and coping with negative affect (Lackaye et al., 2006). When children are faced with a challenging learning task, academic self-efficacy is a better predictor of

using effective cognitive strategies and demonstrating persistence than a student's skill level. Although, it has been demonstrated in research that academic competence, adjustment, and performance are strongly impacted by social and emotional self-efficacy through the promotion of satisfying relationships and social support (Lackaye et al., 2006).

Attribution style. Attribution style, also called explanatory style, refers to the perception that people have of the causes of events that involve themselves (Tabassam & Grainger, 2002). According to Firth, Frydenberg, and Greaves (2008) a key psychological resource for children with LD is a sense of control over the challenges that their LD presents (Firth, Frydenberg, & Greaves, 2008). If a person attributes success to their own efforts rather than to an external source, it implies that they have a sense of control over their success. In past studies on adults with LD, it was found that those who were considered to cope successfully would take control of their difficulties by setting goals, accessing help when needed, using strategies that are effective for managing stress and frustration, and were also self-aware, demonstrated perseverance, could find alternative approaches in the presence of difficulty, and were proactive (Firth et al., 2008; Firth et al., 2013). However, according to Firth et al. (2008), many students with LD are frequently shown to have a passive, helpless approach to coping with a difficulty such as using self-blame, worry, and failure to cope, and they explain that these students demonstrate a low use of productive coping strategies such as problem solving and positive thinking.

Social support. Social support plays a significant role in the coping and stress process (Schwarzer & Knoll, 2007). Social support refers to the function and quality of social relationships including the availability of help (Schwarzer & Knoll, 2007). In a longitudinal study on adults with LD, Goldberg et al. (2003) found that the adults who were considered successful reported receiving support and guidance from significant others such as friends,

teachers, therapists, co-workers, and family. Accordingly, good peer relationships and keeping socially active are considered to be effective coping mechanisms (Goldberg et al., 2003). At the same time, when children have family support, they feel protected and more prepared to face learning challenges (Givon & Court, 2010). Families, particularly parents, may seek diagnosis and help with learning such as seeking out a tutor or acting as a tutor themselves (Givon & Court, 2010).

Accordingly, social support is considered a resource factor that influences cognitive appraisal of stressful situations, and the more support that is given the better coping is enabled (Schwarzer & Knoll, 2007). Social support also plays a significant role in improving the self-esteem of individuals with LD because it is an important foundation of self-worth and thus promotes their emotional and behavioural adjustment (LaBarbera, 2008; DuBois, Burk-Braxton, Swenson, Tevendale, Lockerd, & Moran, 2002). Also, communication of approval from significant others is a significant aspect of social support that enhances self-esteem (Dubois et al., 2002). Moreover, from an enabling perspective of social support, an individual's self-regulation is facilitated by social support because it enables their adaptive capabilities to face challenges and overcome diversity, and it may also reduce arousal related to stress (Schwarzer & Knoll, 2007). As a result, social support enables a person's self-efficacy. Of course, the reverse can also be true in that individuals with high self-efficacy have the self-regulatory capabilities to activity seeks out support networks.

The Present Study

This study is located within a psychosocial perspective. The term "psychosocial" involves the interaction between a person's psychological development and social environment. The psychosocial theory was first developed by Erik Erikson, who believed that in order to adapt

successfully and display a regular development pattern, people must cope with social realities at each stage of life (Shaffer et al., 2005). Erikson emphasised the social and cultural influences on development, and demonstrated how the self and identity are determined biologically, psychologically, and socially (Berzoff, 2011). Moreover, he believed that development is invariant, sequential, and hierarchical, during which people encounter eight age-specific biopsychosocial crises or conflicts and negotiate basic developmental tasks (Berzoff, 2011). The present study occurs within the fourth stage of development, known as *industry versus inferiority* which occurs between the ages of 6 and 12. During this stage, children have to master important social and academic skills to feel self-assured, otherwise they feel inferior, and they also increasingly compare themselves to peers (Shaffer, Wood & Willoughby, 2005). Given the social and academic challenges that accompany learning disabilities, children are at risk of feeling inferior to peers and having a poor self-perception. Thus, it is important that they are able to cope with this social reality before their difficulties accumulate.

Accordingly, this study is guided by the following two research questions:

RQ1: How does a child cope with having a learning disability?

RQ2: How do a child's internal coping resources such as self-esteem, self-efficacy, and attribution style and the external coping resource of social support contribute to the way they cope emotionally with a learning disability?

Chapter 3

Research Methodology

The purpose of this study is to understand a child's experience with a learning disability through the way that he copes with it, and to attempt to capture the complex role of the child's self-esteem, self-efficacy, attribution style and social support in their environment. This can provide an illustration of a real-life experience and contribute to interventions aimed at social and emotional development and positive well-being for children and youth with learning disabilities or similar difficulties.

To capture this experience in-depth, this study used a qualitative methodology through a case study design. This chapter will discuss the use of qualitative methodology, the research design, method of data collection and analysis, as well as the theoretical framework that underpins the study.

Use of Qualitative Methodology

For this study, a qualitative methodology was embraced as this type of methodology is valuable in capturing the experiences of the participants, since it allows for analysis that is in-depth and offers a rich understanding. Unlike quantitative analysis which is typically used for testing an hypothesis and proving something to be true through statistical techniques (Merriam, 1998), qualitative analysis helps to capture the meaning of a particular unit, characteristic, or phenomenon within a particular context (Goldberg, Higgins, Raskind, & Herman, 2003). Also, qualitative analysis allows for an appropriate appreciation of participants' perspectives since their voices can be represented which is not afforded by quantitative methodologies. When considering ways to support and accommodate students with learning disabilities, it is important to listen attentively to their voices to learn about their difficulties and needs if accommodations are to be beneficial (Givon & Court, 2010).

Case Study Design

Specifically, the case study design was used for this study. The case study design is one of the most common types of research methods in both qualitative and quantitative research (Willis, 2007; Yin, 2014), and is well recognized in the social sciences because of its long history across many disciplines (Creswell, 2013; Hancock & Algozzine, 2011). A case study is a comprehensive research strategy that involves empirical inquiry and is preferred in examining a contemporary experience within its natural context or setting (Yin, 2014; Creswell, 2013; Hancock & Algozzine, 2011), and when there is no control over behaviours (Yin, 2014). Many authors agree that case studies are particularly useful for investigating and understanding complex social phenomena and for gaining a holistic and meaningful view of real-life events (Merriam, 1998; Stake, 1995; Yin, 2014). As a qualitative approach, the case study allows the investigator to explore a genuine contemporary bounded system or multiple bounded systems to gather in-depth and detailed information (Creswell, 2013). This information can be gathered in multiple ways including direct observation, interviews with people who are involved in the event, audiovisual materials, and documents and reports (Creswell, 2013; Yin, 2003; Hancock & Algozzine, 2011).

There are several defining features of a case study that are agreed upon by researchers from many disciplines. First, it typically focuses on a specific case such as an individual representative of a group, organization(s), or a phenomenon that is restricted or defined within certain parameters and studied in its natural context (Hancock & Algozzine, 2011; Creswell, 2013). Also, case studies involve rich descriptions of the case or cases and can deliver mental images for readers by incorporating quotes and narratives from key participants, anecdotes, or other literary techniques in order to thoroughly capture the complexity of the phenomenon or

event (Hancock & Algozzine, 2011). Thus, case studies are appropriate for answering research questions that are aimed at exploration rather than confirmation since the goal is to identify themes or categories, issues, or specific situations (Creswell, 2013) rather than proving a relationship or testing an hypothesis (Yin, 2003; Hancock & Algozzine, 2011). Likewise, according to Merriam (1998), “the case study design is employed to gain an in-depth understanding of the situation and meaning for those involved...the interest is in process rather than outcomes, in context rather than a specific variable, in discovery rather than confirmation” (p. 19).

The case study methodology is well suited for the focus of this study, which is on gaining a holistic view of a child’s real-life experience of having a learning disability and how they are coping with it from the perspective of the child, their parents, and their teacher. The phenomenon under investigation is dynamic because it is examined in its current state as well as the events leading up to the time of the investigation, within the contexts of the child. Moreover, LD is a complex social phenomenon as there are many challenges in its definition and identification, and individuals can have intricate needs, so the case study is a valuable method to use as it allows for in-depth analysis that can capture this complexity and provide detailed information. The majority of research on LDs is dominated by quantitative analysis which is often used to compare groups of children with and without LD on some aspect of their performance, and to determine the measureable differences between them. While it is certainly important to conduct these studies that often investigate the efficacy of different types of interventions that are common in cognitive or educational research, less attention has been given to the lived experiences and the social or emotional implications of a learning disability. Intervention is undeniably a priority in the field

of learning disabilities, yet the voices and perspectives of the people who are the focus of these interventions are often missing in research.

Single versus multiple case study designs. An important task of a case study researcher is to determine whether they will conduct a single or a multiple case study. The rationales given by Yin (2014) for conducting a single-case study include having a critical, unusual, common, revelatory, or longitudinal case. A critical case is one that is critical to the theoretical propositions of the study; an unusual case is one that represents a deviation from theoretical norms or everyday occurrences; a common case captures the situations and conditions of an everyday experience which can provide insight into social processes relative to a theoretical interest; a revelatory case is one that was previously inaccessible to social science inquiry; and a longitudinal case studies a single case at two or more time periods (Yin, 2014). Although a single-case study is vulnerable to reliance on a single instance, it is best suited for developing an in-depth investigation (Yin, 2014).

On the other hand, multiple-case designs involve two or more cases that are thought to be literal replications that allow for comparisons to be made, thus are also referred to as comparative case studies (Yin, 2014). When the difference(s) between various cases is important for answering the research question, a researcher should use a multiple-case study design. Multiple-case studies are often considered to be more vigorous and to have more compelling evidence; however they do require more resources and time, and may lack depth unlike a single-case study (Yin, 2014).

Hence, since this study involved a common case, had time constraints, sought in-depth analysis, and focused on examining the global nature of a case, a single-case holistic study was used.

Types of case studies. Yin (2014) classifies three types of case studies: exploratory, explanatory, and descriptive. Exploratory case studies often include fieldwork and data collection that is accomplished prior to defining a research question, attempting to answer research questions of subsequent studies or determining the practicality of research procedures (Hancock & Algozzine, 2011), and usually have the goal of describing the incidence or prevalence of a phenomenon (Yin, 2014). Explanatory case studies involve operational links traced over time rather than mere frequencies or incidence, and usually involve “how” and “why” questions (Yin, 2014). Also, these designs seek to determine how events occur and which events may influence certain outcomes (Hancock & Algozzine, 2011). Finally, descriptive case studies seek to present a full description of a phenomenon within its context (Hancock & Algozzine, 2011), and are used to illuminate the intricacies of an experience (Stake, 1995).

In terms of their intent, case studies can be classified as intrinsic, instrumental (single), or collective. Intrinsic case studies are used when researchers want to expand their knowledge about a particular individual, group, event, or organization where the case presents an unusual or unique situation (Hancock & Algozzine, 2011; Creswell, 2013). In a single instrumental case study, the focus of research is on a bounded case that illustrates an issue or concern (Creswell, 2013), and great importance is placed on gaining insight into the underlying theoretical explanation (Hancock & Algozzine, 2011). Finally, a collective case study is similar to an instrumental case study except the researcher selects multiple cases to illustrate the issue, and theorize about a larger collection of cases to conceptualize a theory (Hancock & Algozzine, 2011; Creswell, 2013).

This study sought to understand a child's experience with a learning disability and how they cope with it by asking "how" questions. Hence, an explanatory, instrumental case study was chosen for this investigation.

Unit of analysis. The unit of analysis refers to defining the "case" to be studied such as an individual person, program(s), event, process, institution, social group, and other contemporary phenomena (Hancock & Algozzine, 2011; Yin, 2014), which is related to the way that the research question is defined (Yin, 2014). It is necessary to define a "real-life" example that manifests the generalization (Yin, 2014). For this study, the focus was on an individual school-aged child who is diagnosed with a learning disability and in the aforementioned psychosocial developmental stage of "Industry versus Inferiority" (ages 6-12). According to this stage, his self-perception is based on conquering academic and social skills, which is a common difficulty for children with learning disabilities. One child only was used for this study in order to understand a real-life experience in considerable detail.

Ontological Approach

Ontology refers to the philosophical study of reality, so a researcher's ontological approach is their belief system and theoretical stance towards the nature of reality (Creswell, 2013). This can also be referred to as a paradigm or research lens. There are many research lenses, but three dominant lenses that have been identified by Willis (2007) are positivist, critical, and interpretivist. A researcher with a positivist view believes that there is one observable reality and that all phenomena can be explained by empirical data (Merriam, 2009). A researcher with a critical paradigm is mainly interested in the structure of social institutions and is critical of societal patterns (Merriam, 1998). Finally, researchers with an interpretivist lens seek to understand of the experiences of others, and consider reality to be socially constructed

thus this is sometimes known as social constructivism (Merriam, 2009). This study will operate within the interpretivist paradigm, specifically with a social constructivism lens. The intent of social constructivism is to interpret the meanings that others have about the world in which they live; these subjective meanings are often formed through interaction with others and through historical and cultural norms (Creswell, 2013). Also, the researcher's goal is to focus on the complexity of participants views of a situation (Creswell, 2013). This study focused on understanding a child's experience with a learning disability and the meaning that he has about it, thus a social constructivism lens was well suited to this study.

Data Collection

This section will discuss the methods used for data collection and analysis. The sources of data collection will be discussed, followed by a discussion on two methods of data collection that were used: qualitative interviewing and content analysis, as well as a discussion of the data analysis techniques and procedures that were used.

Sources of data. Five sources of information were used for this study: the child of interest, both of his parents, his primary teacher, and his psychological assessment report. While the main focus of the study was on the self-perception of the child, it is also important to consider other perspectives on the child's behaviours and attitudes in different contexts. Using multiple sources of information allows for the development of converging lines of inquiry to determine the consistency of a finding and strengthen the construct validity of the study (Yin, 2014). Each participant provides different sources of data on the child's coping style and strategies, as well as components of their self-esteem, self-efficacy, attribution style, social support. Clearly, the child is able to provide the most direct form of insight into his own life. The child who was selected for this study lives in the Niagara region, is a 10 year old male and was

chosen based on his accessibility. At the time of participant selection, the child was enrolled in a Niagara based program offered by the Learning Disabilities Association of Niagara Region (LDANR), in which I was a volunteer. By recruiting a child participant from the program that I was involved in once a week for eight weeks, the child was familiar with me which made him more comfortable to speak with me. To recruit a child participant, I collaborated with the LDANR's program coordinator who sent a letter of invitation to the child's mother on my behalf based on the participant criteria that were provided. The criteria involved a child between the ages of 9-12 to provide a more narrow age range while still occurring within Erikson's psychosocial stage. It was also required that the child be formally diagnosed with a learning disability and was also aware of this diagnosis, based on the purpose of the study. Also, there was no gender preference for the study. Selection was made based on the program coordinator's knowledge of the children involved in the LDANR, specifically those that were enrolled in the program that I was involved in. The letter of invitation described the details and importance of the study, and was sent via email along with my contact information should the mother agree to participate. The letter of invitation can be found in Appendix B of this document. Within one week of the email being sent, I received a response from the mother who indicated interest in participating in the study along with her child and husband. Once this interest was received, and at the request of the mother, I contacted her by phone to further discuss the study and arrange the interviews, and subsequently forwarded her the consent and assent forms via email. Given the developmental level of the child, the assent form was written in language that was simple and focused on the interview itself and what participation would mean to them. Also, since the focus of the study is on a child with a learning disability, I asked the child's mother to read the assent

form to him to ensure that he was well informed and comfortable with what would be involved in the study.

Along with the child's perspective, the child's mother and father provided valuable insight into his life and the behaviours and attitudes that they have observed in their child based on their direct and prolonged involvement. Next, since a large amount of the child's life is spent at school, their primary teacher was also included as a participant in the study as they could also provide valuable insight into the child's experiences at school where a significant manifestation of their learning difficulties takes place. Matthew's teacher has been teaching for 15 years, during which she has taught students with learning needs that require an IEP or special programming.

Qualitative interviews. In order to collect the data for this study, the method of qualitative interviewing was utilized. This technique is useful because it attempts to understand the world from the participants' point of view and unfold the meanings of their experiences (Kvale & Brinkmann, 2009). Qualitative interviewing was particularly useful for this study in learning about what people perceive and how they interpret their perceptions (Weiss, 1994). This technique is useful in capturing the participants' perspectives and in facilitating the researcher's understanding of the phenomena beyond what quantitative data can expose.

Regarding the interview design, Merriam (2009) identifies three types of qualitative interviews: structured, semi-structured, and unstructured or informal interviews that range in a continuum from highly formalized to completely informal. On one end of the continuum is the structured interview that is highly formalized; every aspect of the interview is predetermined, including the order and specific wording of the questions. In contrast, the other end of the continuum is the unstructured or informal interview that is exploratory and open-ended, and

strongly resembles an informal conversation. In the middle of the continuum is a mixture of the other two, the semi-structured interview which was the interview design that was used for this study. In a semi-structured interview, the general interview guide and question areas are predetermined but conversational digressions and spontaneous follow-up questions are common practice. Also known as in-depth interviews, semi-structured interviews are particularly useful for exploring a topic more openly and in more detail (Esterberg, 2002). This interview design also provides insight into a child's experiences in different contexts as well as the opportunity to identify success stories or challenges. Semi-structured interviews allow the interviewees to express their opinions and ideas in their own words, and the interview is customized to the research participant, allocating a more open exchange between the interviewer and interviewee (Esterberg, 2002).

In the present study, interviews were conducted face-to-face, and were audio recorded with the permission of the participants. The interviews were approximately 60 minutes in duration, when a natural ending point occurred. A natural ending point for an interview is when the interviewer encounters fading returns or when the information is redundant or marginal to the central research questions (Weiss, 1994; Merriam, 2009, Kvale, & Brinkmann, 2009). Each participant was interviewed once with the exception of the child, with whom a follow-up interview was necessary to clarify points or to seek further information. The locations of the interviews were determined by the participants. For the child and his parents the interviews took place at their home, and for the teacher the interview took place at a public library. The interviews took approximately three months to complete. The first two interviews were with the child and the child's mother, which took place consecutively. The next interviews were with the child again, and with the child's father, which were once again done consecutively. There was a

one month gap between the first two and second two interviews, and another month between the second two interviews and the final interview with the child's teacher. The interview guide that was used for each participant in this study can be found in the appendix at the end of the document.

Content analysis. Content analysis is a research technique that is used to extract meaning and useable inferences from text-based sources of data (Krippendorff, 2004). The document that was used for the content analysis in this study was the child's psychological assessment report. This report was conducted approximately one year before data collection by a private psychologist because the child's parents were seeking an assessment for their child due to their concerns about his academic struggles and frustration. The report was obtained by the child's mother, who graciously offered a copy during our interview and gave permission to use it. This content analysis was conducted after the completion of the qualitative interviews and includes the following information: significant family and developmental history, sources of information and assessment measures, behavioural observations, test results and interpretation including intellectual functioning, memory, visual-motor integration, phonological processing, academic functioning, attentional capacity, behaviour and social-emotional functioning, as well as recommendations. While the whole document was reviewed thoroughly, the sections that were given the most attention were his significant family and developmental history, academic functioning, and behaviour and social-emotional functioning due to their relevance to this study.

Ethical considerations. Prior to conducting the interviews, ethical considerations were addressed. Specifically, these considerations included the participants' right to privacy, informed consent, and confidentiality. In response to these ethical considerations, approval from the BrockUniversity Research Ethics Board (REB) was obtained. Approval from the Niagara

Catholic District School Board was also obtained since one of the interviews was with a teacher at one of the schools at this board. Consent forms were used to inform the parents and teacher, and an assent form was used to inform the child, of the purpose and nature of the study along with a verbal explanation. Verbal and written consent were obtained from each participant. To address the right to privacy, the participants' names were replaced with pseudonyms, which are code names that are only known to the researcher and hide the identity of interview participants in the reporting of results (Weiss, 1994). The code name that is used throughout the reporting of results to refer to the child is "Matthew", and the other participants will be identified simply as "Mother," "Father," and "Teacher."

Data Analysis

The five interviews were transcribed semi-verbatim within a few days of each interview. Semi-verbatim refers to the level of detail in the transcription process that omits pauses and filler statements, and sentence structure is added when needed (Weiss, 1994). The interviews were typed into the Microsoft OneNote software program. This word processing software program gathers handwritten or typed notes, drawings, screen clippings and audio commentaries and allows users to write anywhere in the document window by clicking on it. This program is ideal for categorizing and organizing large volumes of data, and is similar to a paper notebook method that uses dividers, sticky notes, and coloured tabs except it is done so digitally. It saves information in sections (called notebooks) that are displayed along the top horizontal axis, which can be organized into pages. The software is able to have multiple notebooks open and has a search function that can display terms and phrases in a separate window with an access link function for easy referencing. Each interview was entered into its own section titled

“Interviews”, and included five pages within the section each containing one interview. This made it easy to shift between among the interviews.

Coding. After each interview was transcribed, coding took place. Coding is the process of categorizing data that facilitates analysis (Kvale & Brinkman, 2009), and is the most commonly used method to organize interview transcripts and other large volumes of text-based data. A coding process was created to ensure that there was a systematic approach to analyzing the qualitative data (Center for Evaluation and Research, 2012a). It ensured that each transcription was approached consistently and it helped to organize data to ease transition to the next steps of data analysis. Coding occurred at the same time as data collection because there were gaps in time between when the interviews were conducted. To systematically setup the first stages of data analysis, I created a “code book” that lists and explains the codes used which was constantly referred to during data coding to ensure that there was consistency across the 5 interviews. This “code book” can be found in Appendix B at the end of the document. Subsequently, a second section was created in OneNote titled “Codes”, and eleven pages were created within this section to represent the a priori codes. These were the codes that I developed before analyzing the interviews based on the two research questions. These eleven codes were each given a colour, and each time a section of text was coded it was isolated, copied and pasted into that code’s page. This made it easy to look at all of the quotes for every individual code.

Qualitative Rigor in Research Design

Rigor in qualitative research is a way of establishing trust or confidence in the findings of a research study (Thomas & Magilvy, 2011). Verification of both the quality of the data and the overall quality of the study is one of the most important stages wherein the integrity of the research is addressed (Kvale & Brinkmann, 2009). The components of trustworthiness of a

research study based on the model by Lincoln and Guba (1985) that apply to this study are credibility and dependability.

First, similar to internal validity in quantitative research, credibility takes place when others can recognize the experiences contained in the study and that they are representative and reasonable (Thomas & Magilvy, 2011). To establish credibility, this study used triangulation which involves using multiple data sources to produce understanding. Triangulation is considered to be a strength of case study data collection (Yin, 2003). Specifically, this study used data triangulation of sources to examine the consistency of different perspectives. Namely, the perspective of the child, the child's mother, the child's father, and the child's teacher were the four sources of information. Also, methodological triangulation was employed as data were generated by the use of two data collection methods: qualitative interviews and content analysis. Although the initial intention was to use only interviews for data collection, the addition of content analysis provided another rich source of data. Multiple sources of data provide multiple measures of the same phenomenon, thus this method addresses problems of construct validity (Yin, 2003).

The next component of trustworthiness that was met in this study is dependability, which takes place when the findings can be followed by another researcher by providing an audit trail. This is achieved by describing the purpose of the study, discussing why and how the participants were selected for the study, describing how the data were collected and how long the data collection lasted, explaining how the data were reduced or transformed for analysis, discussing the interpretation and presentation of the research findings, and communicating the specific techniques used to determine the credibility of the data (Thomas & Magilvy, 2011). All of these components were achieved in this study.

Another component of trustworthiness is consistency, which is concerned with reliability and minimizing the errors and biases in the study. Similarly, consistency means that the researcher is honest and transparent with regard to their biases, goals, and faults, in addition to how these factored into the methods and data collection (Tracey , 2010). Consistency, or sincerity, was addressed through the use of a research journal that includes the researcher's initial assumptions, reflective judgements, and any unexpressed thoughts or observations during, before, or after each interview (Willis, 2007).

Also, to improve the quality of the study, collecting and analyzing the data was done concurrently which forms an interaction between the study's design and the resulting data. Data collection took place over a span of three months, during which transcription and coding took place. The interview recordings were transcribed soon after they were completed, as opposed to beginning data analysis once all interviews were complete. This strategy gave me the opportunity to improve my interview skills and modify questions before conducting the rest of the interviews since I could identify any gaps in the information I was seeking.

Chapter 4

Findings and Discussion

Given that qualitative research is grounded in rich description, the results and discussion of this study will be combined to maintain flow in the presentation of findings. The following data will be organized and presented based on how they answer each research question.

Research Question 1: How does a child cope with having a learning disability?

To reiterate, coping has been defined as the cognitive and behavioural efforts that are employed to manage particular external and/or internal stressors that are viewed as challenging (Frydenberg et al., 2012; Folkman & Moskowitz, 2004), and encompasses one's thoughts, feelings, and actions in response to these situational stressors, so is viewed as a transaction between a person and the environment (Frydenberg et al., 2012). It is also viewed as a subcategory of self-regulation in response to stress, so it includes emotional and behavioural regulation in response to a stressor, as well as regulation of the stressor itself (Frydenberg et al., 2012). Thus the learning disability (LD) is considered as the stressor in this study. Matthew's mother explained that he had been getting very frustrated with reading and writing and was having a difficult time at school. Matthew's tutor in the previous year had recommended to her to have him tested, and also recommended a specific psychologist. Due to their concerns about his academic performance and struggles with reading and writing, they took the recommendation and brought him in to have an assessment. It was revealed that Matthew has a learning disability, specifically dyslexia which translates into a difficulty with reading, writing, and spelling. To confirm this difficulty, Matthew was asked about how he feels about school and responded with the following:

Matthew: A little hard, definitely reading and writing

Researcher: reading and writing is hard? Can you talk more about that?

Matthew: Uh, I don't understand it that much

At the same time, when discussing Matthew's needs, his mother and teacher responded with the following:

Mother: *reading writing and spelling definitely*

Teacher: *definitely the reading and then the writing goes along with that. Kids that typically have difficulty with reading have difficulty with writing*

Matthew's father also reiterated this need when asked about his reaction to Matthew receiving the dyslexia diagnosis:

Father: *It wasn't really shocking it was more of a relief, understanding why he's so slow in reading and writing*

Perception of LD. As mentioned previously, in order to understand how someone copes it is important to consider their cognitive appraisal of an event that is viewed as challenging or stressful, which is their judgement of whether it exceeds his or her resources or compromises his or her well-being. The primary appraisal is the initial evaluation of the consequences of the event and the secondary appraisal of an event is their thought on what action can be performed to deal with the situation and includes coping options (Lengua & Long, 2002). Again, the way that a child perceives their LD and its diagnosis is considered to be an important factor in how they choose to cope with it, where the focus may be on the problem itself or the emotional distress it might cause (Givon & Court, 2010). When asked about what a LD means to him, Matthew said that it is when "*somebody has a hard time doing*" and that "*I think it tells me why I have a hard time at school*" which he indicated was a "*good thing to know about it.*" Thus, it seems that he attributes his LD to skills rather than as a part of his identity, which according to Ingusson (2007) is a positive adjustment factor known as compartmentalization of a disability where a student realizes that their reading and writing difficulties are something specific and not part of their identity. This was also indicated when Matthew was asked whether a person's ability to read,

write, and spell contributes to “who they are” or “what they can do” and he responded with “*what they can do.*” In other words, it is important to understand that LD is something that you have, not something you are. It seems that this notion is emphasized by Matthew’s parents, who have not treated him any differently since his diagnosis and do not make a big deal over the fact that he has dyslexia. For instance:

Father: I can't remember how we told him but I don't think we really said listen you have a learning disability like you're dyslexia or anything we just said you've got problems with reading and writing because of this learning disability. So that's why he's so confident in everything else, like we never really, we don't harp on it we don't let it, well just because you have a learning disability you can't do something, it's out there it's there, you have to live with it, it's not something that's going away.

Father: We didn't say well this is a negative thing. This is something that you have and now we know how to help you achieve your goals in school to get back up to the level you're supposed to in reading and writing.

Researcher: Was there anything that changed once you had that diagnosis for him?

Father: The way we treat him? The way we see him? No.I still yell at him like he's a 10 year old boy, no there's nothing, like if he doesn't do his homework he can't go play hockey or the x-box so nothing's really changed.

Father: It's there because he has it and it affects his results in school but it's not there in his own persona of who Matthew is.

Mother: When we go to Let's Read we tell him it's a reading club, he loves it. Even the B.E.S.T he loved going. So we tell him it's the reading club.

Researcher: Do you ever talk about what it [dyslexia] means other than a difficulty?

Mother: We just talk about what he needs to do to help him, like you know we have to do your repetitiveness we've gotta keep talking about it say your words over and keep practicing but we don't actually talk about him having dyslexia or any of that kind of stuff.

Thus, Matthew’s primary appraisal of his LD appears to be initially attributed to the problem itself, which is reading, writing and spelling difficulties. In particular, it seems that his view of the challenges that these difficulties pose in his life is based on how they can affect his performance in school and ultimately in the future. For instance, when asked to rate the

importance of reading on a scale of 1-5, he gave it a 4 because “*if you know how to read you get a good job and a good education*” and “*I think when you get older you have to read a little bit more.*” He also believed that this was the case for writing and spelling. Thus his difficulties can be considered as a challenge to be dealt with. Along with viewing these skills as important, it is also evident that he cares about doing well at school.

Researcher: *What about a time when you did well on a test can you think of a time when you remember you did really well?*

Matthew: *um, math*

Researcher: *a math test you did well on?*

Matthew: *yeah I was really happy*

Researcher: *What did you do when you got your grade back?*

Matthew: *I showed it to my mom*

Researcher: *What about a time when you didn't do well?*

Matthew: *I felt sad and stuff*

Researcher: *Can you tell me about a time when you felt angry?*

Matthew: *Uh, at school on a test*

Researcher: *Was it over having to do the test or when you got it back?*

Matthew: *When I got it back*

Researcher: *The mark made you angry?*

Matthew: *Yeah*

Researcher: *What kind of things are you most proud of?*

Matthew: *When I get a good mark on my test*

Mother: *he wants to do it, he wants to do well and if he gets a bad mark on a test he gets upset about it. He wants to do well he just has a hard time*

Mother: *He had a bad mark a couple weeks ago on a test and he didn't do a very good job and he was upset about it, he cried at school a little bit with the teacher, and she had sent a note home saying Matthew was upset today, he cried a little bit I'm going to call you after school. So she had called and said he was upset about his mark and he had some tears and that wasn't like Matthew, so when we talked to him about it he was upset with himself because he didn't do well and he thought he did well when he finished the test so he was upset with himself that he didn't do well*

Researcher: *And does he ever come home after he's had a test or assignment or something he got graded on, does he ever come home and show you*

Father: *Oh all the time, and even the one time he come home and he was upset because he failed the test. I'm like well did you study? Did you tell us you had a test? Well no. Ok*

well. You know, he was very upset that he didn't pass. And then he'd come home, like last week he came home he had an A, he said he got an A on his test and he was all excited.

Researcher: When he gets an assignment back or a test back, do you get to see how he reacts to that or you just give it to him and he takes it home. Have you been able to see his response?

Teacher: Yes, most of the time I would see his response to a test, and he definitely wanted to do well and many of the math tests or quizzes that we had he did do quite well on. There might have been one that he wasn't as successful with and I could tell he was upset about it and disappointed about it just kind of by his reaction. So doing well was important to him and when he did do well you could tell that he was kind of proud and his body language kind of showed that, and then the one time in particular I could kind of tell that he was a little disappointed that he hadn't done as well on that test

While much of his judgment of his LD was focused on the academic problem that is associated with it, there was also a bit of a focus on the emotional aspect of a LD. For instance, when asked whether he had told any other kids in the class about his LD, he indicated no because *"I may be embarrassed and stuff."* According to his psychological report he was tested only one year ago making his diagnosis new for him and his family, thus his awareness of what LD is seems to be low. It is possible that he may be worried about having a "learning disability" label because he does not fully comprehend what it means. Yet during the second interview with Matthew, it was explained that he had told his friend that he has dyslexia since speaking with him in the first interview which was conducted a month earlier:

Researcher: have you ever told anybody else about it?

Matthew: I think one person

Researcher: who was that?

Matthew: [my friend]

Researcher: when did you tell him?

Matthew: at school

Researcher: what was that like to tell him?

Matthew: I wasn't nervous

Researcher: can you tell me about that?

Matthew: um I think I trust him a lot and he trusts me a lot and stuff

Researcher: and how was it to tell him?

Matthew: good

Researcher: how was it good?

Matthew: um. He understands and stuff

Researcher: *would you ever tell anybody else, like maybe a new person that you met?*
 Matthew: *um maybe when I knew somebody really well*

Thus it seems that he is becoming more comfortable speaking about having dyslexia as long as it is with someone he is close with and can trust to not make fun of him, since other kids may not yet have enough knowledge or understanding of what it means. Again, since his diagnosis is new it is not surprising that he is hesitant about what he tells others or who he tells because his knowledge of what it means is still developing. Although, Matthew does seem to accept his diagnosis and seek out information about his LD, which can be seen in the following transcripts:

Teacher: *he would say to me "oh do you know about my disability" and I would say yes I do, or if he heard the word disability attached to something else he would say to me "oh is that kind of like my disability?" so he definitely felt comfortable to talk to me about some things.*

Researcher: *When you did tell him [about his diagnosis], how did he react to that?*
 Mother: *He just looked at me. I said "you know it's when you can't read a word and it's all jumbled and it's mixed up letter and your words it's hard to understand", and he's like "ok" but it didn't faze him. He didn't really care*

Researcher: *do you think it's a good thing to know about it [diagnosis] or would you rather not know about it?*
 Matthew: *it's a good thing*

Emotional response to stressor. Along with understanding Matthew's cognitions about his LD, it is also important to understand what reaction stems from his difficulties in order to appreciate his experience. It was learned that the emotional response to his difficulties is frustration, which seems to result from feeling overwhelmed. This is understandable given his motivation to do well at school. For example:

Researcher: *how does it feel when something is difficult, what is in your mind*
 Matthew: *um I'm frustrated and stuff*

Researcher: *How does he normally behave when he's having a difficulty with reading?*
 Mother: *He gets very frustrated and then he doesn't want to do it. You have to like kind of pull it out of him to get him to finish*

Father: *He gets frustrated fast, especially when he can't read something.*

Researcher: *So if he's sitting here and he's having a difficulty with reading, how does he typically behave when that happens?*

Father: *oh he gets irritated, he gets frustrated, says I can't, I can't, I can't. And I hate that*

Teacher: *If he found a task too overwhelming then it would come out in frustration and I guess that would be stressful for him, it came out in frustration.*

Coping style. Regarding Matthew's secondary appraisal of his LD, it is two-fold. First, it is apparent that he tries to deal with the problem itself, which was established as his academic difficulties, and can be considered to be a type of problem-focused coping. Dealing with the problem is achieved primarily through the strategy of help-seeking, which is referred to as "going to teachers or other adults for instrumental aid in understanding material or in figuring out how to learn more effectively" (Skinner et al., 2013), and is considered to be one of the most common ways of coping used by children and adults (Marchand & Skinner, 2007). This strategy can be seen in the following transcripts:

Teacher: *He'll say certain things "I need help with this" or "can you help me with that" or he'll come to me and ask for help*

Researcher: *Does he ever tend to give up, like if he's trying to do a task that's difficult for him, does he give up or does he tend to keep trying to do it?*

Teacher: *As long as he has support, if he has my support he tends to persevere, he does tend to persevere to complete the task as long as he feels like he has that support and that you can work with him on it.*

Researcher: *What do you normally do when this happens? [When he can't read a word]*

Matthew: *I ask my teacher for help*

Researcher: *What kinds of things do you ask her?*

Matthew: *I ask her to read it for me or write it*

Researcher: *What if there was a kid who had trouble reading, maybe if they were younger than you would you be able to recommend something for them?*

Matthew: *Yeah, maybe ask the teacher for help or try to read it on their own first then if they don't get it go back and ask the teacher*

Mother: *He knows that he has to have help to do well, like for the tests for them to read the questions and for them to write, he knows he needs help to do well*

Father: *If he has a problem he asks for help*

In the past, help-seeking was viewed as maladaptive since it is a dependency on others (Marchand & Skinner, 2007). This dependency is apparent in the following transcripts:

Father: *I think he's got in that mode where he'll ask for help before he tries it himself. And I think if he tried himself a little bit harder he would get it before somebody would help him*

Mother: *He would wait for us to do it for him so we had to stop doing that*

Mother: *Yeah and it's easier for him if he gets help, so without him having to struggle so if they help him it's easier for him*

Researcher: *Do you find he jumps to that too quickly*

Mother: *Yes, he jumps to it real quick*

Teacher: *If it was something that was more challenging then sometimes he'd be like "oh I don't want to do it, I don't know how to do it" or "I need your help, I can't do it without your help" that kind of thing if the task seemed overwhelming to him so again wanting my assistance, you know if I suggested well why don't you have so and so read you the question, "no no I want your help"*

However, recent perspectives view it as an adaptive strategy (Marchand & Skinner, 2007). For instance, according to Skinner et al. (2013), help-seeking is an adaptive coping strategy since students are able to focus on reengaging with difficult academic material. Also, from the perspective of children's coping, getting help, advice and support from others is adaptive when their personal resources cannot keep up with the demands of the event (Marchand & Skinner, 2007). Likewise, getting help from others can also be considered adaptive in terms of self-advocacy skills. For instance:

Researcher: *How would you describe his problem solving skills?*

Teacher: *Um, academically I think that his problem solving is good to the extent that seeking assistance and that kind of thing, his ability to advocate for himself to get the support that he needs to be successful*

Self-advocacy is "the ability to speak up for what we want and need" (Schreiner, 2007, p. 300), and the "ability and willingness to appropriately advocate for one's own self-interest" (Bender,

2008, p. 435). When students are able to self-advocate, not only can they explain and survive the difficulties they encounter, but they will also be able to express what they want and need in order to reach their goals (Schreiner, 2007). Also, asking for help is more adaptive than avoiding help from others, which is considered to be a maladaptive coping strategy called concealment, where students prevent others from learning about their difficulties (Skinner et al., 2013). Marchand and Skinner (2007) highlight that instead of asking for help, some students will sit passively, give up prematurely, or continue working unsuccessfully. Since Matthew is aware of his areas of difficulty, he recognizes that he needs support and is not afraid to ask for it.

Next, Matthew's second action to deal with the stressor is to implement strategies that alleviate his frustration. Thus, he uses emotion-focused coping as well which is to regulate stressful emotions, and in Matthew's case it seems to be productive because it helps him focus on the academic task or situation. One strategy that Matthew mentioned is to "take deep breaths," and the main strategy that was found is time. For example:

Researcher: what do you normally do then if you're having trouble with something and feeling frustrated?

Matthew: Uh I go take a break or I sit at my desk

Researcher: Do you normally find a way to help yourself on your own?

Matthew: Yeah sometimes I leave a little bit and then go back to it

Researcher: Do you ever do anything to take your mind off of it?

Matthew: Sometimes I go into the school to take a drink

Mother: usually we'll give him a break or he'll go, you know go upstairs for a little bit come back and we'll do it after, we'll do your math after supper or we'll do your reading after supper and we'll try it again and then he's kinda better and then we'll talk to him more about it and it helps him

Researcher: So when he's frustrated or when he's stressed, how does he typically deal with frustration?

Father: Um, he'll blow a gasket, run upstairs. If you leave him alone, 10 minutes later he'll come down like nothing happened

Father: Most of the time when he blows up he'll run up to his room and be by himself and then he'll calm down or we'll tell him don't come downstairs until you're calm and then he'll be like "can I come down I'm ok" and then everything will be fine

Frustration is an expected reaction when something prevents someone from reaching their goals, and can be an overpowering emotion. Thus, his use of productive strategies for alleviating his frustration is promising as there are likely to be many more situations in the future that make him feel frustrated. It is necessary to be able to deal with this frustration in order to reengage with the initial task or situation.

Taken together, Matthew seems to be coping adaptively with his LD which seems to affect him only in his academics. It seems that Matthew perceives of his LD as a specific difficulty that he has with reading, writing, and spelling, and views this as a problem because it affects his academics which he views as important. It is apparent that he recognizes that his identity is not strictly tied to being "learning disabled;" it is something that helps to explain why he is having difficulty which is viewed as a positive thing because he understands what his needs are and can advocate for himself to deal with his difficulties. Since his diagnosis is relatively recent, he is still in the process of discovering more about what LD means before he is completely comfortable telling new people about it. It is promising that he has the appropriate support networks to rely on to help him cope with his difficulties and the frustration that is associated with it.

Research Question 2: How do a child's internal coping resources such as self-esteem, self-efficacy, and attribution style and the external coping resource of social support contribute to the way they cope emotionally with a learning disability?

This section will present and discuss five factors that are considered to play a role in the coping process. Based on the literature, the factors of self-esteem, self-efficacy, attribution style

and social support have been shown to have an influence on the way that someone copes. The first three are considered to be internal factors, meaning that they are psychological characteristics of the child, and the fourth factor of social support is an external factor in the child's environment. Seeing as these four factors are the basis of the second research question, they are considered to be deductive factors. Subsequently, the last factor that will be discussed is an emergent factor that deserved attention, which is Matthew's engagement in sports and leisure activities.

Self-esteem. To reiterate, self-esteem is a form of self-evaluation or a positive or negative attitude towards oneself that guides future behaviour and action (Boden, Fergusson, & Horwood, 2008). Eisenbarth (2012) highlights that self-esteem contributes to the evaluation of demands and the coping process given that it is the difference between perceiving a situation positively or negatively. Thus the perception of threat is reduced when someone has a positive self-esteem and self-confidence (Mann, Hosman, Schaalma, & Vries, 2004), and self-esteem can influence one's ability to cope with stressful events and differentially impact stress outcomes (Eisenbarth, 2012). On the other hand, if an individual has low self-esteem, they may not believe that they are proficient, important, or worthy so they might appraise a situation as highly stressful (Eisenbarth, 2012).

The data indicate that in general Matthew has a positive level of self-esteem. When asked to rate himself out of five on how confident he feels about his abilities, he gave himself a 5. Also, when asked what his best quality is he answered "*I think I'm good at everything I just need to practice*". When asked to describe himself, he said "*I think I'm a nice friend, a nice kid, and I like to help out a lot*", and when asked what he likes most about himself he answered "*that I have talent to play the guitar and hockey*". He also indicated that he would not change anything

about himself. According to his psychological assessment report, Matthew “*demonstrates a positive level of self-esteem*”. His mother and father also indicated that self-esteem is not an issue for Matthew which is present in the following quotes:

Researcher: *how would you describe his self-esteem?*

Mother: *you know what, he's got good self-esteem, he's not hard on himself or any of that kind of stuff like he's a good kid, he's always happy, he's never down or depressed or any of that kind of stuff*

Researcher: *he's never expressed anything to indicate he was feeling low in his self-esteem?*

Mother: *no, no*

Researcher: *How would you describe his self-esteem?*

Father: *in general his self-esteem is good. Just, the task that he's trying to do at that particular time might affect his self-esteem but not all the time. I think it's just like a 10 year old where he has his mood swings*

In the latter quote it seems that Matthew’s father is referring to global self-esteem versus domain-specific self-esteem. Global self-esteem refers to a person’s positive self-evaluation and level of overall regard for oneself as a person (Gentile, Grabe, Dolan-Pascoe, Wells, & Maitino, 2009). However, domain specific self-esteem refers to a person’s satisfaction in specific areas such as their appearance, academics, sports, social skills and more (Gentile et al., 2009) thus it varies from one domain to the other. In Matthew’s case, he seems to have a positive level of global self-esteem, but in some domains he does not feel as confident such as in some areas of his academics. For instance, he does not appraise himself as competent in language arts due to his reading, writing, and spelling difficulties so he is unsatisfied with his academic skills in this respect. However, he does believe that he is proficient in gym and French so he is satisfied with his academic skills in these subjects. Thus his self-esteem in regards to his academic skills ranges from low to high. In terms of other domains, he seems to feel positively about himself regarding his ability to play hockey and guitar as well as his good social skills.

Furthermore, his teacher also indicates that he does not have a problem with his self-esteem, and highlights the fact that he is self-confident:

Teacher: I never heard him being negative towards himself, he was pretty confident actually when it came to being in front of his peers

Teacher: He would often ask me "oh can I read that to the class" um, he had his own list of spelling word and he would always ask me if he could read their spelling words to the class after his test would be done. So he would be very proud of his reading accomplishments and want to share them with the class

For some children with learning disabilities, the idea of presenting in front of peers may be appraised as a stressful situation that is threatening, yet it seems that this threat is reduced for Matthew because he has self-confidence.

Accordingly, there are a few factors that may promote his positive self-esteem. The first is the fact that Matthew has a positive relationship with his parents. Along with providing love and encouragement, after Matthew received a diagnosis his parents have not treated Matthew any differently than they did before the diagnosis nor do they treat him differently than his brothers. It seems that this would communicate approval by Matthew's parents who play a significant role in his life. According to Mann et al. (2004) approval by parents is a main determinant of self-esteem, and attachment and unconditional parent support are important as a child is in a period of self-development.

The next factor that could protect his self-esteem is the fact that he has thriving peer relationships:

Mother: He's very social, very friendly, gets along with everybody like I mean even the kids on the crescent we have just girls on the crescent but he's always outside playing with different kids and he's very social, very friendly, even with hockey and different things

Father: Oh he makes friends anywhere he goes, so his social environment is perfect, it's better than my oldest, he makes friends no matter where he goes what he's doing, everybody loves him

Teacher: He gets along with his peers and he has a good group of peers

Moreover, his psychological assessment report stated the following:

With respect to his relationship with others, Matthew reported positive relationships with his family and friends, and also rated a low level of social stress on the BASC-2. For example, he reported that his parents help him if he asks them to, like his friends, trust him, and are easy to talk to

Matthew reported that he has close friends and that he gets along well with others, he described a positive relationship with all family members and identified that he enjoys playing with both of his brothers

Along with the friendships he has formed, he has a positive school climate where bullying is not an issue. This is beneficial because he can go to school feeling accepted and comfortable in his own skin. Also, as mentioned previously the peer relationships of children and adolescents are crucial to their behavioural adjustment (Wiener, 2004) since humans have a core need for belongingness and affiliation (Boden et al., 2008) and friends can validate their self-worth.

Finally, another factor that might contribute to his positive self-esteem is the fact that he recognizes that there are other areas of school that he is good at:

Researcher: *Is there a part of school you find easy?*

Matthew: *I think French is easy*

Researcher: *What are you smartest at?*

Matthew: *Sometimes math and French*

Researcher: *What are you most proud of?*

Matthew: *My school work*

Researcher: *What kind of school work?*

Matthew: *science, French, sometimes language and math*

Researcher: *What would you say he likes best about school?*

Mother: *Usually he says gym and he's really good at it*

Although Matthew has difficulties with reading, writing, and spelling, he is aware that there are also subjects that he is good at and can succeed in. It may be the case that he does not apply his

difficulties to every area in school, and that just because he might struggle in one area does not mean he is not smart.

Self-efficacy. The next factor that was examined in this study is self-efficacy. Again, self-efficacy refers to one's judgements of their ability to organize and execute actions that are necessary for attaining certain types of performance, as well as a person's confidence in their abilities (Lackaye et al., 2006). When people have strong efficacy beliefs then they are more likely to be persistent when they are faced with difficult working tasks and will cope well with challenges because they believe that they have the capability (Lackaye et al., 2006). It was mentioned previously that there are three types of self-efficacy beliefs: academic, social, and emotional.

First, academic self-efficacy refers to judgements about one's effectiveness in executing specific academic behaviours in a given context (Baird & Scott, 2009) and mastering and executing academic subjects and expectations (Lackaye et al., 2006). This is not to be confused with academic self-concept, which refers to a person's knowledge and awareness of themselves in achievement situations (Bong & Skaalvik, 2003). Lackaye et al. (2006) highlight that many self-efficacy studies have found that students with LD tend to have lower academic self-efficacy beliefs than students without LD. This was a corresponding finding in the present study as it seems that although Matthew's academic self-concept seems to be high, his academic self-efficacy is not as high. Regarding his academic self-concept, when he was asked to rate himself out of five on how good he thinks he is at school, he gave himself a rate of 5. However, when he was asked to rate himself on the same scale on his belief that he could accomplish any task that he attempts at school and on how capable he thinks he is of working through a difficult learning task, he gave himself a rate of 3. Moreover, his lower self-efficacy beliefs were also discerned

from the dependence he places on others to help him work through a difficult school task. For instance, in his psychological assessment report, it was explained that in his previous school report he was *“encouraged to improve his confidence as a learner by attempting assigned tasks independently”*. His teacher also indicated that with challenging learning material, Matthew tended to say *“I need your help, I can’t do it without your help”* and would often wait for her assistance rather than attempt it on his own. Similarly, his father stated that *“instead of trying to do it himself he’ll ask for help first”* and his mother stated that *“he would wait for us to do it for him”* in terms of his reading. Based on this information, it seems that Matthew generally views himself as good at school, but when it comes to difficult material such as reading and writing he does not believe that he has the capability to work through it on his own. There are a few things that may have led him to this belief, such as his history with reading and writing difficulties. Due to the struggles he has faced in this area, over time it may have convinced him that he needs assistance in this area in order to succeed. Also, because Matthew tends to become frustrated when he struggles with a reading or writing task, this reaction may reaffirm his difficulty. Of course, there are other areas of school such as French and gym that Matthew said are easy for him. Thus Matthew seems to demonstrate self-awareness of his abilities so he knows which areas he is good at and which ones he is not as good at, so his self-efficacy could be different depending on the subject. Moreover, when he was asked about how he feels about his ability to learn, he indicated *“umm, maybe not the first day but the second day and I understand it”*. Also, in response to the questions about his ability to accomplish any task he attempts at school and work through a difficult school task, Matthew said *“if I don’t get it and stuff but if I already learned about it, it will probably be easy for me”* and his explanation for the latter was *“I think maybe if I don’t know the question then I’ll skip it and come back”* which indicates that he is

aware that he needs more time and repetition to master an academic task which is useful for seeking appropriate accommodations.

In terms of Matthew's social and emotional self-efficacy, these seem to be stronger than his academic self-efficacy. For instance, in terms of his social self-efficacy:

Researcher: Do you think you're good at making new friends?

Matthew: yeah

Researcher: What do you normally do to make a friend?

Matthew: Ask them their name and give them my name

Researcher: On a scale of 1-5, how capable do you think you are to deal with a problem with another kid?

Matthew: uh I think a 4

Researcher: what if it's an argument or someone's picking on you or being mean?

Matthew: I ask them for an apology or ask the teacher for help

In terms of his emotional self-efficacy:

Researcher: do you think you're good at making yourself feel better when you're angry?

Matthew: yes. I can sometimes do it on my own or I ask my mom for help

Researcher: what do you do by yourself?

Matthew: uh, take deep breaths and stuff

Researcher: so when you are getting frustrated or getting worked up about something, how capable do you think you are to be able to calm yourself down when you're upset

Matthew: a 4 I think

Matthew's father was able to confirm his ability to regulate his emotions:

Father: Today he was about to start to cry cuz he couldn't get his yogurt and then he stopped himself from crying so he knows how to regulate his emotions. For a 10 year old too right, is he gonna cry yeah he's gonna cry over this stupid little thing, but he knows some things you can cry about some things you don't

Father: Most of the time when he blows up he'll run up to his room and be by himself and then he'll calm down or we'll tell him don't come downstairs until you're calm and then he'll be like "can I come down I'm ok" and then everything will be fine

Taken together, because Matthew has positive relations with his peers this experience strengthens his belief that he is capable of dealing with social challenges, peer relationships and assertiveness. Also, due to his positive relationships with his parents and the communication that

they have, there is a possibility that Matthew has been given information on how and when to regulate his emotions by his parents who he might view as knowledgeable and credible. For instance, when asked about who he normally talks to when he has a problem, he responded with “my mom”. The experiences he has had with successfully calming himself down when he is upset likely strengthened his emotional self-efficacy. It was mentioned in the literature review that these two types of self-efficacy can impact academic self-efficacy through the promotion of satisfying relationships and social support. This along with Matthew’s ability to distinguish between his areas of strength and areas of difficulty may explain why he is still able to be persistent and cope with his academic difficulties.

Attribution style. The next factor that was examined is attribution style that was referred to as the perception of cause, and is a key psychological resource for children with LD as it involves the sense of control over the challenges that their LD presents (Firth et al., 2008). People who attribute their success to their own effort rather than to external factors are considered to cope successfully with difficulties. In terms of Matthew’s attribution style, based on his responses it seems that he has an internal attribution style towards his success at school. For instance:

Researcher: *For the tests that you did well on and didn’t do well on, what was the difference between the two?*

Matthew: *Um I think I didn’t focus enough, I didn’t study*

Researcher: *What do you think it takes to do well at school?*

Matthew: *Uh, study*

Researcher: *Imagine you got an “A” on a spelling test. What do you think it was that got you the “A”?*

Matthew: *I practice every day and my parents maybe helped me with it*

Researcher: *Do you think it’s possible to get better at something that you’re not very good at?*

Matthew: *Yeah if I practice*

Father: He doesn't blame himself and he doesn't blame other people for his situation or his failures or failing a test or not scoring a goal or something like that like if they lose a game. He scored on his own net one time and he got all upset, I'm like well that happens there's nothing you can do. But no he doesn't call himself names or anything like that or you know Joe Blow made me, you know the kid that was talking out of turn, he made me fail the test, no he doesn't say anything like that

Mother: It's never luck, he knows that he works hard for it

It appears that Matthew believes that he has control over his success since he recognizes that success comes from studying and practicing rather than from an external factor such as luck or another person. At the same time, when he does not do well on a school task he believes that it was due to his lack of effort rather than to a lack of ability. Likewise, it was highlighted by Tabassam and Grainger (2002) that students with a high academic self-concept attribute their success to internal and stable factors that lead them to feel more satisfied with their performance and as a result may try hard to succeed. As mentioned, Matthew seems to have a high academic self-concept since he views himself as being good at school, so his excitement over doing well on a test or assignment that his mother mentioned is accompanied by his recognition that his efforts were efficacious. Thus his internal attribution style indicates that he has a sense of control over his challenges, and he takes control by accessing help when needed, using effective strategies for managing stress and frustration, and is also self-aware and demonstrates perseverance which were some factors that were indicative of coping successfully among adults with LD in past studies ((Firth et al., 2008; Firth et al., 2013). This is promising for the future because he will be able to continually take control of his learning by preparing himself for evaluative school tasks that contribute to his achievement.

Social support. The final factor that was examined in this study to answer the second research question is social support, which is an external factor. Again, social support refers to the function and quality of social relationships including the availability of help (Schwarzer & Knoll,

2007), and it plays a significant role in the coping and stress process (Schwarzer & Knoll, 2007). Social support was a very prevalent factor in this study as it was consistent among all sources of data. It is evident that Matthew has a lot of social support in his life such as friends, his parents, his brothers, his teachers and his peers at school or in community programs.

First, as was mentioned earlier, Matthew has a thriving social life. When asked about his friends, Matthew said the following:

Matthew: *They're nice, we get along, we play each other. Sometimes we call them if they want to come play here or I go to their house*

Researcher: *What do you like to do?*

Matthew: *We play hockey in the basement or play x-box together or go outside and play football and soccer*

Matthew: *Sometimes they help me out in school. And we do projects together*

Matthew: *I have my elbow partner to help me like they will tell me the word*

Researcher: *An elbow partner? What's that?*

Matthew: *Somebody that sits beside me so they can help me read it and stuff*

It seems that to Matthew, friends are companions who share in his interests and help him out when he needs it which could be comforting for him. Moreover, Matthew also receives emotional support, specifically from his best friend regarding his learning disability:

Researcher: *what was that like to tell him?*

Matthew: *I wasn't nervous*

Researcher: *can you tell me about that?*

Matthew: *um I think I trust him a lot and he trusts me a lot and stuff. He understands*

Emotional support has been referred to as the availability of appreciation, trust, concern, and listening, and usually involves someone who provides another with the opportunity to talk about problems (Östberg & Lennartsson, 2007). This is a positive coping resource because it provides Matthew with the sense that he is valued and cared for which may reduce stress or any worries that he might have regarding his dyslexia status. It was mentioned in his psychological assessment report that “*at times, Matthew worries about what his parents, teachers, or other*

children think". Given his stage of development, it is common to care about what others think at times since he is in a stage of developing competence. The availability of emotional support by his best friend, as well as having overall social support by his peers is likely to have made him feel accepted and socially competent which might prevent these worries from becoming overbearing.

Matthew's parents also play a significant role in life and provide emotional social support as well as informational social support, the availability of advice or information (Östberg & Lennartsson, 2007).

Researcher: *Who do you normally talk to when you have a problem?*

Matthew: *My mom*

Researcher: *What about?*

Matthew: *Sometimes school, or just anything*

Researcher: *How does it make you feel that you can do that?*

Matthew: *Happy*

Researcher: *and what about with your work at home, who helps you?*

Matthew: *Um, my mom or dad, sometimes my brothers*

Mother: *Usually we'll give him a break or he'll go, you know go upstairs for a little bit come back and we'll do it after, we'll do your math after supper or we'll do your reading after supper and we'll try it again and then he's kinda better and then we'll talk to him more about it and it helps him and then we help him do it*

Mother: *We practice those [words] everyday with him so he writes them out 4 or 5 times and then he'll ask us to say the word and he writes it out*

It is clear from conducting this study that Matthew has loving, supportive parents. Along with providing emotional support, they are both actively involved in his life and seek out support for Matthew such as hiring a tutor, enrolling him in community programs and house league hockey, getting him a guitar and working on it with him, and bringing him in for a psychological assessment in order to better understand his difficulties and how to best support him. As a result of receiving a learning disability diagnosis, Matthew's parents feel a sense of relief to have a

better understanding of what he is going through so they are able to get him the help he needs.

This is seen in the following statements:

Mother: It made us understand him more, and we weren't as hard on him. Like you know we're like "Matthew, that's an easy word how do you spell about wrong not a-d-o-u-t, like how do you spell it wrong, you know turn your b's around turn your d's around" so once we had him tested it made more sense to us so we weren't as hard on him like with his spelling and reading and stuff so it made more sense to us. It helped us know what he's going through and what we need to do to help him, so when we're reading with him to help him sound it out if he can't understand it and ask him what he sees and what the word looks like so that helps

Father: It wasn't really shocking it was more of a relief, understanding why he's so slow in reading and writing, um, more of a relief, like we didn't think he was slow or anything like that we just didn't know why he was slow in reading so knowing that he kind of reads the page differently than everybody else kind of was a relief to us that now we know why, we get him the help that he needs.

Matthew's parents also help him with homework and help him prepare for tests, and motivate him to keep trying when he wants to give up, which is important because parents are critical in fostering children's attitudes towards school by providing academic and motivational support (Morse, Christenson, & Lehr, 2004). Parents play an important role in children's lives and the unconditional love that they provide can contribute to the development of Matthew's self-worth which can protect him against negative feelings he might experience due to academic struggle.

Moreover, Matthew also receives emotional and informational social support at school from his teachers:

Researcher: What's your teacher like?

Matthew: Nice, and she helps me out a lot

Researcher: What does she do?

Matthew: Um she, on tests, I ask her to write for me, um and she sometimes lets me use my math journal notes to help me and I use resources

Teacher: As long as he has support, if he has my support he tends to persevere, he does tend to persevere to complete the task as long as he feels like he has that support and that you can work with him on it

Father: *He gets extra help, but the teacher is wonderful too, his teacher is fabulous with him and it helps that he likes her*

Researcher: *How would you describe his relationship with his teacher?*

Mother: *Very good, I mean he uh, he can talk to her so if he has problems or he has a hard time with school work or anything or even with his one friend with the project he's very comfortable going to her*

Teacher: *He would say to me "oh do you know about my disability" and I would say yes I do, or if he heard the word disability attached to something else he would say to me "oh is that kind of like my disability" so he definitely felt comfortable to talk to me about some things*

According to Dunn, Chambers, and Rabren (2004), the way a student feels about school is often dominated by the relationship they have with their teachers which contributes to their attachment to school. It is evident that Matthew's teacher cares about him and provides him with emotional support. Seeing as children spend the majority of their day at school, it is important that Matthew has a teacher who he feels comfortable with and that he can open up to about his concerns.

Furthermore, along with having a positive relationship with his teacher, Matthew has a positive school environment:

Teacher: *I think that definitely the school that he's at, the students as a whole are nice kids and they're really good at accepting kids for who they are and I've never heard one child the whole school year say anything negative towards [Matthew] about some of the things that maybe he couldn't do as well as them, or anything regarding his learning, so I think that's helpful that he feels their support*

Mother: *He gets a lot of support at school so I mean our school's been really good with him even since grade 2 with modifying a lot of the programs for him and just helping him cope and helping him with his reading and spelling so he gets a lot of help through the school that I'm happy with*

Having a positive school climate is a valuable factor in Matthew's life since he can feel safe and enjoy going to school because he knows that he is accepted and cared for, and that his well-being matters. Since many students with learning disabilities are socially rejected, it is promising that Matthew is so well liked and accepted among his peers for who he is as this will contribute to his

behavioural and interpersonal adjustment. It is also important that his school is able to meet his needs so that his academic demands are realistic and provide him with the opportunity to experience success and protect his self-esteem.

Furthermore, Matthew is supported in his community through programming. It was mentioned that Matthew's parents enrolled him in community programs, both of which are offered by the Learning Disabilities Association of Niagara Region (LDANR). This association is committed to providing resources and support to individuals with learning disabilities. The two programs Matthew has been involved in were brought to the attention of Matthew's mother, who explained that she saw them as being helpful and enjoyable for him. The two programs are called *Let's Read* and *Better Emotional and Social Times (B.E.S.T)*. The former program is described on the association's website (www.ldaniagara.org/) as the following:

A small group literacy program for children performing a minimum of one year behind in their reading. Children work on their phonics, sight words, fluency, and self-regulation in a group setting and have an opportunity to work one-on-one with a literacy instructor in the area of their greatest need"

The latter program is described as the following:

This self-advocacy and self-esteem program helps children gain a better understanding of their learning disability and ADHD and that they simply learn differently by providing explicit instruction in coping skills, understanding and interpreting body language and facial expressions. This program targets children who live with learning disabilities and students with Attention Deficit Hyperactivity Disorder (ADHD); although an official diagnosis is not necessary. Through discussion, games, role playing and direct instruction in small groups, children learn about and build on their strengths, various coping skills and ways to interact successfully with others. We coach children how to fit in social situations with proper actions and reactions to develop their self-confidence; touching a variety of topics.

What both of these programs have in common for Matthew is the social aspect of working in a group, as well as being a fun environment that he looks forward to attending each week.

Researcher: *What made you want to join B.E.S.T?*

Matthew: *I think the other kids and the games. It sounded fun*

Researcher: *Is there something you found most helpful?*

Matthew: *they taught me something new, like how to be a friend at school. The teacher asked us if we have any ideas and we would write it down for if we have a problem and what to do*

Researcher: *So you mostly liked the games and hanging out with the other kids?*

Matthew: *Yeah and reading the books*

Researcher: *You liked to read the books?*

Matthew: *Yeah when they let us read a book for everybody that wanted to read*

Researcher: *What did you like?*

Matthew: *I could hear everybody else read and stuff and it was fun. It wasn't as scary*

Researcher: *what kind of stuff do you do in Let's Read?*

Matthew: *we get in groups and do different stations and somebody pulls us out and we read a story*

Researcher: *You read in a group?*

Matthew: *No you read with one person, we have stations what we read with somebody. They time us and then we go back with groups and play games and stuff*

Researcher: *Do you prefer to read by yourself or with kids?*

Matthew: *With kids*

Researcher: *Why is that?*

Matthew: *Because they can help me with the words if I don't know it.*

Researcher: *You said before that you sometimes get nervous when you read in front of other people, is that the same with that program?*

Matthew: *No because I'm with other people and they're reading the same story*

Mother: *I think there was benefit [to the programs] because he wanted to go and there's the reading in there and the different games and the interaction with the other kids so he's with other kids that do have difficulties in reading so it's easier for him. So he doesn't feel like ok everyone else can read 2 book, I can't read one book, so I think being around kids that have the same kind of learning problems, I mean they may not have dyslexia but they're all similar in having troubles with reading I think that helps him because he sees that he's not the only person*

Mother: *Going to those programs doesn't seem like it's work, it's more fun for him, like he would say "ok it's time to go" "no Matthew we still have to have dinner" and he's like "ok well do we go now?" "not yet, let me clean up and then I'll take you" so he would look forward to going because it was fun, it wasn't work*

In the last two statements from Matthew's mother, two ideas stand out regarding the benefits of the programs. First, Matthew experiences a sense of relatedness with the others kids in the program because everyone who attends has similar experiences with reading struggles. It is difficult to imagine what it must feel like for Matthew to continuously struggle with reading and

writing and have lower achievement in this area than his peers, so it is encouraging that he has other children to relate to. The second benefit that Matthew's mother highlights is the fact that these programs are fun. Since Matthew spends all day at school, and then comes home to practice his words or other school related tasks, it seems like it is refreshing for him to attend a program that is enjoyable.

Taken together, it is interpreted that as a whole Matthew receives positive social support in multiple areas of his life which is advantageous for the coping process. Not only does he have resources to help him through challenges, the social support he receives also confirms his self-worth, promotes his self-esteem and confidence, and may also influence his self-efficacy because it enhances his capability to adapt and overcome challenges. Thus social support promotes Matthew's emotional and behavioural adjustment and is a contributing factor to how he copes with having a learning disability.

Sports and leisure engagement. The next factor that will be discussed is an emergent factor that deserves attention, which is Matthew's involvement in sports and leisure. It was mentioned previously that Matthew is involved in house league hockey and has started to learn how to play the guitar which are viewed as beneficial for many reasons. First, these activities promote Matthew's self-esteem because they are both skills that he is good at thus are considered to be his strengths. For instance, along with the quote from Matthew that "*I have the talent to play hockey and guitar*", Matthew indicated that he felt happy when he plays guitar because "*I'm good at it*" and "*I think I become confident with it*". Matthew's mother and teacher confirmed these skills as well:

Mother: He does tell you "*I'm really good at hockey*" and he's been talking about guitar too, like "*I'm good at guitar, my teacher says I'm good at it*" so he does talk about it a lot which is good, it's something that he can, know you where my youngest son is good at math or reading and he's better at it than him, so this is M's thing he's like "*I can do*

really good at hockey" or "I'm good at guitar" so it's good for him to talk about that. He's very aware

Researcher: *What would you say are his greatest strengths?*

Teacher: *I would say that his greatest strength would be his athletics, his athletic ability definitely*

Researcher: *So he really thrives in gym class?*

Teacher: *Yes, absolutely.*

It is likely that the constant experience of reading and writing difficulties and/or failure can pose a threat to a child's self-esteem, especially when they are in the stage of developing competence at school. Thus it is important that Matthew can experience success in other areas, and can recognize his strengths. Doing so could compensate for the negative feelings he might have towards his difficulty with reading and writing and protect his self-esteem

Teacher: He comes from a really nice family and they've got him in different programs for his reading and involved in activities like hockey and things like that I think would help him cope and the fact that he has his hockey and you know that he feels confident in that area and feels good about himself, you know, his hockey team did really good this year, so he has opportunities to feel very successful

At the same time, since hockey is a team sport it gives Matthew valuable social opportunities to work as part of a team which can promote a sense of belonging as well as social relationships which could foster his self-worth. Likewise, it is stated in his psychological assessment report that *"it is important that he continues to participate in such activities that he enjoys and in which his self-esteem and peer relationships can be nurtured"*.

Along with promoting Matthew's self-esteem, these activities may serve a therapeutic purpose by reducing stress. It is apparent that Matthew spends a lot of time doing academic tasks. Not only is he at school for the majority of the day where he works on various academic tasks and attends to daily lessons, but also when he comes home he practices his spelling and reading words. As was previously discussed, he tends to get frustrated a lot when he struggles with reading and writing which can become stressful. For instance, his psychological assessment

report states that “although generally not an anxious child, some concerns were noted with respect to worries about his academic performance”. Worrying too much about his academic performance may contribute to anxiety, so it is important that Matthew has the opportunity to engage in activities other than academics that are satisfying to him in order to refresh his mind and ease his frustration. Accordingly, when referring to playing the guitar Matthew stated he is happy when he plays because “*I focus a lot*”.

Also, by playing on a hockey team Matthew learns how to set goals and that he has to work hard to achieve them, which could translate into his academics by furthering his internal attributional style. Matthew also has the opportunity to learn how to deal with disappointment when he loses a game in a healthy way.

Chapter 5

Conclusion

This chapter outline the conclusions drawn from the analysis of the data, including the interviews with the child, his parents, and his primary teacher, as well as the review of the child's psychological assessment report. This study sought to answer two research questions which were as follows:

RQ1: How does a child cope with having a learning disability?

RQ2: How do a child's internal coping resources such as self-esteem, self-efficacy, and attribution style and the external coping resource of social support contribute to the way they cope emotionally with a learning disability?

Coping Profile

Based on the results of this study, Matthew seems to be coping well with having a learning disability. In terms of his current psychosocial stage, his difficulties are with academic skills which have triggered a lot of frustration for him. This is an understandable response seeing as there is a lot of importance placed on academic achievement in school which has been internalized by Matthew. Fortunately, Matthew receives appropriate accommodations from his school, and his parents have a better understanding of his needs as a result of receiving a LD diagnosis. In terms of his coping style, Matthew seems to use a combination of "problem-focused/approach coping" which is making contact and dealing with his difficulties directly, and "emotion-focused coping" in the sense that regulating his emotions helps him focus on the task or situation. Thus to deal with the stressor directly, Matthew's behavioural effort is to seek help from others and practice the skills that he struggles with at home such as spelling or reading. It seems that he recognizes that his academic difficulty is something that can be dealt with, which is an adaptive coping skill as it suggests that he is able to take control of his difficulties rather

than hiding from them through avoidance or withdrawal. As mentioned earlier, his ability to self-advocate in order to get the helps that he needs is very important skill to have, and it is promising that he is already demonstrating it at a young age. This skill will be useful for him as he progresses in school, especially once he gets to high school and if he pursues a post-secondary education. Another behavioural effort that he uses involves emotion-focused coping, which is to use strategies that reduce his frustration such as taking a break or deep breaths so that he can calm down and come back to the task later.

The cognitive effort that he employs to cope with his LD appears to be his compartmentalization of it; thus he does not view himself as being “different” or that there is something wrong with him merely based on the fact that he has dyslexia. Rather, having LD explains why he has trouble in certain areas of school which could alleviate any concerns over being unintelligent, and protect his self-concept and self-esteem. At the same time, Matthew is aware that there are other subjects at school that he is good at, so the disappointments he has in some areas of school are balanced out by successes in others. Accordingly, it seems that Matthew accepts the fact that he has a LD, although he does have emotional sensitivities about it since his knowledge about it is relatively new. Given his age, it is understandable that he might worry about what others think as peers have an influence on his self-esteem. It is promising then that his LD has been explained to him in a way that is not threatening. His parents have maintained a positive attitude towards his diagnosis and do not treat him any differently than their other children. Matthew’s parents have done an admirable job at providing him with information on his LD to explain why he struggles with reading, writing, and spelling, yet have not dwelled on it. It is important for children to have an understanding of their LD and what it means for their life so that they do not conceptualize it as something to be ashamed of.

In terms of his social skills, it is apparent that Matthew has no difficulty in this area as he is socially competent and has positive peer relationships based on feedback from all sources of data. This has likely contributed to his positive adaptation because it validates his self-worth and satisfies a need for belonging and acceptance.

Internal and External Coping Resources

As it was mentioned earlier, coping is a complex concept to capture as humans are complex beings. There are many factors that could be at play in someone's life that contribute to how they cope with certain events. Thus to further understand how Matthew is able to cope with having a LD, three internal resources and one external resource were chosen based on the importance that seemed to reside in the literature. First, Matthew has a positive level of self-esteem. Despite his frequent academic difficulties and dissatisfaction in language arts, he views himself favourably and believes that he is a good and worthy person. Along with his internal characteristics, factors such as his positive relationship with his parents and peers, his positive school environment, and his recognition of other skills in hockey, playing guitar, and other school subjects such as French and Gym, could help explain why he has positive self-esteem.

Next, although Matthew has a high academic self-concept, it was inferred that Matthew's academic self-efficacy is low since he does not seem to believe that he can work through difficult material on his own. However, he has a high social self-efficacy and emotional self-efficacy which are important because it shows him that he has the ability to seek out social support to help him work through challenges. Perhaps as Matthew ages he will begin to internalize the strategies or advice that he receives from others and use it to work through a challenge on his own first, and gradually improve his academic self-efficacy beliefs.

Based on his attribution style, Matthew feels in control of his academics since he recognizes that success comes from hard work rather than from luck, so he accepts responsibility for his school work and understands that he needs to practice the skills that he has trouble with to do well on tests and assignments. The perception of control over events is an important coping resource and seems to have a role in Matthew's problem solving, persistence, and attitude towards his academic challenges.

Moreover, Matthew's family, teachers, and peers provide a combination of emotional and instrumental social support. They offer valuable feedback, guidance, and encouragement as well as acceptance and approval which can be comforting and self-assuring. Moreover, they offer opportunities to communicate and discuss feelings, especially his parents, teacher and best friends. At the same time, Matthew has support in his community, specifically from the LDANR who are dedicated to meeting the educational, social, emotional, and recreational needs of children and youth with LD. The "Let's Read" and "B.E.S.T" program have provided Matthew with a fun learning experience where he was able to relate to others that have similar experiences.

Resilience

Taken together, it is apparent that Matthew demonstrates resilience. Resilience has been defined as "a dynamic process of positive adaptation in the context of significant adversity" (Margalit, 2003, p. 82). It is the ability to overcome challenges, which is important because challenges are inevitable in life, especially when living with a LD. While LD is in itself a risk factor since it increases the likelihood of a negative outcome, Matthew has many protective factors in his life that might ameliorate the problems that are often associated with LD. Namely, his positive self-esteem, internal attribution style, positive relationships, emotional and social

support from his parents, teachers, peers, and community, his self-advocacy skills, his ability to identify his emotions and manage strong feelings, and having strength in other areas which compensate for his areas of difficulty.

Implications

There are a few implications of this study. While LD directly impacts students in their academics, it can indirectly impact them socially and emotionally as well; thus the presence of LD is a risk factor in students' lives. There is a strong need to help children develop resilience in order to protect them from this risk, thus it is important for parents to recognize what protective factors are, and introducing as many protective factors as possible in their child's life. For instance, children should have help in learning to recognize and utilize their strengths. This could be anything from a unique talent, to a skill in other subjects or even a skill unrelated to academics. This can promote their self-esteem and confidence which play a strong role in how children approach life, especially because their focus is not merely on their difficulties. At the same time, students need opportunities to experience success, no matter how big or small, to improve their self-efficacy beliefs.

Relationships are also an important protective factor. Along with the support and care given by parents and teachers, children with LD should be given opportunities to develop social connections. Recreational and leisure activities in group settings provide excellent opportunities to meet new people with the same interests, and with whom children can form a bond. For those who struggle in their social skills, getting them involved in programs that explicitly focus on this skill is beneficial. Teachers should also focus on this skill in the classroom, possibly between lessons, seeing as peer relationships are important as children reach school age. To utilize the beneficial components of the B.E.S.T program such as relatability and having fun with peers,

teachers could create intimate reading groups for children with similar reading abilities that get together regularly to read a book and choose fun projects to do that relate to that book. Schools can also do their best to promote an environment built on acceptance to prevent or reduce stigma by providing ample information on all exceptionalities such as LD so that all students are well informed and can appreciate differences.

Also, children should have awareness about their LD by having it explained to them in a way that frames it as something that can be dealt with. The more knowledge students have about what it means, both in the literal sense and what the implications are, they should be able to accept it and adapt accordingly. At the same time, children's self-advocacy skills should be nurtured early, which can be done through discussion and practice. Programs on how to self-advocate would be beneficial whether it is offered in the community or introduced in schools, such as workshops that teach children to recognize when to self-advocate and how to do it. It will be especially important as they are approaching high school since content will become more complex and their academic difficulties may become more evident. It is important for these students to know their needs and feel comfortable enough to stand up for themselves whether by asking for help or accommodations, or explaining their LD to peers who may not understand it.

Moreover, children with LD should be taught effective coping skills and how to recognize when to use them. A coping program would be useful that teaches this skill directly such as what coping is and why it is important, how to recognize their own coping style, effective versus ineffective ways to deal with problems, how to deal with stress and frustration, and how to set goals and work towards achieving them. Again, this would be a good program to incorporate into the community, or schools could introduce it as a regular lesson in between academic subjects.

Limitations

There are many factors that influenced the quality of this study. The following list outlines the limitations that were constraints of this study:

First, since this study incorporated the direct view of the child through his self-report of his experiences, it is possible that the child had selective memory on some experiences and events. Although this study did not examine memory as a factor, the same area of the brain that is involved in attention and language production and reception is also involved in memory. Thus some students may have problems with their memory, and it is possible that Matthew was not able to recall some experiences or events at the time of data collection.

Next, time and financial constraints limited the scope of this study. For instance, it took place at only one point in time. It would be beneficial to conduct a longitudinal study to examine how he continues to cope as he gets older and as school becomes more demanding. It would also be interesting to see if his self-esteem, self-efficacy and attribution style are stable or if these factors change with age as he becomes more aware of his diagnosis and begins to develop his identity. It would have also been beneficial to include a wider selection of participants to offer even more perspectives such as his past teachers, his hockey coach, and his peers, as well as multiple interviews with Matthew's parents and teacher. At the same time, direct observation would have added another methodological source of data and provided the opportunity to examine Matthew in his everyday life in multiple contexts to see how he behaves in particular situations that cause him stress. Nevertheless, future research could take these factors into consideration to provide an even more in-depth study.

Overall, this study contributes valuable information that contributes to the field of LDs as it offers an in-depth understanding of a genuine experience in a meaningful way. Qualitative

studies of this nature are scarce, yet it is an important topic to understand seeing as LDs are a risk factor for negative life outcomes if students cannot cope with them effectively. This study took a positive approach by focusing on factors that are efficacious and promote well-being, rather than focusing on deficits. It is hoped that parents, teachers, and practitioners will consider the findings of this study and use this information to continuously support students with LDs so that they can experience a happy, healthy, and successful life.

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Appendix A

Interview Guide

Child Interview Questions

General

1. Can you tell me a little about yourself? (Follow up: can you draw me a picture that describes you?)
2. What do you like to do?
3. How do you feel about school?
4. What is your favourite subject? Least favourite subject?
5. How do you feel about reading?

Learning disability

6. Can you tell me what a learning disability is?
7. What does it feel like to have a learning disability?
8. How do you feel about having a learning disability?
9. When you don't know what a word is, what does it feel like?
10. Have you ever had to read out loud? If so, what was it like?
11. How do you feel when you have to do homework?
12. How do you feel when you have to write a test?
13. Has anyone made you feel sad about your learning disability?
14. Do you ever feel different from other kids?
15. What do you do if you are having trouble with school work?
16. What do you do when you have trouble with someone at school?
17. If you don't do well on a test, what do you do?
18. Do you ever set a goal for yourself regarding school?
19. What do you do when you get mad or upset?

Attribution Style

20. Do you feel like you have control over how well you do on your school work?
21. What do you think it takes to do well at school?
22. Imagine that you got an "A" on your spelling test. Why do you think you got the "A"?

Self-Esteem

23. How do you feel about yourself?
24. Do you think you are a good person?
25. Do you think you are smart?
26. Is there anything you would change about yourself?

27. What would you say you are good at?
28. What about yourself do you feel proud of?
29. Do you think you have the ability to do well at school?
30. Do you think you will go to high school?
31. Are you good at solving problems? Can you give me an example of how you solve problems?
32. Do you feel confident in your ability to learn?
33. Do you feel confident in your ability to make friends?
34. Do you feel confident that you can find ways to help you read?

Social Support

35. How would you describe your relationships with other kids?
36. Who do you normally talk to when you feel sad?
37. What is your relationship like with your parents?
38. What is your teacher like?
39. Can you tell me about the B.E.S.T program that you go to?
40. What made you want to join the B.E.S.T program?
41. Does the B.E.S.T program help you talk to friends?
42. How does the B.E.S.T program teach you how to solve problems?
43. What is your favourite part of the B.E.S.T program?

Parent Interview Questions

General and Learning Disability Related

1. Can you tell me a little bit about your child?
2. Does your child like school? What does he/she like best about school? If not, what part of school does he/she dislike
3. How would you describe your child's attitude towards school? (prompts: are they excited to learn new things, frustrated)
4. When did you first decide to have your child assessed for a learning disability?
5. What was the diagnosis process like?
6. Did anything change once your child received a diagnosis for a learning disability?
7. How would you describe your child's difficulty with reading?
8. How do you feel your child's difficulty with reading impacts his/her schooling? His/her social life?
9. Do you ever talk to your child about what their reading difficulty means?
10. How often does your child practice reading at home? Who initiates this practice?
11. Does your child receive any tutoring or other reading assistance? (if so, have you noticed a difference in your child's motivation towards reading?)
12. How much time does your child spend on homework?

Coping

13. How does your child normally behave when he/she is having difficulty reading and doing homework? (Prompts: do they get visibly upset? Give up? Keep trying? Call himself/herself a name?)
14. How would you describe the way your child is coping with having a learning disability?

Attribution Style

15. Has your child ever indicated that they have no control over their outcomes of success?
16. If your child does well on a school assignment or test, do they ever indicate that it was due to their effort or because of luck?

Self-esteem and self-efficacy

17. How would you describe your child's self-esteem?
18. Has your child ever expressed anything to you to indicate a low self-esteem?
19. How would you describe your child's confidence with school?

Social Support

20. How would you describe your child's social environment outside of the home? (i.e other family members, friends)
21. Is your child well accepted by his/her peers?

Teacher Interview Questions

1. Can you describe a typical day in your class?
2. What is the procedure for assisting children with reading difficulties?
3. How does your student typically behave in class?
4. How would you describe your student's attitude in class?
5. How would you describe your student's relation with peers?
6. How does your student normally behave when he/she is having difficulty reading and/or doing homework? (Prompts: do they get visibly upset? Give up? Keep trying? Call himself/herself a name?)
7. Does your student employ strategies to avoid reading or doing homework?
8. Has your student ever expressed anything to indicate a low self-esteem?
9. How would you describe your student's problem solving strategies?
10. Has your student made comments that indicate to you that they believe to have control over their success?
11. Are learning disabilities ever mentioned in your class?

Appendix B

Letter of Invitation (Parent)

Date: April 10, 2014

Title of Study: *Coping with a Learning Disability: A Case Study Approach*

Principal Student Investigator: Katie Atkins, Master of Arts Student, Department of Child and Youth Studies, Brock University

Faculty Supervisor: Dr. John McNamara, Professor, Department of Child and Youth Studies, Brock University

Dear Parent(s),

I, Katie Atkins, am a Master of Arts student, in the Department of Child and Youth Studies at Brock University and would like to invite you and your child to participate in a research study entitled, “*Coping with a Learning Disability: A Case Study Approach*”. Research is a way to understand phenomena and share new ideas that can benefit society. In my research, I plan to examine the ways that a child copes with having a learning disability. Specifically, I will be exploring factors such as self-esteem, self-efficacy, attribution style, and social support at home, school, and in a community based program (B.E.S.T) by conducting a single case study. Not only can a learning disability interfere with children’s academic achievement, it can contribute to low motivation, and social-emotional difficulties. The aim is to better understand what it is like to live with a learning disability and what factors may explain the way a child copes with it so that methods of support can be continuously refined which can benefit parents, teachers, practitioners and ultimately children themselves. This will be done by exploring one child’s experience in depth to develop practical insight.

As mentioned, self-esteem, self-efficacy, and attribution style are the primary psychological factors that will be explored. To explore the social support in your child’s environment, along with your child’s daily experiences at home and at school, I will also be exploring the community support offered by the Learning Disabilities Association of Niagara Region (LDANR) through their B.E.S.T program, in which your child is involved in. Thus, the B.E.S.T program facilitator will also be interviewed on the elements of the program as well as your child’s experience within the program. Also, if ethical clearance is granted by the District School Board of Niagara, your child’s teacher may be interviewed at a later date to provide another perspective.

If you choose to participate in the research, and allow your child to participate in the research, each of you will participate in an interview that will last approximately one hour that will take place in a mutually agreed upon location. These interviews will be audio recorded to assist in data collection so that I can be fully engaged during the interview. I have included a

verbal script that you will be asked to read to your child to invite them to participate, which outlines the intent of this study. If you and your child are interested in participating in this research, please contact me by email and I will send you a consent form and assent form for your child via email or mail depending on your preference.

This research should benefit you, as a participant, as it will help you better understand your child's experience and gain further knowledge of ways that help them cope. Ultimately, in reaching this goal it is expected that the findings will help parents, educational professionals, and counselors to further support the cognitive, social and emotional development of children who struggle with reading and help them succeed. This study will also point to the importance of continual or on-going programming for vulnerable children and youth, particularly those with learning disabilities.

If you have any pertinent questions about your rights as a research participant, please contact the Brock University Research Ethics Officer (905 -688-5550 ext 3035, reb@brocku.ca).

If you have any questions, please feel free to contact me. Thank you for reading this letter and contributing to the improvement of support for children with learning disabilities.

Thank you,

Katie Atkins

Master of Arts Student

Department of Child and Youth Studies

ka08ta@brocku.ca

905-808-9373

Dr. John McNamara, Ph.D

Professor

Department of Child and Youth Studies

jmcnamara@brocku.ca

905-688-5550, ext., 3835

This study has been reviewed and received ethics clearance through Brock University's Research Ethics Board (file #13-190)

Appendix C

Code Book (Explanation of codes)

A PRIORI:

PCA= Primary cognitive appraisal. What he views as consequences of his LD

SCA= Secondary cognitive appraisal. What he does to deal with the associated problems of his LD

AwareLD= Awareness of learning disability. What does he view a LD as? What knowledge does he have on it

RTS= Response to stressor. How does he react to his LD?

CS= Coping style

ESS= Emotional social support. Having someone to talk to about his problems or concerns, someone he trusts

ISS= Informational social support. Helping with school tasks, giving advice

AS= Attribution style. Perceived control over success

ASE= Academic self-efficacy. How does he view his capability to master academic subjects and expectations?

SSE= Social self-efficacy. How he views his capability to handle social situations

ESE= Emotional self-efficacy. How he views his capability to manage his emotions?

SE= Self-esteem. What is his attitude towards himself? How does he feel about himself?

EMERGENT:

Sport- Involvement in hockey

Guitar- Playing guitar

Appendix D



Brock University
 Research Ethics Office
 Tel: 905-688-5550 ext. 3035
 Email: reb@brocku.ca

Social Science Research Ethics Board

Certificate of Ethics Clearance for Human Participant Research

DATE: 4/9/2014

PRINCIPAL INVESTIGATOR: McNAMARA, John
 Child and Youth Studies

FILE: 13-190 - McNAMARA

TYPE: Masters Thesis/Project STUDENT: Katie Atkins
 SUPERVISOR: John McNamara

TITLE: A Case Study on the Psychosocial Factors that Contribute to How a Child Copes with a Reading Disability

ETHICS CLEARANCE GRANTED

Type of Clearance: NEW

Expiry Date: 4/30/2015

The Brock University Social Sciences Research Ethics Board has reviewed the above named research proposal and considers the procedures, as described by the applicant, to conform to the University's ethical standards and the Tri-Council Policy Statement. Clearance granted from 4/9/2014 to 4/30/2015.

The Tri-Council Policy Statement requires that ongoing research be monitored by, at a minimum, an annual report. Should your project extend beyond the expiry date, you are required to submit a Renewal form before 4/30/2015. Continued clearance is contingent on timely submission of reports.

To comply with the Tri-Council Policy Statement, you must also submit a final report upon completion of your project. All report forms can be found on the Research Ethics web page at <http://www.brocku.ca/research/policies-and-forms/research-forms>.

In addition, throughout your research, you must report promptly to the REB:

- a) Changes increasing the risk to the participant(s) and/or affecting significantly the conduct of the study;
- b) All adverse and/or unanticipated experiences or events that may have real or potential unfavourable implications for participants;
- c) New information that may adversely affect the safety of the participants or the conduct of the study;
- d) Any changes in your source of funding or new funding to a previously unfunded project.

We wish you success with your research.

Approved:

Social Sciences Research Ethics Board

Note: Brock University is accountable for the research carried out in its own jurisdiction or under its auspices and may refuse certain research even though the REB has found it ethically acceptable.

If research participants are in the care of a health facility, at a school, or other institution or community organization, it is the responsibility of the Principal Investigator to ensure that the ethical guidelines and clearance of those facilities or institutions are obtained and filed with the REB prior to the initiation of research at that site.

Appendix E



The Niagara Catholic District School Board, through the charisms of faith, social justice, support and leadership, nurtures an enriching Catholic learning community for all to reach their full potential and become living witnesses of Christ."

Date: May 27, 2014

Dear: Katie Atkins (ka08ta@brocku.ca), Masters Student, Brock University

RE: ***A Case Study on the Psychosocial Factors that Contribute to How a Child Copes with a Reading Disability***

The Niagara Catholic Research Ethics Review Committee has recommended your proposal for approval.

The following are conditions of approval:

- ✓ A copy of the findings from the completed study will be submitted to the Niagara Catholic District School Board; and,
- ✓ The researcher of this project would make a presentation to the Niagara Catholic District School Board if requested.

File # **05-27-14-18** has been assigned to your project to facilitate internal tracking of your research.

If you agree to the conditions, please sign and return this document to Christine Battagli at christine_battagli@ncdsb.com.

Once I have received the signed agreement, you will be contacted to initiate the research.

