

COPING SKILLS, PSYCHOSOCIAL ADJUSTMENT AND PEACE AMONG PARENTS OF MULTIETHNIC INDIVIDUAL WITH LEARNING DISABILITIES

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Abstract

The purpose of this research is to study about the coping skills, psychosocial adjustment and peace among parents of multiethnic individual with learning disabilities. Family Crisis Oriented Personal Evaluation Scales (F-COPES) will be used to identify effective problem-solving and behavioral strategies utilized by families in difficult or problematic situation while dealing with their children with learning disabilities. The modified Psychosocial Adjustment to Illness Scale (PAIS) is a multi-dimensional, semi-structured clinical interview designed to assess the psychological and social adjustment of medical patients, or members of their immediate families, to the patient's illness. Semi structured interviews will be used to gather information about the peace element among parents of multiethnic individual with learning disabilities. This survey research will be administered with 200 samples whom are all multiethnic parents of children with learning disabilities. The findings of this study will be collected through questionnaires and semi structured interviews. The descriptive data will be analysed using Statistical Package for Social Sciences (SPSS)

Keywords: coping skills, psychosocial adjustment, PEACE

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Introduction

Children with learning disabilities, attention deficit/hyperactivity disorder (ADHD), and related disorders puzzle parents because of their many abilities and disabilities. It can also be

difficult to understand how much of their behavior is the nature of the condition and how much is oppositional. It is all too easy for parents to sense a child's feelings of inadequacy and then feel bad as a parent. Parenting approaches that include clear, concise instructions; structure without rigidity; nurturing a child's gifts and interests; and constant approval of positive behavior help parents feel better and help children feel safe. It takes time for both children and parents to embrace the concept that being different does not mean being inferior and, in fact, can be a good thing.

Parents need to be nurtured and praised to help them nurture and praise their children. Most parents use almost every resource they have to help their children flourish, and still, they worry they are not doing a good enough job. Usually they are!

Neurologic Basis

Parents often feel guilty because they feel their child's learning disabilities, ADHD, and related disorders are somehow their fault. But, that is not true. Parents may tend to feel that if they had been stricter, demanded more, forced more practice, it would have changed the situation. That would not have changed the situation.

Children and adults with learning disabilities often have clusters of difficulties that lead to academic failure or low achievement.

These disabilities emanate from a neurophysiological base. It is as though the switchboard of the brain short circuits some of the information coming in, scrambles it, and then loose wires interfere with the ability to get that information out. This neurological dysfunction contributes to disorder, disorganization, and problems with communication. Parents can be reassured that these problems are organic and are not caused by external factors (Smith, 1991; 1995).

For years there have been nay-sayers who claim that there is no such thing as learning disabilities – that there are lazy children and motivated students, that there are stupid children and bright students. However, technological advances over the last 5-10 years have laid those issues to rest. Brain researchers using magnetic resonance imaging (MRI) have shown differences between the brains of individuals with learning disabilities and those without (Dr. Martha Denckla, personal communication).

Researchers have also found images of ADHD in the central nervous system (Dr. Xavier Castellanos, personal communication). The architecture of the brain of the child with learning disabilities is different.

Brain researchers also point out that neuronal links in the brain typically travel in particular patterns, but in individuals with learning disabilities, they are scattershot all over the brain, resulting in unusual linkages (Dr. Gordon Sherman, quoted in *The Doctor is In*, 1988). Consequently, exceptional disabilities are often linked with exceptional abilities.

As an example, for over 35 years, graduates of the Lab School of Washington have become very successful in the arts as graphic artists, film makers, fashion designers, jewelry makers, actors, architects, photographers, musicians, dancers, and computer graphic specialists.

A number of the graduates have also become highly successful entrepreneurs and business executives. Parents can take reassurance in the fact that many abilities usually accompany the constellation of problems or cluster of difficulties that constitute learning disabilities.

Understanding Behaviors

It is often confusing to parent children with learning disabilities, ADHD, and related disorders. One of the biggest confusions and challenges parents face is the large hiatus between what the children can do and what they cannot do. Often they are very smart, know a great deal, and reason well, yet cannot read or write. School teachers and family may be telling them to try harder, and they are usually trying their hearts out. They tend to work 10 times harder than everyone else does, but still they may be called lazy.

Another aspect of the confusion for parents lies in how hard it can be to distinguish between a child who can't do something and a child who won't do something. For parents, it can be vexing not to be able to control a 5 or 6-year-old or to know whether to push an adolescent or reduce expectations. In this confusion, parents tend to ask, What is wrong with me? rather than What challenges is my child having to face? Shifting this focus can be therapeutic for parents and children.

Children may seem to be having behavior problems when, in fact, they are confronting difficulties in accomplishing a task. Children tend to withdraw or act out when a task is too demanding. It can help parents to know that when children say they hate something that usually serves as a wonderful diagnostic tool, indicating what is difficult or impossible for them.

For example, when a child loves dance, art, and music but hates drama, it could be that the child has a speech/language problem. When a child hates math or reading, these are likely areas of difficulty. Conversely, what children like and want to do usually serve as indicators of their strengths.

While a diagnosis will help to some extent, the job of sorting out these issues on a day-to-day basis is no small task. On a planning level, confusion occurs because teachers, doctors, psychologists, and social workers may disagree not only on diagnosis but on the best treatments or programs for a child. This can be frustrating and anxiety-provoking for parents who have to pull all the information together and decide what to do, right or wrong. Additionally, at home and elsewhere, parents must anticipate problems and sense when their children are tired, or frustrated, or about to explode. Parents must trust their guts as to how long the child can last at a party, or sit in a restaurant, or be pleasant with visitors. While parents have to do this with all children, it is much more challenging with this population.

Parents of children with special needs are constantly trying to puzzle out what's working, what's not working, what causes the child's frustration, and what brings the child pleasure. Parents have to analyze everything, think carefully, reflect on activities of each day, and problem solve to recognize the child's strengths, interests, and areas of difficulty, and come up with plans for managing the child's behavior and supporting the child's development.

The Family with the Child with Special Needs

Learning disabilities can be hard on a family. One parent, often the mother, may recognize and face the problem sooner or more readily than the other. Misunderstanding and conflict can result.

Brothers and sisters often resent the amount of attention given to a child with special needs and may proclaim knowingly that the child is a spoiled brat who is perfectly capable. Grandparents tend to blame parents for not doing enough, not being disciplined enough, organized enough, or

not giving enough direct help to the child. Neighbors can be intolerant if the child is very hyperactive or has low frustration tolerance and tends to explode or cry at each hurdle.

On a daily basis, children with special needs typically raise the irritant factor in family life. They tend to leave everyone on edge because their behavior is unpredictable, erratic, inconsistent and full of ups-and-downs. Children with learning disabilities and ADHD are usually very disorganized. They have trouble dealing with sequences and order, so they don't plan well. They are distracted easily and often impulsive. Just getting washed and dressed in the morning can be an arduous task. Sometimes resulting in explosions on the part of the children, their parents, or both. Clashes frequently emanate from a child's misunderstanding of instructions or going off on a tangent.

To complicate the problem, when wrong or criticized, children with learning disabilities tend to fall apart, withdraw into day dreaming, or strike out in one form or another.

Emotionally this population is very immature and fragile. These children tend to personalize things that have nothing to do with them. For example, when family members are laughing at something, children with special needs are often convinced that they are being laughed at, and, as a result, they get very upset. Furthermore, their moods swing widely, and a child may be laughing one moment, crying the next (Smith, 1995).

This emotional lability is hard to live with. Children with learning disabilities and ADHD are prone to depression (Smith, 1991). Their sense of defeat and failure is contagious and, sometimes, the whole family feels their helplessness and despair. Often adults, otherwise incredibly competent in their daily lives, feel incredibly incompetent when with these children.

This can take a toll on parents, and support and education may be necessary to bolster parents' sense of confidence and competence in effectively parenting the child with learning disabilities.

In a study, the general health scale from the Short-Form Health Survey and measures of life satisfaction and depression. The results were Social support was the best predictor of caregiver life satisfaction. Perceived control over emotions when solving problems was the best predictor of caregiver depressive behavior and health. Social problem-solving abilities were associated with caregiver depressive behavior and health; social support did not mediate these relationships. The conclusions were Problem-solving interventions may be most appropriate for the treatment and prevention of caregiver depression and health problems. Social support programs may be indicated for caregiver life satisfaction (Grant, et al, 2004)

Persons With Disabilities Act 2008 (PWD Act)

The PWD Act was passed in 2008. It defines “persons with disabilities” as including “those who have long term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society”.

The PWD Act protects the rights of persons with disabilities and imposes obligations on government, private sector and non-government organisations in relation to:

- (a) access to public facilities, amenities, services and buildings;
- (b) access to public transport facilities;
- (c) access to education;
- (d) access to employment;

(e) access to information, communication and technology;

(f) access to cultural life;

(g) access to recreation, leisure and sport;

(h) habilitation and rehabilitation services;

Problem Statement

Discovering a child's special needs is often a confusing and painful process for parents. First of all, because learning difficulties can be subtle, multiple, and difficult to pinpoint, it can be hard for parents to know whether things are normal or not. Especially with a first child, parents may not know when to expect vocalizing, playing with sounds, and learning to speak. It is also difficult to distinguish between a healthy, very active toddler and a hyperactive toddler with ADHD. What is the difference between the child who is a little clumsy (which will be outgrown) and a child having significant motor skills problems? What are the indications of children being off course in their ability to listen and follow directions? It may take some time for parents to recognize and articulate concerns.

Even after a diagnosis, parents often face a whole gamut of emotions before they can grapple effectively with the stark truth that their child has learning disabilities.

Parents may move through emotions like Kubler-Ross' (1980) stages of grief, initially denying there is a problem and rationalizing why it's not a problem, then having to deal with the fear, the anger, and the guilt of having a child who experiences many difficulties. It is normal for parents to want to blame somebody – anybody – and to bargain in the sense of thinking that changing neighborhoods, schools, or doctors might make the problems go away. Grieving for what

might have been follows, and finally parents can come to accept the child's strengths and weaknesses and try to figure out a helpful plan of action (Kubler-Ross, 1980; Smith, 1995).

Therefore this study intends to measure the coping skills, psychosocial principles and Peace among parents of multiethnic individual with learning disabilities. The findings of this study will be helpful for the parents to learn more about coping strategies incorporated with psychosocial principles and Peace in order to help the children with learning disabilities more effectively.

Significance of Study

This study is significant as it will be helpful for parents to understand better about effective coping strategies while rearing their children with learning disabilities. Furthermore, this study will be an eye opener for many parents who are in denial state of their children's disabilities to address the disabilities and get the children into an early intervention programme and help them to improve their psychosocial skills. In addition, the caregivers will be aware about the rights of the children to attend school and not to breach the law by denying their children from getting themselves enrolled in any education settings.

Research Objectives

This research attempts to accomplish the following:

1. To understand the needs and current coping strategies among parents of multiethnic individual with learning disabilities using peace elements or psychosocial elements.
2. To measure the effective coping strategies among caregivers of multiethnic individual with learning disabilities.

3. To determine the relationship between coping skills, psychosocial adjustment and Peace among parents of multiethnic individual with learning disabilities

Research Question

This research attempts to answer the following questions:

1. What are the needs and current coping strategies used by parents of multiethnic individual with learning disabilities using peace elements or psychosocial elements?
2. What are the effective coping strategies among caregivers of multiethnic individual with learning disabilities?
3. What are the relationship between coping skills, psychosocial adjustment and peace among parents of multiethnic individual with learning disabilities?

Limitation of Study

The scope of this study is limited to the parents of multiethnic individual with learning disabilities in Klang Valley. This study does not include the parents of multiethnic individuals from other states in Malaysia.

Methodology

This study has three main objectives which is to understand the needs and current coping strategies among parents of multiethnic individual with learning disabilities using peace elements or psychosocial elements; to measure the effective coping strategies among caregivers of multiethnic individual with learning disabilities; to determine the relationship between coping

skills, psychosocial adjustment and Peace among parents of multiethnic individual with learning disabilities.

The methodology that would be used in this study is a mixed methods approach, comprising of both quantitative and qualitative methods.

Family Crisis Oriented Personal Evaluation Scale (F-COPES), Psychosocial Adjustment to Illness Scale and interview sessions will be conducted for data collection and analysed using Statistical Package for Social Sciences (SPSS).

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