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Explaining the difference in the self-esteem of students with learning disabilities who receive pull-out services and those who do not receive pull-out services in a private school setting.

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EXPLAINING THE DIFFERENCE IN THE SELF-ESTEEM OF STUDENTS WITH
LEARNING DISABILITIES WHO RECEIVE PULL-OUT SERVICES AND THOSE
WHO DO NOT RECEIVE PULL-OUT SERVICES IN A PRIVATE SCHOOL
SETTING

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DEDICATION

This dissertation is dedicated to my Mom, Joy Cox, my Aunt, Mary Kay

McCubbin, my dear friend, Sheila Marstiller, and my late Grandmother, Dorothy Lush.

It is because of these incredible women and their unending support and belief in me that I

haven't given up. These beautiful women of faith exemplify everything I strive to be.

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Above all, I would like to thank my mom, Joy Cox. Without her, it would not have been possible for me to complete this process. She has much more faith in me than I have in myself, encouraging me to push forward when I felt the odds were stacked against me. She constantly repeated the words, "The end is in sight." More importantly, she reminded me that God will see me through. My mom has also continually reminded me that my Grandmother, who was my rock of faith, is seeing me through. My mom is my biggest cheerleader in life, and this process has been no exception. I love her more than I could ever put into words.

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ABSTRACT

EXPLAINING THE DIFFERENCE IN THE SELF-ESTEEM OF STUDENTS WITH
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SETTING

Brittany A. Cox
July 25th, 2016

Students with learning disabilities are a minority group in the private school

setting. In order to accommodate students with learning disabilities, private schools

provide pull-out services. Pull-out services involve students being pulled from the

classroom to work with the resource teacher to receive various accommodations.

Students who are eligible for accommodations are those who have been formally

diagnosed with a learning disability or students who are in the process of being tested for

a learning disability. While the special education setting has been the topic of a great

deal of research, the research is lacking, nonetheless (Terman, Larner, Stevenson, &

Behrman, 1996). Students must be placed in the environment where they will experience

the most success. Although success is often measured according to academics, it is of

equal importance to consider the emotional needs of students.   In order to create a sense

of value and well-being, there is a critical need for counselors and educators to foster

students' self-esteem and confidence (Goleniowska, 2014). Moreover, self-esteem and

confidence are vital to the prevention of depression and isolation (Baumeister, Storch, &

Geffken, 2008).

The purpose of this study was to explain the difference in the self-esteem of students with learning disabilities who receive pull-out services and those who do not receive pull-out services in a private school setting. Students with learning disabilities who receive pull-out services were postulated to have a lower self-esteem than students with learning disabilities who do not receive pull-out services. Self-esteem was measured with Brown and Alexander's (1991) Self-Esteem Index. A multivariate analysis of variance (MANOVA) was utilized to determine the difference in self-esteem among students with learning disabilities that do and do not receive pull-out accommodations. Qualitative analysis was employed to gather information pertaining to the feelings of participants relative to receiving pull-out services.

Study results revealed no statistical significance in the difference in self-esteem among students with learning disabilities that do and do not receive pull-out accommodations. However, qualitative analysis uncovered themes surrounding negative feelings regarding pull-out services and self-esteem.

Study limitations as well as recommendations for future research were discussed. Recommendations for future research serve as a reminder of the gaps in the existence of qualitative data inclusive of input from students with disabilities. The exclusion of student voice surrounding pull-out services negates counselors' ability to tend to the needs of their students. Hopefully, the current study will propel further research on the relationship between pull-out services and self-esteem.

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CHAPTER 1

INTRODUCTION

Educators and parents share a common goal of helping children achieve success in school. In working to provide the essential tools for success, educators and parents also discover barriers that prevent children from reaching their full potential. Such discoveries may in fact be the stimulus for research pertaining to particular barriers.

Children diagnosed with learning disabilities are a particular group of interest for researchers. Children with learning disabilities are faced with additional challenges to overcome. The National Center for Learning Disabilities (NCLD, 2010) reported 2.4 million students were diagnosed with a learning disability and received special education services in schools. Students with learning disabilities represent 41% of all students receiving special education (NCLD, 2010).

Students with learning disabilities are a minority group in the private school setting. Historically, social stigmas have been attached to minority groups (Crocker & Major, 1989). According to Erikson (1956), "There is ample evidence of 'inferiority' feelings and of morbid self-hate in all minority groups" (p.155). Moreover, Cartwright (1950) proposed that "the group to which a person belongs serves as primary determiners of his self-esteem. To a considerable extent, personal feelings of worth depend on the social evaluation of the group with which a person is identified. Self-hatred and feelings

of worthlessness tend to arise from membership in underprivileged or outcast groups"
(p.440). Gergen (1971) made reference to the fact that there is considerable empirical
evidence demonstrating that self-esteem is susceptible to social context and situational
forces.

The purpose of this study was to explain the difference in the self-esteem of
students with learning disabilities who receive pull-out services and those who do not
receive pull-out services in a private school setting. Pull-out services involve students
being pulled from the classroom to work with the resource teacher to receive various
accommodations. Particular accommodations will be later explained in greater detail.
Specifically, results of the study will assist in determining the degree to which the
accommodations that students with learning disabilities receive affect their self-esteem.
In addition, study results will provide insight into the thoughts and feelings students have
surrounding pull-out services. Examination of such factors will provide parents and
educational professionals, including counselors, empirical data beneficial to developing
children's self-esteem. The information gained from this study will be of particular
benefit to the school counselors, as they work to address low self-esteem in children.
Further, school counselors must consider the existing empirical evidence on social stigma
and self-esteem, and determine what educational professionals can do to counteract the
negative impact (Crocker & Major, 1989).

Background of the Problem

Learning disabilities (LD) are defined by the NCLD (2010) as a group of varying
disorders that have a negative impact on learning. Areas affected include one's ability to
speak, listen, think, read, write, spell, or compute. Dyslexia, a reading disability, is the

most prevalent learning disability. Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD) is not classified as a learning disability, but rather is categorized by the Learning Disabilities Association as "Other Health Impaired." However, under Section 504 (NCLD, 1977) of the Rehabilitation Act of 1973, a student diagnosed with ADHD is eligible to receive special education services. For this reason, students diagnosed with ADHD will be included in the population sample in this study.

According to Jenkins and Heinen (1989), one cannot assume that students have the same knowledge and perceptions of classroom placements, as the knowledge and perceptions adults have of classroom placements. Further, students prefer to receive assistance in the way that causes the least amount of embarrassment. As educators work to meet the needs of their students in the best way possible, they must consider the social and emotional needs of students in addition to the academic needs (Elbaum, 2002). The fact that classroom placement impacts the self-esteem of students is imperative to take into consideration. A child's school environment plays a vital role in developing his or her academic self-concept and self-esteem, both of which continue well into adulthood (Markus, 1979).

Although self-esteem is often assumed to be synonymous with self-concept, and self-image, it is essential to differentiate among the terms. Coon (1994) defined self-esteem as "total subjective perception of oneself, including an image of one's body and impressions of one's personality and capabilities." Self-image has also been referred to as a mental picture of oneself (Bailey, 2003). When a person visualizes one's self, the person visualizes permanent physical attributes such as a round or square face; ever-

changing physical attributes like weight and height; and material things one chooses to acquire to enhance one's self-image.

Burnett (1994) defined self-concept as "the beliefs that people have about specific characteristics associated with themselves" (p.165). Baron and Byrne (1997) ascribed a similar meaning to self-concept as a person's self-identity including a culmination of views and feelings in regards to oneself. Unlike self-image, one's self-concept does not include mental pictures, as concepts are immeasurable thoughts. Bong and Skaalvik (2003) noted that self-concept is a more accurate predictor of affect related reactions, including anxiety, satisfaction, and self-esteem. Conversely, cognitive processes and actual performance are more accurately predicted by self-efficacy. According to Bong and Skaalvik, self-concept and self-efficacy are "the self-constructs known to wield critical influence on students' academic attainment and psychological well-being in school" (p.28). Experiences with the environment and significant others in students' lives play a particularly influential role in creating the self-concept (Shavelson, et. al, 1976). Moreover, different degrees of motivation, emotion, and performance are predicted by self-concept and self-efficacy. Understanding the role of such constructs is a building block to understanding their impact on self-esteem.

Results of a study comparing self-esteem and self-concept of handicapped and normal students showed the scores of self-esteem and self-concept among non-handicapped and handicapped students to be significantly different (Narimani & Mousazadeh, 2010). Normal students scored higher than students with disabilities in self-esteem. The fact that defect and injury of the body's limbs is a key factor in defining an individual's personality structure, serves as an explanation for the increased scores in

self-esteem. Moreover, Narimani and Mousazadeh found that as the self-esteem increases, the self-concept decreases. This can be explained by Rogers' theory which ascertains that the greater the difference among actual self and ideal self is, the greater the state of incongruence. .

Crocker and Major (1989) examined the effects of social stigma on self-esteem, and found there to be no question that members of oppressed or stigmatized groups are negatively affected by prejudice and discrimination, socially, economically, politically, and psychologically. As Crocker and Major point out, the way in which self-esteem is affected by prejudice and discrimination has been central to theoretical and empirical research for many years and remains controversial. Moreover, self-esteem is frequently observed to be a key trait of psychological functioning (Taylor & Brown, 1988). Crocker and Major (1989) were especially interested in the way global feelings of self-worth including: self-acceptance, goodness, worthiness, and self-respect, were affected by social stigma. The effects will be further discussed below.

Narimani and Mousazadeh (2010) defined self-esteem as a personal judgment regarding value, including the acceptance or rejection of self that is visible in one's attitude. Positive self-esteem is vital to a well-balanced personality and a healthy mental state. Conversely, negative self-esteem disturbs a person's stability and vivacity. Moreover, self-esteem is a construction of life principles and social life. According to Rosenberg (1985), it is the life principles and societal membership which creates efficiency within a person and gives a person self-acceptance.

When comparing the self-esteem and self-concept of students with handicaps and students without handicaps, Narimani and Mousazadeh (2010) found a significant

difference in the mean scores of self-esteem between normal and students with disabilities. Narimani and Mousazadeh (2010) determined that low self-esteem had a negative impact on the efficiency learning, efficacy, and creativity of people with physical disabilities. While the focus of the current study is students with learning disabilities and pull-out services, the previously mentioned factors of Narimani and Mousazadeh's study (2010) remain key factors to consider, as the goal is to create a learning environment which fosters success. Outcomes of low self-esteem which are of further detriment to learners, are the deprivation of the ability to use ample mental and intellectual power, reduced efficiency, and slowed personal function (Narimani & Mousazadeh, 2010). There are various definitions of self-esteem. One definition of self-esteem which has remained constant over time is that of a feeling, attitude, or belief regarding one's personal worth (Rosenberg, 1965). Self-esteem is most generally defined based upon evaluation, which highlights cognition and affect, which highlights the role of feelings (Mruk, 2006). According to Tafordi and Vu (1997), competence and worthiness combine to construct self-esteem. Guindon (2002) discussed the lack of uniformity in the definition of self-esteem used by school counselors. Guindon believed the lack of uniformity was indicative of an absence of attention to accountability related to counselor services. Guindon stated the need to work toward uniformity and accountability in the defining and assessment of self-esteem interventions. Further, Guindon called for the consistency in definitions used by school counselors, "which are grounded in professional literature" (p.207). Stated below are the definitions referenced by Guindon (2002):

> *Self-esteem*: The attitudinal, evaluative component of the self; the affective
> judgments placed on the self-concept consisting of feelings of worth and

acceptance, which are developed and maintained as a consequence of

awareness of competence, sense of achievement, and feedback from the

external world.

Global self-esteem: An overall estimate of general self-worth; a level of self-

acceptance or respect for oneself; a trait or tendency relatively stable and

enduring, composed of all subordinate traits and characteristics within the self.

Selective self-esteem: While Global Self-Esteem is an *overall* estimate,

Selective Self-Esteem is an evaluation of *specific* and constituent traits or

qualities, or both, within the self, at times situationally variable and transitory,

that are weighted and combined into an overall evaluation of self, or global

self-esteem. (p.207)

Owens, Stryker, & Goodman (2001) spoke of the relationship between self-

esteem and academic motivation. Owens et al. (2001) also referenced Rosenberg's

connection among self-esteem and the achievement process. Additionally, changes in

self-esteem are associated with different reasons for learning. Students may be motivated

by overcoming an imminent sense of failure as a person, through academics. Given that

society values success and competency, students may have difficulties in creating and

upholding a sense of self-worth. Students may view grades as the most guaranteed way

to achieve a sense of self-worth and competency (Owens et al., 2001).

Covington and Omelich (1985) discussed two types of students. The two types

include failure-avoiding students and success oriented students (Covington & Omelich,

1985). Failure-avoiding students are reluctant to seek appraisal. As a result, failure-

avoiding students have an inhibited academic potential. Consequently, failure-avoiding

students are unlikely to succeed. Failure to succeed brings about defensive thoughts

including: blame, projection, wishful thinking, and the minimization of their topic of study. This brings about further disruptions in the ability to study. Success oriented students are motivated by the desire to create something valuable and develop intellectually. Success oriented students are intrinsically motivated and are not discouraged by the accomplishments of others. Kavale and Forness (1996) identified that students with learning disabilities not only suffer from academic deficits, they suffer in areas of social competence as well. While somewhat dated, Parker and Asher (1987) discussed the imperative need for observing social deficits and considering their negative impacts. Such negative impacts include a decrease in self-esteem, poor peer relations, and being unable to make proper judgments when placed in challenging situations. These factors serve as a catalyst for research pertaining to the relationship between pull-out services and self-esteem for students with learning disabilities.

Son, Peterson, Pottick, Zippay, Parish, & Lohrmann (2014) proposed children with disabilities are more often subject to peer victimization and factors which are detrimental to their well-being. Many children with disabilities also have social interaction struggles. A collective group of studies reported a significantly increased risk of victimization compared to nondisabled peers (Baumeister, Storch, & Geffken, 2008; Knox & Conti-Ramsden, 2003; Van Cleave & Davis, 2006; Wiener & Mak 2009). Perhaps of greater significance is the fact that there is minimal information regarding risk and protective factors that guide problems related to their peers and peer-victimization experiences (Son et al., 2014). Compared to other environments such as family and peers, school is a primary place that would benefit from identifying risk and protective factors at the earliest stages. This study will contribute to the empirical data regarding

the risk and protective factors associated with inclusionary and self-contained settings for learning disabled students.

According to the Individuals with Disabilities Act (IDEA), students with learning disabilities should be educated among their peers without disabilities as often as possible. If that setting proves to be too restrictive and therefore unsuccessful, IDEA allows students to receive more services in a resource setting among students with identified disabilities. Minimal research has focused on the social competence of students with learning disabilities when served in self-contained settings. However, Haager and Vaughn (1995) found that when self-contained among peers with learning disabilities in the special education classroom, self-perceptions of students with learning disabilities were higher than when they compared themselves among general education peers. In addition to the contributions mentioned above, this study will add empirical data related to the social/emotional aspect of inclusionary and self-contained settings.

Statement of the Problem

In order to state the problem, the relationship between self-concept and self-esteem should be further clarified. Many authors use the two terms interchangeably (Hewitt, 2009). Among the various ways to think about the self, self-concept and self-esteem are most frequently used. Synonymous with self-worth, self-esteem commonly refers to the extent to which people value themselves. Self-esteem is the emotional facet of the self. Similarly, self-concept refers to the overall impression of the self. Brown and Alexander (1991) defined self-concept as describing oneself and self-esteem as valuing oneself (Marsh & Shavelson, 1985). Brown and Alexander (1991) used the terms interchangeably, as they believe individuals' descriptions of themselves and observations

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most often include some feelings of worthiness or importance. For this reason, self-esteem will be the term used throughout the remainder of this paper. Additionally, the ascribed definition of self-esteem will be valuing oneself.

One of the goals of the present study is to explain the difference in self-esteem of students with learning disabilities who receive pull-out services and those who do not receive pull-out services. Salend and Duhaney (1999) summarized information beneficial for school counselors in which findings regarding the impact of inclusion programs were mixed. Daniel and King (1997) indicated that students have greater academic performance in the general education classroom, as they are held to higher academic standards. Daniel and King (1997) also addressed the learning opportunities for socially acceptable behaviors, when students with learning disabilities are among students without learning disabilities. A study performed over the course of three years, found that a large number of students with learning disabilities reported improved self-esteem and self-confidence, when included in the general education classroom (Walther-Thomas, 1997). Moreover, teachers, counselors, and administrators, observed improvements in students with learning disabilities in the areas of motivation, attitude, and confidence. Teachers, counselors, and administrators, also found that inclusion resulted in students with learning disabilities taking more pride in homework, as well as physical appearance. When taking such positive factors into consideration, it is important to determine potential aspects of pull-out services that might prevent students from improved self-esteem and self-confidence.

Academic achievements as well as long-term personal development are two areas which affect self-esteem (Elbaum & Vaughn, 2003). Moreover, failure in school,

increased dropout rate, and symptoms of depression are all areas which negatively impact self-esteem. Students with learning disabilities often encounter struggles with academics and peer acceptance. Subsequently, there is an overall generalization that these students are at risk for low self-esteem.

Elbaum and Vaughn (2003) noted that reviews, as well as meta-analyses of literature on self-esteem have generated differing results. Research by Hoge, Smit, and Hanson (1990) found that school factors, family, and inherent intelligence are factors in increasing students' self-esteem. Studies were expanded to consider the multiple dimensions of self-esteem, including academic, social, and physical dimensions (Elbaum & Vaughn, 2003). Studies by Bear and Minke (1996), Clever, Bear, & Juvonen (1992), and Kistner and Osborne (1987) began to include separate analyses for academic and general self-esteem. The expansion of the previously mentioned research to include multiple dimensions of self-concept is beneficial to this study.

Although research exists comparing the relationship between students with learning disabilities and students without learning disabilities, regarding self-esteem, very little research has been specified to explain the difference in self-esteem among similar groups of students (Elbaum & Vaughn, 2003). As noted by Elbaum and Vaughn (2001), modifying the accommodations of individual students with learning disabilities can enhance their self-concept. Different than self-esteem, self-concept is defined in very general terms as the way in which a person perceives him or herself (Shavelson & Bolus, 1982). In reference to academic self-concept, there is a shortage of experimental evidence (Bong & Clark, 1999), causing researchers to have inadequate knowledge to improve students' overall views of themselves (Bong & Skaalvik, 2003). The way in

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which students interpret and experience the school environment shapes students' self-concept (Marsh and Craven, 1997 and Shavelson et al., 1976). According to Shavelson and Bong (1982), enhancing students' self-concept is a probable precursor of academic achievement. There are however, conflicting views in research as to whether self-concept is a precursor to academic success or a result of academic achievement (Guay et. al., 2010). Findings resulting from a meta-analysis performed by Valentine, DuBois, and Cooper (2004) largely represent the notion that self-beliefs can impact academic achievement.

Purpose of the Study

The purpose of this study is to determine the extent of the difference in the self-esteem of students with learning disabilities who receive pull-out services and students with learning disabilities who remain in the mainstream classroom setting. As previously mentioned, pull-out services involve students leaving the general education classroom to work with the resource teacher and include students receiving accommodations specific to his or her 504 or School Strategy Plan. Pull-out services include the following accommodations: organizational assistance; work completion; small group instruction; and testing. Organizational assistance includes assistance with making sure the student has the necessary materials for class or home, as well as making sure the student has written down the assignments he or she needs to complete. If the student does not have the necessary materials or assignments copied down, the resource teacher will assist, as needed. An example may include writing down the assignments and necessary tasks for the student or assisting the student in gathering materials from his or her desk or locker. Work completion involves a student going to the resource room to complete an

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assignment that he or she was unable to complete along with the class. The resource teacher may sit next to the student to keep the student on task and assist with any parts of the assignment the student does not understand. Small group instruction involves being in the resource room with 3-5 students to learn a concept, rather than remaining in the general classroom and learning in a large group. This allows the student to receive more individualized instruction, providing the opportunity for extra assistance, as needed. Finally, testing involves taking a test in the resource room. Students may do this for extended time, reduced distractions, or to have the test scribed. Students have expressed to the researcher, hesitancy to go to the resource room for any of the aforementioned accommodations, due to the fear of being viewed as "dumb" by classmates. The feelings expressed by these students will be further discussed in the qualitative results section.

As noted by Bong and Skaalvik (2003), in order to enhance students' self-concept, which contributes to self-esteem, researchers must determine what can be done to make students less preoccupied with comparing themselves with others. An additional goal of the current study was to possibly change how educators go about providing accommodations in order to make students less self-conscious.

Significance of the Study

The results of this study contribute to filling in gaps in the knowledge pertaining to the effect of pull-out services on the self-esteem of students with learning disabilities. Zigmond (2003) addressed the need for additional research on the topic, noting that existing research has flaws in methodology and is limited and inadequate. As early as the 1970s, resource room services replaced special day classes. Students with learning disabilities are already at increased risk for low self-esteem (Elbaum & Vaughn, 2001).

Levine (2002) identified the four states of mind that are vulnerable to harm as a result of repeated failure and academic frustration: motivation, feelings and moods, self-esteem, and behavior. Levine (2002) also described the daily experiences of learning disabled children as humiliating, serving as a consistent reminder of their cognitive deficits. Consequently, they are embarrassed and feel trapped. The development of children's personality is a critical time (Yaratin & Yucesoylu, 2010). The way in which children's personality is judged by others, children's self-talk in situations, as well as the way in which children perceive statements made by significant others, are all factors which have a profound impact on the development of their personality. According to The Counseling and Mental Health Center of the University of Texas at Austin (1999), early childhood experiences are instrumental in the development of self-esteem. During early childhood, children have moderately high self-esteem (Robins & Trzesniewski, 2005). Over the trajectory of childhood, self-esteem declines at a gradual rate. While young children may have high self-esteem due to unrealistic positive self-views, the process of their cognitive development begins to change the basis for their self-evaluations. External feedback and social comparisons become the sources with which children evaluate themselves in areas such as academic competence and social skills. Negative feedback from peers, parents, and teachers is also linked to the process of forming negative self-evaluations.

Wylie (1979) postulated a firm relationship between numerous aspects of self-perception and various factors relative to school. These factors include the way students perceive their social status among peers, pro-social behavior, and overall school achievement. According to Beane (1986), school counselors greatest effectiveness can be ascribed to four critical areas: participating in ongoing efforts to raise the awareness of

fellow educators in the area of self-esteem; assisting teachers in developing skills relative to augmenting students' self-esteem; allowing their expertise in self-esteem to be advantageous in curriculum planning; and cultivate and organize networks which serve as support for improving self-esteem through academic success.

According to Guindon (2002), an absence of attention to accountability exists in the value of counselor services. As a result, counselors may ineffectively diagnose and treat their clients. Specific to self-esteem, it remains probable that counselors may not deliver services that properly address levels of self-esteem (Guindon, 2002). In order for counselors to implement individual, group, and systemic interventions which are intended to positively impact self-esteem growth and development, it is imperative that counselors clearly understand the self-esteem construct. Moreover, counselors must be capable of accurately assessing self-esteem.

With the aforementioned knowledge and empirical evidence, results of this research study contribute to existing research regarding elements of accommodations that may negatively contribute to the self-esteem of students with learning disabilities. This knowledge may be beneficial to counselors and educators in a number of areas, such as working to preserve or increase self-esteem.

Research Questions:

In order to attain the goals of this study, the following research questions were addressed:

1. What is the extent of the difference in self-esteem among students with learning disabilities who do and do not receive pull-out accommodations?

2. How do children with learning disabilities describe the difference between working with pull-out teachers as opposed to working in the classrooms?

Assumptions

For the purpose of this study, the accommodations in the School Strategy Plans and 504 Plans provided by the Resource Teacher were assumed to be accurate. Research participants' teachers are actively following through with student accommodations in the classroom. Finally, participants' responses on the Self-Esteem Index, as well as participants' responses to the interview questions, were assumed to be genuinely reflective of their attitudes and opinions.

Limitations

The sample for this study was comprised of a total of only 55 students. Given the small sample size, limitations were placed on the generalizability of the study. In order to accurately apply the findings of this study to the general population, it would be imperative that the study be repeated with a sample that better represents the overall population. Moreover, the sample for this study was confined to only one Catholic Elementary School. As previously stated, in order to increase the generalizability, the study should be repeated to include all schools in the Archdiocese. The study could also be expanded to include both private and public schools. Due to differences in the way private and public schools provide services, many variables would have to be considered. The discussion of results relates demographics of this study to demographics of schools within the same region in the Archdiocese. This allowed me to assume similarities would exist if the study were to be repeated in these schools. There was a potential for bias, given that I am the School Counselor where the study took place. I was the sole administrator of the survey instruments. I have a rapport with all students in the school,

which has been established through Classroom Guidance lessons, individual and group counseling, and interaction with the students throughout the school.

Delimitations

In order to narrow the scope of this study, research participants included only students with learning disabilities. The study was further narrowed to students with learning disabilities who have a School Strategy Plan or a 504 plan, in place. Due to time constraints and access to data, the population of focus was restricted to one Catholic School.

Definitions

The primary definitions used for this dissertation are defined below:

1. Learning Disabilities (LD) – a term used to describe various disabilities that affect the brain's ability to receive, process, store, respond to, and communicate information (NCLD, 1977). Differing from intellectual disabilities, a person with a learning disability has average to above-average intelligence, yet he or she may still struggle to obtain skills that impact their performance in their school, home, work, or the community.

2. Dyslexia – a term for specific learning disabilities in reading (NCLD, 1977). Dyslexia is the most prevalent learning disability and is often characterized by difficulties with accurate word recognition, decoding, and spelling. In addition, it may cause: problems with reading comprehension, decrease the speed of vocabulary growth, poor reading fluency and reading aloud.

3. Dyscalculia - a term referring to a broad range of lifelong learning disabilities pertaining to math, which affects people differently at different stages of life (NCLD, 1977). There is no single type of math disability.

4. Dysgraphia – a term used to describe a learning disability that affects writing (NCLD, 1977). Dysgraphia makes writing difficult, as writing requires a multifaceted set of motor and information processing skills. Dysgraphia may also cause problems with spelling, handwriting, and transferring thoughts to paper. Such difficulties may result from visual-spatial difficulties (trouble processing what the eye sees), and language processing difficulty (trouble processing and making sense of what the ear hears).

5. Executive Functioning – a set of mental processes which help link past experience with present action (NCLD, 1977). Executive functioning is often a challenge for individuals with a learning disability and frequently contributes to the already present struggles they face.

6. Attention Deficit Hyperactivity Disorder (ADHD) – different from learning disabilities but very often interferes with learning and behavior (NCLD, 1977). Approximately 1/3 of individuals with learning disabilities have ADHD. Students who are diagnosed with ADHD are eligible for accommodations with a 504 Plan and will be included among the participants.

7. Giftedness - an individual with an exceptional talent (NCLD, 1977). Students who are gifted and also have a learning disability face an unusual challenge. This can be difficult, as an exceptional talent in one area may outshine a learning disability in another area. It is imperative that educators know how to support the needs of their "twice-exceptional" (NCLD, 1977) student.

8. Auditory Processing Disorder – a disorder that primarily, can bring about difficulty in distinguishing the difference between similar sounds (NCLD, 1977). This is only one of the many challenges students with auditory processing disorders, face. Federal law does not name auditory processing disorder a learning disability. Despite this, auditory processing disorders can provide an explanation for the reason some children struggle with learning and performance. Students with auditory processing disorder will be included among the participants.

9. Visual Processing Disorder – a disorder that can cause difficulty in observing the difference between similar letters, shapes, or objects (NCLD, 1977). Moreover, it can cause difficulty noticing the similarities and differences among certain colors, shapes and patterns. Similar to auditory processing disorder, visual processing disorder is not named a learning disability under federal law. However, like auditory processing disorder, it can provide an explanation for the reason some children struggle with learning and performance.

10. General Education Classroom Setting – a term commonly used to denote the placement of students with learning disabilities in a regular education class (Rogers, 1993).

11. Stigmatized Social Category – a term used to describe a social group which others may apply stereotypes and negative attitudes or beliefs. The group is further defined by the fact that due to discrimination against the social category, the group receives unreasonably poor relational or financial outcomes in relation to the general society (Crocker & Major, 1989).

12. 504 Plan - a legal document developed to ensure that a child who has a disability and is attending an elementary or secondary educational institution, receives accommodations, which will ensure their academic success and access to the learning environment (NCLD 1977).

CHAPTER II

LITERATURE REVIEW

This chapter contains a review of self-esteem related to learning disabilities within the theoretical framework of attribution theory and social cognitive theory. Self-efficacy beliefs will also be reviewed, as such beliefs lie in the core of social cognitive theory and are a precursor to self-esteem (Pajares, 2002). Attribution theory and social cognitive theory will be discussed, as well as the comparison of self-esteem and pull out services related to learning disabilities.

Attribution Theory

While Fritz Heider (1958) initially proposed the attribution theory, a theoretical framework was developed by Weiner (1974) and his colleagues. This framework has become a key research model in social psychology. Attribution theory refers to the way in which individuals interpret events and how it relates to their thinking and behavior. The assumption of attribution theory is that people try to attribute causes to others' behavior. Essentially, a person seeks to understand why he or she did something, as well as why another person did something.

There are three underlying principles to Attribution Theory (Heider, 1958). The first principle depicts the three stages involved in the actual attribution process. In the first stage, the person observes or perceives the behavior. Second, the person must

believe the behavior to be deliberate. Third, the person attributes the behavior to internal or external causes.

The second principle of the attribution theory relates to achievement (Heider, 1958). According to the theory, achievement can be attributed to one of the following: effort, ability, level of task difficulty, or luck. The achievement aspect of the attribution theory will be further discussed, below.

The third underlying principle of the attribution theory relate to causal dimensions of behavior (Heider, 1958). The first causal dimension of behavior, according to attribution theory, is locus of control. The second and third causal dimensions are stability, and controllability. The causal dimensions of behavior will be further discussed, below.

Attribution Theory and Achievement

For Weiner (1974), the focus of his attribution theory was achievement. Effort, ability, luck, and ability, are among the key factors Weiner identified as affecting attributions for achievement. As previously mentioned, attributions are categorized among three causal dimensions which include: locus of control (internal vs. external), stability (stable vs. unstable), and controllability (controllable vs. uncontrollable).

A person with an internal locus of control believes that life events, both good and bad, are caused by factors inside themselves (Pals & Kaplan, 2013). Such factors include attitude, preparation, and effort. With relation to achievement, individuals attribute success, internally. If he or she failed a test, a person with an internal locus of control would attribute it to situational factors, rather than personally assuming the blame.

Individuals with an external locus of control believe the contrary. They maintain the belief that life events, good or bad, are caused by factors that cannot be controlled (Pals & Kaplan, 2013). Such factors include: environment, other people, or a higher power. With relation to achievement, individuals with an external locus of control would not feel at fault for failing an exam. They would attribute the failing grade to lack of ability, an unfair test, unfair testing conditions, or any other uncontrollable factor.

The stability dimension, among the three causal dimensions, refers to whether or not causes change over time (Weiner, 1974). Ability, for example, can be classified as a factor which remains stable over time. Effort is a factor that could be classified as unstable.

Finally, the controllability dimension differentiates among causes that can be controlled and those that cannot (Weiner, 1974). Skill and efficacy are among causes that can be controlled. Mood, actions of others, and luck, are among causes that cannot be controlled.

Attribution Theory, Self-Concept, and Achievement

Weiner's (1980) theory of Attribution has been widely applied across a number of areas including law, education, the mental health domain, and clinical psychology. There is a close relationship among self-concept and achievement. For this reason, Weiner's theory is applicable to this study. According to Weiner (1980), "Causal attributions determine affective reactions to success and failure. For example, one is not likely to experience pride in success, or feelings of competence, when receiving and 'A' from a teacher who gives only that grade, or when defeating a tennis player who always loses…On the other hand, an 'A' from a teacher who gives few high grades or a victory

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over a highly rated tennis player following a great deal of practice generates great positive affect" (p.362). Students with learning disabilities are more likely to attribute failure to a stable, uncontrollable factor such as inability and less likely to attribute failure to an unstable, controllable factor such as ability (Weiner, 1980).

When looking at the variation in motivation between high and low achievers, attribution theory has been applied to explain the difference between the two types (Weiner, 1980). The theory suggests that high achievers are drawn to success related tasks, as they attribute success to high ability and effort, both of which they have confidence in. High achievers due not feel at fault when they fail; instead they attribute this to bad luck or a poor exam. For a high achiever, pride and confidence increases with success, and failure does not affect their self-esteem. Low achievers, however, doubt their ability and do not feel success is related to controllable factors. For this reason, low achievers avoid success related tasks. Moreover, success does not build confidence and self-esteem for low achievers, as it does for high achievers.

Incorporating the Theoretical Perspective of Social Cognitive Theory

According to social cognitive theory, behaviors are learned through observation and modeling (Bandura, 1986). The theory also suggests that behaviors form from motivation such as positive reinforcement. Social cognitive theory has been used in a number of areas including psychology, education, and communication. In 1986, Bandura described individuals as self-organizing, proactive, self-reflecting and self-regulating. He proposed this view contrary to the belief that individuals are shaped by environmental forces, or that they are reactive organisms. Further, human functioning is thought to be the result of an interchange of personal, behavioral, and environmental influences. The

first model, reciprocal determinism, postulates the factors which influence a person's behavior.

Reciprocal Determinism

Reciprocal determinism is a concept within social cognitive theory which says a person's interpretation of the results of their own behavior informs and alters their environments and the personal factors they possess (Bandura, 1986). As a result, such factors inform and alter succeeding behavior. Found at the core of Bandura's reciprocal determinism, is the view that interaction between: personal factors inclusive of cognition, affect, and biological events; behavior; and environmental influences, create a triadic reciprocality. Bandura placed emphasis on the fact that cognition plays an imperative role in a person's ability to construct reality, translate information, perform behaviors, and self-regulate. Thus, cognition plays an imperative role in school performance.

Social Cognitive Theory and School Performance

Due to the fact that the factors of human functioning within social cognitive theory are reciprocal in nature, strategies for improving well-being can focus upon improving emotional, cognitive, or motivational processes, increasing behavioral proficiencies, or making changes to the social conditions in which people live and work (Bandura, 1986). When pertaining to the school setting, teachers are challenged to improve the confidence and academic learning of their students. The framework of social cognitive theory suggests that teachers can work toward improvements in: the emotional states of their students, their faulty self-beliefs and thinking habits, their academic skills and self-regulatory practices, as well as the school and classroom structures, all of which contribute to undermining their success.

Social cognitive theory is grounded in an opinion of human activity of which individuals are proactive in managing their own development (Bandura, 1986). Thus, they are able to make things happen with their actions. A chief component to this active management is the individuals' self-beliefs along with other personal factors, which allow them to practice a degree of control over what they think, and how they feel and act. According to Bandura, a person's thoughts, beliefs, and feelings, affects the way they behave. Bandura's outlook on human behavior emphasizes the degree to which self-beliefs are key elements in exercising control over one's actions. Relative to Bandura's Social Learning Theory is that of social psychologist, Alfred Adler's Theory of Personality.

Adler's Psychology Principles and Self-Esteem

Social psychologist Alfred Adler referred to children at risk of developing psychological difficulties as those children with a higher likelihood of developing a low opinion of themselves (Ansbacher, 1992). Adler referred to these feelings as feelings of inferiority. According to Adler, children at risk for developing an inferiority complex are also at risk for developing an attitude of discouragement. In turn, children grow up to be adults who are preoccupied with protecting their self-esteem in a world previously experienced as antagonistic.

As previously mentioned, Narimani and Mousazadeh (2010) conducted research comparing the self-esteem and self-concept. Moreover, low self-esteem disconcerts a person's stability and vitality. Each of the points contributes to the purpose of the present study.

Results of the study conducted by Narimani and Mousazadeh (2010) were profound when taking into account the impact of self-esteem on disabled students. Scores comparing the mean of self-esteem and the mean of self-concept between general education students and students with learning disabilities were significantly different. For both male and female students, typically-developing students acquired a higher score in the self-esteem category. While this study pertains to students with physical disabilities as opposed to students with learning disabilities, the impact of low self-esteem is presumed to remain similar for students with learning disabilities. On the premise of Adler's principles of psychology, factors which strip an individual's self-esteem can be critical to contributing to insane emotions, resulting in a person being diagnosed with a psychiatric disorder. Studies consistent with the results exhibiting lower self-esteem among students with learning disabilities: Eslami Nasab (1993), King et al. (1993), Chapman (1988) and Silverman (1983).

Humanistic Psychology

Psychologists such as Alfred Adler, Gordon Allport, and Gardner Murphy, each made contributions to studying the complex dimensions of human behavior (Mruk, 2006). Despite the contributions of psychologists like Adler, Allport, and Murphy, humanistic psychology is said to be to propose the first optimistic philosophy. The humanistic approach is deep-rooted as the first structured method of positive psychology. At its core, humanistic psychology challenged the existing psychological views. These views were observed as too restricted to comprehend the depth and vitality of human experience. According to Maslow (1964), humanistic psychology encompassed the following: respect for self-worth, respect for alternative approaches, consideration for

acceptable methods, and curiosity for fresh aspects of human behaviors (p.70-71).

Tageson (1982) noted the expansion of humanistic psychology to include a holistic

approach to understanding a person.

<p style="text-align:center">The Role of Self-Esteem in Humanistic Psychology</p>

Maslow (1968) characterized self-esteem as having an essential role in basic

human development. Further, Maslow's theoretical perspective included the belief that

self-esteem was critical for everyone, and something everyone would cope with in some

way. Research conducted by Sheldon, Elliot, Kim & Kasser (2001) recognized self-

esteem as one of the three most critical aspects of essential human experiences. Specific

to the purpose of the present study, is the discovery of the significance of self-esteem on

psychological well-being (Mruk, 2006). Self-esteem has motivational influence. Self-

esteem motivates behavior by forcing individuals to conquer life challenges in such a

way that they experience feelings of self-worth and self-respect. If such needs are not

met, it is possible that harmful and destructive behaviors may emerge as the individual

attempts to fulfill the aforementioned needs. Psychosis and neurotic conditions are

among the potential harmful and destructive behaviors which may result. In addition,

Mruk (2006) indicates that self-esteem directly correlates with one of the most distinctive

facets of humanistic psychology, growth and self-actualization. This is exemplified in

Rogers (1951, 1961) theory which stresses the necessity for children to experience

unconditional positive regard. Further, Rogers (1951, 1961) did not feel a person could

become fully functioning in the absence of self-esteem.

Given the knowledge that self-esteem is directly linked to human development, it

is imperative to determine the best possible way to foster healthy self-esteem in students

(Mruk, 2006). According to Baumeister, Campbell, Krueger, and Vohs (2003), high self-esteem is not necessarily linked to school success. Rather, high self-esteem is in part, a result of success in school. Results of the present study will be critical for school counselors, teachers, and parents, in creating the atmosphere most likely to foster academic success.

Self-Esteem Development; the Latency Period and Adolescence

Particular to the current study is the period between ages 7 and 11, the period most critical to the development of self-esteem known as the latency period (Mruk, 2006). During the latency period, children realize and embody their gifts and talents. The majority of the population sample in the present study is between the ages of 7 and 11. In order to develop competency, a crucial aspect of self-esteem development, Erikson (1982) denoted trials of "industry vs. inferiority" (Erikson, 1982). The latency period is a developmental time in which age is a critical factor, as children experience a great deal of accomplishments and disappointments. These accomplishments and disappointments contribute to the development of patterns where children begin to recognize their strengths and weaknesses (Mruk, 2006). Brain growth is at a late but critical phase in the age range between 7 and 11 years (Caviness, Kennedy, Richelme, Rademacher, & Filipek, 1996). During this phase, the details of brain circuit are being perfected in order to sustain the processes of the adult brain. This is also the end of the period of self-esteem development; children will have acquired basic self-esteem where competence and worthiness are equivalent factors.

The path to self-esteem formation can present three types of obstacles (Mruk, 2006). The first type of obstacle, potentially occurring in the development of competence

and worthiness, are present through behavioral problems, learning disabilities, abusive or unsupportive parents, or poverty (Harter, Whitehall & Junkin, 1998). Such obstacles can hinder positive self-esteem development. The obstacle most critical to the purpose of the current study is that of learning disabilities. The second potential obstacle, also relative to the current study, is the absence of the skills necessary to be successful in a particular environment, generating the likelihood of more failure than success (Mruk, 2006). In addition, several factors are essential to positive self-esteem development (Neiss, Stevenson & Sedikides, 2003). Factors specific to the significance of the current study include: the level of caring, or lack of caring, the teacher exhibits at a crucial time; the level at which the child's peers accept, support, or reject the child; and whether the culture in which the child is surrounded, places emphasis on idiosyncratic or collective values. Additional factors which can either assist or impede self-esteem development consist of genetic predispositions, the extent to which the parent is observant, and the extent to which a child fits into the environment he or she is born into.

In an effort to comprehend the social, educational, and personal development of children, the self-esteem, self-talk and self-concept must be examined (Yaratan & Yucesoylu, 2010). In order to improve children's self-esteem, self-talk, and self-concept, it is crucial to consider the way significant individuals interact with them. The way in which children perceive and reflect on the opinions of the significant individuals is critical to the construction of their self-esteem, self-talk and self-concept. Teachers and peers are among the list of significant individuals. The aforementioned factors set the stage for self-esteem development to be healthy, or problematic (Neiss, Stevenson &

Sedikides, 2003). Moreover, adolescence is the time period that culminates self-esteem development, identity, and self-awareness.

Comparing Students with Learning Disabilities

Lackaye and Margalit (2006) conducted comparisons of achievement, effort, and self-perceptions among students with learning disabilities and their peers, with different achievement groups. Lackaye and Margalit compared the social-emotional repercussions of academic achievement for students with learning disabilities, as well as those without. Moreover, they identified the predictors of the amount of effort students put forth. Students with and without learning disabilities were compared at varying levels of academic achievement. The research conducted in this study offers insight into factors that are believed to influence self-esteem.

This study provides intriguing information, as it sought to examine self-perceived differences among students with learning disabilities and compared them to groups of students without learning disabilities (Lackaye, & Margalit, 2006). The seemingly unique factor of this study was the inclusion of four different comparison groups at various levels. Relative studies compared students with learning disabilities to their peers without learning disabilities, as one group, including students at multiple levels. Presumably, low-achieving students without learning disabilities share low self-esteem with students with learning disabilities.

An additional goal of the comparison study by Lackaye, and Margalit (2006) was to recognize predictors of effort in students. This is due to the fact that effort and achievement often correlate. Adults often expect students with learning disabilities to put forth a greater effort than their peers in order to adhere to the demands of school. Factors

such as these prompted the researchers to compare the self-perceptions of adolescents with learning disabilities and their peers without learning disabilities, in relation to effort and achievement. Academic self-efficacy, loneliness, mood, and hope were among the characteristics examined.   An additional factor to be considered with adolescents is the impact of the transition between elementary and middle school. As noted by Lackaye and Margalit (2006), students have to begin anew with establishing their identity. This re-establishment involves their sense of efficacy, socially connecting to their peers, as well as their academic status. All of this must take place among a much larger, heterogeneous system of new peers and various teachers, all while rotating classes. The authors found that such a transition can result in a decrease in self-confidence and an increased sensitivity to social evaluations (Lackaye, & Margalit, 2006). According to Rosenberg, Schooler, and Schoenbach (1989), "Research also shows that self-esteem and school marks are positively and significantly related" (p.1005). Juvenile delinquency, academic performance, and psychological depression are also linked to global self-esteem (Rosenberg et. al, 1989). Students' grades are a predicted cause of self-esteem, according to self-esteem theory. Students who succeed in school are more likely to be encouraged by positive self-attributions, and social comparisons, and reflected appraisals from those around them.   Self-attributions, social comparisons, and reflected appraisals are three principles of the development of self-esteem. Therefore, it is presumed that students' favorable grades would have an effect on self-esteem. This may in turn, have an effect on the extent to which students value school.

Adjusting to a new learning environment was related to students with learning disabilities continuing to face academic difficulties (Lackaye, & Margalit, 2006). Parents

and teachers may equate students' success and failure to the amount of effort students put forth. In a study referenced by Lackaye and Margalit (2006), researchers found a considerable difference among self-perceptions of students with learning disabilities in elementary school versus middle school, pertaining to effort (Meltzer et al., 2004). Those in elementary school perceived themselves as hard workers who exerted a great amount of effort, despite whether they viewed themselves as good or bad students. On the contrary, positive or negative self-perceptions of those in middle school (with learning disabilities), greatly impacted whether or not they viewed themselves as good or bad students (Lackaye, & Margalit, 2006).

In summary, Lackaye and Margalit (2006) found the grades and the self-perceptions of students with learning disabilities to be significantly different from those of their peers, regardless of the academic level. In addition to lower grades in all subjects, students with learning disabilities also: devoted less effort to their studies, conveyed decreased academic self-efficacy, had a lower sense of coherence, had a less positive mood, had reduced hope, conveyed more loneliness, and possessed higher levels of negative mood. Furthermore, students with learning disabilities endured personal and interpersonal distress and depressive mood, as well as less hope for a better future than their peers.

The cognitive process which has been confirmed to have a critical impact on the development of academic self-concept is that of normative ability comparison (Bong & Clark, 1999). According to Coleman and Fults (1982), students who are surrounded by peers whom they perceive to have a lower ability level, result in increased self-concept. It is however, less than desirable as well as virtually impossible, to falsely manipulate

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students' class placement. Coleman and Fults (1982) also discussed the detrimental impact of sacrificing the self-concepts of moderately low-achieving students in an effort to afford more advantageous comparison settings to other students. Rosenberg (1979) made mention of the fact that reflected appraisal from significant others is a precursor to building students' self-concept. However, if the praise is misinterpreted by students, it may result in the opposite effect by diminishing students' self-concept.

Effects of Diagnosing

MacMaster, Donovan, and MacIntyre (2002) brought awareness to the fact that minimal research exists concerning the psychological effects of being diagnosed with a learning disability. MacMaster et al. (2002) sought to examine such effects on elementary school children.

MacMaster et al. (2002) used Rosenberg's definition of self-esteem; referring to it as an individual's judgment of his or her self-worth. While it is said to remain generally unchanged over time, there is a chance that a person's self-esteem may change in response to a major life event, such as the diagnosis of a learning disability (Campbell & Lavallee, 1993, p.4). Furthermore, a number of studies, cited by Durrant, Cunningham, and Voelker (1990) proposed a link between low self-esteem and children with learning disabilities. Additionally, research by King and Daniel (1996) referenced the correlation between emotional, behavioral, and academic problems and low self-esteem in school aged children.

A number of studies have examined the possible detriments of the stigmatization that often accompanies the diagnosis of a learning disability. Such detriments include poor self-concept, academic failure, and cognitive deficits related to the particular

disability (Raviv & Stone, 1991). In reference to stigmatization, there is some controversy as to whether it is adults rather than children who assume a stigma will accompany a learning disability diagnosis. Thus, the adults rather than the children feel the stigmatization effects (Coleman, 1984). When children are labeled, consequently, they are often treated differently. Being treated differently may have a negative impact on a child's self-esteem (MacMaster, Donovan, & MacIntyre, 2002). Gresham and MacMillan (1997) discussed the tendency of teachers and peers to have a negative perception of children with learning disabilities. Additionally, children with learning disabilities frequently exhibit socially unacceptable behaviors, which can lead to an unsatisfying social life (Wiest, Wong, & Kreil, 1998). Often, children experience social rejection prior to diagnosis (Vaughn, Hogan, Kouzekanani, & Shapiro, 1990). While many children may suffer a decrease in self-esteem upon being diagnosed, others might experience quite the contrary. This is predominantly true among children who have suffered social isolation or ridiculing, prior to diagnosis. For these children, the diagnosis provides answers and/or reasons for their deficits (Gordon, 1979).

MacMaster, Donovan, and MacIntyre (2002) predicted an increase in self-esteem upon the diagnosis of a learning disability. Prior to conducting their research, MacMaster et al. (2002) assumed the diagnosis would bring about a sense of hope for the children. This feeling is thought to result from children perceiving their diagnosis as adaptable. Moreover, a diagnosis helps to shift the child's thinking away from thinking there is something wrong with them.

Norwich (1999) contributed to the research on the effects of diagnosing, in his examination of the connotation of special education labels. Norwich (1999) pointed out

the detriment of labels for individuals diagnosed with disabilities. According to Norwich (1999), the labels can stigmatize and degrade, resulting in a negative impact on the labeled individual. Labels may cause individuals to be unfairly prejudged and have his or her failures attributed to personal deficits and successes dismissed as resulting from outside circumstances.

Stereotype Threat

Social sciences have devoted an adequate amount of research to the anxiety one feels as a result of the awareness that he or she is a prospective object of stereotypes and prejudice (Aronson & Steele, 1995). Aronson and Steele (1995) focused on stereotype threat and the intellectual test performance for African American students. Although the focus centered on African Americans, the threat of stereotype could be applied to any undesirable label. In reference to African American students, Aronson and Steele stated, "whenever African American students perform an explicitly scholastic or intellectual task, they face the threat of confirming or being judged by a negative societal stereotype– a suspicion- about their group's intellectual ability and competence" (p.797). Enduring the threat of confirming or being judged by a negative societal stereotype for an extended period presents the risk of negatively impacting a student's self-concept. The stereotype threat could be applied to students with learning disabilities. Results of the current research study may prove beneficial to identifying the domain in which the stereotype threat is more probable.

Given the aforementioned examples, it is beneficial to perform further research to assist in identifying the specific aspects of learning disabilities, which have the greatest effect on self-esteem. As stated in the discussion, the study by Norwich (1999) only

focuses on one way of determining the impact of labels. An additional method, recommended by Norwich (1999), would be to "conduct semi-structured interviews to examine associations with certain terms or labels, and their perceived value in statutory frameworks and practical circumstances" (p.182). Norwich's (1999) suggested method will exist as a portion of the current study. Upon identification of specific aspects, steps can be made to create a treatment plan that best serves each child.

Self-esteem: Inclusion Verses Pull-Out Services

There is an ongoing debate concerning whether it is more beneficial for students with learning disabilities to be educated in a general classroom, or to be placed in a special education setting. As with any debatable topic, there are both proponents and critics for pull-out services and mainstreaming special education students (McLaughlin & Walther-Thomas, 2002). Zigmond (2003) referenced literature by Baker, Wang, and Walberg (1995) and literature by Schulte, Osborne, and McKinney (1990) that demonstrated desired academic outcomes resulting from inclusion. Baker, Wang, and Walberg (1995) discussed the effects of inclusion as being positive and valuable but also make the point that they are not immense. Baker et al. (1995) proposed the need for the inclusion of special-needs students in addition to effective instructional strategies for *all* students, in order to lessen the gap between special and regular education students. Schulte, Osborne, and McKinney (1990) studied the academic outcomes for students with learning disabilities in consultation and resource programs. Results demonstrated significantly larger overall improvements in achievement, for students receiving direct services in the classroom than students receiving educational services in the resource room (Schulte, Osborne, & McKinney, 1990). Sale and Carey (1995) found that despite

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being a priority effort for many school districts and Universities, evidence for the full

inclusion of students with learning disabilities demonstrates that students with learning

disabilities receive less than satisfactory progress in the inclusive setting. Sale and Carey

(1995) found this to be true in both the academic setting and the social setting. Fox and

Ysseldyke (1997) named inadequate training and poor administrative leadership as the

reason that many administrators neglected to implement inclusive programming (Fox &

Ysseldyke, 1997). Proponents of pull-out services find it pertinent to take into account

the needs of the majority of the students (McLaughlin & Walther-Thomas, 2002).

Specifically, proponents express the negative impact disruptive or demanding children

may have on the remainder of the class. Proponents of the pull-out method also argue

that it provides students with learning disabilities the necessary time they need with

specialists trained to meet their specific learning needs, arguing that inclusion is an

economizing effort. Proponents further argue that the specialized needs of students with

learning disabilities cannot be met in the general classroom. Critics, on the other hand,

feel the pull-out method deprives peer interaction among students with learning

disabilities and regular education students. Critics also feel that combining at-risk

students and special education students in the same classroom as the pull-out method

often does, hinders the special needs students' educational experience. Critics reference

specific factors which serve as obstacles to student success such as reduced expectations

and an extraneous curriculum. Another factor that is of particular importance to the

current study is poor student attitudes leading to failure and labeling seclusion (Andrews

et al., 2000). Critics believe the existing higher expectations and chances for skill

generalization, present in the regular classroom, will result in greater success (Walther-

Thomas et. al, 2000). A mixed methods study by McLaughlin and Walther-Thomas (2002) examined a school described as fully inclusive in comparison with a school with pull-out programs. Results favored the inclusive model, as students in the inclusive setting had greater academic success, greater attendance, and had fewer behavior problems. Some believe in the integration of all classrooms to include specific needs of each individual student. Whinnery, King, Evans, and Gable (1995) compared the attitudes of students with learning disabilities who are taught in the regular classroom to those with learning disabilities who receive pull-out services and are taught in a resource room. Illustrated in this study is a type of inclusion referred to as "Collaborative Consultation." Collaborative consultation has been publicized as one of the most beneficial ways to enrich the collaboration of educators and the synchronization of their services (Whinnery, King, Evans, & Gable, 1995). This technique involves co-teaching, having both the general and special educators present in the regular classroom, splitting instruction.

A question of particular relevance to the impact of pull-out services on self-esteem was addressed in the aforementioned study (Whinnery, King, Evans, & Gable, 1995). The question is whether students with learning disabilities feel better about themselves when they are placed in classrooms where Collaborative Consultation is in effect versus being placed in traditional special education programs. More specifically, Whinnery et al., sought to determine whether students felt more accepted by their regular education peers and teachers. Furthermore, Whinnery et al. (1995) evaluated students' feelings and opinions regarding the special education services being provided to them. Their findings will be discussed, below.   Previous research has yielded differing

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results, pertaining to advantages and disadvantages of pull-out services. Some believe

placing students with learning disabilities in mainstream settings is advantageous because

it is thought to reduce the stigma which often results from being labeled with a learning

disability. Wang and Birch (1984) asserted that students, who more frequently

participated in general education programs, cultivated more positive self-perceptions.

Conversely, a study by Jenkins and Heinen (1989) found that students with learning

disabilities felt a greater sense of confidence participating in pull-out programs, finding

them to be less embarrassing than those that were inclusive.

In regards to attitudes and feelings about themselves, the results of the study

performed by Whinnery, King, Evans, and Gable (1995) did not produce a statistically

significant difference between regular students and students with learning disabilities.

There were, however, several interesting points that illustrated the potential benefits of

additional research on this topic. In the examination of students' feelings about

themselves, Whinnery, King, Evans, and Gable (1995) found that students with learning

disabilities in the resource setting affirmed often feeling 'dumb' more frequently than

students with learning disabilities in the Collaborative Consultation/Cooperative

Teaching, setting. Perhaps even more intriguing, regular education students provided

positive responses in reference to self-esteem, yet 38% responded negatively to the

statement, "I am usually a happy person" (Whinnery et al., 1995). When responding to

the four statements relating to students' perception of acceptance by peers, those who

participated in the Collaborative Consultation/Cooperative Teaching, as well as resource

students, elicited responses demonstrating that they felt liked by their classmates.

However, resource students felt more likely to be made fun of by classmates than those in

Collaborative Consultation/Cooperative Teaching. In addition, nearly half of the resource students felt they were often left out of class activities. On the contrary, only 6% of Collaborative Consultation/Cooperative Teaching students and 19% of regular education students shared this feeling.

Whinnery, King, Evans, and Gable (1995) found that the majority of students in resource rooms, Collaborative Consultation/Cooperative Teaching students, as well as regular education students, commonly shared the feeling of being accepted by their peers and classroom teachers. Perhaps the most intriguing finding of this study was the tendency of students with learning disabilities to rate themselves higher in regards to self-esteem than regular education students. As noted by Bryan and Vaughn (1991), this conflicts with the widely accepted belief that students with learning disabilities have lower self-esteem. This provides another contributing factor to the need for additional research on this topic.

A study referenced above, by Jenkins and Heinen (1989), examined students' preferences for service delivery. Service delivery options given to students included: pull-out, in-class, or integrated models. While this study does not directly mention self-esteem, the results may lead one to speculate that pull-out services do have an impact. Jenkins and Heinen (1989) sought to investigate stigmas accompanying various program models. Findings revealed students' desire to receive specialized instruction in the most discrete manner, so as to avoid embarrassment among their peers. Students were interviewed to determine their preference for specialized instruction. After being asked which model they preferred, students were asked the reason for their choice. In choosing between getting help from their regular classroom teacher versus a specialist, students

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chose their classroom teacher by a large margin. The primary reason given was that it was less embarrassing than having a specialist come to the classroom. Additional findings demonstrated that students did not found pull-out services to be any more embarrassing or stigmatizing than receiving special services in the classroom. It is noted that this is contrary to the belief of many educators. While a number of factors are examined in this study, perhaps the most contributing to the current research, is the notion that students prefer the least amount of attention to be drawn to their learning disability. As discussed in the introduction, Sense of Belonging and Acceptance relates to self-esteem. More specifically, it is a factor reflective of the degree to which a person feels desired and a part of the group.

Research pertaining to students' preference among inclusion or pull-out services was also conducted by Klingner, Vaughn, Schumm, Cohen, and Forgan (1998). The study employed a method similar to the present study. The present study is imperative to bringing research regarding the effect of pull-out services, current. Thirty-two students were interviewed by Klinger et al. (1998), including 16 with learning disabilities and 16 without learning disabilities. According to the results, students had differing views. Generally, the preferred model among students was the pull-out model. While the pull-out model was preferred, students felt their academic and social needs were being met by the inclusion model. The present study will investigate and understand what participants feel about the pull-out method, as opposed to inclusion. The resulting data will assist school counselors, teachers, and parents, in creating the best possible environment for improving self-esteem in children.

CHAPTER III

METHODS

This chapter will include a summary of the methods which were employed to perform this research. The chapter will be inclusive of study participants, instrumentation, and data analysis. Among the questions addressed were (a) the extent of the difference in self-esteem among students with learning disabilities who do and do not receive pull-out accommodations, (b) the way in which children with learning disabilities describe the difference between working with pull-out teachers as opposed to working in the classroom.

Research Design

Based on the above stated goals, this was a mixed methods study. The study was primarily quantitative and included qualitative data. Further, the study used an explanatory non-experimental design (Johnson, 2001). This was non-experimental, as I did not manipulate an independent variable.

The independent variable was the group who received pull-out services as well as their pullout status, and the group who did not receive pull-out services. The dependent variable was the self-esteem of the students, as measured by the SEI (Brown & Alexander, 2001).

Participants

Participants studied included a specified group of 55 students (N = 55), ranging

from grades two through eight, who attend the Parochial Elementary School. An a priori

power analysis revealed a necessary sample size of 54 in order to have 80% power for

detecting a medium effect size with a.05 statistical significance criterion.

The school is a parochial school for children in pre-kindergarten through eighth

grade, located in a small Midwestern town in Kentucky. The school was chosen due to

the accessibility of the population sample, as well as that the school is a reasonably

accurate representation of the demographics of Parochial Schools in Louisville, KY.

Parent communication via email, face-to-face, and phone contact, followed by

conversations with students, was used to recruit participants. I also discussed the aspects

of the study with the school's resource teachers and gained their insight on the rationale

of the participants chosen. The discussion with the resource teachers included potential

benefits of using the population sample, chosen.

The school has an enrollment of 585 students. The majority of the student

population (68.4%) is female. The student body is comprised of only three ethnicities;

98.4% of the student body is white, followed by 0.7% Asian and 0.7% Hispanic. The

student to teacher ratio is 20 to 1. The school population allows for smaller class sizes

and more individual attention for the students. There are currently three classrooms per

grade level through the seventh grade, and two classrooms per grade level in the eighth

grade.

The participants referenced above were not randomly assigned or selected to

receive pull-out services. They were chosen based upon having either a School Strategy

Plan, or a 504 plan. As previously defined, a School Strategy Plan is written to provide support for students with suspected learning disabilities prior to being formally diagnosed. A school strategy plan may also be written to provide support while a student is in the process of being formally assessed. A 504 plan is an official legal document, developed to ensure that the educational needs of students with learning disabilities are met (NCLD, 1977). Participants who have a 504 plan were diagnosed with one or more learning disabilities. Disabilities specific to participants in this study include: Sensory Processing Disorder (SPD), Reading Disorder, Specific Learning Disability (SLD), Speech and Language Disorder, Auditory Processing Disorder, Hearing Impaired, Expressive Language Disorder, and Written Expression Disorder. Students who have been diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) were also included as participants, given their eligibility for a 504 Plan and subsequent accommodations. Participants who have a School Strategy plan are in the process of being tested for a specific disorder. Out of the population sample, there are 51 students ($n = 51$) who have a 504 plan, and 4 students ($n = 4$) who have a School Strategy plan. The breakdown of students per grade level is as follows: second grade, $n = 7$; third grade, $n = 6$; fourth grade, $n = 5$; fifth grade, $n = 9$; sixth grade, $n = 13$; seventh grade, $n = 5$; eighth grade, $n =$ ten.

Table 1

Demographic Information of Participants

Demographic Category	Percentage	n
Race	50.9	55
Caucasian	47.3	53
African American	.9	1
Asian	.9	1
Gender		
Male	33.9	38
Female	15.2	17

Pull-Out Services	n	Mean	SD
Receives Pull-Out Services	40	65.93	7.96
No Pull-Out Services	15	63.40	7.481

All participants receive accommodations in accordance with the Archdiocese of Intervention Protocol (2009). Derived from the Intervention Protocol is the educational philosophy, stating that the Archdiocese promotes the inclusion of children with mild disabilities. The philosophy further states that provided differentiated instruction and appropriate accommodations, children with mild disabilities can be successful within the regular classroom setting. Accommodations, however, may include pull-out services, which is a major focus of this study.

Rationale for the development of the Intervention Protocol (2009) was to guarantee that schools within the Archdiocese are found to be in compliance with Section 504 of the Rehabilitation Act (previously defined). The Intervention Protocol was

written with the consideration that all students are unique in their learning needs, and each school is unique in the resources it can offer. The school in which this study was conducted has two full-time resource teachers and one counselor.

An additional goal of the creation of the Archdiocesan Intervention Protocol (2009) was to generate a consistent educational process, which would provide guidance and support to principals, counselors, and teachers. Moreover, the consistency of the educational process would provide parents of children with special needs, an understanding of the way in which their children's needs will be met.

Some participants (n = 40), receive accommodations from the school's resource teachers. Students in grades one through four, receive accommodations from the resource teacher designated for the lower grades. Students in grades five through eight, receive accommodations from the resource teacher designated for the upper grades. These accommodations are classified as pull-out services in this study. Pull-out services include seeing the resource teacher for one or more of the following: taking a test, small group instruction, work completion, and organization. The remainder of participants (n = 14) remain in the general classroom for the aforementioned items. The age and gender of the students were confounding variables and were considered to be explanations for the differences in students' feelings surrounding pull-out services.

Measures

Self-Esteem Index. The Self Esteem Index (SEI), developed by Brown and Alexander (1991), was used to measure the self-esteem of the students. Data was gathered from two groups of students. The two groups consisted of students with learning disabilities who received pull-out services and students with learning disabilities

who remained in the general classroom environment. The population of these two groups was gathered from elementary students who attend the Parochial School, and have either a 504 plan or a School Strategy plan to accommodate a learning disability. Both a 504 plan and a School Strategy plan were previously defined under the "Definition of Terms" section above.

The Self-Esteem Index is a multidimensional measurement instrument that measures the values and perceptions of children and adolescents. Behavior, emotional, adjustment, and self-esteem are types of problems that can be identified by the SEI (Brown & Alexander, 1991). Additionally, the SEI is advantageous for confirming referrals and establishing a problem-solving method, such as goals or meetings. The SEI includes 80 items and uses a four-point scale. There are four subscales included in the SEI: Familial Acceptance Scale, Academic Competence Scale, Peer Popularity Scale, and Personal Security Scale. The subscales are further described in the following paragraph. Scores are calculated for each subscale of the SEI and for the total test. A Profile and Record form was included with each individual SEI, where the total raw score and individual subscale raw scores were computed. Each response has a corresponding numerical value. Responses marked in squares have the following corresponding values: 1 for "Always True," 2 for "Usually True," 3 for "Usually False," and 4 for "Always False." Responses marked in circles have the following corresponding values: 4 for "Always True," 3 for "Usually True," 2 for "Usually False," and 1 for "Always False." For each of the 80 items, the corresponding numerical value was ascribed on the Profile and Record form. The numbers recorded in the "Total" column were added to generate the total raw score. This number was then transferred to the appropriate section on the

front of the Profile and Record form. The raw score for each individual subscale was obtained by adding only the column which corresponded to the individual subscale. The raw score for each individual subscale was also transferred to the front of the Profile and Record form. The raw score for the total test was then converted to a Self-Esteem Quotient and a percentile rank. Raw scores for each subscale were converted to percentile ranks, as well as standard scores. Finally, normative scores were computed for both the total test and each subscale. Normative scores were computed for the total test with a mean of 100 and a standard deviation of 15. Normative scores were computed for each of the 4 subscales with a mean of 10 and a standard deviation of 3.

The following subscales are included in the Self-Esteem Index; Familial Acceptance, Academic Competence, Peer Popularity, Personal Security, and Self-Esteem Quotient. The SEI is a self-report instrument. As stated in the SEI Examiner's manual (1991), the items which comprise the Perception of Familial Acceptance Scale determine the individual's perception of his or her abilities, relationships, attitudes, interests, and values as they relate to the activities and interactions of parents, siblings, and family. The sum of the items in the Perception of Familial Acceptance Scale measure self-esteem within the family unit. Examples of items taken from the Perception of Familial Acceptance Scale include: "My home life is pretty pleasant," "I can go to my parents with my problems," and "My parents are proud of me." The items which comprise the Perception of Academic Competence Scale determine the individual's perception of his or her abilities, relationships, attitudes, interests, and values as they relate to academic areas including school, education, academic skill, intelligence, and learning. The sum of the items in the Perception of Academic Competence Scale, measure self-esteem in the

academic and intellectual domain. Examples of items taken from The Perception of

Academic Competence Scale include: "I am good at school work," "I am pretty good

about doing my homework on time," and "School work isn't very interesting." The items

which comprise the Perception of Peer Popularity Scale determine the individual's

perception of his or her abilities, relationships, attitudes, interests, and values as they

relate to the value and significance of relationships and connections with peers outside

the family unit. The sum of the items which make up the Perception of Peer Popularity

Scale measure self-esteem in the social realm and interpersonal relationships. Examples

of items taken from the Perception of Peer Popularity Scale include: "I'm pretty popular

with other kids my age," "I think I'm pretty easy to like," and "When I grow up, I will be

an important person." The items which comprise the Perception of Personal Security

Scale determine the individual's perception of his or her abilities, relationships, attitudes,

interests, and values as they relate to safety, confidence, vulnerability, or anxiety

regarding particular life situations and specific traits of body, character, conduct,

temperament, and emotions. The sum of the items which make up the Perception of

Personal Security Scale measure self-esteem as it is revealed in an individual's feelings

about his or her physical and psychological well-being. Examples of items taken from

the Perception of Personal Security Scale include "Kids pick on me a lot," "I'm usually

the last one to be chosen for a game," and "I spend too much time alone."

Brown and Alexander (1991) performed factor analysis with general and varimax

factor rotation. The resulting data provided a strong validation for the four scales

generated for the Self-Esteem Index. Results produced a sturdy principal factor, which

accounted for 51% of the variance of the test. Four major factors arose from varimax

rotation and accounted for 87% of the variance. A study by Daniel and King (1994) also analyzed the reliability of the Self-Esteem Index for students in grades 3, 4, and 5. Exploratory principal components factor analysis with varimax rotation was employed to obtain information regarding the factor structure of the items. Next, a confirmatory factor analysis was performed, based upon Brown and Alexander's (1991) hypothesized factor structure of the SEI. Lastly, evidence of the SEI's internal consistency was provided by utilizing alpha reliability. Exploratory principal components factor analysis generated 24 factors with eigenvalues greater than one. Confirmatory factor analysis produced generally acceptable maximum likelihood estimates. The alpha reliability estimate for the entire scale was .92, as determined by Daniel and King (1994), suggesting that items are highly internally consistent.

The standardization of the Self-Esteem Index's reliability and validity has been confirmed through research (Brown & Alexander, 2001). As previously noted the SEI is a highly standardized measure of self-esteem in school-aged children and was constructed both logically, and empirically. The final version of the SEI is comprised of the 80 items that persisted through empirical item analytic processes and the examination of a professional review panel. Moreover, items were extracted from applicable literature and remained due to the fact that they satisfied criteria for item discrimination and item difficulty, as well as demonstrated essential statistical properties.

The Self-Esteem Index Examiner's Manual (Brown & Alexander, 2001) provided extensive empirical evidence related to the validity of the SEI. The empirical evidence demonstrates the following: Items represented in the SEI are homogenous in nature and are illustrative of the self-esteem domain; a significant correlation exists among test

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scores and professional judgment; a significant correlation exists among test scores and other tests of self-esteem, personality, and behavior; as hypothesized, the scores are associated with chronological age; the scores are significantly correlated to one another; the SEI precisely differentiates among groups of behavior disordered, emotionally disturbed, and learning disabled and gifted students; finally, the underlying factor structures of the SEI were accurately hypothesized and are reflected in the four SEI scales (Brown & Alexander, 2001).

Student Interviews. The qualitative component of this study involved face-to-face interviews between the researcher and study participants. I interviewed the students in order to gain additional insight on their feelings related to receiving pull-out services from one of the two resource teachers. Among the interview questions asked were: (a) What was it like when you first started leaving the classroom to work with your resource teacher? (b) What do you feel when you are asked to leave the classroom? (c) Do you feel proud of yourself? Why/Why not? The answers from the interview questions will aide in creating the most successful atmosphere for students with learning disabilities.

Qualitative data analysis differs from quantitative data analysis in a number of ways, which will be discussed in the following paragraphs. I chose to add qualitative data to the current study in order to strengthen the study results and provide a clearer understanding of student feelings around pull-out services. Moreover, I have identified, below, the benefits of the qualitative component to the present study.

The most important difference among qualitative and quantitative data is the chief focus of qualitative data on "text," contrasted with the chief focus of quantitative data on

numbers (Schutt, 2015). Specific to this study, the text was transcripts of interviews between the researcher and each participant. Of particular benefit to this study, Schutt (2015) described the text as a means to "get behind the numbers that are recorded in a quantitative data analysis to see the richness of real social experience" (p.321). As earlier noted, I had the ability to understand in depth what participants feel when working with pull-out teachers as opposed to working in the classroom. The rich data that resulted from the interviews will aide school counselors, teachers, and parents, in creating the best possible environment for improving self-esteem in children.

Qualitative data analysis allows the researcher to be an active participant versus a detached investigator (Denzin & Lincoln, 2000; Patton 2002). The focus of qualitative data is on the following: comprehensive meanings compared to measurable data; the gathering of a great deal of data on a small number of cases, as opposed to few data on a large number of cases; extensive study absent of predetermined directions; the notion of the researcher as an instrument to measure specific variables; thorough understanding of feelings as opposed to broad generalizations; and particularly relevant to this study, a goal of precise descriptions of experiences.

Procedures

I was the sole administrator of the survey instruments. First and foremost, I obtained research approval through the Institutional Review Board. Upon gaining approval, I obtained participants' parental approval and student assent. Per the recommendation of the Self-Esteem Index Examiner's Manual, I ensured both the privacy and confidentiality of the test results (Brown & Alexander, 2001). Moreover, I

clarified the manner in which results were, and will continue to be, used. This was of particular importance for subjects and their parents to understand.

The following procedure specifics have been taken from Brown and Alexander's Examiner's Manual (2001). Every effort was made to ensure that the test was given in a manner that mimicked, as closely as possible, the conditions under which testing norms were obtained.   I established a rapport with subjects throughout the school year and prior to testing. For subjects of suitable age, the SEI was administered in a single testing session. Exceptions were made for those that were especially young, or easily distractible. Per the SEI's examiner's manual, testing was permitted to be spread to two or three testing sessions for those subjects. If I observed a subject's weariness or boredom, I discontinued the administration of the test and resumed in an additional session. This happened with one student in second grade and one student in third grade. In order to diminish frustrations or test pressures, I clarified the meanings of individual words or sentences contained in the SEI. Students were informed when directions were read aloud, that it was permissible to ask for the meaning of a word. Students were asked to raise their hand and told that I would go to his or her desk. If a student requested to have the SEI read aloud, I was permitted to administer the SEI to the particular student, individually. One student requested for the SEI to be read aloud and the school counselor adhered to the student's request. The option to have the SEI read aloud was given during the directions. I avoided making any comments that might have skewed the value or accuracy of responses. Per the SEI Examiner's Manual, it is appropriate to offer praise and encouragement throughout the testing session.

I used a resource classroom in the school building, which was well lit and well ventilated (Brown & Alexander, 2001). As previously noted, I ensured that participants were aware of the confidential nature of the test. I also ensured that the setting was both quiet and as free from interruptions as possible.

While it is permitted to administer the SEI individually or in a group, time constraints and number of participants called for the test to be administered in a group. Per the SEI Examiner's Manual, group administration is appropriate for screening and research efforts, given the specific study conditions (Brown & Alexander, 2001). Prior to beginning the SEI, I informed the students that I would interview some of them, individually, over the course of few weeks following. Students had the option to choose not to be interviewed. One student per grade level was interviewed and the student was randomly selected from the group of study participants in each grade level.

I began by distributing test materials, which included a copy of the SEI Student Response Booklet and a pencil, to each participant (Brown & Alexander, 2001). In the interest of time, I filled in respondents' name and testing date prior to testing, on the front cover of their booklet. Subsequent to the distribution of test materials, I read aloud the directions printed on the front of the SEI Student Response Booklet. A second testing session was necessary for two students. During the second testing session, I began by repeating test instructions and verifying that respondents resumed at the appropriate item. The SEI is not a timed test and took an estimated thirty minutes, with the exception of the two students who completed the SEI during a second session. The second session for both students took under twenty minutes. Each student's test booklet was collected upon completion and I quickly skimmed through the Student Response Booklets to ensure that

all questions had been answered. In order for the SEI to be valid, there must be a response for every item; however, students were informed of their right to skip an item if the item caused discomfort. All inventories were completed and included in the data.

After all Student Test Booklets were completed, the total raw score was calculated for the total test, the Perception of Familial Acceptance Scale, the Perception of Academic Competence Scale, the Perception of Peer Popularity Scale, and the Perception of Personal Security Scale (Brown & Alexander, 2001). Specifics for calculating and converting scores were previously noted. The total raw scores were converted to a percentile rank and a deviation quotient (Self-Esteem Quotient). The Familial Acceptance, Academic Competence, Peer Popularity, and Personal Security Scales raw scores were converted to percentile ranks, as well as standard scores. Converting scores to percentile ranks will later allow for easier interpretation for students, parents, and other school personnel. Additional scoring specifics, including the interpretation of the results, are provided in the Results section.

Student interviews were conducted for the qualitative section of the study, as previously stated. The purpose of the interview method, according to Norwich (1999), is to examine relationships between particular terms or labels, and their apparent value in statutory structures and existing environments. In the present study, the interviews served as a means to determine whether the labels associated with learning disabilities had a relationship to students' self-esteem.

I conducted the interviews with each student individually. The school counselor's office was used to conduct the interviews. My office is located in the main office of the

school. My office provided a confidential space for the student to feel comfortable

sharing his or her responses to the interview questions.

Statistical Analysis

A multivariate analysis of variance (MANOVA) was employed to analyze the

research question:

What is the extent of the difference in self-esteem among students with learning

disabilities that do and do not receive pull-out accommodations?

The independent variable in the research question is the group status of students

with learning disabilities that receives pull-out services versus no pull-out services. The

dependent variable is the extent of the difference in self-esteem, as measured by the SEI

subscales.

The primary use of MANOVA is in generating complete tests of group

differences from a multivariate set of data (Borgen & Seling, 1978). Before performing a

MANOVA, several assumptions had to be met (Field, 2013). First, I had to ensure that

the dependent variable was normally distributed within groups. Testing for outliers had

to be run prior to performing the MANOVA. Second, the relationship among all pairs of

dependent variables had to be linear in nature, so as to prevent compromising the power

of the analysis. Finally, homogeneity of variances had to be met.   The necessary

assumptions were met and I performed the MANOVA in order to determine the extent of

the difference in self-esteem among students with learning disabilities who receive pull-

out accommodations and students with learning disabilities who do not receive pull-out

accommodations.

Qualitative Data Analysis

In qualitative data analysis, the researcher observes patterns and relationships in addition to significant categories which exist in the data, throughout the interview process (Schutt, 2015). Therefore, qualitative data analysis begins simultaneously with the research. In the present study, the research consisted of interviews. Thus, the first step of the qualitative data analysis was the data collection, or interview process, where I generated frequent notes in the margins. These notes assisted me in recognizing important statements and suggested ways of categorizing the data. It was also critical for me to save all notes and contacts, which also served as an outline of the analytical process. Subsequent to data collection, I organized the data into appropriate theories, or categories, which allowed me to demonstrate the way in which concepts impacted one another. By organizing the data into appropriate theories or categories, I was able to identify possible explanations for students' feelings, or potential relationships demonstrated in the chart. The process of conceptualization involves testing insights against additional observations. Subsequently, I refined the data and previous conclusions, accordingly. The process was repeated as new data was continuously collected throughout the interviews. Upon collecting the data, I organized a table, to aide in coding and categorizing. The chart table also provided a way for me to further analyze the data. The succeeding step, also the step at the core of the analytic process, was for me to examine the relationships demonstrated in the table, and observe the connection illustrated between various concepts. As previously mentioned, I was able to state students' explanations for feeling the way they do, as opposed to the researcher simply

describing the students. Moreover, I was able to identify significant variables and the evidence proposing links between them (Schutt, 2015, p.328).

While there are no fixed standards for validating, or authenticating, the qualitative data analysis, Becker (1958) provides three criteria, or questions, for the researcher to assess the distinct pieces of information. The answers to the following questions are provided in the discussion portion of this study: "How credible was the informant?" (Schutt, 2015, p.328), "Were statements made in response to the researcher's questions, or were they spontaneous?" (Schutt, 2015, p.328), "How does the presence or absence of the researcher or the researcher's informant influence the actions and statements of other group members?" (Schutt, 2015, p.328). Additionally, the researcher's conclusions were assessed by her ability to produce a reasonable explanation for students' feelings regarding pull-out services. Through the conclusion process, I also took into account the non-verbal cues exhibited by participants.

As mentioned in the previous paragraph, there are no fixed standards for validating, or authenticating, the qualitative data analysis (Becker, 1958). However, in an effort to achieve roughly the same concepts as validity and reliability in quantitative research, Lincoln and Guba (2000) constructed a "parallel criteria" for qualitative research. Included among these parallel criteria are the terms: credibility, transferability, dependability, and confirmability. Credibility, transferability, dependability, and confirmability, correspond respectively with: internal validity, external validity (or generalizability), reliability, and objectivity.

Credibility

The researcher can attain credibility by ongoing interaction with participants, as well as tenacious observation in the field (Lincoln & Guba, 2000). Further, credibility is improved by the richness of culminating data and the description of the context with which participants' experiences occurred (Morrow, 2005). In the current study, my role as the school counselor provided me with the unique opportunity to observe and interact with participants, frequently. Credibility also increases with in-depth data descriptions, including both participants' feelings as well as the context which the feelings of the participants emerge. I have provided in-depth data in the results section, below.

Parallel Criteria Achieved. In order to attain credibility, mentioned above, I maintained ongoing interaction with the participants. Also previously mentioned, I am employed as the school counselor in the school where the research was conducted. This was advantageous for me, as it allowed me daily opportunities to observe the participants among peers in the classroom setting. In addition, I was able to observe participants' interactions with both the classroom teachers and the resource teachers. I also teach Classroom Guidance to participants on a monthly basis, which provided yet another opportunity to interact with and observe the students.

Transferability was attained through my ongoing notes that were taken in addition to my notes that involved transcribing the interviews. I included the following in my notes: the research environment, the research process, and specifics regarding the relationships between the researcher and the participants. My office, the environment in which the interviews took place, is very comfortable, peaceful, and confidential. Children and adults often comment about the feelings of peace and calm that arise when

they enter my office. Adults have attributed the feelings of peace and calm to the décor in the office. The walls are painted "sand beige," with very light carpet, turquoise pillows, and white bookshelves. Several have stated that the décor reminds them of the beach. My office is located in the back hallway of the school office. Students can enter the office without attention being drawn to them, due to the confidential location. For these reasons, I felt my office would be the best location for the interviews to be conducted.

Transferability

Transferability is attained by the researcher's ability to simplify the study results to the context of her own environment (Morrow, 2005). The process of transferability requires the researcher to offer adequate information about the researcher, herself, as well as the research setting, procedures, and participants. In addition, transferability requires the researcher to provide information regarding her relationships with the participants, in order for the reader to come to a conclusion about the way the study results may transfer. The researcher has provided all of the previously mentioned details, below.

Dependability

According to Gasson (2004), it is imperative to be consistent across the duration of the data gathering process. The procedure should remain clear and constant, throughout. Gasson describes the necessary process, by the researcher, of keeping an "audit trail" (Gasson, 2004, p.94). An audit trail is created by maintaining a detailed record of the procedures involved in the research process, inclusive of impacts on data collection and analysis, developing themes, categories, or models, and systematic memorandums.

I accomplished dependability, parallel to reliability in quantitative research, by consistently conducting the interviews throughout the duration of the qualitative data collection. While all interviews were not conducted on the same day, all interviews took place within the same time frame. An interview time that was convenient for the participants' schedule, was somewhere in the first two hours of the school day. The themes that emerged during the research process will be discussed, in the following chapter.

Confirmability

In order to attain confirmability, the researcher must recognize the fact that research is never without bias and partiality (Morrow, 2005). Confirmability is centered on the belief that the reliability of the results exists in the data and the reader should be able to confirm the appropriateness of the findings (Gasson, 2004). It is imperative for the researcher to manage subjectivity. Another aspect of confirmability is the capability for other researchers to corroborate the research (Morrow, 2005). Detailed notes were kept on each participant, which can be made available to view, at any time.

Upon completion of the steps previously mentioned, I summarized my interactions and experiences with interviewing the subjects (Schutt, 2015). I did not encounter any problems during the interview process. The summary of the process will permit others to assess my findings. According to Altheide and Johnson (1994), by providing the rationale behind the actions taken in the interview process, the researcher aides others in disseminating whether or not the researcher's viewpoints impacted her conclusions.

CHAPTER IV

RESULTS

The purpose of the current study was to explain the difference in the self-esteem of students with learning disabilities who receive pull-out services and those who do not receive pull-out services in a private school setting. The study employed both quantitative and qualitative data analysis. For the quantitative sector, the Self-Esteem Index measured the self-esteem of students based on four subscales including: Familial Acceptance, Academic Competence, Peer Popularity, and Personal Security. For the qualitative sector, student interviews were conducted to gain student insight into the way in which children with learning disabilities describe the difference between working with pull-out teachers as opposed to working in the classrooms. More specifically, the following questions were asked during student interviews: (a) What was it like when you first started leaving the classroom to work with your resource teacher? (b) What do you feel when you are asked to leave the classroom? (c) Do you feel proud of yourself? Why/Why not?

This chapter provides a summary of the data analysis for both the quantitative and qualitative phases of this study. Results of the statistical analysis for the quantitative phase will be presented, as well as an analysis of the major themes which surfaced during the qualitative phase. In addition, student responses to interview questions during the qualitative phase will be reviewed.

Statistical Analysis

Research Question 1

A multivariate analysis of variance (MANOVA) was employed to determine the difference in self-esteem among students with learning disabilities that do and do not receive pull-out accommodations, utilizing a .05 alpha level. Descriptive statistics for the four subscales of the dependent variable can be seen in Table 2: the mean score for the Perception of Academic Competence Scale ($M = 65.24$, $SD = 7.85$) was in the medium range; the mean score of the Perception of Familial Acceptance Scale ($M = 62.75$, $SD = 7.79$) was in the medium range; the mean score of the Perception of Peer Popularity Scale ($M = 60.49$, $SD = 8.36$) was in the medium range; and the mean score of the Perception of Personal Security Scale ($M = 59.53$, $SD = 9.85$) was also in the medium range. Assumptions for normality ($W > .01$) and homogeneity of covariances (Box's M $= 13.581$, $p = .284$) were met. There were no significant differences in self-esteem among students with learning disabilities who receive pull-out accommodations and students with learning disabilities who do not receive pull-out accommodations, as measured by the four subscales of the Self-Esteem Index, $F(4, 50) = .697$, $p > .05$. .   The four subscales included: Perception of Familial Acceptance Scale, Perception of Academic Competence Scale, Perception of Peer Popularity Scale, and Perception of Personal Security Scale.

Table 2

Descriptive Statistics for SEI Subscales

Subscale	Pull-Out	N	Mean	SD
Perception of Academic Competence Scale	Yes	40	65.93	7.97
	No	15	63.40	7.48
	Total	55	65.24	7.85
Perception of Familial Acceptance Scale	Yes	40	62.88	8.08
	No	15	62.40	7.24
	Total	55	62.75	7.79
Perception of Peer Popularity Scale	Yes	40	60.73	8.706
	No	15	59.87	7.624
	Total	55	60.49	8.364
Perception of Personal Security	Yes	40	59.40	10.689
	No	15	59.87	7.472
	Total	55	59.53	9.850

Qualitative Analyses

As previously stated, I chose to include qualitative data to the current study in order to strengthen the results and provide a clearer understanding of student feelings around pull-out services. An aforementioned reference to Schutt (2015) described the benefit of qualitative analysis as a means of getting behind the numbers in quantitative data and allowing the researcher to get a greater sense of the actual experiences of the participants. The qualitative phase sought to describe the way in which students with

learning disabilities describe the difference between working with pull-out teachers as opposed to working in the classroom.

Data Collection Methods. The primary source of data collection encompassed student interviews. Students in grades two and three were pulled, individually, to be interviewed during a time of the school day referred to as WIN time. WIN is an acronym for "What I Need." Students are permitted to use this time to do one or more of the following: work with a particular teacher they may need extra help from; work on missing or incomplete assignments; visit the resource room for assistance with assignment completion or to study for an upcoming test; computer time for Lexia strategies (Lexia is a reading program designed for struggling readers); or computer time for IXL (IXL is a comprehensive math practice program). I did not pull a participant from WIN time unless the student did not have a specific need. If the participant did have a need to remain in the classroom for WIN time, I waited until a day when this was not the case. Students in grades four through eight were interviewed, individually, before school started. I interviewed participants before the school day started in order to prevent participants from missing class time, as well as to avoid any potential feelings of embarrassment regarding being called to the office. Each participant was asked the following questions: (a) What was it like when you started leaving the classroom to work with your resource teacher? (b) What do you feel when you are asked to leave the classroom? (c) Do you feel proud of yourself? Why/Why not? If the participant offered additional information during his or her response, I followed up with a relative question. I took detailed notes during the interviews and later transferred the notes which are observed in Table 3.

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Table 3

Qualitative Data Analysis

Name Code	Grade & Age of Interviewee	Gender	Pull-out Y/N	Questions	Student Answers	Categories of Meaning /Additional Observations
Student A	Grade 2; Age 8	Female	Y	(a) What was it like when you first started leaving the classroom to work with your resource teacher? (b) What do you feel when you are asked to leave the classroom? (c) Do you feel proud of yourself? Why/Why not?	I feel good because I like to go to Mrs. B's room. I get to work on Lexia and Mrs. B helps me if I didn't have time to do my homework the night before. It is a lot quieter in there. Sometimes my friends get to go there, too. Sometimes people ask me where I am going and I just ignore them. **Why?** I don't want to tell them. I don't want them to say I need help.	Doesn't want to answer "why" regarding resource room – seems embarrassed and didn't want to be questioned further about it
Student B	Grade 2 Age 8	Male	Y	(a) What was it like when you first started leaving the classroom to work with your resource teacher?	I didn't like it because they thought I wasn't smart or something. **Who thought you weren't smart?** Those people that gave me a test.	Student seemed puzzled as to why he was being assessed and why "those people" would think he wasn't smart

Name Code	Grade & Age of Interviewee	Gender	Pull-out Y/N	Questions	Student Answers	Categories of Meaning /Additional Observations
				(b) What do you feel when you are asked to leave the classroom? (c) Do you feel proud of yourself? Why/Why not?	**Do you think you are smart?** Sometimes, I guess. **Do you like to go to Mrs. B's room**? It is okay but I would rather stay in the classroom because I like it, more. **Do you feel proud?** Not really because I don't do the same things everyone else does.	Student seemed hesitant to give his own opinion as to why he was being tested and receiving pull-out services
Student C	Grade 3 Age 8	Male	Y	(a) What was it like when you first started leaving the classroom to work with your resource teacher? (b) What do you feel when you are asked to leave the classroom? (c) Do you feel proud of yourself? Why/Why	I liked to go to Mrs. B's room. I started going because my first grade teacher didn't know how to help me. I still go there. I do that a lot. I go there because I can't concentrate in school and I get in trouble a lot for not paying attention.	Student feels he receives the necessary help in the resource room

Name Code	Grade & Age of Interviewee	Gender	Pull-out Y/N	Questions	Student Answers	Categories of Meaning /Additional Observations
				not?	**When asked, "Do you feel proud of your work?"** You mean about my grades and stuff? Yeah, I do. Terra Nova testing is hard and I need help with that. **Do people ask you questions about going to Mrs. B's room?** Nope. They remind me to go because I am distracting them. **Does that bother you when they ask you to go?** Only a little **What is it about it that bothers you?** I think they might not like me very much.	
Student D	Grade 4 Age 10	Male	Y	(a) What was it like when you first started leaving the classroom to work with your resource teacher?	I don't know what it was like. I don't remember very much because I was in Kindergarten. I just feel good because Mrs. B helps me	Student asked me for a pencil. I told him he had one behind his ear. He told me he needed to leave it there because it makes him

Name Code	Grade & Age of Interviewee	Gender	Pull-out Y/N	Questions	Student Answers	Categories of Meaning /Additional Observations
				(b) What do you feel when you are asked to leave the classroom? (c) Do you feel proud of yourself? Why/Why not?	with my work. I like it there because I do much better on my work. Yes, I feel proud of myself if I am in Mrs. B's room. **What if you are not in there, do you feel proud of yourself?** Sometimes. Sometimes I don't because I can't do the work.	look smarter. Feels better about work when in Mrs. B's room
Student E	Grade 5 Age 11	Female	Y	(a) What was it like when you first started leaving the classroom to work with your resource teacher? (b) What do you feel when you are asked to leave the classroom? (c) Do you feel proud of yourself? Why/Why not?	I first started going in first grade. I felt good to go there because it was too hard to concentrate in my classroom. **Do you feel any differently about it, now, than you did when you were younger?** I wonder if people think that I am dumb or not as smart. Some people	Feels better about work when in resource room Concerned that people will think she is dumb or "not as smart" Doesn't feel kids would understand anxiety Reference to friend who fears being made fun of for going to

Name Code	Grade & Age of Interviewee	Gender	Pull-out Y/N	Questions	Student Answers	Categories of Meaning /Additional Observations
					ask me why I go there and I tell them it is because I have ADHD and can't concentrate. I don't tell them about my anxiety. **Why not?** I don't think they would understand. So you don't mind telling them about your other diagnosis? No, but my friend doesn't like talking about hers because she is afraid she will be made fun of and I know how that feels. **Do you remember a time you were made fun of for your diagnosis?** Not really. **Do you feel proud of yourself?** Yeah. Why? I have more friends, I am nice to a lot of	resource room When student stated, "not really" referencing whether or not she remembered a time, she seemed to be holding back true feelings

Name Code	Grade & Age of Interviewee	Gender	Pull-out Y/N	Questions	Student Answers	Categories of Meaning /Additional Observations
					people and I get good grades. Oh, and I remember another reason I go to Mrs. G's room. I have a little bit of dyslexia and written expression disorder.	
Student F	Grade 6 Age 12	Male	Y	(a) What was it like when you first started leaving the classroom to work with your resource teacher? (b) What do you feel when you are asked to leave the classroom? (c) Do you feel proud of yourself? Why/Why not?	I liked going to Mrs. B's room when I was younger because it helped me get away from small noises like people tapping their pencils. Before I started going to Mrs. B, I wasn't doing well in school. I thought I was different than everyone else. **In what way**? I don't know – not bad or good different, just different. I knew I needed help, but I didn't know how. People would	Started to feel better about work once he started going to resource teacher

Name Code	Grade & Age of Interviewee	Gender	Pull-out Y/N	Questions	Student Answers	Categories of Meaning /Additional Observations
					ask me about going to Mrs. B's but it didn't matter to me. I don't go to Mrs. G's, now because I take medicine and I don't need to go.	
Student G	Grade 6 Age 12	Female	Y	(a) What was it like when you first started leaving the classroom to work with your resource teacher? (b) What do you feel when you are asked to leave the classroom? (c) Do you feel proud of yourself? Why/Why not?	When I first started going to Mrs. B's, I felt weird. I liked it because you get more breaks from work and you get to do more things like educational games instead of Reading. Before I started to go there, I felt like I could do better in school and get higher scores on my work, I use to go too fast and not check over my work. **How do you feel about your work, now?** I feel proud because I get higher grades.	Feels good about work after going to resource teacher

Name Code	Grade & Age of Interviewee	Gender	Pull-out Y/N	Questions	Student Answers	Categories of Meaning /Additional Observations
					Do people ask you why you go to Mrs. G's room? Yes. It bothers me because they expect me to stay with them because they think I'm on their level and I'm not. I'm always in the class that is loud and cheats on tests. People think I am not as smart. **What do you think?** I think a lot of people think they are better than others.	
Student H	Grade 6 Age 12	Male	Y	(a) What was it like when you first started leaving the classroom to work with your resource teacher? (b) What do you feel when you are asked to leave the classroom? (c) Do you	I like to go because it is a quiet place to work. Sometimes people ask me why I go but it doesn't bother me. Two of my friends have been calling me dumb and one of them has been calling me retarded. **How do you**	Student said it doesn't bother him when people ask why he goes to resource room, but was teary when he said it. Student was obviously very bothered by names he was being called. Student feels he does better on his work

Name Code	Grade & Age of Interviewee	Gender	Pull-out Y/N	Questions	Student Answers	Categories of Meaning /Additional Observations
				feel proud of yourself? Why/Why not?	**feel about that?** I don't like it and I want it to stop. **Do you feel proud of yourself?** Yeah, but sometimes I get a bad grade and I just know I need to study more. I do better if I study in the resource room.	when in the resource room.
Student I	Grade 7 Age 12	Female	Y	(a) What was it like when you first started leaving the classroom to work with your resource teacher? (b) What do you feel when you are asked to leave the classroom? (c) Do you feel proud of yourself? Why/Why not?	I remember I first learned about why I had to go there when I had to get a patch for my ADHD. I remember I thought it was weird because none of my friends had one. I didn't like it but I didn't mind to go to Mrs. B's room. Now when I go to Mrs. G's room, it upsets me sometimes. **In what way?** Well, me and two other girls went to Mrs.	Feels different from others Expressed feeling as though others didn't see her and others who go to Mrs. G's room as being as smart as they are

Name Code	Grade & Age of Interviewee	Gender	Pull-out Y/N	Questions	Student Answers	Categories of Meaning /Additional Observations
					G's to take a test and I noticed that we got a different test than the people in the class. Their test looked much harder. We felt offended because we didn't have as many questions. **Why did that offend you?** Because I don't think the teachers thought we could do the test everyone else took - like we aren't smart or something. **Do you feel you are?** Yeah, I think I could have taken the harder test.	
Student J	Grade 7 Age 14	Male	Y	(a) What was it like when you first started leaving the classroom to work with your resource	I don't really remember when I started going. What has it been like since the most recent time you remember?	Feels others don't see him as capable

Name Code	Grade & Age of Interviewee	Gender	Pull-out Y/N	Questions	Student Answers	Categories of Meaning /Additional Observations
				teacher? (b) What do you feel when you are asked to leave the classroom? (c) Do you feel proud of yourself? Why/Why not?	It's fine. It doesn't really matter to me. I think I should just stay in the classroom, though. **Why?** I think I can do the work, but the teachers don't think I can. **Do you feel proud of yourself?** Sometimes, if I study and get my work done. Is it hard for you to do that? Yeah, because it is hard for me to concentrate sometimes.	
Student K	Grade 8 Age 14	Male	Y	(a) What was it like when you first started leaving the classroom to work with your resource teacher? (b) What do you feel when you are asked to leave the classroom? (c) Do you	It was good because I had more room to work and it was quieter with fewer distractions. I like to go there but friends always ask me why I go and if Mrs. G gives us answers to test questions. **Does it bother you when they ask you that?**	Feels friends think he gets answers to questions when he goes to resource room and he doesn't like that they think he goes for that

Did not answer with confidence when asked the question of |

Name Code	Grade & Age of Interviewee	Gender	Pull-out Y/N	Questions	Student Answers	Categories of Meaning /Additional Observations
				feel proud of yourself? Why/Why not?	A little because that isn't what happens – we don't need to be given the answers but everyone thinks we do. Mrs. G just helps me understand things, better. **Why do you think everyone thinks you need to be given the answers?** I guess they think we can't do it. **Do you feel proud of yourself?** Yes, I guess so.	whether he feels proud of himself
Student L	Grade 8 Age 13	Female	Y	(a) What was it like when you first started leaving the classroom to work with your resource teacher? (b) What do you feel when you are asked to	It was fine, I guess. I just don't like to talk about it to any of my friends because I don't feel like anyone understands it. **What don't you feel they understand?** I don't think	Student hung her head when I asked the first question. Student did seem to know "what kinds of other things" but didn't want to answer/seemed embarrassed

Name Code	Grade & Age of Interviewee	Gender	Pull-out Y/N	Questions	Student Answers	Categories of Meaning /Additional Observations
				leave the classroom? (c) Do you feel proud of yourself? Why/Why not?	they understand what ADD means and why I need a quieter place to work. I think they think it means other things. **What kinds of other things?** I don't really know. **Do you feel proud of yourself?** I do, sometimes. I'm not good at Math and I don't always study as much as I should.	

* There are no third or fourth grade girls on a 504 plan or a School Strategy Plan, therefore no third or fourth grade girls were interviewed.

** Questions added in bold, in "Student Answers" section are follow-up questions asked by the interviewer in response to student responses.

*** Student F did not complete a Self-Esteem Inventory. He was only interviewed for the qualitative portion of the study. ****Students in grades 1-4 go to Mrs. B (this is not her real name) and students in grades 5-8 go to Mrs. G (also not real name); older students went to Mrs. B's room when in younger grades and now transitioned over to Mrs. G's room.

Additional data collection encompassed parent feedback. During the process of collecting parent permission slips, several parents communicated the feelings of their children regarding their hesitancy to participate in completing the Self-Esteem Index and/or being interviewed. Parent feedback was transcribed following the summarization of student interviews.

Embarrassment. A recurring theme among participants was the feeling of embarrassment. Students expressed not wanting to answer peers who asked why they were going to the resource room. One female participant in the primary grades stated, "Sometimes people ask me where I am going and I just ignore them because I don't want to tell them." Similarly, a female participant in the middle grades shared:

"Some people ask me why I go there and I tell them it is because I have ADHD and can't concentrate. I don't tell them about my anxiety because I don't think they would understand. My friend doesn't like talking about her diagnosis because she is afraid she will be made fun of and I know what that feels like."

Another female participant in the middle grades stated that she didn't like to talk about why she goes to the resource room because she doesn't feel like any of her friends understand it. This participant also looked down when sharing her feelings with the researcher about answering students who want to know why she goes to the resource room.

Discomfort. Several students appeared uncomfortable when the interviewer sought their feelings regarding their hesitancy to answer peers who wanted to know why they were leaving the classroom to go to the resource room. Two females dropped their head when asked why they did not want to answer peers who asked where they were

going when leaving the classroom and why they were going. Of the same two female

interviewees, one female became red in the face and began to pick at her fingernails. I

did not press the question in order to avoid making the participant further uncomfortable.

One male participant who was interviewed avoided the question all together by changing

the subject. In an effort to determine whether this was intentional, I attempted to circle

back around to the same question. The participant again changed the subject. I

concluded that the participant's attempt to change the subject was in fact, intentional, and

therefore moved on to the next question in the interview.

Feeling Inadequate. I found the feeling of inadequacy to be the most common

theme among student interviews. Participants' feelings of inadequacy were apparent

among responses to all interview questions. In response to, "What was it like when you

first started leaving the classroom to work with your resource teacher?" Participant

responses included those listed, below. Each new paragraph represents a different

participant:

"Before I started going to Mrs. B, I wasn't doing well in school. I thought I was

different than everyone else. I don't know – not bad or good different, just different. I

knew I needed help, but I didn't know how."

"I like to go there but friends always ask me why I go and if Mrs. G gives us

answers to test questions." I followed up by asking the participant whether it bothered

him to be asked this question. The participant responded to the follow up question by

saying:

"A little, because that isn't what happens. We don't need to be given the answers

but everyone thinks we do. Mrs. G just helps me understand things better." I asked the

participant why he felt everyone thinks they need to be given the answers. The student

responded by saying:

"I think they think we can't figure it out on our own."

When another participant was asked if people ask him questions about going to

Mrs. B's room, he responded by saying, "No, they just remind me that I need to go

because I am distracting them." I followed up by asking the participant if it bothered him

when his peers asked him to go. The participant responded by saying:

"Only a little." The researcher followed up with an additional question, asking

the participant what it was about students reminding him to go that bothers him and he

replied:

"I think they might not like me very much."

In response to the same question regarding what it was like to be asked to leave

the classroom, another participant responded: "I don't know. It doesn't really matter to

me. I think I should just stay in the classroom, though." I asked the participant why he

felt he should just stay in the classroom and the participant responded,

"I think I can do the work, but the teachers don't think I can." The same

participant responded by only saying, "Sometimes" when asked whether he feels proud

of himself. The participant dropped his head when answering this question. I observed

sadness in the participant's face.

A female participant responded to the question of whether people ask her why she

goes to Mrs. G's room, by saying:

"Yes." Without further prompting, the participant continued, "It bothers me

because they expect me to stay with them because they think I'm on their level and I'm

not. I'm always in the class that is loud and cheats on tests. People think I am not as smart."

I interpreted this response to mean the participant felt she was placed in the class that is loud and cheats because she does not deserve to be in a more disciplined class. When the participant stated that people thought she wasn't as smart, I followed by asking the participant what her feelings were. Instead of directly answering whether she felt she was as smart as others, the participant replied, "I think a lot of people think they are better than others."

Additional participant responses that I felt were representative of feelings of inadequacy were:

"I don't want to tell them. I don't want them to say I need help."

"I wonder if people think that I am dumb or not as smart."

"Two of my friends have been calling me dumb and one of them has been calling me retarded."

"Well, me and two other girls went to Mrs. G's to take a test and I noticed we got a different test than the other people in the class. Their test looked much harder. We felt offended because we didn't have as many questions. I don't think the teachers thought we could take the test everyone else took – like we aren't smart or something."

I noted further evidence of feelings of inadequacy when participants responded to the question of whether they felt proud of themselves:

"Not really because I don't do the same things as everyone else in the room."

"Sometimes. Sometimes I don't because I can't do the work."

"I guess so."

"I do, sometimes. I'm not good at Math and I don't always study as much as I should."

"I didn't like it because I thought I wasn't smart or something."

Successful Environment. I summarized an overall feeling of success among participants when working in the resource room. While participants seemed reluctant to want to explain to peers "why" they were going to the resource room, their responses to being in the resource room indicated feeling successful, there. Responses indicating feeling successful in the resource room included:

"I feel good because I like to go to Mrs. B's room. I get to work on Lexia and Mrs. B helps me if I didn't have time to do my homework the night before. It is a lot quieter in there. Sometimes my friends get to go there, too."

"I like to go to Mrs. B's room. I started going because my first grade teacher didn't know how to help me. I still go there. I do that a lot. I go there because I can't concentrate in the classroom and it causes me to get in trouble."

"I just feel good because Mrs. B helps me with my work. I like it there because I do much better on my work. Yes, I feel proud of myself if I am in Mrs. B's room."

"I liked going to Mrs. B's room when I was younger because it helped me get away from small noises like people tapping their pencils."

"I like to go because it is a quiet place to work. Sometimes people ask me why I go but it doesn't bother me."

"It was good because I had more room to work and it was quieter."

"Mrs. G just helps me understand things better."

Parent Feedback. Two students chose not to participate in the study. Parents communicated the feelings of their children and their reasoning behind not wanting to participate. Such feelings further support the theme of embarrassment among participants. One parent shared that her son brought her the study permission slip after having read it on his own and was very upset about "everyone thinking he has a learning disability." The parent felt that her son was unable to comprehend anything beyond seeing "disability" at the top of the paper. Her son was adamant that he did not need to participate because he had not received accommodations since the beginning of the school year and therefore was not a good person to talk to about it. The student's parent shared the following via email,

"I think his defensive behavior shows the negative effects on his self-esteem. He doesn't want to get pulled from the class to be interviewed – said it is embarrassing. I asked if he would just talk with you about why you want to talk with him (your study for your school) so he could understand it wasn't to measure or judge his abilities in any way, but rather to get some perspective on how he felt about it when he did receive accommodations."

The information provided by the parent also supports the theme of feeling inadequate. The parent communicated that her son stated that he isn't dumb anymore and that the accommodations didn't help anyway. Further, the parent stated in her email,

"I would hate for him to struggle the rest of his school days because he doesn't want the word 'disabled' to be associated with him."

The parent of the second student who elected not to participate shared that her son was nervous about what people would think about why he was being pulled out of the

classroom to be interviewed. I found the feelings of the two students who chose not to participate to be supporting evidence of her hypothesis.

Trustworthiness

Having a dual role as the researcher, as well as the counselor in the school where the research was conducted, I maintained an awareness of possible biases or beliefs. I have worked in the school for thirteen years. Therefore, I was aware that I had to keep separate any previously formed opinions of participants, in order to keep the opinions from influencing my findings.

Member checks assist in increasing the accuracy, credibility, validity, and transferability of a study (Barbour, 2001). In order to check the interpretive validity of the interview transcripts, I met with study participants who were interviewed, at the conclusion of gathering my qualitative data. I met with the interview participants, separately, and provided each of them with my interpretation the thoughts and feelings they shared during the interview session. Each interview participant felt I had accurately transcribed the contents of the interview. I believe the rapport I have built with the students in the role of the school counselor allowed participants to be open and honest with me. For this reason, I feel confident I was able to achieve confirmability and prevent any biases or beliefs from interfering with study results.

<center>**Chapter Summary**</center>

A Multivariate Analysis of Variance was used to analyze participant response scores on the Self-Esteem Index in order to evaluate the extent of the difference in self-esteem among students with learning disabilities who do and do not receive pull-out accommodations. Results revealed no statistical significance. Therefore, according to

the results, there is no difference in the self-esteem of students with learning disabilities who receive pull-out services and students with learning disabilities who do not receive pull-out services. Qualitative data analysis was used to describe the way in which children with learning disabilities describe the difference between working with pull-out teachers as opposed to working in the classroom. The following themes emerged from qualitative analysis: embarrassment, discomfort, feeling inadequate, and successful environment.

CHAPTER V DISCUSSION

The extent of the difference in self-esteem among students with learning disabilities who do and do not receive pull-out accommodations was examined. Also examined was the way in which children with learning disabilities describe the difference between working with pull-out teachers as opposed to working in the classroom. The Self-Esteem Index developed by Brown and Alexander (1991) was used to measure the self-esteem of participants. Participant interviews were conducted to describe students' feelings surrounding pull-out services.

This chapter will include a discussion of the results and their implications to counseling, detailing how the information in the study will be of assistance to school counselors. Study limitations will also be examined. Finally, this chapter will include recommendations for future research. The recommendations will benefit school counselors and the way they, along with other educators, go about providing pull-out services to students.

Findings: Quantitative Results

A multivariate analysis of variance (MANOVA) was utilized to determine the difference in self-esteem among students with learning disabilities that do and do not receive pull-out accommodations. The Self-Esteem Index including four subscales was used as a measurement instrument. The four subscales included: Perception of Familial Acceptance Scale, Perception of Academic Competence Scale, Perception of Peer

Popularity Scale, and Perception of Personal Security Scale. Results of the study

revealed no statistically significant differences in self-esteem among students with

learning disabilities who receive pull-out accommodations and students with learning

disabilities who do not receive pull-out accommodations. Results are not in alignment

with prior research that placement for students with learning disabilities does not result in

a difference in self-esteem. Separation from the mainstream classroom setting, as well as

stigmas and labels (Leonardi, 1993) can lead to low self-esteem in students with learning

disabilities (Good, 1982). Other comparison studies revealed differing results. Crocker

and Major (1989) found no difference in the levels of self-esteem among students who

are stigmatized and students who are not stigmatized. On the contrary, when evaluating

specified components of self-esteem of students with learning disabilities, students

reported a decrease in social skills, academic ability, and leadership ability (Pelham &

Swann, 1989). Leonardi (1993) depicted the differing conclusions regarding placement

by reporting the fact that while the segregation of students for the purpose of separate

placement can lead to lower self-esteem on one hand, on the other hand it may increase

self-concept by reducing competition and thus relieving stress and frustrations.

The lack of statistical significance may be attributed to the accuracy of the self-

report measure, the Self-Esteem Index. Ehrlinger and Shain (2014) bring to point the

challenge for students to have authentic insight into both the quality of their

comprehension and quality of their education. While the degree of accuracy of students'

perceptions is dependent upon the research topic at hand, research proposes that when

related to academics, students' perceptions have a tendency to be error-prone (Dunning,

2005). Perhaps most important to the current study is the fact that students are frequently

inaccurate regarding a variety of skills and personal qualities (Fischhoff, Slovic, & Lichtenstein, 1977). Ironically, students who perform poorly in class often have the greatest confidence regarding their academic ability (Ehrlinger & Shain, 2014). More specifically, students have a tendency to perceive their current level of knowledge as exceedingly positive (Ehrlinger & Dunning, 2003). There is a possibility that these factors contributed to students' answers on the self-esteem scale, thus, affecting their self-esteem score. There is also a possibility that participants in the current study, particularly those in the younger grades, had the tendency to inaccurately perceive their abilities.

Items on the Self-Esteem Index measure self-esteem both in school and at home, as well as the quality and importance of relationships with peers (Brown & Alexander, 1991). In addition, the Self-Esteem Index measures feelings about physical traits and personal attributes. The lack of significant findings could possibly be due to misinterpretation of survey items. While the Self-Esteem Index is recommended for students in the age range of 7-18, several items caused confusion for younger participants. I had to clarify the meanings of items like "I am a klutz" and "I have friends I can confide in." Brooke (1996) however, reported the fact that the Self-Esteem Index can be used assuredly with younger children is a desirable feature of the SEI. Brooke (1996) also reported the strong content-validity offered in the SEI testing manual. Further, according to Brooke

(1996), some test items might seem silly to an adolescent. Participants also expressed wishing there was an option to answer, "Not Applicable." There is a possibility that participants overanalyzed certain items and therefore responses may not have been a true representation of participants' feelings. While taking the survey, several

participants questioned the meaning of particular items and expressed different feelings for different environments. For example, when answering "It takes me a long time to get used to new things" one participant told me that he did not know how to answer this because his answer would depend upon where he was or what it was he had to get used to. He further explained that there are some new things that are easy for him to get used to and others that are difficult. He decided to answer based on how he felt most often. Another participant whose parents are divorced felt his answers might differ according to whether he was at his mom's house or his dad's house. When answering, "My parents don't listen to me" the participant felt his mom listens to him, while his dad doesn't always listen. Again, the participant decided to answer according to what he felt most frequently. I observed a reluctance of the participant to choose from the options, but the participant insisted he still wanted to answer. The participant expressed a desire for the questions to be "short answer" as opposed to "multiple choice" format. I chose to interview the same participant.

A particular study offering field estimates of both the factor validity and internal consistency reliability of the Self-Esteem Index items reported several inconsistencies among the predicted and actual factors with which specific items were linked (King & Daniel, 1997). The same study noted a poor fit of the anticipated factor model to the data, based on confirmatory linear structural relations results. As a result, King and Daniel (1997) cautioned researchers with using the Self-Esteem Index in educational settings. Brooke (1996) denoted the meaning of unusually high scores as students with a percentile rank greater than 75, a standard score greater than 13, or a self-esteem quotient greater than 110. Brooke (1996) suggested that unusually high scores may be suggestive

of a purposeful attempt to demonstrate a positive self-image, guarded responses, or skewed self-perceptions. There were 17 students with a self-esteem quotient greater than 110 in the current study. Moreover, there were three self-esteem quotients greater than 130, with 145 being the greatest. When reflecting upon the particular participants with unusually high self-esteem quotients, I felt there was a discrepancy between the daily behavior exhibited by the participant in the school setting and the resulting SEQ. I found it to be an interesting point that participants scoring a particularly high SEQ seem to be the students who struggle the most with academics, suggesting the possible deliberate attempt to demonstrate a positive self-image, or a possible lack of comprehension of survey items.

Findings: Qualitative Results

The qualitative analysis was designed to gather information pertaining to the feelings of participants relative to receiving pull-out services. During face-to-face interviews, participants were asked about their feelings regarding being asked to go to the resource room and whether or not they felt pride in their work. As seen in Table 3 in the previous chapter, I outlined common themes and observations along with participant demographics. Embarrassment, discomfort, feeling inadequate, and feelings of being present in a successful environment were among the main themes which emerged from qualitative analysis.

Miller, Garriott, and Mershon (2005) discussed the absence of investigative reports to answer the numerous demands for student-centered research. In fact, very few researchers have conducted actual interviews with students with learning disabilities. With reference to the theme of embarrassment, results of the current study align with

results of prior research conducted by Albinger (1995). Albinger discussed students'

concern with the stigma surrounding pull-out services. Further, participants in Albinger's

(1995) study felt remaining in the general classroom were advantageous in the social

realm. Results of the current study also aligned with Albinger's (1995) study with

reference to the theme of students feeling inadequate. Participants in Albinger's (1995)

study referred to the resource room as degrading. Albinger (1995) referenced a specific

participant with strong feelings opposing the resource room as the participant pointed out

the window and said, "If you make me keep coming to resource, I'll just be a bum on the

street. All the bums out there went to resource" (p.621). Participants also referred to the

material as being at a low level, irrelevant, and redundant. Jenkins and Heinen (1989)

interviewed 337 students with learning disabilities in grades 2, 4, and 5 and found them

to have an overwhelming preference to remain in the general education classroom as

opposed to receiving pull-out services.

    The themes in the current study appear to be interconnected, with the exception of

the theme of the feeling of being in a successful environment in the resource room, which

was the only theme in favor of pull-out services. Similarly, participants in Albinger's

(1995) study expressed favorable feelings concerning working in the resource classroom.

Specific feelings that mimicked those of the current study included: receiving more

individualized assistance with school work, finding it easier to focus due to a quieter

environment, and being better able to understand the work. This theme is important when

considering the purpose of the study. The study aimed to benefit school counselors and

other educational professionals with the way they go about providing pull-out services to

students. Educational professionals have an obligation to find the most successful

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environment for students. Finding the most successful environment includes supporting

students' social and emotional needs in addition to their academic needs. Self-esteem, a

primary element in the current study, is a key factor of social and emotional well-being.

Research corroborates the strong link between social and emotional health as a predictor

of academic success (Haynes, Ben-Avie, & Ensign, 2003; Malecki & Elliott, 2002;

Welsh, Park, Widaman, & O'Neil, 2001). Results of qualitative analysis demonstrate the

need to make changes to the way school counselors, resource teachers, and other

educational professionals go about providing pull-out services. As noted above under the

significance of the current study, Beane (1986) ascribed school counselors' greatest

effectiveness to four critical areas including: participating in ongoing efforts to raise the

awareness of fellow educators in the area of self-esteem; assisting teachers in developing

skills relative to augmenting students' self-esteem; allowing their expertise in self-esteem

to be advantageous in curriculum planning; and cultivate and organize networks which

serve as support for improving self-esteem through academic success.

Implications to School Counseling

Study findings are beneficial to school counselors in a number of ways. First and

foremost, counselors can use the information gained in the study to work towards

increasing and enhancing self-esteem and self-confidence (Miller & Fritz, 2000). Miller

et al. (2005) listed a number of advantages to seeking student insight. Among the

advantages resulting from student input which are beneficial to school counselors are: the

ability to support students in developing a pledge to learning; the ability to increase

students' internal motivation; the ability to provide a more enjoyable school experience

for students; and the ability to make improvements to the school climate. Cooper and

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Bailey (2001) reported the potential direct relationship among students being labeled and low self-esteem. Further, Thomas and McKenzie (2005) indicated that according to labeling theory, students labeled with learning disabilities are regarded, treated and supported, specific to their label. For this reason, research suggests that placing students in a separate classroom encourages exclusion, which can in turn, have a negative impact on self-esteem (Leonardi, 1993). Conversely, it is possible that being placed in a separate classroom could decrease stress, reduce competition, and result in less frustrations, thus, lead to a positive self-concept. Yauman (1983), Coleman (1983), and Forman (1988) conducted research dating as far back as the 80's and found no differences in self-concept resulting from being placed in separate classrooms. On the other hand, more current research conveyed an increase in academic self-perception for students who remained in the mainstream classroom setting (Bear et al., 2002). Research results have proven to be inconsistent. For this reason, the current study raises awareness in the field of school counseling. Results should bring about awareness to school counselors that while receiving pull-out services may contribute to a difference in self-esteem, it should not be presumed for this to be the case. Results that were similar to those of the current study found that students with learning disabilities who received pull-out services felt dumb, teased, and excluded more often than students who did not receive pull-out services (Whinnery & King, 1995). Regardless, students with learning disabilities felt they were able to be more successful when learning in the resource classroom. Such findings enable school counselors to address peer relationships for students with learning disabilities. More specifically, school counselors must work to develop intervention strategies for educational professionals to respond to teasing in the classroom.

The current study should prompt school counselors and other educational professionals to be mindful of the critical need to interview students surrounding their feelings related to pull-out services. Of all the educational professionals involved in students' school experiences, counselors may have the best opportunity to seek input from students. According to Whinnery, King, Evans, and Gable (1995), students perceptions are a primary determiner of program effectiveness. In order for school counselors to tend to the needs of students in the mental health domain, the aforementioned research proves necessary to seek student opinions and feelings surrounding school experiences. Seeking student opinions and feelings can be accomplished through individual and small group counseling. Counselors can use feedback from individual and small group counseling to make recommendations to teachers and other educational professionals regarding the way they go about providing pull-out services. Counselors can also contribute to implementing positive changes by providing professional development/training for teachers. Finally, counselors should serve as a source of referrals for students, families, and teachers.

Limitations

There were several limitations to this study. First, the generalizability of the study is affected by the fact that the study was only conducted in one private school. While I found a number of demographics to be similar for surrounding private schools, it is possible that differences could impact overall study results. Next, I am also the school counselor in the school where the study took place. I felt the benefits to the dual role outweighed potential limitations, but I was also aware that subconsciously, I may have held pre-conceived notions about study participants. I worked to keep these personal

beliefs about study participants from interfering in any way. Lastly, the number of participants in the study was the minimum number revealed from a priori analysis. If the study was repeated to include students without learning disabilities who remain in the classroom as a comparison group with students with learning disabilities who receive pull-out services, results might have revealed significance.

Recommendations for Future Studies

Based upon results from this study, future studies should focus their attention on qualitative data inclusive of input from students with disabilities. The exclusion of student voice surrounding pull-out services has been frequently noted (Miller, Garriott, & Mershon, 2005). Vaughn, Schumm, Klinger, and Saumell (1995) identified the authentic nature of the considerable and valuable information provided by student contributions. In order for counselors to tend to the needs of their students, they must first communicate with them to determine their greatest needs, fears, and insecurities. Due to the small number of participants in this study, limitations were placed upon the generalizability. In order to increase generalizability, researchers need to repeat the study with a larger population. In addition, researchers should consider repeating the study across multiple schools. Finally, it is important for researchers to focus on the school environments that have the greatest influence on students' self-esteem. Future research using qualitative inquiry needs to highlight the types of qualitative data and the nature of the questions.

Conclusion

The goal of my study was to provide school counselors and other educational professionals' valuable information regarding the difference in the self-esteem of students with learning disabilities who receive pull-out services and those who do not receive pull-

out services in a private school setting. Further, I attempted to provide insight into the thoughts and feelings of participants in order to provide counselors empirical data beneficial to developing and improving students' self-esteem. As stated in the introduction, it is imperative for counselors to consider the existing empirical evidence on social stigma and self-esteem, and determine what educational professionals can do to counteract the negative impact (Crocker & Major, 1989). I considered this statement throughout my research.

Results of this study revealed a number of students' insights which led to themes related to pull-out services. The themes identified, created a reference for school counselors to consider when assisting the resource teacher and other educational professionals in creating the most successful environment for students. Moreover, the themes provided valuable information for school counselors tending to the development of children's self-esteem. While quantitative results of this study did not reveal statistical significance, participant responses to the Self-Esteem Index were beneficial in identifying areas of insecurity in the school setting. The literature referenced in this study offers a reminder to counselors of the importance of maintaining frequent, direct communication with their students. Future research representing a larger sample is imperative to increase the generalizability, namely a more reasonably accurate representation of demographics in the private school setting. I feel a larger sample size would potentially yield statistically significant results.

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CURRICULUM VITAE

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Career Objective: To obtain a position as a School Counselor that
will allow me to use the skills gained from my educational
experience to contribute to the healing, growth, and education of
children.

Employment History:

Current Position
*Saint Michael School Counselor (seventh year)

Saint Michael School
Sixth Grade Teacher (one year)
Seventh Grade Teacher (fourth year)
Eighth Grade Teacher (two years)

Saint Bernard School
 *Permanent fifth grade substitute
 -Responsible for preparing and implementing lesson
  plans and assessment in Social Studies, Reading,
                Spelling and Mathematics

Saint Bernard After School and Summer Care Program
 *Child Care Provider
  -Supervise children at all times
  -Provide children with activities
  -Supervise children on field trips

 Mapother and Mapother Law Office
 *Receptionist
 -Operate the switchboard
 -File case folders and update files in the computer

Education:

University of Louisville
PhD in School Counseling
Spring 2008 – Summer 2016
University of Louisville
Master of Education in School Counseling
Spring 2004 – Fall 2007
University of Louisville
Fall of 1997- Fall of 1999
Spalding University
Bachelor of Science in Middle Grades Education
Majors: Language Arts and Mathematics
GPA: 3.5/Spalding Academic Honors

Professional Development:

Archdiocese of Louisville "Reading First" Program, 2006
David Sousa "How the Brain Learns" 2002
Mel Levine "A Mind at a Time" 2003
Good-Touch/Bad-Touch Training 2003
Russell Barkley "ADHD in Children & Adolescents" 2004
"Learning with Multiple Intelligences: Understanding &
     Integrating" 2004
Rick Lavoie "Linking Legislation Learning & Lessons" 2005
LDA "Learning About Learning" Dr. Jim Russell 2011
Morton Center – Addiction and the Family, September, 2011
The Innerview – Mental Health Trends & Treatment Options, Oct.,
     2011
The Chatterbox – Services for Developmental Challenges, Nov.,
     2011
Gilda's Club – Cancer and it's affect on the whole community,
     Feb., 2012
University of Louisville Autism Center at Kosair Charities
     "Autism & Autism Spectrum Disorders" Information and
     Resources, March, 2012
Dr. Jim Shields "Childhood and Adolescent Depression: Signs and
     Symptoms in the Classroom; Suicidal Behaviors and
     Treatments; Interventions for all" 2013
Dr. Cliff Kuhn, M.D., "The Importance of Humor in our Lives,

Especially As We Help Children, Teens, and Families
Through Emotional Struggles" 2013

Dr. Wayne Harper, Dr. Deborah Edds, & Jane Meyers, "Child,
Adolescent, and Adult ADHD and its Effects in the
Classroom and Throughout the Life Span" 2013

Dr. Eva R. Markham, "Understanding the Challenging Pupil" 2014
Gein Weiss, "KHEAA at Your Service" Programs
Publications, and Benefits to your Elementary and High
Schools Jennifer Schiller, LMFT, JD Clinical Director of
Louisville Presbytarian Seminary Counseling Center,
"History of the Counseling Center"
Benefits to you, your students, and families, 2014

Katina Wallace, Community Outreach Director, The Brook
Hospital "Programs and Services to Schools and Families"
2014

Joe Edwards, PsyD, "Psychological Testing and its Advantages for
School Counselors" 2014

Barb Kaminer, Commonwealth of Kentucky, Suicide Education
Education Coordinator "Suicide Behaviors at Both Schools
and Home and How to Approach" 2015

Steve Williams Director of Outreach Services for Home of
Innocents Community Resources

Valerie Merrifield, Director of School Education for the Kentucky
Humane Society, "Compassion in our Youth Related to
Animal Welfare." 2015

Melissa Parrish, The Center for Woman and Families,
"Community Services and Offerings for High School and
Elementary Age Students" 2015

Dr. Melissa Currie, Kosair-Children's Hospital, "The Face That
Ends Child Abuse" 2015

Detective Danny Lawless, Crimes against Children Unit of the
LMPD "How do we Service Your Children?" 2015

Amy Nace-DeGonda, Catholic Charities Human Trafficking
Division "Human Trafficking of Minors" 2015

Clinical Interpretation of Educational/Learning Assessments:
Beyond IQ Scores, 2015

Dr. David Causey, Todd Johnson, PhD, "Coping with
Stress and Anxiety in Your Students" 2015

Valerie Merrifield, Outreach and Education Coordinator for The
Kentucky Humane Society, "Instilling Empathy in our
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Awards and Accomplishments:
Spalding Honor Roll
Spalding University Leadership Award

Volunteer Experience:

Commonwealth Attorney's Office
-Assisted Victim Advocates in supporting victims during trials
-Contacted witnesses for trial

Saint Bernard Children's Liturgy of the Word Teacher
-Responsible for planning and implementing weekly lesson plans teaching the readings and homily of the Masses at the children's level

Saint Bernard Minister of Hospitality
-Responsible for preparing for Mass by lighting candles, handing out worship aides, selecting a family to carry up gifts, welcoming

Saint Bernard Long Range Planning Committee
-Responsible for gathering data from the parish and planning strategies to reduce Parish debt and attract new members.

Tutor
-Work with students who are struggling in a particular subject area