

SELF-CONCEPT IN MIDDLE YEAR STUDENTS WITH LEARNING DISABILITIES

by

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B.A. Hons., Memorial University of Newfoundland, 2014

THESIS SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE

DEGREE OF

MASTER OF ARTS

in

THE FACULTY OF GRADUATE AND POSTDOCTORAL STUDIES

(School Psychology)

THE UNIVERSITY OF BRITISH COLUMBIA

(Vancouver)

October 2018

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Self-concept development in middle years students with learning disabilities

submitted by Kathleen Walsh in partial fulfillment of the requirements for

the degree of Master of Arts

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Abstract

Learning disabilities (LD) constitute the most diagnosed disability in Canada with estimated rates greater than 3% of all students. LDs vary in severity and impact individuals differently across areas depending on the person's experiences, personality and given supports inside and outside of the classroom. Self-concept is a multidimensional construct defined as a combination of one's social and academic selves. Self-concept develops and changes across the lifespan and is influenced by positive and negative experiences in one's life. In individuals with LD, self-concept development is at risk due to the increased difficulties associated with having LD. The middle years are a critical developmental period between the ages of 11-14 years. This time coinciding with adolescence brings about a series of affective, cognitive and behavioural changes. Individuals in the middle years experience extreme physical and hormonal changes, as well as changes in their social support systems. This instability is linked to increased vulnerabilities in LD populations including the development of mental health issues like anxiety and depression. Self-concept development during the middle years in individuals with LD is highly variable and is associated with a multitude of increased risks compared to non-LD populations. Due to the individuality of self-concept development, and the highly personal and varying experiences of individuals with LD during the middle years, this study aims to increase the available knowledge of self-concept development in this population. The use of an Interpretative Phenomenological Analysis framework allowed this study to explore themes relating to self-concept development in middle years students with LDs. Findings suggest that middle year students perceive self-concept and identity development to be directly influenced by their mental health and well-being; community and support services; and experiences surrounding their LD diagnosis. Research findings and their relevance are discussed from both a social and educational perspective.

Lay Summary

This thesis focuses on the self-perceptions of identity and self-concept in middle years students with learning disabilities. This research aims to increase awareness surrounding the lived experiences of adolescents with learning disabilities through their own words. This study aims to better understand self-concept development in this population and to identify potential supports and challenges impacting one's self-perceptions when living as an adolescent with a learning disability. This information offers insight into some of the experiences faced by adolescents with learning disabilities and highlights areas of learning, support and well-being that are both positively and negatively received by this population.

Preface

This thesis is submitted in partial fulfillment of the requirements for Master of Arts in School Psychology at the University of British Columbia. The following writing is based on the unpublished research of Kathleen Walsh, a Graduate student, under the supervision of Dr. Rachel Weber. This research study was approved by the Behavioral Research Ethic Board (BREB) at the University of British Columbia under certificate number H17-02728.

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Acknowledgments

This thesis is dedicated to students with learning disabilities whose needs and experiences are too often overlooked in our current school climate. I would also like to express my sincere love and thanks to my partner, my family and my friends for your patience and encouragement throughout this process, and a very special thank you to my dog for literally being by my side this entire time. Additionally, I extend tremendous gratitude to Dr. Rachel Weber for her openness, support and continued guidance over the past few years, in addition to my committee members, Dr. Laurie Ford and Dr. William McKee for their important contributions.

Dedication

For my students.

“Surround yourself with the dreamers and the doers, the believers and the thinkers, but most of all, surround yourself with those who see the greatness within you, even when you don't see it yourself.”

Edmund S. Lee

Chapter 1: Introduction

Overview

In North America, students identified with learning disabilities (LD) comprise the largest group of special needs students (Whitley, 2008). In Canada, it is estimated that 3.2% of all children have an LD diagnosis and, of all children diagnosed with disabilities, 59.8% have a learning disability (Statistics Canada, 2006). In other words, LD is the most common of identified disabilities, with a high diagnostic rate, making it a far-reaching disability that undoubtedly impacts children, youth, school communities and our broader society. For this reason, the LD population is one that is frequently researched, but there is still much to learn about the experiences of individuals with LD. One area that has not been sufficiently examined is that of perceived self-concept in the LD population, which could have implications for their lifelong mental health and well-being.

In accordance with previous research, this study defines self-concept as a multidimensional construct with overall self-concept being the summation of one's academic and social self-concepts (Byrne, 1996; Marsh & Hattie, 1996). Self-concept is considered an influential part of a person's perception of their own social competence (Elbaum, 2002; Vaughn, Hogan, Kouzekanani, & Shapiro, 1990) and influences the academic achievement, motivation and behaviour of children and youth (Alencar, 1985; Carneiro, Martinelli & Sisto, 2003). Self-concept develops through personal experiences and positive or negative interactions with others (Carneiro et al., 2003). Considering the amount of time children spend in school, it is not surprising that the school environment plays a major role in the development of children's self-concept. School age children are exposed to new and numerous experiences and situations that have direct impact on their formation of self (Carneiro et al., 2003; Rappaport, 1981). Generally, positive experiences bring about feelings of acceptance, capability, importance and competency,

while negative experiences bring about feelings of segregation, incapability, and marginalization; as would be expected, these experiences mark a child's self-concept in different ways (Rappaport, 1981; Savaria, Underwood, & Sinclair, 2011).

When evaluating the school environment and its impact on self-concept it is important to look at a specific area of self-concept, that being academic self-concept. Academic self-concept refers to the attributes and abilities a student believes they hold in association with their academic and school performance (Carneiro et al., 2003). Based on feedback about their school performance from parents, siblings, teachers, other school personnel, and their peers, the child then creates a version of themselves as a student (Carneiro et al., 2003). Globally, a child who develops negative self-concept is at increased risk for numerous developmental, behavioural and clinical experiences including depression and learned helplessness (Bracken, 1996; Elbaum, 2002). Additionally, if a child develops negative academic self-concept, their motivation, school performance and behaviours are likely to be largely affected (Carneiro et al., 2003).

The period of development defined as adolescence is important for both personal and cognitive development. Within the umbrella of adolescence, the middle years, between the ages of 11-14 years, defines a smaller age range synonymous with middle school, and transitory periods from elementary school to junior high or high school (Humphrey, 2016). Adolescence brings about a series of affective, cognitive and behavioural changes (Steinberg, 2005). In addition to immense physical and hormonal changes, adolescents turn from a parental support system to one defined by their peers (Biolcati, & Cani, 2015). Considering these immense changes, constructs like self-concept become particularly important for understanding the adolescent population and supporting them during this period of great change and transition. During this period, adolescents with LD are also at an increased risk for developing mental

health issues (Allington-Smith, 2006). Primarily, this population is more likely to develop anxiety or depression when compared with their non-LD peers, with prevalence rates in LD adolescents estimated between 30-50% (Bessdo, Dipl-Psych & Pine, 2009).

Purpose

The purpose of this study was to add to available knowledge surrounding perceived self-concept in individuals with LD during the middle years. Additionally, this study yields information directly from the target population allowing these individuals to represent their experiences and perceptions of self-concept however they deem appropriate, which is a perspective not well represented in current literature.

Key Terms

Learning Disability (LD). For this study, the Learning Disability Association of Canada (LDAC) 2002 definition of a learning disability will be used. The LDAC definition defines LD as affecting “one’s acquisition, organization, retention, understanding and/or use of verbal or nonverbal information” (2002). Additionally, under this definition, individuals must demonstrate average cognitive abilities, implying that their learning deficit(s) is/are not a result of difficulties with thinking or reasoning (LDAC, 2002).

Self-concept. For the purpose of this study the definition of self-concept is involves the formulated beliefs one holds about oneself based on their positive and negative interactions with others. In accordance with previous literature, this study defines self-concept as multidimensional with overall self-concept being the summation of one’s academic and social self-concepts (Byrne, 1996; Marsh & Hattie, 1996).

Adolescence. The Oxford Dictionary defines adolescence as “the period following the onset of puberty during which a young person develops from a child into an adult”. In addition,

for this study, great emphasis is placed on the intense physical, cognitive, and personal changes that defines this period of development (Steinberg, 2005).

The Middle Years. More specifically than the period of adolescence as outlined above, this study is going to focus specifically on the middle years, the ages of 11-14 years (Humphrey, 2016). This age range is synonymous with middle school, and for many students in Canada is the period of transition from elementary school to junior high or high school. In accordance with the adolescence definition above, the middle years provides a more controlled age range and focus for the presenting study.

Summary

To date, limited research has been conducted across the topics of LD, adolescents and self-concept, resulting in a troubling gap in knowledge. Previous research has identified individuals with LD as being potentially at-risk for poor self-concept development, which, in combination with known risks faced by adolescents during this critical developmental period, leads to the assumption that adolescents with LD may be particularly vulnerable for developing lower or negative self-esteem compared to their typical peers. It is important to understand whether adolescents with LD, who are already at-risk for experiencing increased rates of mental health issues, may experience vulnerability in the development of their self-concept, as these two areas of risk may be related. In turn, self-concept development may represent a target for intervention, as it may be a precursor for the anxiety and depression symptoms that are more prevalent in this population.

The aim of this study was to increase the available knowledge of self-concept in adolescents with LD, specifically during the middle years, directly from this population. It is hoped that knowledge gained from this study and adolescents with LD themselves will help

clarify any need for concern regarding the development of their self-concept and will provide important information that, given a need for concern, will inform potential programming aimed at helping this population thrive.

Chapter 2: Literature Review

Introduction

The term “Learning Disability” (LD) refers to several disorders that affect learning in different capacities (LDAC, 2002). Historically, this term holds great stigma, impacting individuals’ current understanding and acceptance of the diagnosis. Over the past 150 years, the definition and understanding of LD has changed dramatically (Goodey, 2015). Previously degrading and demoralizing names such as ‘vagabonds,’ ‘idiots,’ ‘mentally subnormal,’ and ‘mentally handicapped’ were frequently used to refer to LD populations (Grant, Ramcharan, & Flynn, 2010). More recently, labels have included ‘learning disabled,’ and ‘people with learning disabilities (difficulties)’ (Grant, Ramcharan, & Flynn, 2010). Regardless of the specific terms being used and the individual differences of those with LD, labels continue to be applied to large groups of people fitting this cognitive profile (Goodey, 2015; Grant et al., 2010). Naturally, with such a dark and painful history, there are individuals who adamantly reject the LD label, while others see the importance of having something to describe their experience and that assists with harnessing support and awareness (Grant et al., 2010).

Today, definitions of LD have evolved and are much less prejudicial than in previous accounts. According to the Learning Disabilities Association of Canada (LDAC), a Learning Disability affects “one’s acquisition, organization, retention, understanding and/or use of verbal or nonverbal information” (2002). The LDAC definition specifies that those with suspected LD must demonstrate average cognitive abilities, thus their learning deficit is not a result of difficulties with thinking or reasoning (LDAC, 2002). Other commonly used definitions include the *Diagnostic and Statistical Manual of Mental Disorders, 5th edition* (DSM-5, 2013) definition of Specific Learning Disability (SLD) that defines SLD as a neurodevelopmental disorder that impedes the ability to learn or use specific academic skills (e.g., reading, writing or arithmetic),

which are the foundation for other academic learning. Unlike with the LDAC definition described above, average cognitive abilities are not a requirement of an SLD diagnosis. Finally, a commonly used definition internationally is the *World Health Organization International Classification of Disease* (ICD-10) definition of Developmental Disorder of Scholastic Skills (1992), which identifies a group of disorders that affect a person's ability to learn or process specific types of information in contrast to his/her apparent level of intellect.

Understanding Learning Disabilities (LD)

Learning disabilities are thought to be the result of “difficulties with one or more processing areas relating to thinking, perception, memory and learning that cannot be better explained by another cause” (LDAC, 2002, p. 1). Common forms of impairment include difficulties with language processing, phonological processing, visual-spatial processing, processing speed, memory, attention and executive functioning (LDAC, 2015). Learning disabilities range in severity and affect people throughout their entire life (LDAC, 2015). Typically, learning disabilities are suspected in early elementary school and are marked by patterns of academic difficulty and underachievement (LDAC, 2015). They can co-exist with other conditions and require early identification and intervention to promote success in all areas of an individual's life (LDAC, 2015).

The Evolution of LD Diagnosis and Prognosis

Over the past century, the diagnosis and prognosis for those with LD has changed dramatically. Historically, throughout the late 1800s and early to mid 1900s, individuals with LD were often institutionalized and were considered ‘mentally ill’ or ‘deranged’ (Goodey, 2016). During the 1960s and 1970s in North America there was a shift in public ideology to favour a more social justice framework advocating for the rights of individuals with special needs (LDA,

2017). At this time, individuals with LD were often placed in community homes or day centers with the goal of facilitating a more normal existence (Goodey, 2016). It was also during this time that organizations such as the Learning Disabilities Association of Canada (LDAC), the Learning Disabilities Association of America (LDA) and the Association for Children with Learning Disabilities (ACLD) were formed providing resources, support and funding for individuals with LD (LDA 2017; LDAC 2017). Since this time, perspectives about LD have continued to evolve. In the 1980s and 1990s, the medical and education communities heavily focused on trying to understand children with LD and there was movement in communities towards person-centered support models (Goodey, 2016). This same evolution was mimicked in the public-school system where for years students with LD and other special needs were separated from their typically performing peers. In many instances, children with LD were sent to separate schools specifically designed for children with special needs (Dyson & Millward, 2000). As knowledge produced by research has grown, so has society's understanding of learning disabilities. Policies and support systems now attempt to adapt the most current perspectives but are often slow to transition to a new way of operating (Dyson & Millward, 2000). From the time of separate schools, the ideology of educators and policy makers shifted to become more 'inclusive' and to provide opportunities for all children to go to the same school (Singh & Beale, 2011). This model, however, continued to segregate students with special needs and placed all students with this designation in their own classroom across most of North America until the 1980s (Singh & Beale, 2011). The next evolution in service delivery for students with LD involved children being placed in general education classrooms with targeted pull-out support for their specific learning needs (Singh & Beale, 2011). This model was widely used and depending on one's school district and geographical location, is still used today. Criticism of this model focused on

the exclusion of special needs students from the regular classroom, leading to the ‘full inclusion model’ (Dyson & Millward, 2000). This model suggests that the optimal place for a student with LD is in the regular classroom (Dyson & Millward, 2000). The theory behind ‘full inclusion’ is that the child’s regular classroom provides the least restrictive learning environment for the child in all capacities – academically and social-emotionally (Nepi, Facondini, Nucci & Peru, 2013). Much of North America has adopted the ‘full inclusion’ model, though controversy remains surrounding inclusion and best practices for supporting students with LD.

Inclusive Classrooms

Considering the discussion above, there remains debate over whether full inclusion provides students with their best learning opportunities and therefore best outcomes. Having special needs students in the regular classroom infers that the regular classroom teacher is best able to meet these student’s needs (Sindelar, 1995). Additionally, it is assumed that these teachers are trained in teaching and intervention for students with LD or other special needs and that they can balance teaching their regular curriculum with any necessary accommodations (Sindelar, 1995). Another consideration is that, within the inclusive classroom, students are still being defined and labeled based on ability (Ravet, 2011). A student with a learning disability will likely require a modified curriculum, additional supports and in-class intervention. The fact remains that, while in the four walls of the classroom, these students continue to be segregated due to the intensive supports and modified programming necessary (Ravet, 2011). While the theoretical goal of the inclusion model should boost student’s self-esteem, individuals with LD continue to be differentiated by necessary additional academic supports, thus impacting their self-perceptions and peer interactions. As previously mentioned, self-concept is created as a reflection of positive and negative interactions with others. The supports needed for students

with LD within the classroom redefine classroom based interactions and other students' perceptions of students with LD. One cannot definitively say whether these interactions are impacted positively or negatively, though it is fair to assume that inclusion does impact self-concept development.

Previous Research Focusing on LD and Adolescents

Research surrounding LD and adolescence has primarily focused on academic interventions, with research spanning the early 1970s to present day. Much of the research examines math and reading strategies for adolescents with LD, however research tends to be limited to small sample sizes and is dated, compared to similar research in general education student populations. Other research studying individuals with LD has focused on social-emotional and behavioural concerns such as risk-taking behaviours or self-efficacy in youth with LD. These studies will be described in more detail below. Overall, research in LD populations has used primarily quantitative research methodologies, thus limiting the depth and interpretability of the data obtained (Pestana, 2015).

Self-Concept Definition

Self-concept is typically described as a multidimensional construct (Marsh & Hattie, 1996). This means that self-concept is comprised of several key components that summate to create one's overall self-concept (Marsh & Hattie, 1996). When focusing on an adolescent population, the multidimensionality of self-concept includes one's social self-concept and one's academic self-concept (Byrne, 1996). This makes sense as adolescents spend most of their time in the school setting and surrounded by their peers. Adolescence is a critical time of development involving great social, emotional and physical changes (da Costa, 2016). During adolescence, individuals experience strong influences across settings that interfere with their identities, thus

making them more vulnerable to risks (da Costa, 2016). Additionally, during adolescence individuals go through a period of self-discovery (da Costa, 2016). At this time adolescents begin experimenting socially, sexually, with substances, and develop a sense of autonomy and a desire to be seen as an adult (da Costa, 2016). Depending on one's choices and the degree of experimentation, this can have a positive or negative effect on one's development (da Costa, 2016). Due to this instability and the rapid changes across facets of life in a short period of time, it is perceived that during adolescence individuals are at an increased risk for developing poor self-esteem.

Self-Concept Development

Previous studies investigating the development of self-concept in typically developing populations have been inconsistent and questions remain surrounding influential factors in self-concept development and the trajectory of self-concept across childhood. Additionally, much of the self-concept literature was published over 10 years ago, with data collection taking place even earlier. These studies primarily focused on academic achievement or academic self-concept, and neglected the construct of overarching self-concept and the constructs' social component. This is problematic as adolescence is a period of discovery primarily influenced by an adolescents' peer group, thus social constructs are deeply important for understanding one's overarching self-concept. Of the studies that have been completed, interesting patterns have been demonstrated surrounding academic self-concept throughout primary and secondary school, with one study demonstrating a decline in self-competence beliefs about math, language arts and sports from Grade 1 to Grade 12 (Jacobs, Lanza, Osgood, Eccles, & Wigfield, 2002) and two others demonstrating a quadratic effect in which academic self-concept was high throughout until approximately Grade 7, declined during middle school, and increased again in Grades 10

and 11 (Cole, 2001; Marsh, 1989). These studies emphasize that self-concept is continuously changing, and that middle school seems to be a particularly sensitive period at least for academic self-concept. Valentine et al. (2004) conducted a meta-analysis of 56 longitudinal studies examining self-related beliefs (self-concept, self-esteem, self-efficacy, and self-description) and academic achievement. Results indicated that school transitioning had a significant moderating effect on self-concept and academic achievement. These results relate to the previously presented research regarding the decline in self-competence beliefs across one's school trajectory (Jacobs et al., 2002) and the decline in academic self-concept in middle school when compared to primary and high school (Cole, 2001; Marsh, 1989). The timing and effect of school transitions as presented by Valentine et al. (2004) corresponds with the decline in self-competence beliefs across one's school trajectory (Jacobs et al., 2002) and the decline in academic self-concept in middle school when compared to primary and high school (Cole, 2001; Marsh, 1989). To date, questions remain surrounding overall self-concept development (culmination of social and academic self-concept) across the lifespan.

Adolescence and Increased Risk Factors

In addition to the known vulnerabilities associated with adolescence, individuals with LD have been identified as experiencing other risk factors. A meta-analysis of 15 studies investigating the relationship between LD and depression scores corroborated previous findings (Maag & Behrens, 1989; Maag et al., 1992; Newcomer et al., 1995; Wright-Stawderman & Watson, 1992) that students with LD exhibit higher depression scores when compared to their non-LD peers (Maag & Reid, 2006). Results of an in-home interview study conducted by the National Longitudinal Study of Adolescent Health ($n = 20,780$ adolescents) of which 1,301 adolescents self-identified as having LD, researchers distinguished the variables most strongly

associated with risk and protective factors for emotional distress (Svetaz, Ireland & Blum, 2000). Results of this survey identified that adolescents with LD, compared to their typical peers, were twice as likely to experience emotional distress, and that females with LD were also at twice the risk for attempting suicide and being involved in violent incidents (Svertaz et al., 2000). In addition to social and emotional risk factors, increased risk-taking behaviours have been associated with the LD population. Risk-taking behaviours include such things as “alcohol and drug use, delinquency, acts of aggression, [and] sexual activity” (McNamara, Vervaeke & Willoughby, 2008, p. 561). In a study comparing risk-taking behaviours in students with LD (n = 230), students with comorbid LD/ADHD (n = 92) and typically developing students (n = 322), those with a diagnosis of LD or LD/ADHD were more likely to engage in risk-taking behaviours compared to students without a diagnosis (McNamara et al., 2008). This study aims to build on the body of knowledge surrounding increased vulnerabilities and risk-factors associated with adolescents with LD and their own perceptions of self-concept.

Self-Concept Development in LD Populations

Self-concept research with LD populations has primarily been conducted with adults and school-aged (grades K-6) children. Most recently, Pestana (2015) explored self-concept in a group of 8 adults with mild learning disabilities. The purpose of the study was to find out more about the self-perceptions of individuals with learning disabilities. This study individually interviewed participants and revealed that participants primarily described themselves in positive terms, while also endorsing some negative attributes including being “anxious, impatient, slow... (and) not normal” (Pestana, 2015, p.16). Bear, Minke and Manning (2002) conducted a meta-analysis of 61 studies examining the self-concept of students with learning disabilities. Results revealed that, compared to their non-LD peers, children with LD perceived their academic

abilities less favourably. Additionally, this research found inconclusive results surrounding self-concept in students with LD as a function of their educational settings (Minke & Manning, 2002). Rothman and Cosden (1995) studied the relationship between self-perception of LD, self-concept and social support. Fifty-six students in Grades 3-6 were administered Heyman's self-perception of a learning disability (SPLD) scale and two scales to measure self-concept and social support. Findings suggest that children with LD with less negative perceptions of their diagnosis had higher achievement scores, perceived self-concepts, intellectual and behaviour competence, and social acceptance when compared with children with LD with more negative perceptions of their diagnosis (Rothman & Cosden, 1995). In sum, present understanding of self-concept in adults and children with LD is inconclusive, though evidence suggests that adults with LD generally describe themselves positively, that students with LD tend to perceive their academic abilities less favourably than their peers without LD, and that negativity of perceptions of one's LD diagnosis is related to academic scores and social factors, including perceived self-concept and social acceptance.

Self-Concept Development in Adolescents with LD

Self-concept research with adolescents with LD is much more limited. Chapman (1988a) found that, in students with LD, self-concept decreased by Grade 3 and remained constant throughout high school, which contrasts with the earlier discussed research about the typical developmental patterns of self-concept (Cole, 2001; Jacobs et al., 2002; Marsh, 1989). For adolescents with LD, a large part of personal identity is also often shaped by their LD diagnosis (Savaria, Underwood, & Sinclair, 2011). While this is individual for every student, some factors that seem to influence self-concept in adolescent students with LD include the impact of being labeled, persistent academic difficulties, requiring extra assistance inside the classroom, and

modified work expectations. Previous research focusing on adolescents with LD suggests that they are at an increased risk for developing lowered self-concept when compared to their peers (Vaughn, Elbaum, & Boardman, 2001). Based on research to date, one can theorize that students with LD may develop lower self-concepts than their typical peers due to the increased difficulty they experience in social and academic areas, specifically due to stigmatization of the LD label and subsequent classroom placement (Vaughn et al., 2001).

The Present Study

Despite LD and self-concept being a relatively common research focus, questions remain surrounding self-concept development during the sensitive period of adolescence in LD populations and the trajectory of self-concept development across adolescence. In addition, the research that has been conducted in this area is limited by its heavy reliance on quantitative methods (Pestana, 2015). Finally, the majority of the literature examining self-concept in adolescents does not take into account its multidimensionality, primarily focusing on academic topics (Byrne, 1996; Marsh & Hattie, 1996). Due to the complexity of self-concept and the limited literature available, there is a need to gain a deeper understanding of the self-perceptions of adolescents with LD, which will only be possible through the use of qualitative research methods.

This area of research is critical due to the vulnerability of the adolescent population (Berg, 2014) and the immense physical and social-emotional growth children are experiencing during this developmental period. Adolescents have the ability and understanding to define, reflect and explain their feelings and emotions, while continuously evolving their understanding of themselves. When considering a population of adolescents with LD, it is invaluable to learn how these students perceive and define their self-concept and the incorporation of LD into this

description. It is probable that both a student's social and academic self-concepts are impacted by a diagnosis like LD, but how and in what ways this occurs is purely speculative without studies like this one.

Much of the research on this topic, however, was conducted in the early and late 1990s, when inclusion was being heavily researched and promoted. This means that many of the larger studies conducted are no longer relevant, as the life of an adolescent today is markedly different than it was in the 1990s or early 2000s. Today, people live in the digital age where friends and peer groups are not simply defined by those in your classroom. Social relationships now come in a multitude of forms and are defined differently than they were a decade or two ago. This also changes how a healthy self-concept is defined and how it is supported. Due to the sheer number of children with an LD diagnosis, additional research and knowledge is essential in supporting these individuals in the most effective way, as it can guide recommendations and intervention services while promoting optimal learning for all students.

This study will explore the gap in knowledge surrounding perceived self-concept during the middle years in the LD population. Previous research has established that those diagnosed with LD are at increased risk for mental health concerns like depression and are more likely to engage in risk-taking behaviours. In addition to these concerns, adolescence is a particularly sensitive period of development defined by great physical, emotional and social change. Due to these intense changes, adolescents are more suggestible, leading to vulnerabilities including increased experimentation and risk-taking behaviours. The instability of adolescence has also been linked to poorer perceived self-concept when compared to other periods of development. Knowing the mental health concerns associated with LD, the obvious sensitivity associated with adolescence and the connection to poorer perceived self-concept during this stage of

development, it is assumed that adolescents with LD are potentially at an increased risk for developing negative perceived self-concept. Using qualitative research methods this study aims to explore the intricacies of perceived self-concept in adolescents with LD. Using such methodologies will more accurately capture the true experiences of adolescents with LD allowing for deep and meaningful data exploration. The information yielded from this study is invaluable for data driven theme exploration of self-concept development in adolescents with LD while providing necessary insight into the formation of appropriate supports for the potential link between self-concept and mental/health well-being in adolescents with LD.

Chapter 3: Methodology

Overview

This study aimed to explore perceived self-concept in middle-years students with LD. Semi-structured interviews were used to elicit and collect data from participants and Interpretative Phenomenological Analysis was then applied to determine emergent themes. This chapter explores study design, research questions, approach, ethical considerations, data collection, participant demographics and analysis.

Research Questions

All research questions have been crafted in attempt to understand the experiences and perceptions of adolescents with LD surrounding the phenomenon of self-concept.

The central research question to be addressed by this study is, “How do middle years students with LD perceive their self-concept?” This broad question attempts to unearth the nuances of the socially constructed label of LD and its perceived impact on adolescent formation of the self. Stemming from the central research question are other themes including the differentiation between academic and social self-concepts, the impact of social self-concept on academic self-concept and vice versa, and the summation of these self-concepts creating an overall self-concept.

Methodological Framework

Interpretative Phenomenological Analysis (IPA) methodology was used to investigate the phenomena of perceived self-concept in individuals with LD during the middle years. IPA is an eidetic method and form of analysis that looks at phenomena and attempts to understand what makes phenomena unique (Pietkiewicz & Smith, 2012). IPA is both descriptive and interpretative in that it allows a phenomenon to speak for itself while opening it up to

interpretation (Pietkiewicz & Smith, 2012).

For the purpose of this study, IPA offered a flexible and exploratory approach to the phenomenon of perceived self-concept in middle-years students with LD. This approach allowed for the researcher to explore this phenomenon through the words of individuals in this population directly. In addition to these assets, this approach was selected in accordance with previous self-concept research, and this study was loosely modeled after the Pestana (2015) study of the same phenomenon in adult populations.

In more detail, IPA is an inductive analytic process that allows for the researcher to look for emerging categories to code from the data. The process involves analyzing all interview transcripts individually before integrating findings across cases (Powell, Overton, & Simpson, 2014). This qualitative analysis has six different stages. The first stage involves reading the transcript over multiple times to become actively engaged with it. During this time, any specific parts of the transcripts deemed significant are to be highlighted. The second stage of this analysis is a more thorough process involving making descriptive notes, highlighting conceptual features and specific points of interest on the transcripts. The third part of IPA requires analyzing all the notes and comments made by the researcher on the transcript and attempting to categorize these based on emergent themes. Next, the fourth stage, involves identifying themes and data that clustered together under the emergent categories. Next, this process is repeated for all transcripts and finally, the researcher attempts to look for similarities across all transcripts.

The IPA approach provides a flexible analytic model for analyzing and interpreting critical and inquiry based research. Often, what initially appears as an emergent theme is modified after deeper reflection and analysis. When studying something like self-concept, a construct that is deeply personal and extremely nuanced, having an approach to data analysis that

is flexible and allows for data to be coded in multiple ways as new information emerges is central. The IPA approach allows researchers to examine lived experience and how individuals make sense of their individual lived phenomenon (Smith, Flowers, & Larkin, 2009).

The utilization of IPA in this study allowed for deep and meaningful engagement between participants and the researcher resulting in rich data surrounding the experiences of these adolescents with LD and their perceived self-concept. Self-concept is an abstract construct that changes and evolves across one's lifespan and is unique to that individual. The nature of the phenomenon requires a flexible and in-depth approach to analysis, as is offered through IPA.

Procedures

Research Approval and Ethical Considerations. Ethics approval was sought and granted through the Behavioral Research Ethics Board (BREB) at the University of British Columbia. Next, approval was obtained from the Learning Disabilities Association of Vancouver (LDAV), to allow for recruitment through LDAV. Information posters and research packages including a caregiver consent form, participant assent form, and a participant demographics questionnaire (see Appendix 1) were left at LDAV for distribution, in addition to an electronic copy to be circulated via their mailing lists. Any interested parties were provided with a research package by LDAV and then were asked to contact the researcher via e-mail. The consent form was then explained to all interested parties and they were offered the opportunity to ask questions to the researcher. Once consent had been granted, the interested parties were then asked to complete the demographics questionnaire (see Appendix 1) and go through the participant assent form (see Appendix 2) with their children. If both guardian and child consented/assented to participate, a meeting was arranged to conduct the participant interview. During the in-person meeting, the consent information was explained an additional time and

caregivers and participants were given the opportunity to ask questions and were informed that they could withdraw their consent at any time.

Participants. Participant inclusion and exclusion criteria were established before study recruitment began. Criteria were determined to draw a diverse sample of participants of similar ages with lived experiences surrounding LD. Additional considerations included establishing that the child had the necessary verbal abilities and English proficiency to participate in the study, and any dual-diagnoses the child had that did not relate to LD. In the end, five participants, between the ages of 11-14 years (the middle years), diagnosed with LD, who met all the inclusion criteria, were recruited through the Learning Disability Association of Vancouver. Participant demographic information is described in the table below (See Table 1). All LD related information is presented in Table 2 below. All participants were given a pseudonym to protect their identities.

Emma. Emma is an 11-year-old female in grade 6. She was 8-years-old at the time of her LD diagnosis. She receives special funding to support her learning and is currently homeschooled. She also receives outside learning support through weekly tutoring.

Jenna. Jenna is a 14-year-old female in grade 8. She was 9 at the time of her diagnosis. She was also diagnosed with ADHD. Jenna receives Learning Resource support at school and is supported by tutoring a few times a week outside of school.

Kara. Kara is a 13-year-old female in grade 7. She was 11 at the time of her diagnosis. Kara receives Learning Resource support at school and tutoring a few times per week outside of school.

Jay. Jay is a 12-year-old male in grade 6. He was 9 at the time of his diagnosis and receives Learning Resource support at school, and tutoring a few times per week outside of

school.

Kaelan. Kaelan is a 12-year old male in grade 7. He was 11 at the time of his diagnosis.

He now receives Learning Resource support at school and he just started tutoring for additional support.

Table 1

Participant Demographics

<u>Pseudonym</u>	<u>Age</u>	<u>Gender</u>	<u>Grade</u>	<u>Ethnicity</u>	<u>English First Language</u>	<u>Parent Highest Education</u>
Emma	11	Female	6	Eastern/Southern	Yes	Some College/University
Jenna	14	Female	8	Eastern/Southern European & Latin American	Yes	High School
Kara	13	Female	7	Latin American, Northern/Western, European & African	Yes	Graduate Degree
Jay	12	Male	8	South Asian	Yes	College/University Degree
Kaelan	12	Male	7	Northern/Western European	Yes	Graduate Degree

Table 2

Participant Learning Disability (LD) Information

<u>Pseudonym</u>	<u>LD?</u>	<u>Age at Diagnosis</u>	<u>Aware of LD</u>	<u>Additional Diagnosis</u>	<u>Support Services at School</u>	<u>Outside Support</u>
Emma	Yes	8	Yes	No	Yes	Yes
Jenna	Yes	9	Yes	ADHD	Yes	Yes
Kara	Yes	11	Yes	No	Yes	Yes
Jay	Yes	9	Yes	No	Yes	Yes
Kaelan	Yes	11	Yes	No	Yes	Yes

Data Collection

Data Collection for this study was conducted by means of semi-structured interviews and

the use of a reflective journal. Data collection methods and specifics are discussed below.

Semi-Structured Interviews. The researcher conducted semi-structured interviews using an interview technique synonymous with eliciting rich information important for future analysis. This technique involves no time limits nor formal probes, thus helping to avoid any misleading or evasive answers. Interviews were expected to take between 60-90 minutes, though in reality interviews varied between 15 and 75 minutes depending on participant responses. Interview objectives centered around eliciting participant experiences surrounding self-concept and LD diagnosis, with the researcher acting as a witness to the phenomenon under study. To facilitate this experience, the researcher asked a series of open-ended questions (See Appendix 2). This interviewing style was advantageous as it allowed participants to provide as much information as they chose while self-guiding their representation of their experiences as an adolescent with LD. All interviews were digitally recorded and then transcribed verbatim. Based on participant interviews, sufficient data was collected to explore the proposed research questions and lines of inquiry and follow-up interviews were not completed.

Field Notes. During the act of data collection, the researcher took detailed field notes recording the behaviours, events and general observations of each participant interview. The field notes provide supplementary meaning and contextual information to the interview data.

Reflexive Journal. Throughout the entire research process, the researcher kept a reflexive journal. The journal was used as a way to comment on the feelings and reflections of the researcher (Lyst, Gabriel, O'Shaughnessy, Meyers, & Meyers, 2005). The journal allowed the researcher to reread her thoughts, and to explore ideas, challenges, experiences, actions, choices and biases that arose during the research process. Additionally, the journal was a key medium for theme exploration, and was centrally important to the researcher's realization of

previously help assumptions and explicit biases related to the research topic (Nastasi & Schensul, 2005).

Data Analysis

Method. The aim of the analysis was to identify emergent themes from participant interview data. Said themes lead to a better understanding of the experiences of middle years students with LD and ideas around their perceived self-concept.

Process. An IPA framework combines both emic and etic perspectives (Pietkiewicz & Smith, 2012). This means that IPA involves both “the participants making sense of phenomena under investigation, and at the same time documents the researcher’s sense making” (Pietkiewicz & Smith, 2012, p. 366). Generally, IPA analysis involves a set of flexible guidelines allowing for creativity on behalf of the researcher when exploring their data.

The first stage of analysis involved multiple readings of the interview transcripts and making observational and reflective notes (Pietkiewicz & Smith, 2012). With each listening of the recording or reading of the transcript, new information was revealed depending on the researcher’s focus at that time. For example, content, language use, tone, repetitions, and pauses were all important information for the researcher to document (Pietkiewicz & Smith, 2012). The next step was to take the researcher’s detailed notes and try and identify emergent themes in the data (Pietkiewicz & Smith, 2012). Once again, this took multiple readings and continuously evolved. Initially, over 40 potential themes were identified. After major themes were identified, the third step was to look for relationships between themes and try and cluster them. Looking for connections in the data between emerging themes allowed the researcher to group the connections together based on their conceptual similarities and then provide each cluster with a descriptive label (Pietkiewicz & Smith, 2012). This is also the time when previously identified

themes were excluded as there is little evidence for them, while other themes appeared more concrete. For example, the researcher was able to group and recategorize themes into 6 primary categories, and eventually narrowed down to 4 primary themes and their subthemes. Next, the researcher wrote a narrative account of the study (Pietkiewicz & Smith, 2012). This process involved taking all identified themes and describing each of them separately with examples taken verbatim from the transcript, as well as taking supporting comments from the researcher. This process used the participant's own language, preserving their voice and intentions. All interpretations were indicated and justified using field notes and the reflexive journal. Next a third party, an external reviewer, was identified to validate the theme identification and to identify potential biases. This individual had access to all participant data including transcripts, field notes, reflexive journal, and the researcher's identified themes and subthemes. The third party individually studied the data, and then met with the researcher to discuss the rationale for the identified themes and subthemes. Through this process certain themes and/or subthemes were renamed and/or excluded. The third party also helped the researcher in reconfiguring the graphic to reflect the study changes. A discussion surrounding the identified themes was completed including information from relevant and existing literature (Pietkiewicz & Smith, 2012). The researcher then took time for reflection, commentary, and for opportunity to discuss study implications, biases, limitations and future research possibilities.

Procedure to Ensure Scientific Rigor

In order to ensure the scientific rigor of these data, the following procedures were followed to assess them for trustworthiness (Shenton, 2004). Specifically, the data were evaluated in regards to their credibility (internal validity), transferability (external validity), dependability (reliability), and conformability (objectivity) (Guba, 1981).

Credibility. To ensure credibility, the data collection and analysis procedures were chosen based on previously successful methodologies used with comparable populations. For example, Pesdana (2015) used an IPA approach to investigate self-concept in adults with mild learning disabilities.

Triangulation. Triangulation is the process of using multiple sources to draw conclusions. Triangulation was used to determine emergent themes and to provide credibility to those identified. Drawing conclusions based on interview transcripts, the researcher's field notes (observational information) and the researcher's reflective journal (reflective thoughts) provided multiple sources and thus greater credibility for drawn conclusions (Tracey, 2010).

Transferability. To ensure the transferability and the generalization of study findings, essential research characteristics are reported. For this study, this included recruitment information, inclusion/exclusion criteria, participant demographics, number of participants, interview lengths, and characteristics about their LD diagnoses.

Dependability and Confirmability. To ensure the reliability and objectivity of data collection methods, a detailed explanation of both research design and implementation are provided (Shenton, 2004). Digital recordings, typed verbatim transcriptions, the reflective journal, data spreadsheets, and in-depth descriptions of this study's process of data analysis attest to the data's dependability and confirmability.

IPA Quality Evaluation Guide

IPA is a flexible approach to data collection and analysis that entrusts the researcher's interpretations of the text. Due to this flexibility, researchers avoid a fixed evaluation method in studies applying IPA (Smith, 2011). Despite this flexibility, Smith (2011) created a guideline for completing acceptable IPA based on an analysis of peer reviewed studies that employed this

methodology. According to Smith (2011), guidelines for IPA require research to be phenomenological, hermeneutic and idiographic in nature. Guidelines also suggest that there be sufficient evidence to demonstrate the prevalence of identified themes (Smith, 2011). For a study of between 4-8 participants, Smith (2011) states a theme is expected to be present in at least three participants. As with all IPA analysis, this is a guideline, and themes with more or less evidence can also be presented, as long as the less well represented themes are reflective of the study. Based on the IPA guidelines denoted by Smith (2011), the density of the presenting themes in the current study are presented in Table 3, below. The majority of themes and/or subthemes presented in three or more participants, and those with less evidence were included due to their poignancy and importance for better understanding the experiences of the population being studied.

Table 3	
<i>Prevalence of Identified Themes and Subthemes</i>	
Major Themes	
Themes	Prevalence of Themes Density of Evidence
Theme 1. Personality Subthemes: <ul style="list-style-type: none"> • Character Traits • Strengths & Weaknesses 	<ul style="list-style-type: none"> • In all 5 participants • In all 5 participants
Theme 2. Community & Support Services Subthemes: <ul style="list-style-type: none"> • Friends and Family • School • Tutoring • Medication 	<ul style="list-style-type: none"> • In all 5 participants • In all 5 participants • In all 5 participants • In 1 participant
Theme 3. Experiences around Diagnosis Subthemes: <ul style="list-style-type: none"> • Acceptance and Understanding • Advocacy • Bullying • Labels/Labelling 	<ul style="list-style-type: none"> • In 3 participants • In 2 participants • In 3 participants • In 3 participants
Theme 4. Mental Health and Well-Being Subthemes:	

Chapter 4: Findings

Overview

The purpose of this study was to expand understanding and the literature on the perceived self-concept of middle years students with learning disabilities. The findings of this study are summarized through emergent themes identified through the analysis of participant interviews. Four major themes were identified – Personality, Community and Support Services, Experiences Around Diagnosis, and Mental Health and Well-Being. These themes are presented in no particular order. Detailed explanations of major themes, their identified subthemes, and theme interactions are explored.

Overarching Theme

Across participant interviews, all major themes related to the construct of identify and/or self-concept. Major themes will be discussed in detail below. After a thorough explanation of themes and their subthemes, theme interactions will be explored in the context of the overarching theme of identify/self-concept. When discussing self-concept, participants primarily discussed experiences and perceptions linked to their academic self-concept. For participants, it became apparent that their overall self-concept varied across the lifespan and that perceived self-concept and experiences prior to diagnosis were not necessarily consistent with those during or post diagnosis. Factors like social and emotional support were central to this changing perceived self-concept.

Theme 1. Personality

All study participants were asked the same series of guiding questions (see Appendix 2). How and when questions were asked and in what order depended entirely on the participant, their understanding of the questions, and their answers to said questions. Across all 5 participant

interviews, when asked the question “What do you believe the term self-concept means?” participants had great difficulty answering that question, or for some, they were unable to provide a response. With the researcher providing the participants with a general definition of self-concept, participants were then asked, “Can you tell me about your own perceived self-concept?” Participants routinely offered up personality characteristics, traits, and examples of their strengths in response to the proposed question. One participant response included elements like friends, family, work ethic and friendliness as central to her self-concept. An excerpt from her transcript is provided.

My friends, my family, how hard I work...I guess you could say. And that brings like into my personality-wise and like how friendly I am, and how open I am to ideas and stuff like that...Nobody else can be like... this is your self-concept, but you have to like... it's just for you and nobody else.

The term self-concept was new to participants, and the closest thing they were able to link the phenomena to were personality characteristics and concrete examples like family and tangible successes. The theme of ‘personality’ emerged as interactive with and directly impacting the participants’ overall self-concept. Included within this theme were two subthemes.

Subtheme 1.1: Character Traits. Commonly, participants provided aspects of their personality – character traits – as descriptors of their perceived self-concept. One student described her perceived self-concept in this way: “I think I’m pretty friendly. I’m good at making friends. I am very... quite artsy. I’m more into the arts than the academics I would say.”

Subtheme 1.2: Strengths & Weaknesses. In addition to character traits, all participants also offered descriptions of their strengths and weaknesses in response to the question about their self-concept. Specifically, they often provided examples of things they were good at. When

asked to tell the researcher about their own perceived self-concept, one participant stated, “Oh. I’m good at lots of things...like, um, skateboarding, videogames... and I’m a good and helpful friend.” When prompted, students also were open to discussing things that were hard for them, and these were often things related to their LD diagnoses. One student described,

Science, you just get a lot of work to do and lots of reading, and I don’t find myself good at reading... and French I just don’t like it. It’s hard for me... [and] since reading kind of falls into like spelling and I’m not good at spelling, and things like that.

The depth of this theme was also demonstrated in the students’ perceptions of themselves based on their perceived strengths and weaknesses. They described a process of how their self-concept changed as they better understood their own strengths and weaknesses, as is seen in this example.

I felt differently at the beginning...I felt like I wasn’t normal, I guess you could say. I thought that I was like... somebody that everybody would look down on, and, like make fun of, because I couldn’t read or I was too hyper with my ADHD. And then when it got to the very end... I guess how like I’m getting older now, I know kind of how to control I it, I guess you can say. Like I know what helps me.

Theme 2. Community & Support Services

Evidence for Theme 2 was present in all participant transcripts. Participants provided both positive and negative examples of community and support services that were central to their self-guided discussion of self-concept. Participants shared experiences inside and outside of the classroom where interactions with people in their school, home, and extracurricular communities impacted how they felt (e.g., not feeling smart; being criticized and called lazy, etc.) and at times altered the way in which they viewed themselves (e.g., feelings of worthlessness). The broad

theme of Community and Support Services was divided into four subthemes to be discussed in detail below.

Subtheme 2.1: Friends and Family. Participants frequently spoke about their friends and family when discussing perceived self-concept. Commonly, participants spoke about the family as a support system helping them better understand their learning challenges as well as seeking/providing necessary academic and social-emotional support, thus impacting their self-perceptions. One student noted, “If I didn’t have loads of support from my family I don’t think that I would be like where I am today. I think I’d be more sad and have no self-confidence.” She also shared:

When nobody knew I had dyslexia or ADHD, I kind of just felt like, alone... And then, me and my mom opened up, and then my dad and my brother kind of... and we all just kind of became more open about it, and now, it’s like we discuss...like how the struggles are but we always make it through it.

Additionally, the participants brought up their familial history of learning difficulties as shared experiences that supported their understanding of their own difficulties and related self-perceptions. Participants described experiences of judgement and comparison, including unrealistic family expectations, sibling/cousin comparisons, generational differences and misplaced blame surrounding diagnosis. One student described such experiences with her grandmother.

I just remember my grandma once being like ‘Oh, she’s just lazy’ and like my mom tried to explain to her, which is hard for her to understand but now she’s got it...She just thought there was two categories - people that were smart and people that were stupid. And I would be in more the stupid thing, because that would be lazy.

Many of the above experiences also related to friendships particularly around feelings of closeness and support. “[My friends] Yeah. They’re really nice and I have really good friends. And I have another friend who has dyslexia and we always talk about it and... yeah, that’s nice.” Shared experiences with LD was a common theme throughout most participant interviews. Knowing others going through the same things as these students was comforting and seemed to provide a foundation for future friendship.

Knowing how many other people have dyslexia, like I go into the LAC room and there’s like... I made so many new friends because of it. Like one of my friends Mark, or like a girl named Anna, they all have it to. But there’s also different kinds of dyslexia. And like, not everybody really has the same.

Subtheme 2.2: School. For middle years’ students, time spent at school and within the school community make up a large portion of their lives. Both positive and negative school experiences were provided. The majority of positive experiences occurred in Learning Assistance Classrooms (LAC) and with Learning Resource teachers. Students shared that the LAC provided them with specialized support and opportunities to learn in ways that made sense to them. Unlike the regular classroom, students felt a sense of belonging in LAC and that they were supported and not judged by their teachers or peers. For many, LAC offered positive experiences with academics, thus impacting how participants perceived their abilities at school (academic self-concept). Additionally, LAC offered opportunities to connect with peers with similar difficulties, creating new layers of support in the school community. “When I found out [about my LD], I got so much help like with my tutors and my LAC teachers. I got a LAC block and my learning just got a whole lot better.” Another student commented, “During math I go... me and another group of kids, we go to her [learning resource teacher] classroom and that’s

when I'm more open to put my hand up and ask what that means and stuff." This same student expanded on her thought by saying:

When it comes to math, I go to the other room. It's more one-on-one help instead of the teacher just sitting at her desk where you can go to her. It's more like you work in a group because in ...my main teacher's classroom at math, you walk in there to get like a pencil or something and your eraser and it's dead silent. Because she keeps everybody quiet just focusing on their work. And when you go to [the learning resource] room we're all talking and I'm explaining it to one person and they're explaining it to me and it's more of a community.

Conversely, students often felt their school communities did not completely understand, and were not sympathetic to, their specific needs. Students shared examples of teachers and peers saying and acting in hurtful ways. These negative school related experiences and interactions impacted how the participants viewed themselves as students. The following examples demonstrate negative academic interactions and experiences (school self-concept), that influence one's overall self-concept. One student shared this about her peers: "At my old school people were slightly meaner, and they were like 'Oh, why can't you spell that? Oh, you didn't learn to read when you were in grade 3?'" Another participant shared her frustration with teaching/educational aids and the lack of independence given to students with learning challenges in the classroom.

I'm sitting there in math and I have this aid hovering over me and she's supposed to be helping the whole class, but she knows that I have dyslexia and she's watching just me. Which is the most annoying thing in the world because I don't want to be rude and tell

her to go. She's like "Show me how you do this. Can you tell me what you did?". It's like don't hover over me.

The participants also discussed the difficulties they face with their regular classroom teachers, including difficulties with teacher methodologies, inaccessible learning, and assumptions. "Some teachers teach certain ways, like my math teacher right now. She's really nice but she... we just take notes the whole class. And I can't really do that." Another student described how receiving continuous criticism about her learning would be something she would remember forever, meaning its impact on how she views herself is extremely long-reaching.

Having a teacher tell me I might need glasses, or somebody thinking that I'm just lazy, and [that] I don't want to do the work. I got so much criticism, at a very young age, which is still in my mind today and I don't think it will ever go away.

Subtheme 2.3: Tutoring. Due to the nature of participant recruitment via the Learning Disability Association of Vancouver all participants were actively engaged in academic tutoring. All participants received tutoring 2-3 times per week during the school year and others continued throughout the summer. One student who had just begun tutoring and had only attended 2 sessions said this about her tutoring experience: "It's actually really fun...um, I forgot her name but she has an awesome personality and I really like her." Another student commented that the tutor helps [with] "Pretty much everything- Math, Science, Social Studies. We mostly focus on math and spelling but if I have anything from school that I'm working on then she'll help me with that." The students described coming to tutoring and the benefits of having someone to help them with their work and on developing strategies to overcome their learning challenges. "My tutoring teacher, she helps me um, we have like um... when we're learning how to like spell words, there's like a catch phrase so we can remember." The positive experiences the

participants obtain through tutoring provide ways for them to build skills and their confidence in their own academic abilities. This, in turn, positively impacts their academic self-concept.

Subtheme 2.4: Medication. This subtheme was only explored during one participant interview, but was included due to the high rates of students with LD who also have Attention Deficit Hyperactivity Disorder (ADHD) and who receive medication to treat their ADHD symptoms. Across Canada, several provincial Ministries of Education, including British Columbia, also recognize ADHD as a learning disorder due to its pervasive academic impact. For the student in this study, she was very open about her dual diagnosis of LD and ADHD, and her experiences were spoken from a perspective integrating both – a common experience for many youths. This student spoke about first being prescribed medication for her ADHD, and its positive impact on her self-confidence.

I used to be like really sad when I was like grade 4ish. I just remember crying mostly every night and being upset at myself for not being able to do certain things. And then, I talked to somebody about it, and it got better and then I was prescribed medication and that also boosted my confidence up.

She also described the realities of having both dyslexia and ADHD and how her peers do not understand her learning challenges and sometimes say hurtful things.

We had to write an essay and explain [something] to the class, and I wrote mine on having ADHD and dyslexia, and saying like, if you were in my position, and you pick up a piece of paper or a book [...] and the words start to move. And sometimes, I write my last name, it's 'Sm*****' and I put 'S' 'W' and just like, getting confused that way. And then when people are like, 'Don't you have medication for it?' and... that's like not how it works.

Finally, this student described encountering judgment from parents and peers about her medication use. For her, medication has created both positive and negative interactions and experiences. While it has helped her with her attention at school and increased her confidence, it has also opened her up for judgment. In this way, this participant's use of medication has had both positive and negative effects on how she views herself.

Theme 3. Experiences around Diagnosis

All participants of this study had diagnoses of Learning Disabilities and/or Specific Learning Disorder, and one student also had a concurrent diagnosis of Attention Deficit Hyperactivity Disorder (ADHD). This broad theme emerged due to participants' openness to discuss the period before, leading up to and after diagnosis, and the components that shape their experiences during these phases. Perceived self-concept varied between participants, as it did throughout different times in the individual's life. For many, the period leading up to diagnosis was challenging academically, socially, and emotionally. Participants described not understanding their challenges at school and for example, why their peers were able to read, and they were not. For many, this period was very confusing, isolating and painful. The students developed a great number of doubts and negativity about school and how they measured up to their measures, leading to a more negative self-concept, and for a few participants, feelings of self-hate and isolation. Some participants shared that they felt a large amount of relief when given their LD diagnosis as it helped explain their academic struggles. For some, this explanation was key to being able to see themselves more positively as there was a rationale for why things were hard for them, and it was not a reflection on them being unintelligent. This larger theme has been divided into four subthemes in an attempt to explore all the nuances of the diagnostic experience.

Subtheme 3.1: Acceptance and Understanding. The participants of this study ranged in their awareness and acceptance of their diagnosis and the implications of it. Participant understanding and acceptance of their LD was dependent on the time in their life being discussed. This variety highlights the variance in experience amongst students painted with the LD label. The following is an excerpt of a student's description of her learning difficulties.

And I remember one day they [the teacher] put like a sticker that said [...] 'B' and 'D'. Because I get those mixed up. I remember having a fit that day because I was saying "Hey, I know what those are. I know how I can do it." But it turns out like I wrote one sentence and I like replaced 'B' for a 'D'. So, I tried to deny the fact in grade 3... Then when grade 4 hit [and] I remember my favourite teacher coming up to me to explaining that everybody else can have it [dyslexia], and that it's perfectly normal. And then like, I read a bit about it [dyslexia] with my mom, like she got a book, and I said that is what I have. Like, realizing that when like, I read, it looks like alphabet soup half the time.

Another student who waited for many years before being diagnosed with LD shared, "I think it made me feel more good about myself knowing that there is a reason I didn't learn how to read until grade 2 and I can't spell everything." This student also noted that:

We [people with LD] have to have a different way of learning, but eventually we can keep up with the rest of the class if we learn it in a different way. We can still be as successful as everybody else in the class.

A different participant explained that for her, when she first received her diagnosis, she was younger, and it did not really bother her. Now, as she gets older and is meeting more people and there are higher expectations of her, she fears being made fun of.

I think a long time ago it didn't really matter. Cause, before I wasn't surrounded by lots

of people, so I didn't care. But now, because I'm older, I get to be surrounded by lots of people for like acting and lots of groups and for learning... I started to get a little worried [...] of being made fun of.

Subtheme 3.2: Self-Advocacy. This subtheme emerged in only two participant interviews but was included due to participant perceptions of its importance in supporting their learning needs. Building advocacy skills is necessary to foster independence, enhance learning opportunities and for increasing general understanding surrounding Learning Disabilities. One student described her peers asking her about going to learning resource for help. At this stage, she is able to recognize why she goes to learning resource, why that's important and how to explain that to others. "Knowing that I learn a different way than most people do could be really cool. And like, people ask me 'hey, why do you do this?' I just explain it to them and people are open." She also described needing and asking for supplemental sheets in class that are given to students who need more support.

I know about kids with dyslexia in my class. I could advocate for...some people are afraid to ask for the extra sheets and I'm like "Hey, can I have an extra sheet" and some kids will look at me and say "why do you get it and we don't?" Like, well, I explained it to you... like let me do it. I think this goes back to the self-confidence there... it's just like not being able to put your hand up and asking.

Another big component to student learning and advocacy for those with LD is the Individualized Education Plan (IEP). One participant shared that she goes to every meeting and is directly involved in all goals and decisions for her IEP plan.

I've had LAC since I can remember in elementary school. And then when we were doing the IEP in grade 7, we put it [support block] in for high school which was a really good

thing. And now, I asked for next year if I can have two blocks of LAC for both semesters. So, I could have it for socials and science and math and English [...] and there's like a part where like I can get to be excused in homework, but we changed it so I can get reduced by a little bit.

The idea of building a voice and advocating for your needs is something that some participants talked about developing overtime. One student described her journey of becoming aware of her need to advocate, as well as her journey to finding her voice. This participant also described the balance between advocating for her needs and accommodations, while not relying on her diagnosis as a crutch.

For me, I just remember my old LAC teacher telling me, always advocate for yourself. Tell them like, you need it because if I don't, nobody's going to help me. And if I just stand there, then nobody is going to come to me and help me, so it's important for me to go out and say something. I have a voice, I should use it. But, she also said that, it comes to a place where I don't want it to be for me, where I'm using it for excuses. Sometimes where there's a thing where my teacher's like, I can give you this different sheet instead, sometimes I'll just say 'no' because I know I can do the other one and push myself a bit harder."

Subtheme 3.3: Bullying. Unfortunately, bullying is an experience lived by many students across their schooling. Out of all participants, three reported experiencing differing forms of bullying. The theme of bullying emerged in multiple settings across participants, and was interpreted by the participants as being mean spirited, unintentionally hurtful, or based on ignorance about the student's needs and difficulties.. Each example of bullying described by the

participants was verbal in nature. Below, a student describes her experiences of bullying about her LD and ADHD diagnoses.

I used to be like really sad when I was like grade 4ish. I just remember crying mostly every night and being upset at myself for not being able to do certain things. [...] I just remember being called like names and like ‘annoying’ that’s something that bothers me to this day. Like when somebody says that I’m annoying... I always think of grade 4 little me.

One student reported experiencing bullying about the accommodations and supports she receives in school. The participant described that she feels her peers think she is getting special treatment and that this is unfair to them and that they are being disadvantaged.

That’s a like thing that makes me mad the most is when somebody is like she’s getting special treatment, or this person doesn’t get to do the whole thing of homework because she has dyslexia. It’s just that people shouldn’t make assumptions when they don’t know what the struggle is.

One student described being criticized at school by peers or teachers and the lasting impact of this experience.

When somebody keeps telling you that you’re doing this wrong over and over again, you break down [...] it’s not okay for kids to be like “Hey, you have anxiety right?” or “Hey, you’ve dyslexia right?” It’s just so mean and hurtful. And you look at kids that have maybe like self-harm to themselves, like I talked to this guy and he was explaining to me that he has been criticized so much he doesn’t really have anybody to turn to, so he resorts to hurting himself.

Many of the bullying examples addressed subthemes of mental health and well-being that will be discussed throughout Theme 4.

Subtheme 3.4: Labels/Labeling. All participants in the study had a formal Learning Disability/Specific Learning Disorder diagnosis. Often, with a diagnosis, comes a label. Labels can be used for both positive and negative purposes. Participants commonly found diagnostic labels were used to describe a behaviour, as in the following examples. “I hate when people make it as a joke, like that makes me mad the [way] most when people are like ‘Oh, my gosh. Like control your ADHD.’ Or like, ‘you’re so dyslexic’. It’s just like saying that person’s ‘so gay’. It’s rude, it’s hurtful, I guess you can say.” As a continuation of this, the student expressed:

Words do hurt. That’s the biggest thing. When somebody says like “Oh, yeah she’s the annoying one” or something like that or “She’s the hyper one” or “She’s the one that can’t read” or you’re in a group and there’s a group project and they’re like “You can’t do the reading part, you can’t do it.” It’s just maybe I can, you don’t know that... which makes me want to push myself even more to prove those people wrong. So, I think that’s made me stronger because I’m pushing myself and trying to prove other people wrong.

Alternatively, labels can be helpful in that they provide a simplistic snapshot of a specific attribute of a person. One participant described how having a label is very helpful when someone new is filling in for their teacher. “I guess with the labels kind of it [...] if I have a substitute and seeing it down, like I have an IEP because I have ADHD and dyslexia. This is why.” Another participant explained how someone without a label was struggling because they did not understand why they were struggling academically.

There was this guy that goes to my LAC. He’s going to get tested for something because he told [the teacher] how he feels. Like he thought he was stupid because he couldn’t

read. [...] He came in crying one day because everybody was like ‘why do you go there?’ and he was upset because he couldn’t really explain it because what would he have to explain? He didn’t have like a label. So, I guess labels are good, but they can also be bad.

The general consensus surrounding labels amongst participants was that labels can be both positive and negative. It depends on what the label is being used for, if the label is empowering for the person it is attributed to, and if the person yielding the label consents to its usage.

It’s like a mixed thing. Depends if you want the label, or not. Like I feel [...] if you don’t want everybody knowing, I feel like you should be able to tell, be it your LAC or your teacher and tell the aides like “hey, I might need assistance, I might need your help sometimes [and] maybe sometimes I don’t.” Not making it so obvious for the whole world to see.

Theme 4. Mental Health & Well-Being

One of the most prominent themes that emerged through participant interviews related to students’ mental health and general well-being. Participant interviews revealed the impact of positive and negative mental health on their lived experiences surrounding having a learning disability. Participants described feelings of isolation, loneliness, and worthlessness when describing themselves in relation to their learning difficulties. Participants described not putting in effort at school, giving up easily and having negative attitudes towards school and learning because academics were challenging for them. Participants also described negative and positive interactions with school and support staff as directly impacting how they felt about themselves, and the impact of positive academic and social-emotional support in making them view themselves and their learning difficulties differently.

The mental health and well-being theme has been divided into two broad categories of positive actions, emotions and experiences relating to mental health and well-being, and negative actions, emotions and experiences relating to mental health and well-being. All of the previous themes presented were difficult to clearly separate from this theme, revealing the weight and impact mental health has across experiences and environments. The relationship between this theme and previously presented themes will be discussed in-depth below. Negatively associated feelings of depression, anxiety, avoidance, shame, fear and more were raised as well as positively associated themes of acceptance, openness, growth and resilience. One student commented, “When nobody knew I had dyslexia or ADHD, I kind of just felt, like, alone.” A different participant expressed that school and the school environment were challenging for her and that “[School is] my most anxious place.” Another participant shared that she tries to hide her reading difficulties from those around her, and that it causes her some worry that others might find out.

Because I’m older I get to be surrounded by lots of people for like acting and lots of groups and for learning... I started to get a little worried [...] of being made fun of and, just um, having to ask questions [...] I sort of like to hide it.

One student described the magnitude of her sadness about her learning difficulties, which impacted her social well-being and mental health. This information highlights the impact that something like a Learning Disability can have on somebody, and the lasting impact of that pain.

I was sad, I told my mom I was like ‘I can’t... I don’t feel there’s a purpose for me being here anymore because I feel like I have no friends’ nobody cared about me, I wasn’t happy in school, I like sat in the bathroom the whole time at lunch and I was afraid to go out...

A few participants expressed their openness about their diagnosis and for some of them how they are selective of who they share that information with. “I’d say with my close friends I’m open about it [LD diagnosis], but people I see every day but don’t... I’m not really close friends with, I don’t talk about it.” One participant described the importance of accepting and eventually becoming comfortable with your diagnosis as part of self-realization and growth. “I feel like the more open you are, the more comfortable you are with your body and knowing you have a disability, I think that’s the best thing that can happen because you can advocate for yourself...”.

The researcher perceives that the transcript sample below provides a summary of some of the challenges faced by some individuals with LD and the impact positive and negative self-perceptions have on our development and well-being.

Everybody has their own struggles. Everybody has something. And you know what? It isn’t ever okay to bully somebody about that... criticize them about that...and be like mean to a person because they have stuff like that. [...] That impacts your self-confidence and with kids that have disabilities, when you don’t have any self-confidence, that’s when things get really bad. Like, when I had no self-confidence, I had suicidal thoughts, I was depressed, I was sad, I had no self-confidence. I didn’t think I could do anything. Which is the worst thing to do. And like, when somebody keeps telling you that you’re doing this wrong over and over again, you break down. You have a full bucket of like how happy you are, and every time somebody says something, your bucket empties a little bit until there is nothing there and that’s when it becomes a real issue.

Theme Connections

The above four themes - Personality, Community & Support Services, Experiences Around Diagnosis, and Mental Health and Well-Being - emerged as distinct in nature, yet with

significant overlap. Participant interviews revealed numerous specific examples that supported the creation of each theme, yet due to the nature of self-concept and the identified themes, overlap between categories was expected and was found. Figure 1 below offers an interpretation of the interactive relationship between emergent themes, and the formation of identity, also known as self-concept.

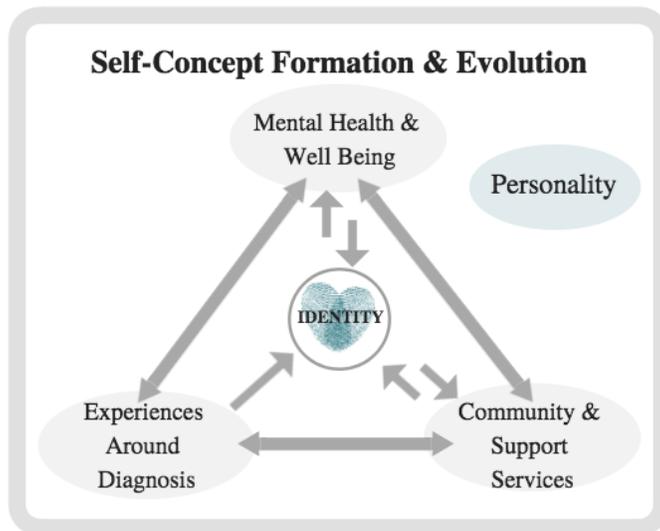


Figure 1. Self-Concept Formation & Evolution

The above diagram represents the researcher’s overall findings and interpretation of emergent themes and their interconnectedness. The four ovals represent the four emergent themes from participant data. In the center of the diagram is the term “identity”. The rationale for using the word “identify” instead of “self-concept” is that few participants had heard of the word “self-concept” previously, and were unable to provide a definition, or understand this schema. Instead, when prompted, participants offered examples and descriptions of their identity, which to them meant the same thing as self-concept, simplistically defined as how they see themselves in relation to everything in their lives.

The themes of Community & Support Services, Experiences Around Diagnosis, and Mental Health and Well-Being, are situated in a triangular configuration around “Identity” to

imply the equal impact each has on self-concept/identity, as was presented in participant interviews. These three themes were interactive, as is represented by the arrows. Specifically, the external arrows show the bidirectional relationship between themes. The smaller arrows show the relationships between themes and self-concept/identity. Due to the information generated during this study, the researcher concluded that Community & Support Services has a bidirectional relationship with identity. For example, family support, peer relations, and school resources impact a person's identity in the way people see themselves, feel valued and their confidence. Alternatively, how a person perceives themselves in relation to these areas in their life - their identity - directly impacts who supports them, the extent of that support, if they sought and accepted the help being offered to them and the fostering of these relationships.

Experiences Around Diagnosis has a one-way arrow to Identity, as the experiences leading up to, during, and following diagnosis are likely to affect self-perceptions, thus altering one's self-concept and identity. Alternatively, Identity does impact the experiences around diagnosis in the same way. The areas of identity that may impact those experiences are better represented by the other major themes – Mental Health & Well Being and Personality.

A two-way arrow exists between Mental Health & Well-Being and Identity. This theme universally impacts individuals, and thus impacts all other themes, and the overall schema of self-concept and identity. A person's mental health and well-being impacts their self-perceptions, openness, growth, resilience, ability to deal with difficult circumstances, in addition to their ability and willingness to seek support when needed. A person's identity, how they see themselves, is directly impacted by their mental health. A person with positive mental health will have more positive self-perceptions, leading to more positive self-concept creating an overall

healthier individual, compared to someone experiencing negative mental health and less positive overall well-being.

The fourth oval theme, Personality, is not included in the triangular configuration, and instead is included to the side of the diagram. This is not meant to infer any less importance, but instead, to show that a person's personality, and all components of personality including character traits and a person's strengths and weaknesses, are always influencing everything. Personality is present from a young age and as a person grows and develops, their personality impacts all areas of their life. In this discussion, personality impacts all three major themes, in addition to identity and is always at work, or is a constant influence. One's personality impacts the types of people they hold as support, their closeness of relationships, willingness to seek support, reactions, resilience, advocacy, predisposition to more positive characteristics linked with positive mental health and well-being, or alternatively predisposition to more negative characteristics links to poor mental health and well-being. As with all presented themes, it is impossible to exclusively investigate personality, without the impact of other themes, but for the purpose of this research, and the understanding of self-concept development, personality is preestablished, influential, and interactive.

Chapter 5. Discussion

Self-Concept Development

While the schema of self-concept has been studied numerous times in LD adolescent populations, findings have been contradictory and do not produce definitive knowledge about the academic self-concept of students with LD and how this may differ from the typically developing population (Pestana, 2015). In addition, the majority of this literature uses quantitative methodologies, which is problematic because it offers a narrow interpretation of LD and does not provide sufficient insight into the lived experiences of individuals with LD. The present study makes novel contributions to this body of literature by offering a voice to middle years students with learning disabilities and has yielded numerous examples of their self-perceptions and lived experiences.

As previously discussed, self-concept is typically described as a multidimensional construct (Marsh & Hattie, 1996). When focusing on an adolescent, middle years, population, the multidimensionality of self-concept includes one's social self-concept and one's academic self-concept (Byrne, 1996). Self-concept is developed and maintained through a series of positive and negative interactions and experiences in our world. For adolescents, their world is defined by life at school and life outside of school. As the findings of this study present, the research participants, all with diagnosed LD, perceived themselves differently in light of their diagnosis. Pre-diagnosis, many participants felt 'dumb' or inadequate when they were not able to complete the same work as their peers. These feelings impact and alter one's perceived self-concept. Knowing how much time students spend in school, it is essential that educators take the time to consider the consequences of their actions and consider the long-term implications of their day to day interactions with all students. For many struggling students, there is an underlying

explanation for their limited academic success, but it is the educator's role to try and foster that success instead of blaming the child for their challenges.

Previous research surrounding self-concept development in adolescents with LD is both limited and inconclusive. Another study found that students with LD already had lower perceived self-concept by Grade 3 that remained constant throughout high school (Chapman, 1988a). Studies in adult and child populations, suggest that adults with LD typically describe themselves positively, while children with LD tend to describe their academic abilities less positively than their non-LD peers (Rothman & Cosden, 1995). Based on participant data, this study's findings varied and highlight the very individual experience of adolescents with LD. The majority of study participants experienced negative feelings and emotional experiences surrounding their learning difficulties, while others did not hold those same perceptions.

Self-Concept Evolution

The present study investigating perceived self-concept in middle years students with LD revealed four primary themes and multiple subthemes. As previously discussed, themes presented as interactive and bidirectional. Upon closer investigation of the data, the positive or negative experiences yielded by the participants were dependent on the period of their lives being discussed. For example, a student's perceived self-concept prior to diagnosis was potentially different than their perceived self-concept during and after diagnosis. Their schema changed and evolved as they encountered new experiences. This evolution of self-concept in adolescents with LD highlights the individuality in the experience and the changing relationship a person has with their diagnosis. Factors that affect self-concept development and evolution include one's understanding and acceptance of their diagnosis, familial supports, classroom

interactions, school experiences, self-perceptions, and mental-health and well-being. As these individuals grow and change, these factors do as well, thus impacting self-concept development.

Previous literature explores this evolution of self-concept. Schmid & Argo (2010) explain that one's definition of 'self' is not fixed. Instead, changes to our self-concept are a natural part of life but are also affected by stressful life events (Schmid & Argo, 2010). The researchers identify that what defines a stressful life event will vary and depend on the individual. It can be argued in the light of the current study that stressful life events for an adolescent may include facing daily persistent learning challenges and/or receiving a diagnosis of a learning disability and the situations and experiences surrounding these events.

Moving forward, when discussing self-concept, or similarly nuanced frameworks, it is important to recognize the evolution of said schema and consider this during research design and interpretation. Future studies should aim for a longitudinal design to better understand this evolution, or at the very least incorporate retrospective questions to elicit some data relating to previous perceived self-concept versus current perceived self-concept.

Academic Supports and Service Delivery

Much of the LD research catalog surrounds inclusive education. More specifically, a large body of research centres around the 'full inclusion' service delivery model. In the present study, all but one participant, were taught in inclusive classrooms with small group, or one-on-one, remedial support. As previously discussed, the 'full inclusion model' of service delivery aims to provide the least restrictive learning environment, both academically and social-emotionally, for the child (Nepi, Facondini, Nucci & Peru, 2013). However, a major criticism of 'full inclusion' is the responsibility placed on classroom teachers to effectively meet the learning needs of their special education students. Additionally, classroom teachers often do not have the

necessary training or skills to teach and sufficiently support the learning needs of special education students (Sindelar, 1995). When teachers do not adequately support their students, these students suffer and end up having negative academic experiences. Negative academic experiences, as shown in this study, can lead to feelings of worthlessness, and can cause students to give up. When a student continues to have these feelings, their self-perceptions are altered and how they see themselves and their place at school changes negatively. During participant interviews some students expressed their frustrations with being in the typical classroom and having teachers who teach in ways not optimal to their learning needs.

Another important consideration raised in this study is the systemic differentiation of students with LD from their peers. As Ravet (2011) discussed, due to necessary academic and classroom supports, students with LD continue to be identified based on these needs. When discussing self-concept, its formation centres around positive and negative interactions with others. Considering necessary classroom supports for students with LD including educational assistants (EA), teaching assistants (TA), and accommodations like extended time, these supports impact classroom-based interactions and perceptions of students with LD by other students.

The usefulness of these academic supports was also questioned by study participants. Students expressed dismay with their lack of independence at school, and the struggle between requiring assistance, and attempting work on their own. Additionally, students identified difficulty with regular classroom teachers who failed to provide accessible learning accommodations and strategies in their classrooms. This caused students with learning difficulties like LD to miss out on opportunities to learn and made them have to rely on EAs, and learning resource teachers to provide them with the information they were unable to receive during class. Support at the school level needs to be purposeful and should be structured to

support the student as much as possible in the regular classroom, with opportunity for supplemental time outside of class, instead of making the regular classroom environment somewhere students with exceptionalities are unable to find success.

Other prominent findings relate to community and support services. For many participants in this study, prior to diagnosis, they experienced severe criticism from teachers and peers relating to their academic abilities. The impact of this criticism left several students feeling anxious and depressed. These experiences influence individuals' self-concept development, not to mention tainting current and future school-based interactions. Common examples of criticism faced by students includes teachers calling them lazy, not believing that a particular task is hard for them and asking them to read in front of the class despite knowledge that the student struggles with reading. These sorts of encounters create negative experiences and feelings for students, the extent of which is unknown.

Self-Concept and Mental Health

Another major consideration is the impact learning difficulties, and the situational experiences associated with LD, have on an individual's mental health and well-being. As was identified as one of the four emergent themes of the present study, Mental Health and Well-Being, impacted self-concept and participant identify bidirectionally, and interacted with all other presented themes. Regardless of circumstances, positive mental health is essential to one's ability to succeed, be fulfilled and adapt to life's circumstances. Commonly, learning difficulties are not given significant weight in their perceived impact on mental health. From an educational perspective, often times LD is viewed as a relatively minor challenge, when compared on the spectrum of other student needs. Regardless of the perceived severity of diagnosis and diagnostic impact, this study has revealed the real social and emotional toll that can be associated with LD.

This is an important realization as social-emotional recommendations and support do not typically accompany an LD diagnosis. Noting some of the participant interview responses, severe mental health concerns were experienced including suicidal ideation, feelings of isolation, sense of inadequacy, and anxiety, at the primary and elementary school levels. Previous LD research supports these claims as described below.

A meta-analysis studying the relationship between LD and depression supports previous findings (Maag & Behrens, 1989; Maag et al., 1992; Newcomer et al., 1995; Wright-Stawderman & Watson, 1992) that students with LD experience higher depression rates when compared to their non-LD peers (Maag & Reid, 2006). Results of a survey conducted by Svrtaz et al., (2000) identified that adolescents with LD were twice as likely to experience emotional distress, and that females with LD were twice as likely to attempt suicide and be involved in violent acts. As previously discussed, and as supported by the emergent theme of ‘Mental Health and Well Being’, study participants commonly discussed their mental health and extreme emotional experiences relating to LD. One student described her feelings of depression, isolation and suicidal ideation in grade 3, and identifies her learning challenges as central to her mental health difficulties.

Implications for School Psychologists

The present study raises several important considerations for educational professionals regarding students with LD including experiences related to mental health and well-being, experiences surrounding LD diagnoses, and essential academic and social/emotional supports for these students. School psychologists work closely with students with LD by means of assessment and/or program planning. Based on this study’s findings, School Psychologists should be encouraged to use their expertise and training to investigate students’ mental health and well-

being during assessment procedures, regardless if there are any previously noted social or emotional concerns. School Psychologists can then provide student, parental and teacher support, targeted recommendations with mental health and well-being in mind, and referrals to specialists if needed.

School psychologists also have the ability to provide resources and information to their staff to foster discussion and better understanding. Based on the common experience of participants in this study encountering teachers whom inappropriately criticized them and failed to understand their learning challenges, school psychologists can help classroom teachers better understand the profiles of their students. Additionally, teaching evidence based strategies for classroom management like Positive Behaviour Support, will ideally provide the teacher with information and strategies to use to encourage classroom participation while remaining positive and supportive.

Limitations and Strengths of the Current Study

The findings of this study contribute to a better understanding of perceived self-concept in middle year students with learning disabilities. This study also has several limitations that are important to acknowledge for future research on said topic.

A study limitation is that all participants were recruited through the Learning Disability Association of Vancouver. Individuals attending the centre, and those that participated in the study, already are involved with agencies that support individuals with LD and are receiving tutoring to support their learning. These participants were being supported for their learning difficulties outside of school and also had caregivers whom sought out this support for their children. Unfortunately, this is not the reality for all children with LD. This highlights the importance of exploring similar themes in other LD populations.

Additionally, this study is limited by researcher biases. Despite the researcher taking several steps of bias accountability including field notes, a reflexive journal, and having an external reviewer, the study was still victim to bias. During the infancy of this study, the researcher's questions were born out of curiosity based on lived experiences with students with LD. The researcher held biases and assumed that having LD affected how individuals with LD saw themselves. During interviews, the researcher at times lingered too long on a topic to try and generate a response, or at times was quick to interpret an action or word, that upon reflection was not appropriate. These actions highlight the importance and need for accountability tools and procedures, and the nature of imbedded bias in this type of research.

Another major limitation is the reality that the participants were not aware of, nor did they fully understand the term "self-concept". Students were not familiar with this term thus the researcher was required to reframe questions using the term "identity" and had to follow up with prompts like "How do you see yourself?" The term "identity" was something the participants understood and were able to speak freely about, but a major limitation is that the information was yielded from hearing the word "identity" and not about hearing the word "self-concept".

Despite the identified limitations, this study also has several strengths. Study strengths highlight the importance of qualitative research methodologies and data collection, and the rich content it yields. Additionally, the study highlights the need for a better understanding of the evolution of perceived self-concept in adolescents, and major influential factors of mental health and support systems as experienced by this population. Study findings suggest that self-concept evolves and changes across one's life and that impactful experiences like having learning challenges, or being diagnosed with LD, will influence perceived self-concept. Additionally, study findings suggest that current support for individuals with LD is inadequate. At an academic

level, students feel criticized in their regular classrooms, and their self-concept is impacted by these negative interactions with their teachers and EAs. At a social-emotional level, this study revealed the common and heavy mental health issues students are experiencing when dealing with LD. These mental health concerns exist pre, during and post diagnosis. This information reveals the need to provide mental health support to these students to aid in their acceptance and understanding of their learning challenges, but to also help them build confidence and advocacy skills necessary for school and peer relationship success.

Future Directions

Due to the frequency of LD diagnosis, and the preliminary findings relating to perceived self-concept in this population, it is important to continue researching this topic. As previously mentioned, due to the findings presented highlighting the impermanence of self-concept, in accordance with previous literature, further investigating is needed to better understand the evolution of self-concept as it pertains to LD. There is space in the literature to develop and create longitudinal research studies, both qualitative and quantitative, in order to answer questions surrounding self-concept in students with learning difficulties (pre-diagnosis) and following diagnosis, across their schooling. This research not only provides new information surrounding self-concept development and evolution, but also a better understanding of the impact of LD specifically.

Additionally, based on the findings of this study, there is strong evidence to suggest that mental health and well-being are areas of concerns for adolescents with LD. The social-emotional impact of LD is often minimized, yet this study has highlighted that even at a very young age, these experiences and emotions are real. Both quantitative and qualitative data

collections methods would be beneficial in identifying specific areas and time periods where and when students are struggling.

Final Conclusions

This study added to the body of literature surrounding perceived self-concept in specific adolescent populations. Like the majority of previous research, findings were variable. Themes were identified and supported through participant interviews, though themes and subthemes were not universally supported by all participants. If considering this study in a broader context, it reveals the need to pay more attention to our students with learning difficulties, like LD, and offer better academic and social-emotional support to these individuals. The study also emphasized that things like mental health, personality, support services, community, and experiences around LD all impact perceived self-concept. Making this information more readily available, and sharing the message that what we say to, and how we support, students with LD directly impacts how they view themselves, hopefully makes educators realize the power and influence they hold in their students' lives.

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Appendix 1: Student Demographics Questionnaire

Please complete this short questionnaire about your child. Thank you in advance for taking the time to complete this survey.

Student Age: _____

Student Grade: _____

Student Ethnicity (please circle):

- a) Aboriginal origins (e.g., First Nations, Inuit, Metis)
- b) East Asian origins (e.g., Chinese, Japanese, Korean)
- c) Eastern and Southern European origins (e.g., Polish, Russian, Ukrainian, Italian, Greek, Spanish)
- d) Latin American origins (e.g., Mexican, Brazilian, Colombian)
- e) Northern and Western European origins (e.g., British, Scottish, German, Swedish, Danish, Norwegian, Dutch)
- f) South Asian origins (e.g., East Indian, Punjabi, Pakistani)
- g) Southeast Asian origins (e.g., Filipino, Thai, Vietnamese)

Other (please list): _____

Parent's highest level of education?

- a) Not a High School Graduate
- b) High School Graduate
- c) Some College/University
- d) Diploma Program
- e) College/University Degree
- f) Graduate Degree

Student Gender: _____ (e.g., Male, Female, Other)

Is English the student's first language? YES NO

If no, what is the student's primary language? _____

Does your child have a diagnosed Learning Disability? YES NO

If yes, at what age was your child diagnosed with a Learning Disability? _____

Is your child aware of their Learning Disability diagnosis? _____

Does your child have additional disabilities? YES NO

If yes, please describe: _____

Does your child access support services in school for their Learning Disability? YES NO

If yes, please describe: _____

Does your child access support services outside of school for their Learning Disability?

YES NO

If yes, please describe: _____

Does your child participate in community groups for people with Learning Disabilities?

YES NO

If yes, please describe: _____

On a scale from 1-5, how would you rate your child in the following areas? (1=needs significant improvement; 2=needs improvement; 3=satisfactory; 4=strong; 5=exceptional)

a)	Overall academic abilities:	1	2	3	4	5
b)	Overall athletic abilities:	1	2	3	4	5
c)	Overall artistic abilities:	1	2	3	4	5
d)	Ability to make/keep friends:	1	2	3	4	5
e)	Ability to self-advocate:	1	2	3	4	5
f)	Willingness to receive help:	1	2	3	4	5
g)	Willingness to help others:	1	2	3	4	5

Appendix 2: Guiding Interview Questions

- 1) What do you believe the term self-concept means?
- 2) Can you tell me about your own perceived self-concept?
- 3) Do you believe your self-concept has changed over life?
 - 3a) If so, how do you believe it's changed?
- 4) What do you believe influences your self-concept?
 - 4a) How do you believe your friends influence your perceived self-concept?
 - 4b) How do you believe your family impacts your perceived self-concept?
- 5) How has having a learning disability influenced you?
 - 5a) Do you believe your LD has influenced your self-concept?

Other:

Appendix 3: Caregiver Consent

SELF-CONCEPT IN MIDDLE YEAR STUDENTS WITH LEARNING DISABILITIES

Permission Letter for Caregivers

Principal Investigators: Rachel Weber, Ph.D. and Kathleen Walsh, B.A.(Hons)
Dept. of Educational & Counselling Psychology & Special Education
University of British Columbia
Phone: xxx-xxx-xxxx
Email: XXXXXX
XXXXXX

Dear parent/guardian,

Please read the following letter carefully. If after reading this letter you support your child taking part in this study, please sign the signature page and complete the attached demographics questionnaire. The demographics questionnaire provides important information necessary for determining if your child meets the study's necessary inclusion criteria. **Signed consent forms and demographics questionnaires should be returned to the Learning Disabilities Association of Vancouver office at XXX East Broadway, Vancouver.** Keep this information page for your own records.

This letter is a request for your permission for your child to take part in a study I am conducting titled "Self-Concept in Middle Years Students with Learning Disabilities".

The Project

The purpose of this study is to better understand the phenomenon of self-concept in individuals with learning disabilities between the ages of 11-14 years. Positive self-concept has been shown to be a protective factor related to higher academic success, as well as social and emotional advantages. Unfortunately, adolescents with learning disabilities (LD) are at greater risk of developing negative self-concept. Knowing more about self-concept development in LD populations will help foster better understanding for how parents and educators can promote positive self-concept in adolescents with LD.

If you agree to let your child participate:

- If you consent for your child to participate in this study, your child will be asked to attend an interview session with the researcher. At this time, your child will be given more information about the research process and what is expected of them. If your child chooses to participate, they will be asked to sign a participant assent form indicating their agreement to participate.
- After obtaining their assent, the researcher will begin a conversation with your child. The audio of this conversation will be recorded and the discussion will surround the topic of self-concept. The conversation will be directed by your child's comments and responses

to proposed questions. The design of this research is exploratory, so the researcher is there to facilitate discussion and your child's responses will be leading the conversation.

- The interview will vary in length depending on your child's responses but is estimated to take between 1-1.5 hours. If your child wishes to stop the interview, they have the right to stop at any point.
- Once the researcher begins analyzing the information from the interview, it is possible they may want to follow up on a discussion point with your child. In this circumstance, a second interview session might be necessary.
- As a thank-you for your child's time, they will receive a \$15 dollar gift certificate at the completion of the interview.
- You and your child's participation in this research project are entirely voluntary and you may refuse to participate or withdraw from the study at any time.
- If requested, you will receive a summary of the results of the project once it is completed.

Risks and benefits of this study:

- It is not expected that you or your child will experience any risk or discomfort from being in this study, above and beyond those of daily living. If a difficulty does arise, you or your child has the right to stop the interview or participation in the study at any time.
- While there are no direct benefits to you and your child for participating in this study, it is believed that your participation will contribute to the knowledge surrounding self-concept in individuals with learning disabilities.
- You or your child's participation - or choice not to participate - will not affect any services you receive at school or within the greater community.

Confidentiality:

- The information obtained from your child's interview will not be shared with anyone outside of the project team. At no time will individual information be reported, nor will individuals be identified by name in any reports about the study. Instead, participants will be assigned a participant number.
- The only people who will have direct access to the information contained in your child's interview are the researchers working on this project. The information obtained from the interview may be shared as a quote or a paraphrase but will not include any identifying information.
- A report of the study may be submitted for publication, but individuals who take part will not be identifiable.
- All data relating to the study will be encrypted and stored on a password protected device.

Findings:

- Research findings will be reported in the examiner's master's thesis.
- Findings will be presented to other professionals, and if deemed appropriate to related agencies like schools and community groups.

More information:

For more information about this study or if you have any questions, please contact Kathleen Walsh or Dr. Rachel Weber. All contact information is included on the cover of this packet.

Concerns:

If you have any concerns or complaints about your rights as a research participant and/or your experiences while participating in this study, contact the Research Participant Complaint Line in the UBC Office of Research Ethics at xxx-xxx-xxxx or if long distance e-mail XXXXXX or call toll free xxx-xxx-xxxx.

Your signature below indicates that you give your permission for your child to participate in this research project. When you sign below it also means that you have a copy of this consent form (pages 1 & 2) for your own records.

Child's Name (Please Print)

Caregiver Name (Please Print)

Caregiver Signature

Date

If you wish to receive a summary of the results of this study, please include your e-mail address below:

Parent e-mail

Appendix 4: Participant Assent

SELF-CONCEPT IN MIDDLE YEAR STUDENTS WITH LEARNING DISABILITIES

Assent Form for Participants

Principal Investigators: Rachel Weber, Ph.D. and Kathleen Walsh, B.A.(Hons)
Dept. of Educational & Counselling Psychology and Special Education
University of British Columbia
Phone: xxx-xxx-xxxx
Email: XXXXXX
XXXXXX

We are inviting you to participate in this study because you are a person between the ages of 11 and 14 years and have a diagnosed learning disability.

The Project

The purpose of this study is to better understand the phenomenon of self-concept in individuals with learning disabilities between the ages of 11-14 years.

If you agree to participate:

- If you choose to take part in this study, a researcher will come to the LDAV and conduct an interview with you.
- The interview will be recorded and will vary in length depending on your responses. It is estimated that the interview will take between 1-1.5 hours.
- Once the researcher begins analyzing the information from the interview, it is possible they may want to follow up on a discussion point with you. In this circumstance, a second interview session will be arranged.
- Your participation in this research project is entirely voluntary and you may refuse to participate or withdraw from the study at any time.
- If you choose to participate in the study you will receive a \$15 iTunes gift certificate as a thank-you for your time. Even if you choose to withdraw from the study, you will still receive the gift certificate.

Who is doing this study?

Dr. Rachel Weber and Kathleen Walsh are researchers from University of British Columbia and will be doing this study. They are more than happy to answer any of your questions or concerns and can be contacted by phone or e-mail. Their contact information is provided at the top of this page.

Can anything bad happen to me?

It is not expected that you will experience any risk or discomfort from being in this study. The research interview is exploratory and will be lead based on your answers to the researcher's questions. What information you provide is completely voluntary and you have the right to not answer, or to stop the interview at any time.

What should I do if I'm not feeling well?

If you're not feeling well during the interview, please tell the researchers right away. You can also call Dr. Weber or Ms. Walsh prior to your interview time.

Who will know I am in this study?

Your parents/guardians, the research team and yourself are the only ones who will know you are in the study. When the study is completed, the researchers will write a report about the findings. It is possible that some of the information from your interview will be used as a quote or paraphrase, but this report will be confidential and will not say your name or say you were in the study.

When do I have to decide if I want to be in the study?

You can have as much time as you need to decide to be part of the study. Take your time and discuss this decision with your family.

Can I stop being in the study?

Yes. You can stop taking part in the study at any time. There is no penalty for withdrawing and you do not have to provide a reason for not wanting to participate.

Who can I contact if I have questions about this study?

For more information about this study or if you have any questions, please contact Kathleen Walsh or Dr. Rachel Weber. All contact information is included on the cover of this packet.

Who do I contact if I have concerns?

If you have any concerns or complaints about your rights as a research participant and/or your experiences while participating in this study, contact the Research Participant Complaint Line in the UBC Office of Research Ethics at xxx-xxx-xxxx or if long distance e-mail xxxxx or call toll free xxx-xxx-xxxx.

Your signature below indicates that you agree to participate in this research project. When you sign below it also means that you have a copy of this assent form (pages 1 & 2) for your own records.

Participant's Name (Please Print)

Participant's Signature

Date