

Factors of Culture and Learning Disability Influencing Support Choice
Among Hispanic and Latino Youth

by

Matthew Waugh
B.Sc., New Mexico State University, 2007

A Thesis Submitted in Partial Fulfillment
of the Requirements for the Degree of

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Supervisory Committee

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Abstract

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This research included male adolescents living on the U.S./Mexico border and the possible effects of a LD and racial and ethnic identification on support seeking behaviour within a bioecological framework. A sample of 34 male Caucasian, Hispanic and Latino students with and without a LD were recruited from two school sites in separate states in the southwest United States. Participants completed a social support questionnaire, selecting support options for managing various life stressors common to adolescents.

Research yielded contradicting results from previous explorations of Hispanic and Latino social support behaviours. A one-way ANOVA found no significant differences between the four groups. Independent *t*-tests clustered students based on racial and ethnic identification with no significant differences. Significant differences were found between LD and non-LD groups in their choice of teachers, with students with a LD being significantly less likely to select teachers for support. In contrast to past research, Caucasian participants were more than twice as likely to select nobody for social support, and less likely to select their parent/guardian, peer/friend, sibling, or teacher for support. Future research should focus on students who are of community and school minority in various contexts across time to gain a more holistic understanding of social support seeking behaviour.

Table of Contents

Supervisory Committee.....	ii
Abstract.....	iii
Table of Contents.....	iv
List of Tables.....	vii
List of Figures.....	viii
Acknowledgements.....	ix
Dedication.....	x
Chapter One: Introduction.....	1
The Border As a Family Member.....	1
Adolescence.....	2
Theoretical Framework.....	3
Study Purpose and Research Questions.....	6
Definition of Terms.....	7
Study Delimitations.....	11
Assumptions.....	12
Summary.....	13
Chapter Two: Literature Review.....	14
The Microsystem.....	15
The <i>Bio</i> in Bioecological.....	15
Families as Subsystems.....	18
<i>The Parent</i>	19
<i>The Sibling</i>	22
<i>The Extended Family</i>	24
<i>The Peer</i>	27
<i>The Teacher</i>	28
<i>The Non-Familial Adult</i>	31
The Macrosystem.....	32
Family Styles.....	33
<i>Collectivism</i>	34
<i>Individualism</i>	36

Support Typologies.....	37
Support by Race and Ethnicity.....	37
<i>Support Perception</i>	39
<i>Support Preference</i>	40
<i>Support Reception</i>	42
LD and Social Support Choice.....	45
Border Life.....	50
Summary.....	52
Chapter Three: Methodology	54
Research Design.....	54
Study Location.....	55
Participant Characteristics.....	58
Instrumentation.....	61
Scoring.....	62
Validity.....	62
Variables.....	64
Learning Disability.....	64
Race/Ethnicity.....	65
Social Support Choices.....	65
Procedure.....	65
Summary.....	68
Chapter Four: Results	69
Descriptive Statistics.....	69
Statistical Analyses.....	75
Analysis: Microsystem Variables.....	76
Analysis: Macrosystem Variables.....	77
Social Support Choices: Participant Responses.....	78
Summary.....	81
Chapter Five: Discussion	82
Micro-Level.....	82
Macro-Level.....	87

Limitations.....	89
Future Research.....	91
Chronosystem.....	96
Conclusion.....	97
Implications.....	98
References.....	100
Appendix A: Social Support Choice Questionnaire.....	127
Appendix B: Social Support Choice Questionnaire (Spanish Version).....	131
Appendix C: Guardian/Caregiver Consent Form.....	135
Appendix D: Guardian/Caregiver Consent Form (Spanish Version).....	138

List of Tables

Table 1. Social Characteristics For Town of School A and School B.....	56
Table 2. Economic Characteristics For Town of School A and School B.....	57
Table 3. Student Demographics: Groups by Grade.....	59
Table 4. Student Demographics: Population Age.....	59
Table 5. Support Choice: Descriptive Statistics.....	70
Table 6. Support Choice: ANOVA.....	75
Table 7. Support Choice: Group Ranking.....	80

List of Figures

Figure 1. The Social Competence Prism.....	17
Figure 2. Population Characteristics.....	60
Figure 3. Mean: Guardian / Caregiver.....	71
Figure 4. Mean: Peer / Friend.....	71
Figure 5. Mean: Relative / AOS	72
Figure 6. Mean: Sibling	72
Figure 7. Mean: Teacher.....	73
Figure 8. Mean: Nobody.....	73

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Dedication

I would like to dedicate this thesis and attribute my inspiration to improving the lives of individual's with disabilities through research and education to Stephanie Sims. Some of my best childhood memories came when I got off the bus, walked up the dirt road off of Harper Hill, and saw you (and heard you laughing) at the top. You'd be waiting and sitting on your bike seat until I near the house. You would turn and pedal away but then veer back like a boomerang, coming back to ride around me. Dragging your feet on the ground like a set of training wheels, a washcloth and steering wheel in hand. And then I'd get my bike.

Thank you for showing me that a person's potential is more important than any of our weaknesses.

Chapter 1: Introduction

The Border As a Family Member

The poet Bobby Byrd once compared the border to an alley separating the homes belonging to the rich and poor. That alley can be as wide as the Sonoran desert stretching two states and two countries, or as narrow as a tunnel that traffics addiction just a few feet under patrolling feet. This border is not just an imaginary line separating two nations, whose policies, and cultural identities, and economic circumstances are so antipodal that they might as well be looking at each other in a mirror, one raising his right while the other raises her left. Listen to the stories of people who grew up with the border, who talk about it as if it were another living, breathing organism, or like any other person you would go to for support, who talk about it as if it were another friend, a companion even.

Novelist Luis Humberto Crosthwaite's poignant remark to a reporter about the border as an ex-wife is the typical borderland personification found here. "I don't talk bad about her and she doesn't talk bad about me...even better, the border is like my girlfriend. There are girlfriends we are boastful about and there are girlfriends we guard like an expensive secret. This one I have locked away in my heart" (Crosthwaite, 2003, p. 239). There are many like Crosthwaite who may see themselves as fused, unable to be separated from the borderland. There is something about this place that brings comfort to many who face resource inequities and are surrounded by pervasive violence. Needless to say, this border has become an important piece of the social support system for many people who were born here and for the adolescents still being raised here. It is as if the border is another member of the family. Yet, the adolescents living on the border still

face many challenges unique to this region and they must do so during a time in their life that is marked with great change biologically, intellectually, and socially.

Adolescence

Adolescence is a transition from childhood to adulthood and the developmental milestones therein tend to vary from individual to individual, between the sexes, and in the development of social relationships especially, among cultures (Friedman, 1993). For some adolescents, this transitional period can be extremely difficult when living in poverty, or coping with victimization, or inadequate academic resources. The levels of social support can help to reduce those effects. Supportive relationships can go far in acting as a buffer against life stressors (Gass, Jenkins, & Dunn, 2007; Malecki & Demaray, 2006), a protective factor in curbing the distress, anxiety, and uncertainty that can be felt among adolescents.

Adolescents whose social support is limited have an increased risk for depressive symptoms (Windle, 1992; Zimmerman, Ramirez-Valles, Zapert, & Maton, 2000). However, individuals who have greater access to social support are less likely to experience symptoms of depression (Pierce, Frone, Russell, Cooper, & Mudar, 2000). Even the perception of support, whether actually received or not, can have lasting effects on the overall health of adolescents (Brook, Brook, Gordon, Whiteman, & Cohen, 1990; Mason, Cauce, Gonzales, & Hiraga, 1994). When managing various life stressors, many adolescents seek advice and support from a diverse and extensive network including parents and siblings, teachers and peers, and extended family members and non-related adults (Buhrmester & Furman, 1990; Colarossi & Eccles, 2003; Furman & Buhrmester, 1985; Hare, Marston, & Allen, 2010; Malecki & Demaray, 2003; Milardo, 2005; Reddy,

Rhodes, & Mulhall, 2003; Stanton-Salazar & Spina, 2005; Suldo, Shaffer, & Riley, 2008; Tucker, Barber, & Eccles, 1997).

Deciding which member to access support from is dependent on adolescent's perceptions of support types and levels. For instance, adolescents report that parents provide the highest emotional and informational support, a support associated with higher levels of psychosocial and academic adjustment (Wenz-Gross, Siperstein, Untch, & Widaman, 1997). Teacher and school sources are reported to provide informational support that is associated with improved adaptive emotional functioning (Colarossi & Eccles, 2003; Malecki & Demaray, 2003; Reddy et al., 2003) and achievement in the school context (Malecki & Demaray, 2003; Rosenfeld, Richman, & Bowen, 2000). Adolescents report that classmates and close friends provide the highest levels of emotional support as well as instrumental aid such as providing one's time and energy in assisting with school-related tasks (Malecki & Demaray, 2003).

Theoretical Framework

The theoretical foundation for much of the modern research on child relationships can be linked to the work of Piaget (1932) who first suggested that child-peer relationships could be differentiated from those relationships children have with adult members in their lives. Piaget contends that the communication and social styles children engage in and the power structure between individuals and other relationship qualities, could possibly influence a child's social behaviour. Since Piaget's theory, a wave of theoretical perspectives sought to further delineate the forces that influence child behaviour. Notably, the ecological systems model (Bronfenbrenner, 1979, 1986, 1989) posits that the development and behaviours of an individual are the product of the person

(e.g. disability, personality) and the environment in which the individual belongs (e.g. historical, political, and cultural).

Bronfenbrenner (1979) described four systems (micro-, meso-, exo- and macro-systems) and their potential influences on the individual and networks in which they belong. The personal relationships and direct contact an individual makes with his or her peers and teachers, siblings and parents are part of that person's microsystem. It is here that the influences are considered bi-directional and have the strongest influence because of the direct contact between the individual and other members of their network. The interactions between those microsystems (e.g. parents and teachers, siblings and friends) form the meso-system. Each microsystem relationship has the potential to affect the biological, intellectual, and emotional development of the child in another environment. For instance, adolescents who are having trouble getting along with their siblings or parents at home may have difficulty completing their schoolwork.

Strong micro-level support and its impact on academic attainment, mental health, and management of life stressors is well-documented in the literature (Alfaro & Umaña-Taylor, 2010; Alfaro, Umaña-Taylor & Bámaca, 2006; Brook et al., 1990; Dubow, Tisak, Causey, Hryshko, & Reid, 1987; Eamon & Mulder, 2005; Gass et al., 2007; Malecki & Demaray, 2006; Mason et al., 1994; Milevsky & Levitt, 2005; Morrison, Laughlin, San Miguel, Smith, & Widaman, 1997; Urberg, Goldstein, & Toro, 2005; Wenz-Gross et al., 1997; Widmer & Weiss, 2000; Windle, Miller-Tutzauer, Barnes, & Welte, 1991).

Children who have positive and supportive relationships with members in their support network, such as familial support, often stand to gain better academic attainment than those children who do not receive or perceive positive support at home.

Any environment in which the individual does not directly come into contact with, but is nonetheless influenced by, is defined within the exosystem. For example the consequences of a parent losing a job. The child may not have immediate contact with any part of the parent's workplace, but is affected by the financial implications of the parent becoming unemployed. The macrosystem is an influential force embedded in our day-to-day social transactions, the cultural memes or units of ideas that help shape our identity, the political landscape and policies put in place, the socio-economic status and historical timeframe we are born into, has in it the propensity to decide what resources will be and ought to be available for ourselves and members in our communities. Take for example macro-level variables such as state and federal budget cuts to community resources possibly influencing adolescent behaviour. Youth residing in neighbourhoods where institutions and programs offer resources and support have been associated with lower levels of aggression and other problem behaviours (Molnar, Cerda, Roberts, & Buka, 2008).

Though Bronfenbrenner provided researchers with a framework for the various interrelated systems affecting human development, it was the inclusion of the individual's biology, psychology and behaviour or the internal microsystem that has provided another dimension to the model. From a bioecological perspective, researchers have investigated the influences of social support outcomes, environmental impacts affecting support choices and non-normative social behaviour among adolescents (Alfaro et al., 2006; Alfaro & Umaña-Taylor, 2010; Eamon & Mulder, 2005). Currently, there is interest in accounting for individual variation in biological make-up, hence the growing literature applying a bioecological systems model (Bronfenbrenner & Ceci, 1994; Logsdon &

Gennaro, 2005; Logsdon, Hertweck, Ziegler, & Pinto-Foltz, 2008). Biological conditions such as personality traits or psychological disorders are part of the internal microsystem and can have a tremendous influence, much like those microsystems external to the individual. This research study builds upon and is guided by the bioecological systems model. By viewing and interpreting the results of this study through a bioecological lens, a clearer understanding of the influences on adolescent social support choice can be made.

Study Purpose and Research Questions

The purpose of this study is to determine the factors influencing social support preferences for managing various life stressors among four groups, Hispanic and Latino adolescents with and without learning disabilities (LD) and Caucasian adolescents with and without a LD. Research reveals social seeking differences among ethnic and racial groups as well as individuals with and without a LD. Hispanic and Latino individuals have shown to be overly self-reliant in managing various life stressors compared to their Caucasian peers (Windle et al., 1991), while Hispanic and Latino individuals with a LD have self-reported preferring “nobody” and choose to seek out non-normative social support at higher rates compared to their non-LD, Hispanic and Latino peers (Morrison, Laughlin, Smith, Ollansky, & Moore, 1992). This study seeks to use a bioecological framework to address the following questions:

- What differences, if any, will there be in regards to the influence of microsystem (e.g. learning disability) and macrosystem (e.g. race and ethnicity) variables on adolescent social support choice?

- Will one group choose *nobody* or select non-normative social support choices for managing various life stressors at higher rates and will these differences be statistically significant?
 - More specifically, will Hispanic and Latino adolescents with a LD choose *nobody* or select non-normative social support at a higher rate than the comparison groups and will these differences be statistically significant?
 - Will the Hispanic and Latino adolescents, LD and NLD participants combined, choose *nobody* or select non-normative social support at a higher rate than the Caucasian adolescents and will these differences be statistically significant?

Definition of Terms

The following terminology and definitions are used in this study:

- **Ethnicity-** a self-identified and defined construct rooted within a number of shared categories including but not limited to cultural and social traditions, religious practices, and geographic location.
 - ***Hispanic and Latino***¹- an ethnic descriptor that identifies a population who are typically a mix of Native American, Caucasian, and African/African American with racial proportions having regional variations. For example, “Southwest Hispanics, who are primarily Mexican-American, appear to be largely

¹ The classification of the category “Hispanic” was replaced with "Hispanic or Latino" by the Office of Management and Budget due to “regional differences” in self-identification. Hispanic is commonly used in the eastern portion of the United States, whereas Latino is commonly used in the western portion.

Caucasian and Native American” (Risch, Burchard Ziv, & Tang 2002, p. 3). Individuals with a Hispanic or Latino background include any such persons who are of Cuban, Mexican, Puerto Rican, South or Central American or any other Spanish culture or origin, regardless of race (Office of Management and Budget, 1995).

- **Race-** in contrast to *ethnicity*, the use of the term *race* in this study will be primarily defined by an individual’s racial group’s “continent of origin” (Risch et al., 2002, p. 3).
 - *Caucasian*² - a person or group having origins in any of the original peoples of Europe, the Middle East, or North Africa. This includes any person “who indicated their race or races as “White” or wrote in entries such as Irish, German, Italian, Lebanese, Near Easterner, Arab, or Polish” (United States Census Bureau, 2001).
- **Learning Disability-** “a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken, or written, that may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia... Specific learning disability does not include learning problems that are primarily the result of visual, hearing, or motor disabilities, of mental retardation, of emotional

² The Office of Management and Budget uses the racial descriptor “White” in data classification.

disturbance, or of environmental, cultural, or economic disadvantage” (U.S. Department of Education, 2006, “Specific learning disability”).

- **Life Stressor-** any internal (e.g. biological or chemical) or external (e.g. environmental) stimulus that induces stress upon an individual or group. For the purpose of this study, both the LD status (internal) and the adolescent’s racial/ethnic identification (external) will be the primary focus and its impact on social support choices among the study participants.
- **Social Support-** a support system in which other members of an organizational structure simply exist (structural support) or engage in supportive actions (functional support) to assist the individual (Glazer, 2006) and contributes to the development of the individuals’ behavioural patterns, social recognition, and values (Farmer & Farmer, 1996). Functional support consists of emotional support, which can be provided by network members through love, comfort, affection, empathy, or reassurance. Instrumental or practical support can be provided through guidance or advice, sharing in activities or assisting in tasks. A third support type is material support which can be provided through goods, services, or currency,
 - **Social Support Network-** a network consisting of those members, either individual or publicly or privately organized, who are with the ability to offer assistance that meets the emotional,

behavioural, cognitive, and/or financial needs of other individuals or organizations within the network.

- **Social Support Choice-** the selection an available member within the support network in order to meet the individual's emotional, behavioural, cognitive, and/or financial needs.
 - **Non-normative support choice-** the selection of an available member within the social support network that does not reflect responses given by the group majority.
 - **Choice versus Preference-** the term *choice* is used in place of *preference* because a *choice* allows an individual the freedom to select an option available from a finite list. For example, participants will be asked to select who they would *choose* for social support when having difficulty with schoolwork. Making a choice implies that the individual selected is available to offer support. *Preference*, on the other hand, assumes the right to select a person for support who may or may not be available. A participant's preference of support may differ greatly from the selected support due to availability or possible pervasive problems affecting familial, teacher, or peer relationships. For example, an adolescent is in need of assistance on homework assignments may prefer to seek support from an older sibling who has been available in the past. However, if the sibling recently moved away, the support preference is thereby limited in access. The adolescent

may still prefer the sibling for support with homework assignments; but based on availability, the adolescent must choose from a set of accessible options.

Study Delimitations

The parameters of this study are as follows:

1. This research drew participants residing in the following locations:
 - School A included participants from a high school in a small, remote town (see *Chapter Three: Methodology*).
 - School B included participants from a high school in a large metropolitan city.
2. Both schools are located in two separate states in the Southwest region of the continental United States.
3. Eighty high school males in grade nine or ten who agreed and provided guardian/caregiver consent, were included in this study.
4. School administrators provided students who self-identified as either Caucasian, Hispanic or Latino.
5. Half of the participants provided by each school were required to meet diagnostic criteria for having a LD as determined by state guidelines and by the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR).

Assumptions

The researcher made the following assumptions:

1. School administrators provided a random selection of grade nine and ten students for the information meeting held during the third week of October 2011. Of the random selection, ten students from each of the following four groups were asked to attend the information meeting:
 - Ten male, Hispanic or Latino students in grade nine or ten with a diagnosis of a LD (HLA/LD) as determined by state and DSM-IV-TR criteria were selected.
 - Ten male, Hispanic or Latino students without a LD (HLA/NLD) were selected.
 - Ten male, Caucasian students in grade nine or ten with a diagnosis of a LD as determined by state and DSM-IV-TR criteria were selected.
 - Ten male, Caucasian students in grade nine or ten without a LD were selected.
2. Student participants were honest in their responses towards (1) their self-identification of being Caucasian, Hispanic or Latino, (2) their disclosure of their LD or non-LD status and (3) their responses to questions regarding support choices on the Social Support Choice Questionnaire.

3. Teachers, case workers, counsellors, or any other professional, did not influence in any way, the responses provided by each student participant.
4. Appropriate approval was given for students to participate in this study as evidenced by a signature provided on the guardian/caregiver consent forms.

Summary

This chapter began with an overview of support types and who adolescents view as the best option among their social network to seek support from. This was followed by a description of the theoretical traditions, detailing the bioecological systems model that guided this research. The study's rationale and research questions were described, terminology was defined, study delimitations was discussed and concluding the chapter was a list of the researcher's assumptions. The next chapter will review existing literature concerning family, extended family, and other members of an adolescent's social support network within a bioecological framework as well as the differences in family values and support types depending on racial and ethnic identification.

Chapter Two: Literature Review

The purpose of this chapter is to review the literature related to social support choices among four groups, Caucasian, and Hispanic and Latino populations with and without a LD. The framework for this literature review will follow a bioecological systems model in order to better understand each group's social support choices as it relates to possible influences from various system levels. This literature review will investigate each of the following areas as it falls under its respective system: (1) a LD as a biological factor for developing healthy social networks and affecting support choice (internal microsystem), (2) the relationships and roles among members who are in direct contact with the adolescent (external microsystem), (3) the interactions between systems affecting adolescent outcomes (mesosystem), and (4) the cultural differences as they relate to family style differences and social support seeking behaviour, family and life stressors, perceived and received support as well as community resources within urban and less densely populated areas (macrosystem).

It should be noted that any use of race and ethnic descriptors that diverts from the list already defined by the author in the first chapter will be provided within the context of those studies cited. For example, Franco and Levitt's (1998) investigation of family support, friendships and self-esteem in middle childhood included "Hispanic Americans" from the Southeastern region of the United States as part of their sample. The ethnic classification of *Hispanic* is a regionally acceptable descriptor, but will not be used independently of the ethnic classification of *Latino* outside of cited references due to self-identification differences. Secondly, one of the researcher's goals in this literature review is to illustrate the collectivist and supportive style of the Hispanic and Latino family

system in contrast to the support style and individualistic family value that is more dominantly promoted in Caucasian households. This in no way suggests or reflects the researcher's opinion of family-style superiority. Rather it is the purpose of this research to investigate the differences among bioecological systems and their influences on social support choices among male adolescents.

The Microsystem

“Call it a clan, call it a network, call it a tribe, call it a family:

Whatever you call it, whoever you are, you need one.” - Jane Howard

Bronfenbrenner (1979) wrote that a microsystem is “a pattern of activities, roles, and interpersonal relations experienced by the developing person in a given setting with particular physical and material characteristics” (p. 22). He claimed that those entities within environments that have meaning to the individual have the most power; a father, a mother, siblings, and other members in the household, a teacher, a friend or other confidants, could have great importance placed on their role in a social support network. As Bronfenbrenner (1994) later identified, individual biology is also, to a large degree, a force that is embedded in our decision-making. The microsystem, the most direct interaction which an adolescent will have, as well as the influences on the adolescent derived from interactions among systems (mesosystem) will first be explored.

The *Bio* in Bioecological. In the context of this research, an adolescent with a LD is the primary internal agent being investigated. Currently, 1-2.5% of the general school population is identified as having a LD (Gillberg & Soderstrom, 2003) and is the largest category of special education (Kavale & Forness, 2000; Lyon et al., 2001). A LD is a deficit in one or more psychological processes including visual, auditory, motor,

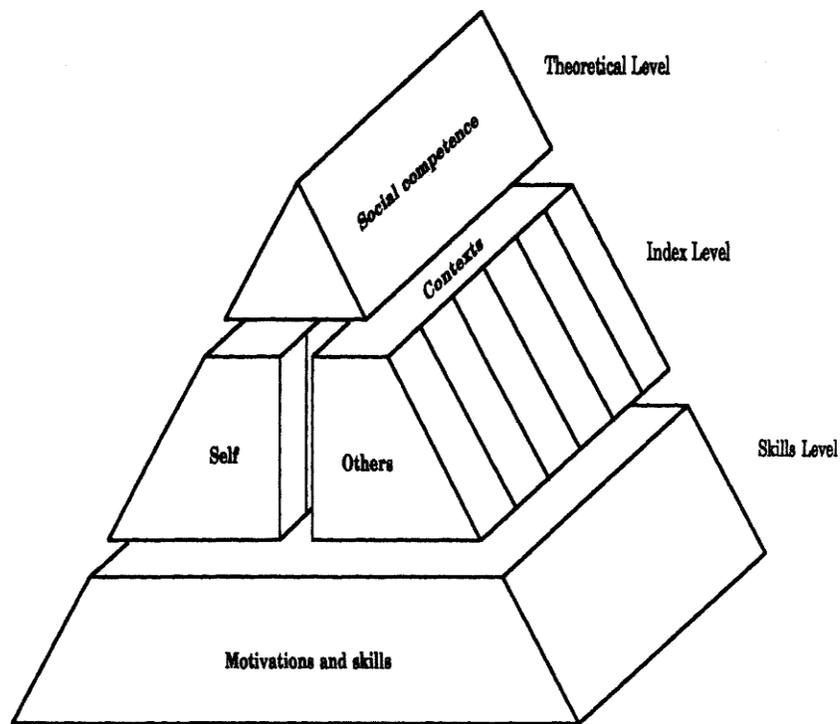
and/or language processing (Vaughn & Hogan, 1994). Because social competence requires an individual to have the cognitive ability to process information from voices, intonation, and nonverbal cues, individuals with a LD may be struggling with similar processing difficulties in the social domain as they do in the academic domain leaving them at a greater social risk than their non-LD peers (Nowicki, 2003).

A model illustrating the multi-dimensions or “building blocks” of social competence is the Social Competence Prism (see Figure 1). The foundation of social competence is the *skills level* encompassing the cognitive, social, and emotional skills as well as motivation an individual needs as a foundation in developing appropriate social skills. The index level is split between the *self* and *others*, but are not exclusively independent of one another in social transactions. The *self* can be representative of personal goals and one’s self-efficacy, or an individual’s belief of their competence to perform a certain task and the dimension of *others*, where a person has the feeling of connectedness and belonging to a group. At the theoretical level, social competence is “context-dependent” and is measured by those responses of the *others*, the people an individual has social transactions with (Rose-Krasnor, 1997).

How these “building blocks” shape the social competence of an individual with a LD may be rooted in individual skill and motivation levels as well as the opportunity to have social interactions with their peers. For instance, the processing skills that often accompany a person with a LD, may cause them to struggle with similar deficits in the social domain as they do with academics (Nowicki, 2003), a possible factor that leads the adolescent to seek out less appropriate forms of social support or to become isolated from their social network. In other words, the cognitive component (*skills level*) may be

impeding the individual with a LD from performing appropriate social transactions. School placement could also be a factor hindering development of social competence. For instance, when individuals with disabilities are placed in rooms outside of the general population, social transactions tend to be fewer had they been in inclusion classrooms.

Figure 1. The Social Competence Prism



Note. From “The Nature of Social Competence: A Theoretical Review,” L. Rose-Krasnor, (1997), *Social Development*, 6, p. 120. Copyright (1997) by John Wiley and Sons. Reprinted with permission.

Fewer social opportunities is a likely contributing factor to the elevated alienation claims reported by students with a LD (Brown, Higgins, Pierce, Hong, & Thoma, 2003).

The biological make-up of these individuals can translate to lower social status compared to same-aged peers (Nowicki, 2003), potentially leading to feelings of powerlessness and hopelessness, isolation and depression, and negative self-perceptions (Bear, Minke, & Manning, 2002; Tabassam & Grainger, 2002). Feelings of powerlessness, hopelessness, and depression can inhibit adolescents with a LD from seeking out and developing interpersonal relationships, which is reason enough for schools to provide opportunities for adolescents with a LD to establish healthy relationships with members of their social network.

Families as Subsystems

Researchers have attempted to develop models that reflect the current realities of family support networks, encompassing all the diversity and defining the way in which families can be packaged. Winton (1990) writes,

Families are big, small, extended, nuclear, multi-generational, with one parent, two parents, and grandparents. We live under one roof or many. A family can be as temporary as a few weeks, as permanent as forever. We become part of a family by birth, adoption, marriage, or from a desire for mutual support. A family is a culture unto itself, with different values and unique ways of realizing its dreams. Together, our families become the source of our rich cultural heritage and spiritual diversity. Our families create neighborhoods, communities, states and nations (p. 4).

Household family members are, for the majority of young people, the first and most direct line for informational, instrumental, financial, and emotional support. The decision in choosing which family members to obtain such support may not be dependent

on just adolescent perception or who is able to provide the most adequate support, but also whether options are available for the adolescent in the first place. There is currently a research shift that has moved away from studying child development of the family system as a contextual whole towards breaking down families into a set of sub-systems that have unique and distinct roles in an adolescent's development.

The family system can be a positive entity in a child's development, offering diverse forms of support. Researchers should be aware of the variability in relationships among members of the family. For instance, family members often behave differently when together compared to how they communicate one-on-one with an individual member of the family and sub-system relationships can be influenced by the larger family system, such as a decrease in hostility between couples when in the presence of their children (Deal, Hagan, Bass, Hetherington, & Clingempeel, 1999). The ways in which family members act can be influenced by the roles taken and relationships formed within the household. This opens up the possibility of research on the family unit as a whole and the family as a set of subsystems, placed into categories of dyads including mother-child, father-child, same and opposite gender spouses, and same and opposite gender sibling relationships.

The Parent. Mothers have remained the major caregiver of their children throughout most regions in the world (Mittler, 1995). Mothers can be a vital source for instrumental and emotional support, especially during adolescence when healthy attachment security correlates with greater reports of supportiveness towards children from their mothers (Allen et al., 2003). When healthy relationships are formed and mothers are perceived as accepting, higher levels of emotional communication and

willingness to disclose information and seek out emotional support result (Hare et al., 2010). However, negative adolescent behaviours can be a reflection of negative maternal attributes. For example, some research indicates that maternal depression is directly related to the adjustment of their children (Marmorstein & Iacono, 2004; McCarty & McMahan, 2003) as well as the internalizing and externalizing behavioural problems among adolescents such as depression and substance use respectively (Corona, Lefkowitz, Sigman, & Romo, 2005).

In a sample of 111 Latina mother-child dyads, Corona and colleagues (2005) studied the effects of maternal depression on adolescent internalizing and externalizing behaviours. Their research found that older adolescents self-reported substance abuse at higher rates than younger adolescents and was correlated with higher symptoms of maternal depression. Maternal depression was associated with lower levels of family income, whereas income itself was not related to adolescent internalizing or externalizing behaviours. Overall, the presence of adolescent problem behaviours had been associated largely to maternal depression. The researchers concluded, “maternal satisfaction with the family partially mediates the relation between maternal depressive symptoms and adolescent substance use in Latino families” (Corona et al., 2005, p. 396). Interestingly, maternal support may reinforce depressive symptoms in their children. For example, sequential analyses of mother-adolescent interactions conducted by Sheeber, Allen, Davis, and Sorensen (2000) found that adolescent depression elicited maternal responses (e.g. facilitative and problem-solving behaviour) and as the researchers suggested, may inadvertently reinforce or maintain adolescent depressive moods.

Turning to the paternal influence, the father-son relationship has unique characteristics during adolescence especially during puberty, filling an important role in a child's development. Fathers are becoming more expressive and nurturing in their support (Wilkie, 1993) even during a time when adolescent's seek independence and become disengaged from parental authority and attempt to distance themselves from their fathers (Doherty, Kouneski, & Erikson, 1998; Greene & Grimsley, 1990). An accessible father, one who is supportive and available to their children for whatever the reason may be, can reduce delinquency, increase mental health and well-being and among those father-child dyads who live in poverty, the effects are much more significant (Harris & Marmer, 1996). The importance of fathers in their nurturance and ability to provide emotional support for their adolescent children should not be under-valued. Paternal warmth and nurturance from fathers has been shown to equal, and at times, surpass maternal warmth in the impact on a child's behaviour (Rohner & Veneziano, 2001; Veneziano, 2003; Veneziano & Rohner, 1998) helping to reduce levels of problem behaviours such as delinquency and underage drinking (Veneziano, 2003) and enhance self-esteem and social competence (Biller, 1993; Wenk, Hardesty, Morgan, & Blair, 1994; Young, Miller, Norton, & Hill, 1995).

Accessibility to the child's father can also be a major roadblock for many children. Pleck (1997) found that fathers spent only 20%-25% as much time as unemployed mothers in direct contact with their children and 35% interaction when both parents were employed. Fathers generally spent more time with their sons than daughters (Harris, Furstenberg, & Marmer, 1998), possibly linked to similar interests and lived experiences. Bulanda and Majumdar (2008) found that adolescents whose parents were

actively involved in their lives and held the perception that parental support was readily available had a positive association on the child's mental health. In fact, the results of the study found that parent-child relationship quality was associated with self-esteem and could remain positive and possibly grow stronger when parent-child relationships remain high. However, adolescents who had negative perceptions of relationships with their parents tended to have lower levels of perceived support over time or as Laursen, DeLay, and Adams (2010) stated, "poor quality relationships got poorer" (p. 1796). This is an unfortunate correlation given that support for adolescents is at a point when it may be needed most.

When calculating for juvenile arrests from 1984-1994, violent crimes among youth in the United States increased by 75% (Cirillo et al., 1998) with more than one-third of high school students having been in a physical fight within a twelve-month period (Grunbaum et al., 2004). Data collected by Kingery, McCoy-Simandle, and Clayton (1997) indicated that 42% of high school freshman physically assaulted another student and more alarming is that 16% of the respondents indicated they had previously carried a weapon to school within a six-month period. Low levels of perceived and actual parental support cannot be solely attributed to the causation of problem behaviour; though parental support can be a vital protective factor against aggression in adolescents (Gaoni, Black, & Baldwin, 1998; Young et al., 1995).

The Sibling. Siblings can be a significant resource in buffering the stressors associated with adolescent life. It is estimated that 95% of all U.S. children have one sibling with 85% having at least one full sibling (Crispell, 1996). Sibling relationships are distinguished from parent-child dyads with the positive and negative attitudes held

among siblings having unique consequences on their mental health and well-being. The form of communicating needs may be different among female and male siblings as indicated by Rocca, Martin, and Dunleavy (2010) where sister-sister dyads exhibited more affection than brother-brother dyads. The researchers were quick to counter their findings by providing evidence that brothers may in fact have as much affection for each other, but choose different methods in communicating their affection (Floyd & Morr, 2003; Floyd & Parks, 1995).

The communication between siblings can be used as sources of support and advice for personal problems, especially among younger siblings (Tucker et al., 1997). Siblings fill each other's social needs through fun and play (Cicirelli, 1995) and can decrease internalizing and externalizing problem behaviours when a healthy relationship is developed (Gass et al., 2007; McElwain & Volling, 2005; Pike, Coldwell, & Dunn). For example, marital problems are a normal event among adult couples; but if intensified, can cause strife in the household. However, positive sibling relationships among children can be a protective factor in homes where marital conflict is high (Jenkins & Smith, 1990).

Sibling relationships are not always positive given the unexpectedness and fluctuations in mood associated with this life's transitions. Early adolescent sibling relationships can be marked with hostility and conflict, especially for those siblings closer in age (Furman & Buhrmester, 1985) but tend to decline in later adolescence (Brody, Stoneman, & McCoy, 1994; Cole, 1996). For sibling relationships experiencing too much hostility where extreme aggression and violent interactions ensue could potentially lead to anti-social behaviour and maladjustment in other settings (Yeh, 2001).

Additionally, compared to opposite-sex siblings, same-sex siblings have reported less hostility, lower levels of conflict but higher levels of intimacy and emotional support (Buhrmester & Furman, 1990). Overall, same-sex siblings tend to be closer and offer more support which is believed to be linked to gender similarities and everyday lived experiences (Akiyama, Elliot, & Antonucci, 1996). However, same-sex siblings or not, the positive indicators of shared experiences and sibling similarities seem to be what is prevalent among healthy sibling relationships, where high levels of warmth and intimacy are reported (Rende, Slomkowski, Lloyd-Richardson, & Niaura, 2005; Slomkowski, Rende, Novak, Lloyd-Richardson, & Niaura, 2005; Whiteman, McHale, & Crouter, 2007). These experiences and the bonds formed have the potential to be lifelong, given the age span between siblings compared to their parents, sibling relationships tend last longer well after parental death (Sanders, 2004).

The Extended Family. As Winton (1990) explained, households not only comprise members of the nuclear family, but also could include extended members such as aunts and uncles, cousins and grandparents. The influences of extended family, such as grandparent advice and support for adolescent family members can vary among race and ethnic backgrounds (Strom, Collinsworth, Strom, & Griswold, 1993), illustrating familial style differences among cultures. Multi-generational and extended family homes are not uncommon among families of minority or low socio-economic households. However, recently, among Caucasians who may be more affluent and where individualism is the dominant family style, there appears to be an emergence of multi-generational homes (Harper, 2003). Extended family support can be a significant source

for extra support instrumentally and may buffer the socio-economic stressors among lower income families by offering additional financial support.

Grandparents can have a tremendous impact on the behavioural development of their adolescent grandchildren. Grandparents who reside in the household and make more contact with their adolescent grandchildren tend to take on more parent-like roles translating into deviant behaviour reduction (Hamilton, 2005). When family crises plague a family, leaving the biological parents incapacitated in their duties to support their children, grandparents and especially maternal grandmothers, stand in as proxy-parents to help moderate the effects of those hardships on their adolescent grandchildren (Burnette, 1997; McBurney, Simon, Gaulin & Geliebter, 2002; Minkler, Driver, Roe, & Bedeian, 1993). Grandparents not only affect the behaviour of their grandchildren in positive ways by mentoring their grandchildren to have a healthy work ethic, promoting respect for others and seeing value in education (Waldrop et al., 1999), they can also deliver life lessons by being a storyteller and delivering family history, sharing with their grandchildren the past events of their parents as well as their own childhood and take pride in the family's cultural heritage (Robertson, 1977; Waldrop & Weber, 2001).

Aunts and uncles are among the first non-parent adults their nieces and nephews meet and bond with, providing additional support as confidants, mentors and role models. Loury (2006) found that aunts and uncles have the ability to impact educational attainment, most prominent among same-gender relationships (e.g. aunt-niece and uncle-nephew dyads). Similar to maternal grandmothers, maternal aunts tend to be the most caring compared to paternal aunts and uncles (McBurney et al., 2002; Pashos & McBurney, 2008). This is not to say that uncles have no inclination to form caring

relationships with their nieces or nephews. Milardo (2005) explored the views and roles of uncle-nephew dyads and discovered many ways in which uncles offered support. Uncles differed in their support styles especially in terms of administering advice and criticism, with the majority having no issue providing direct but critical advice for their nephews (Milardo, 2005),

I told him to shape up. I lectured; he listened about the responsibility of becoming an adult. He was just being a typical 19-year-old. You know "I've got a spare dollar in my pocket. I think I'll spend it," rather than getting his car fixed. [So I tell him to] apply himself more, to buckle down. He is not a child anymore, [but] an adult in the real world. Mostly it is just "life lessons" rather than specific advice. (Milardo, 2005, p. 1231)

However, a small minority in the sample took a different approach in offering advice to their nephews,

I think I have a good understanding of some of the dynamics that [my nephew] has in his life and so I just listen to him while he talks...I am inclined not to be [critical]. I'm relieved that he's got someone to talk to, that he feels he can talk to me. (Milardo, 2005, p. 1230)

Like grandparents, aunts and uncles can play storyteller as a way in advising their sibling's children. And what better way to develop interpersonal skills among parents and siblings than to better understand the history of those family members? For example, one nephew saw his uncle as a family historian,

I wouldn't say I really ask for advice-like how I should deal with my mother-but I definitely like to inquire about their relationship when they were younger....Kind of like from a historic vantage point, where is my mother coming from. So it allows a little deeper understanding of the present without asking him "I'm having a problem with my mom, how should I deal with it right now. (Milardo, 2005, p. 1233)

Extended family relationships may not be afforded to every child for many reasons including (1) geographic distance placed between family members, (2) family conflict (3) or lack of communication continuity. However, when they are formed, the bond between the child and their relatives can be strong and supportive.

The Peer. Encounters with peers are one of the most important interactions among an adolescent's support network given the long duration spent in contact and close age span compared to other network members. Peers are relied upon to a great extent for support and guidance and are looked to for acceptance and justification. They also play a role in modelling, and helping to mold and validate identities. With such influence, peer interactions can have both positive and negative consequences in adolescent development. Peers can be an important source for emotional support (Stanton-Salazar & Spina, 2005); on the other hand, deviant peers can intensify adolescent delinquency (Patterson, 1993; Patterson, Dishion, & Yoerger, 2000). These relationships have the power to develop self-esteem and identity, but those benefits could be damaged either through peer harassment or rejection, causing the psychological well-being of the adolescent to decline, supplemented with feelings of loneliness, depression, anxiety and school avoidance (Hawker & Boulton, 2000; Hodges, Boivin, Vitaro, & Bukowski, 1999; Kupersmidt, Coie, & Dodge, 1990; Nowicki, 2003).

Erath, Flanagan, and Bierman (2008) investigated early adolescent friendships and peer victimization associations. Items from the friendship quality questionnaire-revised were administered to 412 early adolescent school children in order to measure friendship support. Mutual friendship nominations were assessed using the social network diagram along with peer- and self-reported victimization measures and a shortened version of the school liking and avoidance questionnaire. Supplementing these data included teacher-reported assessments of student disruption and academic competence. Results from the study found friendship support and mutual friendship nominations were associated with increased levels in school liking and academic competence as indicated by teacher reports. Researchers attributed these associations with mutual friendships that harbored supportive friendships and available and accessible assistance in study groups, all correlated with better academic performance.

Additionally, Erath et al. (2008) attributed academic competence to adolescents who are secure in their relationships and are free to explore the learning environment. Adolescents who may lack supportive friendships are spending more time seeking acceptance from their peers or withdrawing from both the academic and social interactions with peers. Researchers concluded that higher victimization levels from the peer reports were associated with lower academic competence. This is not surprising in that school liking and academic competence is directly associated with the treatment of students in that particular environment.

The Teacher. Teachers can have life-altering short- and long-term effects on adolescents having a substantial influence on adolescent academic goals, career preparation and pursuit (Perry, Liu, & Pabian, 2010). Teachers can positively affect

academic motivation (Vedder, Boekaerts, & Seegers, 2005), influence school engagement (Perry et al., 2010) and are able to alter student perceptions of school from negative to more meaningful and positive (Brewster & Bowen, 2004; Suldo et al., 2008). On the otherhand, there is evidence that negative relationship qualities among teachers and their students have a larger affect on adolescent adjustment than those students who have a positive relationship with their teacher. For example, Ladd, Birch, and Buhs (1999) found that when student-teacher relationships were in conflict, a stronger predictor of antisocial behaviours was found compared to those relationships that were positive. Additionally, a greater association with internalizing and externalizing problem behaviours was reported among conflicted student-teacher relationships than were high levels of student-teacher closeness (Murray & Murray, 2004).

Much like sibling relationships that extend beyond rivalry and parent-child relationships being more than just discipline, student-teacher relationships cannot be confined to the academic realm. Relationships can move past the environments they are formed in or for the purpose they were created. When teachers connect with their students on an emotional level, students begin to view their teachers as more supportive (Suldo et al., 2009). A teacher's willingness to connect emotionally with their adolescent students may, to some degree, be contingent upon their desire to learn about adolescence in general. Adamson and Meister (2005) found that teacher's knowledge acquisition of their adolescent students were mostly gained through direct contact with their students, with theoretical knowledge being viewed in a negative light. However, other factors exist that may create barriers for teachers to better understand their students.

Teacher attrition plays a large role in the continuity of student-teacher relationships. As Brill and McCartney (2008) point out, recruitment is not the problem, retention is. In the United States, the National Center for Education Statistics 2007-2008 longitudinal study on beginning teachers found ten percent of first-year teachers had quit after their first year (Kaiser, 2011) and over a five year period, between 40 and 50 percent of teachers had left the field entirely (Ingersoll, 1997). Among special educators, the retention is at a startling low-level and for those currently in the field, approximately 44,000 special educators lack the appropriate qualifications and certifications necessary to hold the position (U.S. Department of Education, 2002b).

Many reasons factor into the decision for teachers to leave the field, such as low salaries or the *recruitment over retention* model that many schools adopt which pays out higher salaries for new teachers rather than spending money on veteran educators (Ingersoll, 1997). Financial stability weighs into the decision process. More specifically, those teachers making over \$40,000 in their first year are less likely to quit before their second year and when able to work under the supervision of a mentor, lower attrition rates are found (Kaiser, 2011). It is understandable that high turnover rates among educators could impact teacher-student-family relationships (Guin, 2004) and educators and their students may find it especially difficult to develop interpersonal relationships when the educational environment does not build trust or is not conducive to a positive learning experience or if teachers are working in the schools one year but quit after the next.

This not only affects the educator's willingness to stay within the field or a student's desire to seek out support from someone they may not feel they have a

relationship with, but far more severe consequences could arise. With the majority of teachers coming from European and monolingual backgrounds, there is a cultural mismatch that appears to contribute to the disproportional referral and eventual placement of minority students in special education settings (Artiles, Harry, Reschly, & Chinn, 2002). In general, academic progression among students can have major road barriers if teachers have poor education-related experiences and where there is high attrition among educators, poor relationships and a lack of understanding among teachers for their growingly diverse classrooms can soon follow.

The Non-Familial Adult. Adults outside of the family have the opportunity to build strong relationships with adolescents in the community. In either a community volunteer role, a community pastor, a big brother or big sister or mentor for the youth, the need is great for positive role models to forge bonds with youth so healthier social networks can be made. Nearly 2.5 million adult volunteers act as mentors in the U.S. alone (Manza, 2003), contributing to what is a needed positive relationship to adolescent development especially among individuals residing in underserved communities (Scales & Gibbons, 1996). Coming from poorer areas with limited resources, adult role models have the ability to foster resiliency and develop adolescent identity (Blechman, 1992; Hamilton & Darling, 1996).

In buffering the effects of problem behaviours, Bryant and Zimmerman (2003) found that no matter who a male adolescent chose as a positive role model (e.g. father, uncle, brother), less problem behaviours resulted. Consequently, those adolescents who had an absent role model had their problem behaviours increased by the negative effects of peer problem behaviours. Additionally, male adolescents who regarded their brothers

as role models were no more likely to take part in risky behaviours than those adolescents who saw their father or a male in the extended family as a role model. Viewing a family member as a role model is quite common. Yancey, Grant, Kurosky, Kravitz-Wirtz, and Mistry (2011) reported that 59% of California adolescents responded as having a role model, with family members the most identified role model, followed by athletes and entertainers. Overall, males were four times more likely to list an athlete as a role model and for those who indicated having no role model, tended to be from lower income households.

The Macrosystem

*“Environments are not just containers, but are processes
that change the content totally.” - Marshall McLuhan*

“The macrosystem refers to consistencies, in the form and content of lower-order systems (micro-, meso-, and exo-) that exist, or could exist, at the level of the subculture or the culture as a whole, along with any beliefs systems or ideology underlying such consistencies” (Bronfenbrenner, 1979, p. 26). This includes the political climate, socio-historical context, and cultural and sub-cultural dynamics of a country or population in a given region. In the following section, and as a variable being highlighted in this study, cultural differences among Hispanic, Latino and Caucasian adolescents will be explored. The following section will review literature concentrating on family styles (collectivism and individualism) between racial and ethnic groups, differences in culture as a predictor of support choice, macro- and microsystem risk factors that create or compound those risks for social isolation and over self-reliance and community resources as a variable in support choice behaviour will be explored.

Family Styles

Family styles can place emphasis on individual achievement over collective progress and vice versa. *Individualism* is a cultural category that tends to promote self-interest, determination and actualization (Hofstede, 1980; Triandis, 1995) whereas *collectivism* within the family context promotes the group and its members over one's self-interest (Gaines et al., 1997). There is also the value of *familism*, or the characterization of one's loyalty, solidarity, and strong identification and attachment towards the immediate and extended family (Bush, Supple, & Lash, 2004; Marin & Marin, 1991; Triandis, 1995).

Gaines et al. (1997) investigated the family styles of individualism, collectivism, and familism revealing that all three represent distinct cultural value orientations. Even among cultural orientations that appear similar, such as the case of collectivism and familism, no positive correlation was found. The researchers found that among men, collectivism and familism were influenced by an individual's race/ethnicity but individualism was not. Strong identity has the potential to create strong values towards family traditions and styles. For example, Gaines and colleagues (1997) found that people of minority scored higher on racial and ethnic identity than Caucasians, which also positively correlated with identification with individualism, collectivism, and familism. This is not to say that either of the constructs are polar opposites. On the societal level, collectivism and individualism lay on opposite sides of the cultural orientation continuum, but on the micro-level individuals can express both individualistic and collectivist qualities (Bontempo, 1993; Oyserman, 1993; Rhee, Uleman, & Lee, 1996)

Collectivism. Explorations into Hispanic and Latino attitudes have shown that the family unit is a core characteristic in their lives (Sabogal, Marin, Otero-Sabogal, Marin, & Perez-Stable, 1987; Santisteban, Muir-Malcolm, Mitrani, & Szapocznik, 2002) with a social orientation that is considered to be family oriented and geared towards collectivism, placing the values and interests of one's in-group, or similar others, above their own (Gaines et al., 1997). These familial values place importance on cooperation and positive interpersonal relationships, avoidance in conflict and promotion towards conflict resolution (Marin & Marin, 1991; Triandis, 1995).

This *familism* appears to leave Hispanics within a well-integrated, familial unit. This is evidenced by the living arrangements among Hispanics and Latinos with more than two-thirds of Hispanic and Latinos living with or in close proximity to their family compared to one-half of Caucasians (Kamo, 2000; Keefe & Padilla, 1987; Keefe, Padilla, & Carlos, 1979; Sarkisian, Gerena, & Gerstel, 2007). Hispanic and Latinos tend to have higher extended family involvement (Sarkisian et al., 2007) with Caucasians being less likely than minority groups to form extended family households, that is, to have the inclusion of those family members in a household that are not within the core, nuclear family unit (Kamo, 2000).

Having this extension of family living with or in close proximity adds to the social support network of an individual and carries with it the assumption that levels of support are heightened. Supporting this assumption is Franco and Levitt's (1998) investigation into the linkage between the amount of family support provided for a child and the role it has on the quality of children's friendships outside of the family and friendship quality on self-esteem. Random samples of 185 grade-five African, Caucasian

and Hispanic American students from three schools were taken. Participants were interviewed in areas of family support and friendship quality. Information on family support was gathered by having participants arrange names of their network members hierarchically according to their closeness and importance.

Participants were asked to select who provided support in six areas including: (1) people you talk to about things that are important to you, (2) who makes you feel better when something bothers you or you are not sure about something, (3) who takes care of you when you are sick, (4) who likes to be with you and do fun things with you, (5) who makes you feel special or good about yourself and (6) who helps you with your homework or other work you do for school. An additional feature to the study asked participants to nominate classmates who they thought were their friends and rate their quality of friendship. This was followed by another list that narrowed down the names to three and then asked to identify their best friend. The participant's perceived best friend was then assessed to find reciprocation of friendship and quality of relationship using the *Friendship Quality Questionnaire*. Lastly, the *Self Perception Profile for Children* was used to measure self-esteem.

The results showed that support received from family members was partially dependent on the number of family members in the network, while the number of family members had no impact on the quality of friendships outside of the family. However, increased levels of family support did reflect higher reported levels of validation and caring, help and guidance, positive approaches to conflict resolution, companionship and recreation, and intimate exchange in their best friendship relationships. Moreover, support from parents correlated with support from siblings and other relatives. Support

from adult relatives was significantly related to higher validation and caring levels, positive conflict resolution, help and guidance, and intimate exchange, while sibling support was related to better conflict resolution, and higher levels of companionship and recreation with a best friend.

As expected by Franco and Levitt's (1998) hypothesis, family support and friendship quality were correlated with self-esteem, most notably with parent and adult relative support and all dimensions of friendship quality (e.g. validation/care, conflict resolution, conflict betrayal, help/guidance, companionship/recreation and intimate exchange). The findings from the study, along with past research, tells us that Hispanic and Latino populations are well served when living with or in closer proximity to family compared to Caucasians (Kamo, 2000; Keefe & Padilla, 1987; Keefe et al., 1979; Sarkisian et al., 2007) especially if that network is supportive because higher levels of family involvement and available support produce positive relationships outside of the family (Franco & Levitt, 1998).

Individualism. European Americans and western societies in general have been defined within an individualistic cultural category, emphasizing the *self*, (1) self-determination, (2) self-actualization (3) and more broadly, self-interest (Hofstede, 1980; Triandis, 1995). As opposed to collectivist values that view the individual positioned or embedded within the overall group or subgroup, individualism is an identity a person takes where perception of the *self* is separated from the overall population. Cultural identification as a societal value can be distinguished from the micro-level, where a person's identity can be made up of both individualistic and collectivist qualities (Bontempo, 1993; Oyserman, 1993; Rhee et al., 1996). A meta-analysis authored by

Oyserman, Coon, and Kimmelmeier (2002) found American society high in individualism and low in collectivism, comparable to other English-speaking countries such as Australia. Although lower in collectivism, the U.S. was indistinguishable from South or Latin Americans in levels of individualism. On a micro-level, Caucasians and Hispanic and Latino Americans had no significant differences in levels of individualism, while African Americans had the highest levels. For collectivism, Caucasian Americans had no significant differences in collectivist levels compared to African and Latino Americans when studies included support-seeking behavior. It appears that high levels of individualism among Caucasian Americans do not necessarily offset the adoption of collectivist values and behaviours.

Support Typologies

Research distinguishing support types has been documented (Walker, Wasserman & Wellman, 1993; Wellman & Wortley, 1989, 1990) with three main support types emerging for which a member of a social support network is able to offer: (1) material support through goods, services, or currency, (2) emotional support through love, comfort, affection, or reassurance, or (3) practical (instrumental) support through guidance and advice, sharing in activities and assisting in tasks.

Support by Race and Ethnicity. From extended family to friends, parents to peers, cultural orientation, the level of support offered, duration, and intensity can be dependent on who is being solicited, whom the support is being solicited by, and the timing of the support being sought. Depending on what support type is measured, lines of support could be readily available or pose a major hurdle for an adolescent, such as the differences in available financial and emotional support. Studies have found that

Hispanic and Latinos are less likely than their Caucasian counterparts to offer financial aid (Lee & Aytac, 1998; Sarkisian et al. 2007). This can be attributed to a number of factors including higher risk for poverty (Seidman, Allen, Aber, Mitchell, & Feinman, 1994) compared to Caucasian Americans who, on average, earn higher wages allowing them to afford and offer family and extended family the financial support needed (Sarkisian et al., 2007). In comparison to Caucasians, Hispanic and Latino populations have been shown to be overly self-reliant when managing various life stressors and when taking into account cultural norms, strong familistic values could be attributing to an over reliance on family support, leading to under utilization of other support services provided by government programs and agencies, mental health and other professional services (Griffith, 1983).

Though Hispanic and Latinos are at a socio-economic disadvantage compared to Caucasians, resulting in less financial support for other family members, the group is much more likely to offer practical help than their Caucasian counterparts. Sarkisian and colleagues (2007) found higher income and education were associated with decreased practical support and living closer to family. Because Caucasian individuals tend to have higher levels of education and earnings they are less likely to live in closer proximity to family members and offer practical support (e.g. household tasks) compared to Hispanic and Latinos. Besides the economic factors for types of support offered, family styles can be another characteristic contributing to the adolescent's support seeking behaviours.

A sense of belonging and connection to one's family and community can have a tremendous impact on how individuals self-identify, enhance their feeling of security, and develop meaning in their life. For instance, higher levels of family support reported

by Latinos significantly affected self-identification toward culture and practices (Rodriguez, Mira, Paez, & Myers, 2007). This sense of belonging and connectedness to family can make it more likely for an individual to feel supported (Suarez & Fowers, 1997) translating into positive behavioural and academic adjustments of young Hispanic adolescents.

Support Perception. Even positive perceptions held of a family member can have longstanding effects. Widmer and Weiss (2000) investigated 148 matched pairs of siblings and the association between older sibling support, older siblings' adjustment, and younger siblings' adjustment in three domains; (1) delinquency, (2) academic success and (3) mental health. The researchers hypothesized that younger siblings who have higher levels of support from older brothers and sisters will achieve at higher levels in school, be more school-oriented, become more psychologically resourceful, and have fewer depressive symptoms and fewer delinquent attitudes.

Additionally, the researchers hypothesized that the interaction between the support of older siblings and their personal adjustment would have an affect on their younger siblings. The results from sibling self-reports showed support from an older sibling affecting adolescent developmental adjustment only when the younger sibling held a positive image of the older sibling. Results also indicated that positive sibling perceptions positively affected delinquency rates, influenced academic success and positively impacted the psychological well being of siblings. Sibling perception can have considerable consequences especially on younger siblings who view their older siblings as sources for support for non-familial issues such as social and scholastic activities (Tucker et al., 1997).

Support Preference. Perceived support may affect personal adjustment, but perception, reception, and preference of social support are not necessarily synonymous from the perspective of the support seeker. Widmer and Weiss (2000) acknowledged the semantic difference in their investigation contending that support actually received cannot be assumed to have the same impact on academic, behavioural and cognitive domains as perceived support. Morrison et al. (1997) examined social support preferences among Hispanic adolescents and the variations among gender and migrant status. Their study questioned whether social support preferences varied according to a given situation. Hispanic students in a west coast community were sampled and separated into four categories of non-immigrant and migrant males and non-immigrant and migrant females. Questions used in the questionnaire developed by the researchers were generated by a student survey, asking, “in my opinion, students in this school will want to get help with...?”. On a 5-point Likert scale, respondents rated each area of concern and were then asked to list their choices for support for each response, including (a) parent, (b) peer, (c) teacher, (d) adult outside school, (e) sibling and (f) nobody. The survey was then administered to the participants.

The analysis of interactions between variables (e.g. gender, migrant status, and preferred social support) revealed that parents and peers were consulted most often overall. Parents were consulted when the adolescents needed assistance for getting along with teachers, getting along with family members and support in school work; although teachers were consulted for help with schoolwork overall. Peers and siblings were preferred sources for appearance and getting along with other peers; while adults outside of school were rarely consulted. The researchers also noted that student preference for

nobody for schoolwork was rare and students usually sought out support of some kind from their social network. The largest concern was getting along with other students, followed by schoolwork. Males had a tendency to choose nobody at a higher rate than females for support in getting along with teachers, choosing less often to consult with teachers for schoolwork than females, this was the trend in other situations such as appearance and getting along with peers.

Windle et al. (1991) focused on the specific problem of alcohol and drug abuse and the help-seeking resources adolescents would prefer to utilize if they were having substance-abuse issues. A survey of 27,335 students, ages 12 to 18 were randomly selected from private and public school districts throughout the state of New York. Students completed a self-administered questionnaire anonymously, answering questions regarding their demographic, illegal substance use, and school conduct. Eight help-seeking categories were identified including parents, friends, teacher, and medical doctor.

Significant differences were present between ethnic and racial groups and between males and females in regards to the help-seeking resources they would prefer to utilize. Both Hispanic and Black males and females selected their parents as a social resource more so than Caucasians. Specific to Hispanic adolescents, the results showed that early adolescent students who fell under the *parents only help-seeking group* were abstainers from alcohol and drug-abuse. Black and Hispanic adolescents in general were highly overrepresented in the social isolate category and underrepresented in the friend only category which correlated with the highest degree of adolescent alcohol use and other problem behaviours. The researchers hypothesized that this finding suggests these

specific minorities had self-perceptions of either being detached from social resources or the perception of being sufficiently self-reliant, more so than their Caucasian peers.

Support Reception. Milevsky and Levitt (2005) focused on the relationship of support from maternal and paternal support in relation to sibling support and adjustment. 695 students, grade five through eight, from eight public elementary schools in a Southeastern metropolitan area of the United States were sampled. The participants were split between male and female Hispanic Americans who were mostly of Cuban descent, African Americans and European Americans. Participants were administered a number of measurements including indices of social support from various family members (e.g. mothers, fathers, sisters, and brothers) such as the children's convoy mapping procedure. This procedure provides a child with a concentric circle map and is asked to rate members of their social network based on closeness and importance. Each network member's perceived closeness and importance by the child is dependent on the proximity of each member to the child's inner circle.

The risk factors measured included: (1) high poverty school, (2) personal poverty, (3) perceived economic stress, (4) low neighborhood quality, (5) high family stress, (6) father absence and (7) mother absence. Levels of risk were scored using a 0-7 scale. Psychological adjustment was assessed using a loneliness scale, social, academic, and general self-concept was assessed using a self-perception profile, and the last set of measurements assessed school attitudes and academic achievement.

The results of the study found sibling support as a protective factor from some negative academic outcomes associated with specific risks (e.g. economic disadvantages, low paternal support). In the presence of low mother support, positive sibling

relationships acted as a buffer and produced higher school achievement. There was a correlation with sibling support and paternal support, specifically towards Hispanic Americans where greater support from brothers resulted in lower loneliness scale scores and higher school adaptation scores as indicated by teacher reports. Overall, there were more positive effects associated with brother support for males in all racial and ethnic backgrounds, most especially among Hispanic males, than for females in any category. The researchers attributed this result to the study's focus on outcomes associated with sibling support rather than the assessment of sibling closeness.

Though correlations exist between family support and cultural identification among Hispanic and Latino populations, (Rodriguez et al., 2007), family conflict and lower family support has a causal effect on psychological distress and maladjustment (Cervantes, Padilla, & Salgado de Snyder, 1991; Rodriguez et al., 2007). Poor sibling relationships have shown to have negative outcomes such as disruptive and aggressive behaviors (Garcia, Shaw, Winslow, & Yaggi, 2000) and an increased risk for depression and use of mood-altering drugs in adulthood for either sibling (Waldinger, Vaillant, & Orav, 2007). Overall low family support and stressful events are correlated with elevated levels of many problem behaviours, such as alcohol abuse (Windle, 1992).

Waldinger and colleagues (2007), conducted a 30-year prospective longitudinal study of 229 male Caucasians in an attempt to uncover whether distant, dysfunctional or the absence of sibling relationships were predictors of major depression in adulthood. The participants were 268 male college sophomores, each having been selected due to entrance examinations revealing no mental health issues. Each participant was further assessed by internists, psychiatrists, psychologists, and anthropologists. Participants

completed questionnaires every two years and were re-interviewed by researchers at approximately 25, 30, and 50 years of age. Biennial questionnaires were conducted up until the conclusion of the study.

The researchers hypothesized that depression would develop if a healthy, positive sibling relationship was lacking, and that those siblings not having developed a healthy relationship would have an increased risk of using mood-altering drugs (e.g. tranquilizers, sleeping pills, and stimulants). The researchers also tested whether childhood sibling relationships had other prevalent form of psychopathology, alcohol abuse, and dependence if it was adult depression specific. Four antecedent variables were used to rate the quality of sibling relationships: (1) relationship with siblings, (2) quality of parenting, (3) parental death and (4) family history of depression. The four predictors were split into three categories (e.g. poor, average, and good). Data analysis found poor sibling relationships increased the risk for depression and were more likely to use mood-altering drugs in adulthood.

As a whole, individuals who identify as Hispanic have the highest reported incidence of depression and delinquency (Surgeon General's Report, 2004), with Hispanic adolescents coming from underserved communities having an increased risk for various life stressors such as crime and poverty, victimization, and inadequate school resources (Seidman et al., 1994). There is a need to have both the perceived and received support from various network members across environments and among various members of the social support network, with both types of support having large implications on the psychological and physiological well-being of an adolescent. Unfortunately, the socio-economic standing of a family or population impacts the type of

support or even amount of support offered. Sarkisian et al. (2007) found kin support and intensity of various lines of support were dependent on socio-economic status. Though higher educational attainment and income reduces the likelihood of living near family, translating into decreased levels of kin contact, this does have the potential to benefit lower-income families who pull resources together and may offer more practical support.

The intensity of such support may vary across support types where Mexican Americans may be less likely to offer financial assistance compared to their Caucasian American counterparts. This is understandable given that Mexican Americans, on average, have lower disposable income (Sarkisian et al., 2007), but the lower amount of income appears to translate into more instrumental support being offered. Practical support may be a well-utilized compensatory support tool for socio-economic disadvantages, Hispanic and Latino adolescents tend to have the highest reported level of family stressors than any other demographic population (de Anda et al., 2000). When confronting or managing other life stressors such as substance abuse, Hispanics populations are more likely to be socially isolated and overly self-reliant (Windle et al., 1991) compared to their Caucasian counterparts. The high levels of various life stressors experienced by Hispanic adolescents emphasize the need for support seeking skills in order to cope with and discuss personal issues and risks that are encountered on a daily basis.

LD and Social Support Choice. There is a lack of research examining the potential compounding effect of a LD diagnosis for those individuals already at increased risk for life stressors. What the current research does uncover is the effects of a LD on academic performance, social acceptance, and social processing skills and behaviours of

the adolescent with a LD. Nowicki (2003) conducted a meta-analysis of the the social skills, acceptance, and self-perceptions of 1,659 participants with a LD and 5,293 partitpans included in the comparison group over 32 studies. Only those studies including participants in inclusion settings were integrated into the meta-analysis. Of the total sample population, 527 participants were identified as low in academic achievement. The results found that those who performed low academically and individuals with a LD were at greater social risk than their peers without disabilities and were generally lower in social status. From self-reports, individuals with a LD appeared unaware of their poor social acceptance by their peers but were well aware of their poor academic skills.

The researchers suggested that academic feedback from teachers, report cards, peers and parents provided concrete examples of academic competence and skills and were more likely to be understood by the individual. Social competence is not as straightforward, requiring the individual with a LD to process information from voices, intonation, nonverbal cues and so forth, thereby leaving the individual with a LD misunderstood about his or her social acceptance. Teachers tended to rate students with a LD as lacking in social skills and peer assessments found that classmates without disabilities preferred students without disabilities. In other words, individuals with learning disabilities may be at risk for social deficits partially to the preferences of their peers without disabilities. Researchers of this study also suggested that those with a LD might be struggling with similar processing skills in social cues as they do with academic tasks.

Inadequate social relationships may not be the only factor for relationship difficulties. School placement of individuals with disabilities for social and/or academic needs are likely to be attributing to higher reported alienation claims than their non-disabled peers (Brown et al., 2003). For students with a LD who are placed alongside his or her peers, exposure to an individual's social support network translates to lower levels of powerlessness, isolation, stigmatization, and normlessness (Shoho, Katims, & Wilks, 1997). Each of these outcomes may not be specific to just individuals with a LD, but possibly including ethnic and racial minorities as well. These non-normative characteristics (e.g. disability and ethnic minority) can have an affect on school wide policy implementation, teacher attitudes and denied entrance to higher-level courses, which can translate to isolation, marginalization and disengagement of those students in the day-to-day schooling procedure (Davison-Aviles, Guerrero, Howarth, & Thomas, 1999; Rumberger & Larson, 1992).

Students of minority and/or who have a LD and who are left out of school routines and daily activities not only limit possible social interactions but could potentially lead to detachment or inappropriate support seeking from other members in the student's support network. Morrison et al. (1992) investigated the social support preferences of 33 grade seven and eight, Hispanic male adolescents who were in junior high school. Of the sample, 11 students had no diagnosed disability, another 11 students attended a special day class for the majority of the school day and scored similar to individuals with mild mental retardation with the remaining 11 students attending a resource room for several periods during the school day.

Survey questions were administered requesting participants to identify who they would consult given a specific problem they encountered. Specific problems posed include: school work, feeling down or sad, getting along with family members, dating, plans for the future, abuse (sexual, physical, emotional), looks and appearances, getting along with teachers, and getting along with other students. Participants were offered the choice of (a) parent, (b) peer, (c) teacher, (d) adult outside school, (e) sibling, (f) nobody.

The study found that in five of the six areas listed, adolescents in both special day classes and resource rooms had higher rates of indicating that they would prefer consulting nobody for social support. Researchers hypothesized that this could be likely due to the adolescents with mild learning difficulties being delayed in their ability to “conceptualize the nature of the problem sufficiently enough to explain it to someone” (Morrison et al., 1992, p. 141). However, those students without disabilities and those with a LD scored similarly when seeking support from their parents while those in the special day class had cited their parents less frequently. No significant differences were found between those with and without a LD in their eliciting of social support from peers. When peer support was sought in specific situations, nearly half with a LD said they would go to their peers to talk about plans for the future. Researchers did not address why this population would seek out support from a less appropriate source for such critical decisions. Morrison and colleagues (1992) discussed this phenomenon as part of the social judgment difficulty those with a LD have. Significant differences between the eliciting of sibling and peer support were found between participants having a LD and their non-disabled peers. The researchers suggested that possible pervasive sibling or

family issues could be the reason for inappropriately transferring support seeking onto their peers.

Lastly, the authors recommended future research investigate the reasons why those with mild mental retardation and individuals with a LD chose nobody with higher frequency than their peers without disabilities. They hypothesized that individuals could be reluctant to seek help and have had past rejection or feel support is unwarranted or that the support will be insufficient. With regards to past rejection, peer acceptance and assistance of support may play a role in future support preferences and support seeking since individuals with a LD overall have lower social status and are rated lower in social preference by their peers without disabilities (Estell et al., 2008; Nowicki, 2003). This could possibly be contributing to higher reports of alienation claims of students with a LD compared to their peers without a LD (Brown et al., 2003).

Another possible causation of non-normative support seeking by an adolescent with a LD could be rooted in pervasive family issues. For instance, Aksoy and Yildirim (2008) found sibling perception of various disabilities having positive and negative relationship outcomes consequences in the formation of positive and negative relationships. The study included a sample of 228 typically developed participants who had a sibling diagnosed with a disability, ranging in severity (e.g. learning disability, mental retardation, cerebral palsy, autism). There was a significant negative correlation between the administered questionnaires.

The authors explained that acceptance of those outside of the family home is contingent on the influence and viewpoints of the social environment whereas sibling perceptions and viewpoints develop within the home, with the sibling's disability being

less likely to create barriers in the family environment. The study found that the higher degree of disability, the less positive the relationship would be between the typically developed participant and his sibling with a disability. For example, participants having a sibling with a LD had the highest average scores while those participants having a sibling with autism had the lowest average scores. The researchers believed that the more characteristics siblings had in common, the more likely a positive relationship would form.

Border Life. The stretch of land between the southern most tip of Texas and the southwestern portion of California has many attractive qualities. From scenery of sand dunes and rock formations to the affordable cost of land and housing, there is a unique living condition that most people are not exposed to and quite possibly, may be unaware of. For the past few decades, the borderland has become synonymous with cartel violence and drug and weapons trafficking, a land already exacerbated by poor infrastructure, lack of sufficient medical and healthcare services and staffing, and inadequate environmental protections (Dutton, Weldon, Shannon, & Bowcock, 2000). High poverty and low educational attainment is prevalent while low-income urban youth are at heightened risk for various life stressors.

Along the border there are the added struggles of meeting each member of the family's needs which can lead to parent-adolescent conflicts that ensue over the pressure of financial instability, substandard housing and crowding, fears of eviction, inadequate health care, as well as inadequate schools and access to vital support services and heightened exposure to environmental toxins are common (Conger, Ge, Elder, Lorenz, & Simons, 1994; Evans & English, 2002; Mayer, 1997). Compared to middle-class

adolescent living standards, low-income urban youth are extremely vulnerable to the heightened exposure of violence in their communities (Henrich, Schwab-Stone, Fanti, Jones, & Ruchkin, 2004; Kliewer et al., 2006; Morales & Guerra, 2006; Youngstrom, Weist, & Albus, 2003), are more likely to experience daily stressful experiences (Attar, Guerra, & Tolan, 1994; Brooks-Gunn, Klebanov, & Liaw, 1995), and the adverse physical and psychosocial development of low income adolescents could have lifelong health-related consequences (Evans & English, 2002).

For years, border towns have been a place of operation for drug, weapon and human trafficking. Despite the presence of government agencies from both countries along the border, the ease to transport arms and ammunition into the hands of cartel members is as ubiquitous as the mass graves that soon follow. In return are the drugs that mule back to the states, widening adolescent's accessibility to illegal substances, but there are legal and sometimes more accessible routes to purchase, misuse and abuse drugs. Commonplace is the sale of drugs coming from local pharmaceutical businesses on the southern side of the border (Valdez & Sifaneck, 1997). These elevated risk factors require sources of support be made available for residents; but barriers may stand in the way of accessing them. For instance, smaller, rural towns along the border may offer less anonymity, despite confidentiality laws, the stigma associated with mental health problems may inhibit a person from accessing available services (Kenkel, 1986) given the perceived probability of mental health information being disclosed to the public.

Research by Elgar, Arlett, and Groves (2003) indicates that rural adolescents may be faced with similar stress and behavioural problems as urban city dwellers. Adolescents from rural communities appear to be affected to a greater extent than urban

adolescents when residing in high unemployment and impoverished communities, seeing many local residents emigrating to other locations. This is an unsurprising discovery when smaller communities tend to offer limited and less diverse employment opportunities compared to larger metropolitan cities. However, Elgar and colleagues (2003) found that urban and rural adolescents had not differed in their levels of stress or coping strategies.

Summary

This chapter reviewed the literature concerning family, extended family, and other members of an adolescent's social support network as well as the biological and numerous microsystem interactions affecting adolescent development and support seeking behaviours. In addition to perception, preference, and reception of support being defined and investigated as separate categories within an adolescent's social support network, a review of those factors within the macrosystem, including cultural and regional differences and the various life stressors found therein were examined. This study investigated the various ecological systems impacting support choice among Caucasian, Hispanic and Latino adolescent populations with and without a LD.

It was the researcher's intention to amalgamate the literature that finds students with a LD and of ethnic and racial minority being more likely to choose nobody for managing life stressors into one study by asking, "What differences, if any, will there be in regards to the influence of microsystem (e.g. learning disability) and macrosystem (e.g. race and ethnicity) variables on adolescent social support choice? A repeated limitation found in the studies include the data collection that came from students who identified as an ethnic or racial minority on both a national and local community level. The evidence

to confirm these support seeking trends from those adolescents who are of ethnic and racial minority on a national level (e.g. Hispanic and Latino) but are within the majority on a local community level (e.g. United States Southwest) appears to be absent from the current literature.

Lastly, the meta-analysis conducted by Nowicki (2003) does not provide a clear answer to the genesis of poor social processing among adolescents with a LD. Therefore the differences in support seeking behavior cannot be attributed to processing deficits solely. In fact, the author suggested that social deficits among students with a LD could be partially reflective of the preferences of their non-disabled peers to befriend others without disabilities, thereby limiting possible social interactions and relationship growth among students with a LD. Other literature has coupled students with a LD with students diagnosed with mental retardation (Morrison et al., 1992), skewing data to view both populations of students as having similar support seeking behaviors for related reasons. It is with these limitations and gaps in the literature that the research question, “Will one group choose *nobody* or select non-normative social support choices for managing various life stressors at higher rates and will these differences be statistically significant?” attempts to fill with needed information. The following chapter will review the methodology used for this study including the research design, sampling, instrumentation, data collection and analysis, and validity of the study.

Chapter Three: Methodology

This chapter describes the rationale for the research design of this study, a description of the instrument used to gather information and its validity, as well as the sampling population and location description. The data collection procedures will be described along with the data analysis being employed.

Research Design

A nonexperimental, group comparison research design was implemented, employing an analysis of variance (ANOVA) to determine whether any significant differences were present among group responses on a researcher-developed questionnaire described in the *Instrumentation* section of this chapter. In order to find differences among race and ethnicity as well as LD and non-LD status, further analyses utilizing an independent samples *t*-test was performed in order to observe the difference between the mean scores of two samples. The rationale for utilizing a nonexperimental, group comparison research design was based on the inability to manipulate cultural and biological variables. As Kerlinger (1986) stated,

Nonexperimental research is a systematic empirical inquiry in which the scientist does not have direct control of independent variables because their manifestations have already occurred or because they are inherently not manipulable. Inferences about relations among variables are made, without direct intervention, from concomitant variation of independent and dependent variables. (p. 348)

Nonexperimental research designs are important in understanding and studying social support networks of the adolescent. An adolescent's social competency and

development in terms of a healthy social support system at home, in school and throughout their community is not produced from contrived settings. Social development is based on a combination of internal cognitive processes and external influences placed on an adolescent. Nonexperimental research employs the most reasonable design to observe, predict, and explain the properties of human behaviour as they naturally occur. Kerlinger (1986) argues,

It can even be said that nonexperimental research is more important than experimental research. This is, of course, not a methodological observation. It means, rather, that most social scientific and educational research problems do not lend themselves to experimentation. Although many of them do lend themselves to controlled inquiry of the nonexperimental kind... (1986, p. 359)

Study Location

The participants in this study were sampled from two schools located in the Southwest region of the United States in close proximity to the U.S./Mexico border. School A is in a small, remote town with a population of 15,000, 69% of the town reported having a Hispanic or Latino background (U.S. Census Bureau, 2010). As a percentage, the town has more than four times as many citizens who reported being Hispanic or Latino compared to the national reporting of 15.1% with half of the town's population speaking a language other than English in the household (see Table 1). The town has a high foreign-born population, 70% of whom have no citizenship status. Compared to the U.S. overall, the town has a high poverty rate with more than three times the national average for families and more than two times the national average for

individuals. The national average income is more than double than that of the income earned in the town of School A and unemployment for the years 2005 through 2009 were at 10.3%.

Table 1. Social Characteristics for Town of School A and Town of School B

Town A Social Characteristics			Town B Social Characteristics		
Educational Attainment	Estimate	Percent	Educational Attainment	Estimate	Percent
Population 25 years and over	9,294	9,294	Population 25 years and over	353,643	353,643
Less than 9th grade	2,094	22.5%	Less than 9th grade	60,068	17.0%
9th to 12th grade, no diploma	1,315	14.1%	9th to 12th grade, no diploma	37,596	10.6%
High school graduate (included equivalency)	2,858	30.8%	High school graduate (included equivalency)	83,475	23.6%
Some college, no degree	1,708	18.4%	Some college, no degree	75,574	21.4%
Associate's degree	269	2.9%	Associate's degree	22,995	6.5%
Bachelor's degree	524	5.6%	Bachelor's degree	48,802	13.8%
Graduate or professional degree	526	5.7%	Graduate or professional degree	25,133	7.1%
Place of Birth			Place of Birth		
Total population	15,239	15,239	Total population	602,672	602,672
Born in United States	12,131	79.6%	Born in United States	436,367	72.4%
U.S. Citizenship Status			U.S. Citizenship Status		
Foreign-born population	3,055	3,055	Foreign-born population	154,861	154,861
Naturalized U.S. citizen	912	29.9%	Naturalized U.S. citizen	66,834	43.2%
Not a U.S. citizen	2,143	70.1%	Not a U.S. citizen	88,027	56.8%
World Region of Birth of Foreign Born			World Region of Birth of Foreign Born		
Foreign-born population, excluding population born at sea	3,055	3,055	Foreign-born population, excluding population born at sea	154,861	154,861
Latin America	2,939	96.2%	Latin America	142,641	92.1%

Source: U.S. Census Bureau, 2005-2009 American Community Survey

School B resides in a large metropolitan city, which offers more career opportunities and services in the area of educational advancement. This is evident in the lower unemployment rate and nearly half of the population having graduated high school, or attended some college or obtained a degree. Despite its size, both towns are comparable in their high Hispanic and Latino populations with a quarter of the city

residents being foreign-born, most having been born in Latin America. More than 35% of the population earn less than \$25,000 per year (see Table 2). Nearly half of the population live on less than \$35,000 per year and poverty rates for families and individuals are similar to that of the town of School A, exceeding national averages. Similar to Town A, Town B's poverty level among minors also exceeds national averages.

Table 2. Economic Characteristics for Town of School A and Town of School B

Economic Characteristics for Town of School A			Economic Characteristics for Town of School B		
Income and Benefits (In 2009 Inflation-Adjusted Dollars)	Estimate	Percent	Income and Benefits (In 2009 Inflation-Adjusted Dollars)	Estimate	Percent
Total households	5,397	5,397	Total households	202,225	202,225
Less than \$10,000	1,076	19.9%	Less than \$10,000	24,853	12.3%
\$10,000 to \$14,999	578	10.7%	\$10,000 to \$14,999	17,817	8.8%
\$15,000 to \$24,999	1,005	18.6%	\$15,000 to \$24,999	29,674	14.7%
Families	3,546	3,546	Families	151,939	151,939
Less than \$10,000	497	14.0%	Less than \$10,000	13,630	9.0%
\$10,000 to \$14,999	254	7.2%	\$10,000 to \$14,999	11,290	7.4%
\$15,000 to \$24,999	654	18.4%	\$15,000 to \$24,999	21,678	14.3%
Per capita income (dollars)	12,873	(X)	Per capita income (dollars)		
Percentage of Families and People in Town A Whose Income in the Past 12 Months is Below the Poverty Level			Percentage of Families and People in Town B Whose Income in the Past 12 Months is Below the Poverty Level		
All families	29.1%	(X)	All families	22.1%	(X)
All people	32.9%	(X)	All people	25.3%	(X)
Under 18 years	46.9%	(X)	Under 18 years	35.6%	(X)

Source: U.S. Census Bureau, 2005-2009 American Community Survey

At the time of the study, School A had a student population between 1,500-1,600, 49.5% of whom were in grade nine and ten. Incoming grade nine students were the smallest grade population accounting for 23.8% of the school. Of the entire school population, 12.7% had been designated special education status, with nearly equal

representation in each grade level. Of the student body, 80.5% were categorized as Hispanic/Latino and 17.7% as White/Caucasian. Asian, Native and African American students were 1.8% of School A's student body. School B has a population between 1,200-1,300, 51.6% of which are male and 51.3% are Hispanic or Latino male. Of this school population, 60.7% were in grade nine or ten at the onset of the study. Of the school population with a LD, 1.3% were registered as grade nine students while another 0.8% were registered in grade ten. Hispanic and Latino students made up 99.67% of the entire student body with the remaining 0.33% identified as either Caucasian or African American.

Participant Characteristics

A random selection of 51 students from a list of 80 generated by administrators from both school sites attended the information meeting. Approximately 34 students returned with signed guardian/caregiver and student/participant consent forms for a response rate of 67%. Many returned with the SSCQ completed, however, for those students needing clarification in completing their questionnaire, an additional date one week after the initial meeting had been scheduled to provide assistance to students by the researcher and school-site personnel such as a case worker and counsellor (see *Procedure* section). This assistance included the researcher reading aloud and clarifying the SSCQ for the participants when needed, addressing questions from participants, and school counsellors meeting with any participants who wished to speak with them. The student breakdown of total students by grade level and group can be seen in Table 3.

Table 3. Student Demographics: Groups by Grade

Group	9th grade	10th grade	Total n
Hispanic/Latino w/LD (HLA/LD)	9	2	11
Hispanic/Latino w/out LD (HLA/NLD)	6	11	17
Caucasian w/LD (C/LD)	1	0	1
Caucasian w/out LD (C/NLD)	4	1	5
Group Total	20	14	n = 34

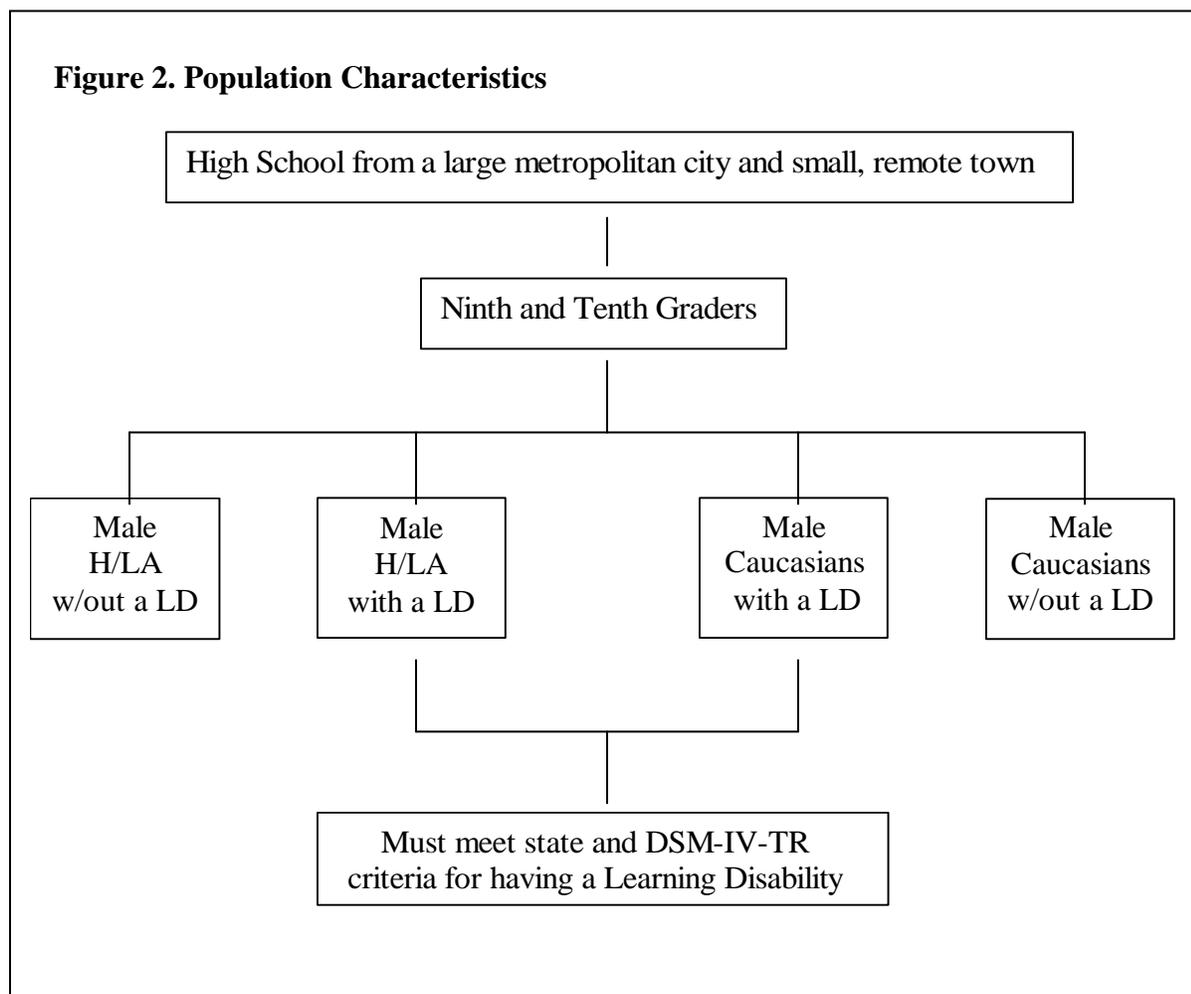
Of the sample participants, 32% were confirmed by school site administrators as having been diagnosed with a LD and met diagnostic criteria for having a learning disability as determined by state and DSM-IV-TR criteria. The age mean of students with a LD is 15.8862 ($SD = .69512$, Minimum = 14.75 years of age, Maximum = 17.17 years of age). The participant breakdown by grade level and age characteristics can be seen in Table 4.

Table 4. Student Demographics: Population Age

Group	N	Minimum	Maximum	Mean	Std. Deviation
Ninth Grade Mean	20	13.92	15.92	15.2200	.77364
Tenth Grade Mean	14	15.25	17.17	15.9867	.61288
Overall Age Mean	34	13.92	17.17	15.6200	.78307

Participants were assigned to one of four groups based on their racial and ethnic identification and LD or non-LD status. For example, students who identified as either Hispanic or Latino were grouped in either one of two H/LA groups, depending on their

LD status. School administrators were asked to provide ten participants from each group who had entered grade nine or ten at the onset of the study (see Figure 2). Participants who were in the LD categories met diagnostic criteria for having a learning disability as determined by state and DSM-IV-TR criteria. The final count of students who completed all forms is provided in *Chapter Four: Results*.



Instrumentation

The Social Support Choice Questionnaire (SSCQ), a researcher-created instrument, was provided in a packet for participants permitted to participate in the study (see Appendix A and B). The questionnaire is a twelve-item, researcher-created instrument. The SSCQ is comprised of twelve social scenarios in which participants are asked who their social support choice would be for managing a particular life stressor. The SSCQ poses similar situations that are based on various life stressors that were discussed by grade seven and eight students in a suburban Southwest city in the United States (Morrison et al., 1997), as well as additional situations pertaining to various life stressors found in the Southwest (Dutton et al., 2000; Valdez & Sifaneck, 1997), and among specific populations living in the region (Cervantes et al., 1991; de Anda et al., 2000; Garcia et al., 2000; Lee & Aytac, 1998; Milevsky & Levitt, 2005; Rodriguez et al., 2007; Sarkisian et al., 2007; Seidman et al., 1994; Surgeon General's Report, 2004; Waldinger et al., 2007; Windle et al., 1991).

Questions cover a variety of social scenarios including: (1) getting along with friends/peers, (2) getting along with parents, (3) struggling with drug abuse, (4) support with schoolwork, (5) getting along with teachers, (6) managing stress/depression, (7) getting along with siblings, (8) struggling with physical abuse, (9) struggling with emotional abuse, (10) struggling with sexual abuse, (11) making plans for the future and (12) advice with relationships/dating. Participants are given the options of choosing: (1) guardian/caregiver, (2) peer/friend, (3) relative/adult outside of school, (4) sibling, (5) teacher or (6) nobody for managing various life stressors. The SSCQ provides similar social scenarios and life stressors presented in previous literature (Morrison et al., 1992)

which is further discussed in the *Validity* section of this chapter. Students whose primary language was Spanish, were provided a Spanish version of the SSCQ which was reviewed by a focus group consisting of bilingual students of the same age. These students checked for potential issues of terminology and translation.

Scoring. The scoring of the SSCQ is based on the number of responses for each support category. A total of six scores are generated for each questionnaire due to six support categories being offered including: (1) guardian/caregiver, (2) sibling, (3) peer/friend, (4) teacher, (5) relative/adult outside of school and (6) nobody. The maximum score is twelve since the questionnaire only allows for one support choice to be selected per question. For example, a participant selects guardian/caregiver for managing the stressors presented in questions 1-3, their sibling for managing social stressors presented in questions 4-7, and their peer/friend for managing stressors presented in questions 8-12. The guardian/caregiver category would receive a score of 3, sibling receives a score of 4, and peer/friend receives a score of 5. Teachers, relative/adults outside of school, and nobody would receive a score of zero since they were not selected. The total amount of selections for each support choice category will be tallied and added to other participants within their category (e.g. HLA/LD group, HLA/NLD group and the Caucasian groups). The average selection of each support choice will be calculated and compared across groups.

Validity. To ensure that the SSCQ was valid, School A allowed the researcher to meet with six students in September of 2011 to review questions on the SSCQ and make certain that the social stressors represent stressors common to students in the region. These students were not part of the study that took place in October 2011. The school

provided students who met the study criteria for participation to ensure that the same student demographic could provide insight into the same stressors as the students who took part in the study later in the semester. Students were provided a form with two questions to determine whether the social stressors and support choices provided by the students aligned with the SSCQ. The first question asked, “In my opinion, students my age who are in this school and in this community will want to get help with...”. Students filled in each space and were then asked, “In my opinion, students my age in this school and in this community will most likely choose to seek help from...”. From the focus group, the SSCQ appears to be valid in that the social stressors and support options provided by the students matched those in the questionnaire. In addition to providing social stressors and support options, students also corrected for terminology of the SSCQ to match their vocabulary and limit possible difficulties in understanding the questionnaire. Students also provided corrections with the Spanish translation of the SSCQ.

Face validity is the degree to which a test or questionnaire appears to measure what it claims to measure. The SSCQ appears to have face validity in that it was developed to measure social support choices for twelve social stressors common to young people in the Southwest and adolescents in general (Dutton et al., 2000; Morrison et al., 1992; Morrison et al., 1997; Valdez & Sifaneck, 1997). To corroborate that the answers were valid and were provided by the participating students themselves, background information was obtained on the SSCQ by asking participants to provide their race/ethnicity, if they have been diagnosed with a LD, and what their current grade level was at the time of the study. Confirmation of race/ethnicity, LD status and grade level

was made with administrators at each school site (see *Procedure* section). The ecological validity, or the degree to which the data on the SSCQ provided by the participants generalizes to settings other than the study's location (Bronfenbrenner, 1979), appears to face barriers. Because Hispanic and Latino students sampled represent the majority in Southwest region of the U.S., their choices for support for managing various life stressors may not be reflective of other Hispanic and Latinos in other parts of the country where they tend to be within the minority population. This may be the case for Caucasian students as well given they are in the majority on the national level but are within the community minority in this study. However, the questions in the instrument appears valid in that the situations posed in the SSCQ were meant to generalize to other settings and represent the target sample.

Variables

This study includes two fixed, independent variables (see description below); one proximal, microsystem variable (individual biology) and one distal, macrosystem variable (racial and ethnic identification). These independent variables were studied as possible influences affecting adolescent social support choices (dependent variable). Weight has not been given to either variable over the other (e.g. overemphasis on proximal variables such as social processing skills) as this would undermine the role and causative nature of distal variables in adolescent behaviour.

Learning Disability. The internal microsystem is an influential participant in an individual's social development and support seeking behaviours. Each student who has been diagnosed with a LD were categorically studied as a proximal variable against those

participants without a LD as a causative agent influencing social support choice. All students diagnosed with a LD met state and DSM-IV-TR criteria.

Race/Ethnicity. Macrosystem variables including collectivism, individualism, and familism found on societal and community levels and within the family context, have the potential to influence individuals when managing various life stressors. For this reason, the second independent variable measured and compared was the macrosystem influence of the participant's ethnic/racial identification (Caucasian group and Hispanic/Latino group). Students racial and ethnic identities were categorized and measured across four groups (see Figure 2).

Social Support Choices. The dependent variables, or the hypothesized effect each independent variable has on a specific outcome, will be the social support choices made by participants in their respective category. Participants are given the options to select one of the following members from their support network: (1) guardian/caregiver, (2) peer/friend, (3) relative/adult outside of school, (4) sibling, (5) teacher or (6) nobody. The choices made will be compared across categories.

Procedure

The procedures in this study were as follows:

1. The Human Research Ethics Board (HREB) of the University of Victoria (protocol #11-285) approved this study on July 18, 2011.
2. Per HREB requirements, initial contact with school districts (ethics boards), school administrators (principals, vice-principals) were made prior to the completion of the University of Victoria ethics application. Contact with each school administrator was made via email invitations.

Access to enter School A was approved by the school district's ethics board on May 4, 2011. An external research request to gain access to School B was later approved by their school district's ethics board on August 8, 2011. An additional school had initially agreed for participation but eventually withdrew from participation for reasons unspecified.

3. A focus group was scheduled in September of 2011 at School A. Six students attended the focus group and met the study criteria for participation to ensure that the same student demographic was represented. These students were not included in the study that took place later in the semester. Students were asked to provide social stressors common to students their age and in their community and the support choices they would utilize. These answers were compared to the social scenarios and support option presented in the SSCQ in order to validate the questionnaire.
4. Each school site administrator was made aware of the requirements for participant inclusion and the date for which the researcher would meet potential participants in a face-to-face information meeting. School administrators then provided the researcher with a random list of 40 students who met the criteria for inclusion into the study as to prepare for a specific number of students attending. These students were informed by school officials prior to the scheduled meeting of the overall content to be covered, what is to be expected and the purpose of their attending, as well as the time, date and location of the scheduled meeting.

5. An information meeting was held at each school site's library during the third week of October of 2011. This date was chosen so students were well into the school semester, allowing for participants to become acquainted and establish relationships with their teachers and peers. This meeting was coordinated with the supervision of the assistant principals and the campus librarians. Of the 40 students asked to attend the information meeting from each school site, 17 male students from School A were in attendance, ten of whom were enrolled in grade nine, the remaining seven were enrolled in grade ten. School B had 34 students in attendance, 18 of whom were enrolled in grade nine, the other 16 were enrolled in grade ten. The information meeting took approximately 45 minutes to provide information for the students and answer any questions they had.

- Upon entering the library, each student signed their name to acknowledge their attendance. Once the information meeting began, students were informed in both English and Spanish through their student/participant consent forms, of the study's objective and expectations of student participants, their rights to withdraw and the confidentiality of the data. Those students who wished to participate were asked to sign a participant consent form and were sent home with a packet consisting of the SSCQ and a guardian/caregiver consent form describing the study.

6. After packets were dropped off at a designated location, school personnel contacted the researcher to pick up the packets for analysis.
 - Analysis included entering data from the questionnaires into software and running various analyses that measured differences in means (see *Chapter Four: Results*)

Summary

This chapter provided a rationale for and details of the research design implemented in this study. A broader context of the study sites were provided including school and participant population and demographics. The procedures were outlined, the instrument used in the study was detailed, as well as its validity and the variables being measured. The next chapter will describe the analysis used for this study, the results from the data collected and a discussion.

Chapter Four: Results

This chapter presents the quantitative results of the study. The results are divided into three sections beginning with the descriptive statistics regarding social support choices among the groups. The second section includes the statistical analyses performed including the results of the One-Way Analysis of Variance (ANOVA) that tested for any significant differences among group support choices. The analyses of differences between groups are highlighted using participant responses on the SSCQ. The results of the independent *t*-tests that grouped students based on their LD diagnosis (microsystem) and ethnic and racial identification (macrosystem) are discussed. The third and final section further explores the support seeking trends of the participants.

Descriptive Statistics

Using the Statistical Package for the Social Sciences (SPSS), descriptive statistics such as mean and standard deviation were calculated for each support choice category to highlight collective habits in support seeking behaviour among groups. These data are provided in Table 5. Group mean scores were calculated by averaging the total number of responses ($r = 12$) per questionnaire for each support category and for each group. From a total of 34 participants between both school sites who completed their questionnaires, 408 total responses were provided. Hispanic and Latinos with a LD (HLA/LD) provided 132 responses, Hispanic and Latinos without a LD (HLA/NLD) provided 204 responses, and 72 responses were provided by the Caucasian participants. There are a total of six scores generated based on the 408 responses, each falling into six support categories (e.g. guardian/caregiver, sibling, teacher, peer/friend, relative/adult outside of school, and nobody). For example, the HLA/LD group had a mean score of

3.64 responses for guardian/caregiver. In other words, the HLA/LD group were likely to select parent/guardian for social support an average of 3.64 times per questionnaire.

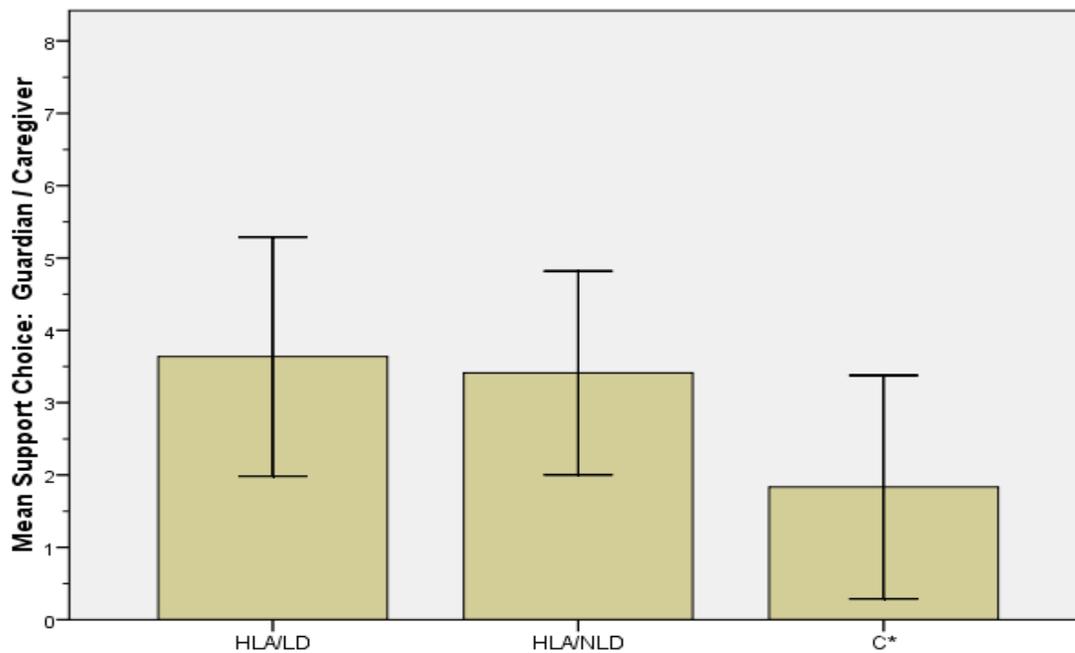
Adding together the average HLA/LD group responses from other support categories such as peer/friend ($M = 3.09$), relative/adult outside of school ($M = 1.18$), sibling ($M = 1.00$), teacher ($M = .91$), and nobody ($M = 2.18$), comes out to 12 total responses. The standard deviation is also provided, a statistic that indicates how much the scores provided by each group deviates from the group's mean score.

Table 5. Support Choice: Descriptive Statistics

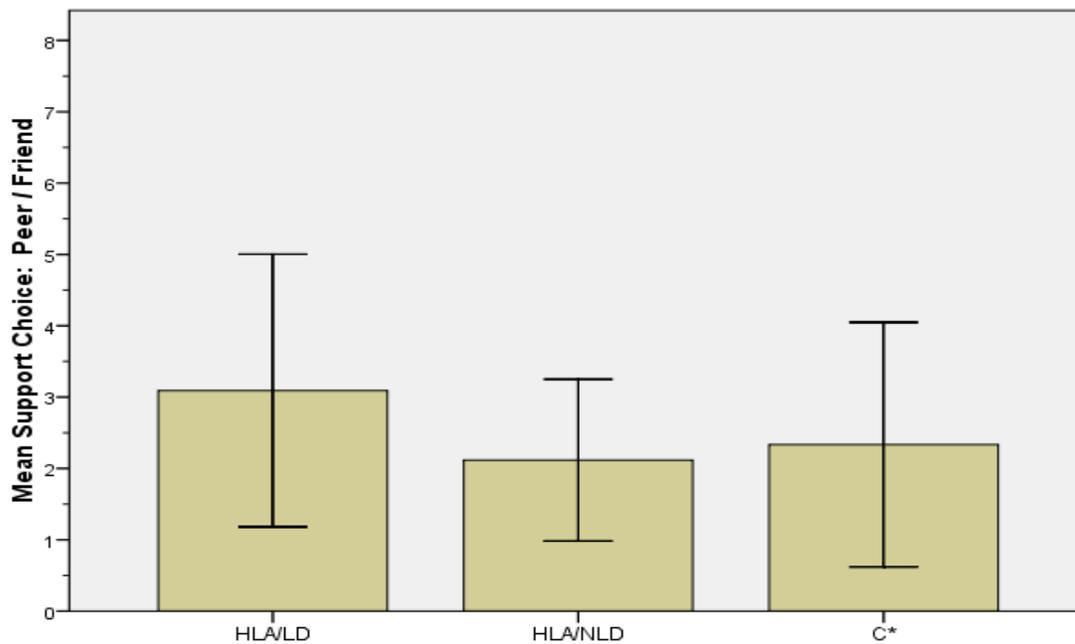
All Groups		Guardian/Caregiver	Peer/Friend	Relative/AOS	Sibling	Teacher	Nobody
HLA/LD	Mean	3.64	3.09	1.18	1.00	.91	2.18
	N	11	11	11	11	11	11
	Std. Deviation	2.46	2.84	1.25	1.18	.83	2.85
HLA/NLD	Mean	3.41	2.12	1.94	.82	2.18	1.53
	N	17	17	17	17	17	17
	Std. Deviation	2.74	2.20	2.72	1.38	1.62	2.47
C*	Mean	1.83	2.33	2.17	.33	1.50	3.83
	N	6	6	6	6	6	6
	Std. Deviation	1.47	1.63	1.94	.81	1.37	3.37
Total	Mean	3.21	2.47	1.74	.79	1.65	2.15
	N	34	34	34	34	34	34
	Std. Deviation	2.49	2.32	2.19	1.22	1.45	2.80

Note: Caucasian category combines both LD and NLD groups

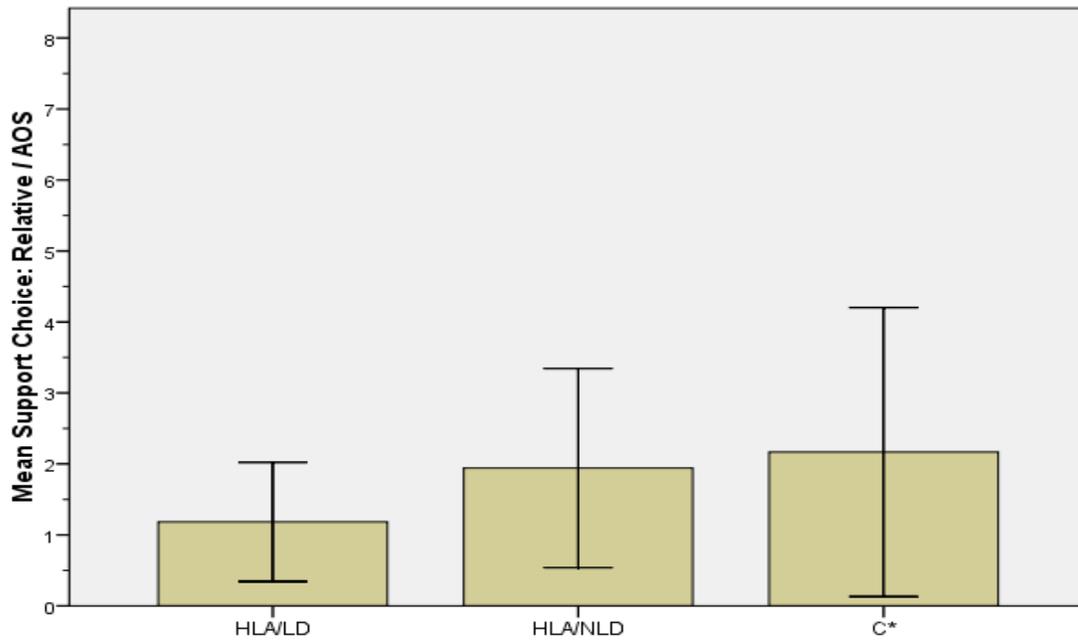
To represent the support choice means among the groups, Figure 3 through Figure 8 provides graphs with error bars to indicate the variability of the data around the mean. The addition of the error bars provides additional information indicating the range reflecting where the true values are likely to be found.

Figure 3. Mean: Guardian / Caregiver

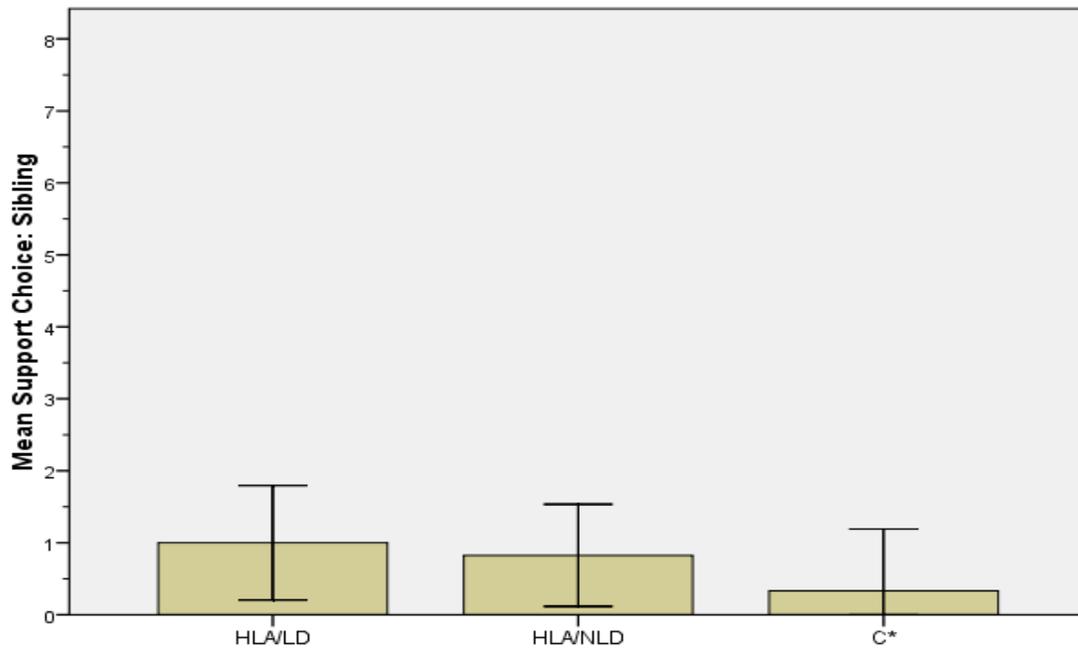
Note: Caucasian group combines LD/NLD; Error bars set at 95% CI

Figure 4. Mean: Peer / Friend

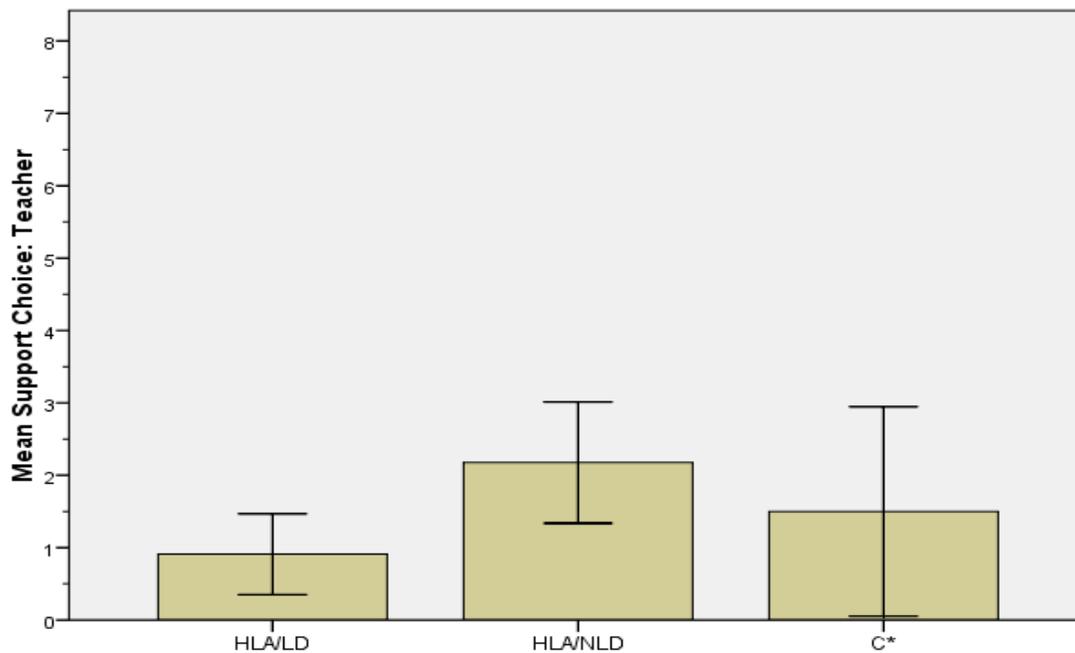
Note: Caucasian group combines LD/NLD; Error bars set at 95% CI

Figure 5. Mean: Relative / AOS

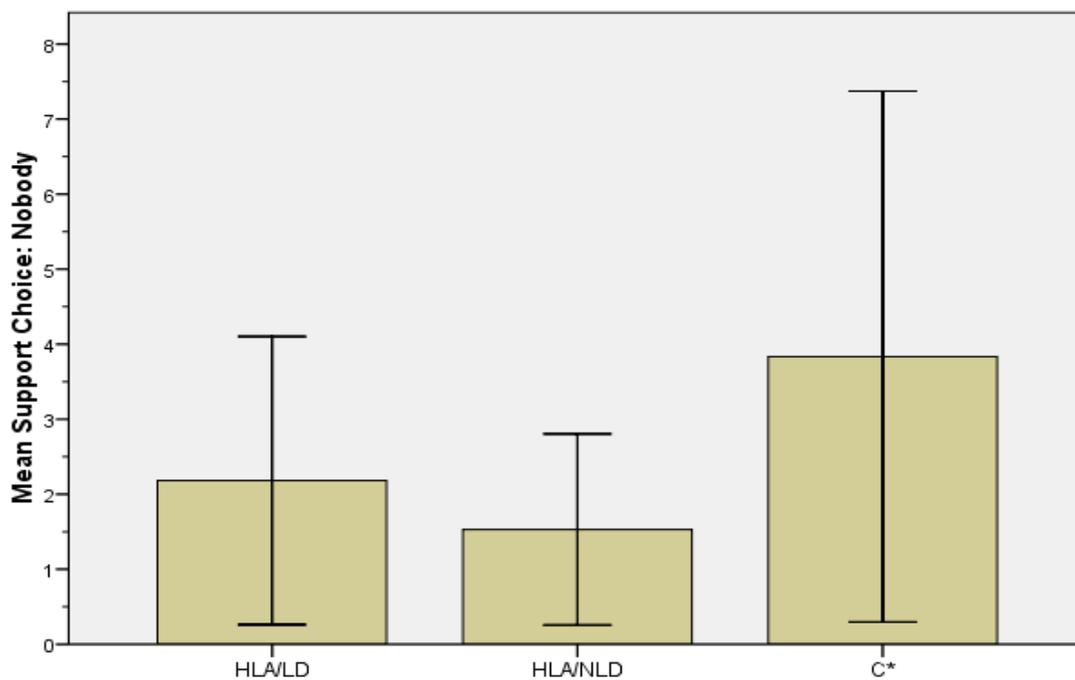
Note: Caucasian group combines LD/NLD; Error bars set at 95% CI

Figure 6. Mean: Sibling

Note: Caucasian group combines LD/NLD; Error bars set at 95% CI

Figure 7. Mean: Teacher

Note: Caucasian group combines LD/NLD; Error bars set at 95% CI

Figure 8. Mean: Nobody

Note: Caucasian group combines LD/NLD; Error bars set at 95% CI

The graphs illustrating the guardian/caregiver mean for the three groups show a higher average for this particular support choice selected among the HLA/LD group ($M = 3.64$; $SD = 2.46$) and HLA/NLD group ($M = 3.41$; $SD = 2.74$) compared to the Caucasian participants ($M = 1.83$; $SD = 1.47$). The HLA/LD group tends to rely more on friends and peers for social support than the other groups ($M = 3.09$; $SD = 2.84$), with the HLA/NLD group coming in with the lowest score ($M = 2.12$; $SD = 2.20$). Relatives and adults outside of school had lower mean scores among the HLA groups with a combined mean score of 1.64 ($SD = 2.26$) compared to the Caucasian participants ($M = 2.17$; $SD = 1.94$). When it comes to the HLA/LD group's reliance on siblings, they had the highest mean score ($M = 1.00$; $SD = 1.18$). In contrast to other support categories, the entire sample generated low mean scores, indicating low levels of support seeking for siblings among this study's participants.

There appears to be low reliance on teachers for support indicated by the mean scores of the HLA/LD group ($M = 0.91$; $SD = .83$) with the HLA/NLD group choosing teachers for support more than any group ($M = 2.18$; $SD = 1.62$). Teacher selections among HLA/LD participants were low on average ($M = .91$) compared to their peers without LD. The HLA/NLD group were more likely to choose support from teachers with a mean score of 2.18 ($SD = 1.62$). Finally, the HLA/LD selected nobody 2.18 times per questionnaire ($SD = 2.85$). The HLA/NLD group on the other hand had a response rate that was more than half the mean of the Caucasian participants ($M = 1.53$; $SD = 2.47$). Overall, choosing nobody for support was most prevalent among the Caucasian participants averaging 3.83 ($SD = 3.37$) selections per questionnaire.

Statistical Analyses

In an attempt to address the research question, “*Will one group choose nobody or select non-normative social support for managing various life stressors at a higher rate and will these differences be statistically significant?*”, an ANOVA was performed using SPSS in order to determine whether the mean responses among the groups presented significant statistical differences (see Table 6). The rationale for using this statistical procedure is largely due to its ability to detect the differences between mean scores for three or more groups.

Table 6. Support Choice: ANOVA

		Sum of Squares	df	Mean Square	F	Sig.
Guardian/Caregiver All Groups	Between Groups (Combined)	14.062	2	7.031	1.138	.333
	Within Groups	191.496	31	6.177		
	Total	205.559	33			
Peer/Friend All Groups	Between Groups (Combined)	6.463	2	3.232	.582	.565
	Within Groups	172.007	31	5.549		
	Total	178.471	33			
Sibling All Groups	Between Groups (Combined)	1.755	2	.877	.569	.572
	Within Groups	47.804	31	1.542		
	Total	49.559	33			
Teacher All Groups	Between Groups (Combined)	10.885	2	5.443	2.865	.072
	Within Groups	58.880	31	1.899		
	Total	69.765	33			
Nobody All Groups	Between Groups (Combined)	23.560	2	11.780	1.543	.230
	Within Groups	236.705	31	7.636		
	Total	260.265	33			

Note: Caucasian group combines both LD and NLD participants in analysis.

Significance level = $p < .05$

In order to be confident in reporting the F values generated by the ANOVA, a Levene's test was conducted to test for homogeneity of variance. Results indicate insufficient evidence to claim that group means for the support categories were widely dissimilar. From this test, confidence can be gained from the p values generated by the ANOVA. No significant differences can be reported among any support choice categories with all p values being greater than .05. However, it was of interest to the researcher whether significant differences would be present if participants were grouped by LD status and non-LD status as well as ethnic and racial identification.

Analysis: Microsystem Variables. To address another question asked by the research, “*Will Hispanic and Latino adolescents with LD choose nobody or select non-normative social support at a higher rate than the comparison groups and will these differences be statistically significant?*”, an independent samples t -test was conducted by pairing together those groups with a LD and comparing their responses for social support towards the students in the non-LD group. No significant differences for five of the six categories were found between the groups with a LD and the groups without a LD. A significant difference was found for the teacher category ($p = .014$). In other words, the LD group was significantly less likely to select their teachers for support ($M = 0.83$; $SD = .83$) for managing various life stressors compared to their non-LD peers ($M = 2.09$; $SD = 1.54$). To measure the magnitude of these mean differences, an effect size was calculated by finding the difference between the mean scores of both groups divided by the square root of the within-group standard deviation for the teacher support category (Howell,

2008). The result shows a *large* effect size ($d = 0.91^*$), indicating that the two means among the LD and non-LD groups are likely to be very different.

Looking deeper into the responses provided by students with a LD, of the 144 total support choices made, the majority of support choices were for guardian/caregiver with 45 selections (31%), peer/friend coming in second with 34 selections (24%), the selection of nobody came in third with 32 (22%), relatives and adults outside of school received 13 selections (9%) and sibling and teachers came in last with 10 selections (7%). From all responses collected from the questionnaires, 78% of the selections were for a network member (e.g. guardian/caregiver, peer,/friend, relative/adult outside of school, sibling, and teacher), with the remaining 22% of the responses selecting nobody.

For the HLA/LD group alone, this number declines, with only 18.2% of the support choices going to the nobody category. As for their peers without LD, 84.5% of the 264 total responses were for a support member, slightly higher than the students with a LD. The non-LD groups selected guardian/caregiver 65 times (24.6%), peer/friend received 60 selections (19%), relative/adult outside of school and teachers both received 46 selections (17.4%), nobody came in fifth with 41 selections (15.5%) and siblings chosen last with 16 selections (6.1%).

Analysis: Macrosystem Variables. Though participation from both Caucasian groups were less than expected, evidence from the questionnaires presented consistent support choice behaviours. For example, the Caucasian participants were more likely to choose nobody for support with a mean score larger than the HLA/LD group and more than twice the mean reported for the HLA/NLD group. Additionally, Caucasians were

* $d = 0.2$, *small effect*; $d = 0.5$, *medium effect*; $d = 0.8$, *large effect*

less likely to choose guardian/caregiver for support by nearly half of the mean of the HLA groups. To determine whether these means differed significantly and to address the last research question, “*Will the Hispanic and Latino groups (LD/NLD combined) choose nobody or select non-normative social support at a higher rate than the Caucasian groups and will these differences be statistically significant?*”, an independent samples *t*-test was conducted by pairing together those groups based on the participants ethnic and racial identification. The responses of the Hispanic and Latino students (LD + NLD) were compared to the Caucasian participants (LD + NLD) with no significant differences reported.

Much like the data reported for the students with and without a LD, when groups were paired by racial and ethnic identification, support trends emerged. Of the 336 selections made by the HLA groups, 276 was for a person (85%) with only 15% of the selections being for nobody. The Caucasian participants, however, chose nobody more often than any other support category with 23 of their 72 selections (32%). The HLA participants chose their guardian/caregiver more often than any support category with 99 selections (29%) compared to 11 selections (15.3%) for Caucasians. In addition to nobody, Caucasians selected relatives and adults outside of school (18%) as well as their peers and friends (19.4%) more often than their guardian/caregiver.

Social Support Choices: Participant Responses

When questions are clustered categorically, support seeking trends can be highlighted. The researcher perceives the questions on the SSCQ represent five distinct stressor categories including: (1) received abuse stressors, (2) personal stressors, (3) family stressors, (4) relationship management stressors and (5) academic stressors. The

rationale for clustering stressors together and ranking the support choices made by each group is to provide visual evidence of the support seeking trends among the four groups in their support seeking behaviour for various themes of stressors (see Table 7).

The questions are grouped together based on their similar stressors. For instance, questions five, eight, and twelve of the SSCQ are placed into one category that cover verbal/emotional, physical and sexual abuse (Received Abuse Stressors). Questions three and seven pertain to issues with alcohol or drug problems and prolonged sadness or depression (Personal Stressors) while questions two and nine cover relationship stressors with parents and siblings (Family Stressors). Questions one, six, and eleven cover relationships in and out of school with teachers, peers and friends, and forming close relationships with a significant other (Relationship Management Stressors). Lastly, questions four and ten relate to difficulty with school work and planning for the future such as college (Academic Stressors).

In general, the HLA/LD group selected guardian/caregiver and peer/friend over other support categories as often as their HLA/NLD peers. Both groups also had low responses for seeking sibling support; but siblings were chosen at a higher rate when it came to academic stressors. At first glance, the primary selections for both HLA groups were consistent for most categories. The Caucasian group's primary choice of nobody for three different categories appears non-normative to the general population sampled. Beginning with the abuse stressors, the HLA groups chose support from their guardian/caregiver more often than any other support choice when asked who they would go to if victimized by verbal/emotional, physical, and/or sexual abuse compared to the Caucasian group choosing more often to consult nobody for support.

Table 7. Support Choice: Group Rankings

Groups	Received Abuse Stressors	Personal Stressors	Family Stressors	Relationship Management Stressors	Academic Stressors
HLA/LD	1.) Guardian / Caregiver 2.) Peer / Friend 3.) Nobody 4.) Relative / AOS & Sibling 5.) Teacher	1.) Guardian / Caregiver 2.) Peer / Friend 3.) Nobody 4.) Relative / AOS 5.) Sibling	1.) Peer / Friend 2.) Guardian / Caregiver 3.) Relative/AOS & Nobody 4.) Sibling	1.) Guardian / Caregiver 2.) Peer / Friend & Nobody 3.) Relative / AOS 4.) Sibling & Teacher	1.) Teacher 2.) Peer / Friend 3.) Guardian / Caregiver & Sibling & Nobody 4.) Relative / AOS
HLA/NLD	1.) Guardian Caregiver / Relative / AOS & Nobody 3.) Peer / Friend 4.) Teacher 5.) Sibling	1.) Guardian / Caregiver 2.) Relative / AOS 3.) Nobody 4.) Peer / Friend & Sibling 5.) Teacher	1.) Relative / AOS 2.) Peer / Friend 3.) Teacher 4.) Guardian / Caregiver 5.) Nobody 6.) Sibling	1.) Guardian / Caregiver 2.) Peer / Friend 3.) Teacher 4.) Nobody 5.) Relative / AOS 6.) Sibling	1.) Teacher 2.) Guardian / Caregiver 3.) Peer / Friend & Sibling 4.) Nobody 5.) Relative / AOS
C*	1.) Nobody 2.) Teacher 3.) Relative / AOS 4.) Guardian / Caregiver	1.) Peer/Friend 2.) Guardian / Caregiver 3.) Nobody 4.) Relative / AOS & Sibling	1.) Nobody 2.) Peer / Friend & Relative / AOS 3.) Guardian / Caregiver & Sibling	1.) Nobody 2.) Relative / AOS 3.) Peer / Friend	1.) Guardian / Caregiver 2.) Teacher 3.) Relative / AOS 4.) Nobody

*Note: Caucasian group combines both LD and NLD participants. Those support options that do not appear in any of the above lists were not selected by their respective group. Multiple support options appearing together had identical scores

When confronted with personal stressors, both HLA groups chose their guardian/caregiver most often when struggling with alcohol or drug abuse. The Caucasian group on the other hand, chose support from their friends at a higher rate. This non-normative trend continues with Caucasians selecting nobody most often for family stressors while the HLA/LD group opted to select a peer/friend and the HLA/NLD group looked towards a relative/adult outside of school. As a whole, the HLA groups had a tendency to choose support from their guardian/caregiver, peer/friend over relative/adult outside of school whereas the Caucasian participants were likely to select support from their peer/friend, relative/adult outside of school and nobody over their guardian/caregiver.

Summary

This chapter presented the quantitative findings from participant responses on the SSCQ. Descriptive statistics, results of the one-way ANOVA and independent *t*-tests were reported. A visual aid ranking themes of social stressors and a discussion of the support seeking trends were also presented. Though the analyses performed did not yield any significant statistical differences between groups for the majority of social support options, the teacher support category was found to be statistically significant between the LD and non-LD groups as indicated by independent *t*-tests that coupled groups based on their LD status. Effect size calculations found this difference to be large ($d > 0.8$). Overall, it was found that the Caucasian participants were more likely to choose nobody and select non-normative support for managing various life stressors. An interpretation of the findings through a bioecological framework, future research directions, and limitations to the study are presented in the next chapter.

Chapter Five: Discussion

The results of this study are discussed within a bioecological framework and in light of existing research. Future research directions and limitations to the study are presented. The purpose of this study was to address the primary question of whether there would be any differences in regards to the influence of microsystem and macrosystem variables on adolescent support choice. More specifically:

- Will Hispanic and Latino adolescents with a LD choose *nobody* or select non-normative support for managing various life stressors at a higher rate than the comparison groups and will these differences be statistically significant?
- Will the Hispanic and Latino group, LD and NLD groups combined, choose *nobody* or select non-normative social support at a higher rate than the Caucasian groups and will these differences be statistically significant?

Micro-Level

Viewing the results through a bioecological lens allows the researcher to organize variables based on the proximity to the individual. By structuring factors based on their systems around and within an adolescent provides a tool for evaluating the possible influences each variable has on adolescent support seeking behaviour. Bronfenbrenner (1979) described the influences between an individual and the personal relationships they hold with their network members are at its strongest, attributing the influences to the bi-directional or intimate and close nature of those relationships. There are many factors that come into play when developing and maintaining relationships at home, school, and within the community and numerous reasons for students to face barriers in seeking

support. The data from this study found that the social support choices among Hispanic and Latino students with a LD had similar support seeking trends compared to their non-LD, Hispanic and Latino peers with mostly no significant differences reported. The only significant difference to report was the selection for teacher support, with the LD group choosing teachers at a significantly lower rate than their non-LD peers. Overall, the similar support seeking trend among the HLA groups is in contrast to the literature that has found Hispanic and Latino students as well as students with a LD to be more socially isolated, choosing nobody for social support and opting to select non-normative support when facing various life stressors (Morrison et al., 1992).

The literature on the social competence of individuals with a LD point in several directions including cognitive processes such as poor metacognitive strategies that affect social competence (Kavale & Forness, 1996; Kravetz, Faust Lipshitz, & Shalhav, 1999), or possible past rejection (Morrison et al., 1992) or isolation and a sense of normlessness affecting social skills progress and development of positive relationships (Bear et al., 2002; Estell et al., 2008; Morrison et al., 1992; Tabassam & Grainger, 2002). The findings from this study are unable to eliminate any of these possible factors because: (1) poor metacognitive skills may still be affecting the adolescent with a LD, however peer modelling of normative support seeking is compensating for those lack of skills and (2) a feeling of isolation and normlessness could still be felt among students with a LD but are still modelling their support seeking behaviours after their non-LD peers. The data does not support the literature that suggests students with a LD choose nobody or opt for non-normative support choices as a result of processing deficits. This is not to say that students with a LD have social processing deficits affecting their social support

behaviours; but this study found the HLA/LD group to be just as likely to choose nobody and select similar support choices for managing various life stressors as their non-LD peers.

What could attribute for the lack of significant differences in support choices among the HLA groups? Farmer and Farmer (1996) point out that the research on social skills deficits and individuals with a LD tend to overlook the “peer associations and classroom social networks in supporting the establishment and maintenance of the behaviours, values, and beliefs related to general poor peer relations” (p. 432). Nowicki (2003) hinted at this when suggesting that individuals with learning disabilities may be at risk for social deficits partially due to the social preferences made by their non-disabled peers. Research shows that when students with learning disabilities are integrated into inclusive classroom settings, friendships among non-LD peers have the potential to be reciprocated (Vaughn, Elbaum, & Schumm, 1996). All of the students with a LD sampled in this research were in inclusive settings, and it may be that the support seeking behaviours of the Hispanic and Latino students with a LD had modelled their own support seeking behaviours after their peers without a LD.

Even with inclusive settings where relationships could possibly be better established among students with a LD and their peers without a LD, the data cannot be attributed solely to school integration, otherwise the Caucasian participants would have yielded similar support seeking trends as their Hispanic and Latino peers. What might be influencing support choices among Hispanic and Latino students with a LD may be attributed to *homophily*, or the tendency for individuals to befriend or associate with

individuals who have social and demographic characteristics that are similar to their own (Kandel, 1978).

Aside from the lack of significant differences among the HLA groups, it is the ranking of support choices that were surprising. Of the five stress categories (e.g. received abuse stressors, personal stressors, family stressors, relationship management stressors, and academic stressors), the primary choice for social support among the HLA groups were identical for four of the five stress categories. Only when managing family stressors did the groups differ, with the Hispanic and Latino students with a LD choosing their peers or friends for support while the Hispanic and Latino students without a LD selected their relative or an adult outside of school, with peers and friends being a second choice. No primary support choice for any stress category among the Hispanic and Latino groups matched those primary support choices made by the Caucasian participants. This seems to suggest that individuals who racially or ethnically (culturally) identify with other students of the same background may have the ability to model and influence support seeking behaviours of their culturally similar peers.

Homophily could also result from a “socialization process in which individuals who associate with each other, irrespective of their prior similarity, influence one another” (Kandel, 1978, p. 428). Modelling support seeking behaviours should not be assigned to just the non-LD, Hispanic and Latino students. It may be that modelling support seeking behaviours has more of a bi-directional influence among Hispanic and Latino students with and without a LD. Strong ethnic and racial salience could take precedence over individual differences such as a student having a disability. Regardless

of a LD diagnosis, students with similar ethnic and racial backgrounds, oral language, customs and traditions, may have a role in influencing each other's choices for support.

Lastly, a statistically significant difference was found for the support choice of teachers. To locate where these means differed significantly, the choices made by Hispanic and Latinos with a LD were compared to each group without a LD, with only the statistically significant difference being between Hispanic and Latinos with and without a LD. The lowest mean score came from the Hispanic and Latino students with a LD and though teachers were selected more often for support with academic stressors, teachers were chosen at a significantly lower rate for stressors in general.

One reason why Hispanic and Latino students chose their teachers for support at a significantly lower rate than their non-LD, Hispanic and Latino peers may be the result of possible poor student-teacher relationships. Teachers tend to see students with a learning disability as having substandard social skills compared to their peers who are considered low-achieving, average-achieving and high-achieving in academics (Nowicki, 2003) and it is possible that the LD label contributes to the negative attitudes held by teachers and other professionals in the school, possibly causing tension between student and teacher.

Whether an individual with a LD has obstacles with processing various social cues or whether the teacher-student relationship is in conflict or not, teachers may very well symbolize what adolescents see as their largest struggle, academic failure. The perception of academic failure may be contributing to problems between student and teacher, consequently leaving the adolescent less likely to choose their teacher for support with various academic tasks and personal stressors.

Macro-Level

This study suggests the possibility that macrosystem characteristics were factors in the support seeking behaviours of adolescents. The primary question concerning macrosystem characteristics in this study asked whether any differences in social support behaviours would be observed between the HLA groups and Caucasian adolescents. In other words, would Hispanic and Latinos choose nobody for social support with higher incidence than the Caucasian groups as past research indicates? Independent *t*-tests found the data to have no significant differences between the HLA groups and the Caucasian participants.

In contrast to past research, it was the Caucasian participants who were more than twice as likely to select nobody for social support, and less likely to select their guardian/caregiver, peer/friend, sibling, or teacher for support. It was surprising to find that Caucasian adolescents chose to rely so little on network members compared to the other groups, selecting nobody for social support over every support option. There may be a number of reasons for these patterns such as pervasive family problems, teacher-student conflict, or academic issues the researcher is unaware of. For example, Brown et al. (2003) found minorities to be more likely to have feelings of alienation, and the Caucasian students could be feeling isolated or have a sense of normlessness caused by linguistic and ethnic differences.

Individuals in the minority may not feel a sense of belonging or connection to the values and norms of the majority. Similarly for individuals with a LD or any disability, Caucasians with or without disabilities may feel disconnected from their schools and communities when they do not share the same identities as the ethnic majority. A study

conducted by Mollica, Gray and Trevino (2003) found students of racial minority were more likely than Caucasians to have homophilous groups and to reach out across other organizational units within their race or ethnic category. To state this in another way, students of minority tend to have fewer options to include peers who are ethnically and racially similar, which possibly leads them to extend beyond their own organizational units. For example, students of minority with differences in personalities or interests may be more inclined to cross organizational boundaries and associate with each other due to limited availability of ethnically or racially similar others.

Because Hispanic and Latinos tend to be more family-oriented (Sabogal et al., 1987; Santisteban et al., 2002) and are more collectivist culturally, placing the values and interests of their ethnic and racial group above their own (Gaines et al., 1997), they have shown to be more likely to cross boundaries within their groups. In other words, Hispanic and Latino students could be more likely to associate themselves with other individuals within the same minority, including individuals with a LD. Mollica et al. (2003) revealed higher rates of minorities associating across unit boundaries, attributed to increased levels of racial identity salience. The study also found Caucasians to be less likely to cross into other organizations within their race due to less racial identity salience.

Hispanic and Latinos tend to have higher incidence than most other racial and ethnic categories for facing various life stressors (de Anda et al., 2000; Seidman et al., 1994; Surgeon General's Report, 2004; Waldinger et al., 2007), but are more likely to be socially isolated and overly self-reliant (Morrison et al., 1992; Windle et al., 1991) with males choosing nobody for social support at higher rates than females (Morrison et al.,

1997). However, this study found that Caucasian adolescents, the minority students among these particular communities, could possibly be susceptible to isolation and an over self-reliance for managing various life stressors. Though Caucasians are a majority nationally in the U.S., it is no less needed by schools to consciously seek out those students and their families who are part of any minority group and create a pattern of inclusiveness through curriculum and programs that is relevant to all students.

Limitations

There were several limitations to this study. The first limitation included the small sample size, most notably the limited number of data for the Caucasian group. Given the geographic location of the participating schools and prevalence of a LD, the probability of recruiting Caucasians was low, while Caucasians with a LD was even lower. The unequal sample size should be factored in when reading the results and an attempt to include a larger sample size for future research should be made to ensure the data from the selected population is valid.

Despite less than expected participation from the Caucasian groups, evidence from the questionnaires presented consistent support choice behaviours, albeit in contrast to results reported in past literature. It is the researcher's belief that there was enough of a trend to present the findings as a reasonable depiction of social support seeking behaviour from Caucasian participants who fall into the school minority given that literature finds similar support seeking trends among other racial and ethnic populations who are within their school minority. Additionally, Hispanic and Latino males have a tendency to choose nobody at a higher rate than females for support in getting along with teachers, for academic work, getting along with peers and other social aspects. For this

reason, the study was restrained to male participants to explore this over self-reliance even further (Morrison et al, 1997).

The social scenarios used in this study are based on similar questions and social stressors typical to adolescent students in the Southwest (Cervantes et al., 1991; de Anda et al., 2000; Dutton et al., 2000; Garcia et al., 2000; Lee & Aytac, 1998; Milevsky & Levitt, 2005; Morrison et al., 1997; Rodriguez et al., 2007; Sarkisian et al., 2007; Seidman et al., 1994; Surgeon General's Report, 2004; Valdez & Sifaneck, 1997; Waldinger et al., 2007; Windle et al., 1991). However, a potential limitation to this study is that the social scenarios are hypothetical and the choices of social support made by the adolescent participants may differ if they were faced with the stressor in reality.

Additionally, the SSCQ is limited to only those stressors selected by the researcher and did not include social scenarios that could generalize to other populations such as adolescents managing a death of family member or friend, parental divorce, or school bullying.

It may even be that the unique living situation on the border attracts other stressors unseen in other regions of the United States. For example, an unknown sample of adolescents in the study commuted across the border from Mexico to attend high school on the U.S. side. There are various stressors associated with these living conditions such as the pressure by family and the community to succeed through academic attainment and future employment as a means of support. Even adopting an additional language could add to the daily academic stressors of adolescents on the border. In fact, 55% of Town A's residents speak a language other than English, 54% speak Spanish, and 20.6% speak English less than "very well". Town B has an even

higher population who speak a language other than English (73.1%), Spanish speakers making up 70.7% of the population, with 28% speaking English less than “very well” (U.S. Census Bureau, 2010). In addition, the population sampled and their vicinity to the border and the ongoing gang/cartel violence may leave the adolescent dealing with increased risk of death or kidnapping of either themselves, a family member, friend, or other known person.

Future Research

Data gathered for this study suggests that there were possible mesosystemic outcomes of adolescent support seeking behaviours through multiple microsystem interactions. It is possible that pervasive issues within the adolescents support network (microsystem interactions) exist and may be impacting social support choices (mesosystem outcome), evidenced by the low rankings of siblings across groups, low support seeking behaviours for family members among Caucasian participants and high-levels of support seeking for relatives and adults outside of school. Data for this study was quantitative with data left to be somewhat conjectured as to why each group chose or did not choose their social support member for managing various life stressors. Future research should include qualitative data compiled through the use of interviews and focus groups from both the perspective of the adolescent and the individuals named in their social support network. Qualitative data will allow researchers to gain a more holistic perspective of adolescent support seeking behaviour.

This data can then be combined with quantitative measures that can detect microsystem concerns such as the Network of Relationships Inventory-Social Provisions Version (NRI-SPV; Furman & Buhrmester, 1985), an instrument primarily used to

measure the individual differences in relationship qualities. This instrument in particular allows the researcher to examine the similarities and differences among various relationships in an individual's social network. The NRI-SPV has shown to have positive psychometric and validation evidence (Furman, 1996; Furman & Buhrmester, 1985, 2009) and can be used to evaluate how individual differences in relationship qualities are associated with other individual outcomes (e.g., loneliness and depression), relationship outcomes (e.g., stability of relationships) and highlight any pervasive issues within the individual's support network. The instrument can also reveal information on why some relationships are not as well-developed as others. This would provide more insight into the social support choices of those individuals who are at increased risk for social isolation and over self-reliance.

There are many factors that inhibit students with a LD or other minorities to seek support, evidenced from the data in this study finding a lack of sought support for teachers and siblings. The relationships at home may pose problems for individuals with a disability; for instance siblings tend to be closer and offer more support when similarities exist and everyday experiences are shared (Akiyama et al., 1996). Yet when there is one sibling or child with a disability, difficulties for siblings and parents to relate to the child with the disability may be impeding the development of those relationships. Future research should investigate the attitudes and beliefs of families when it comes to support offering and requesting. It may be that individuals with a LD are overly self-reliant or choose to refrain from familial support, not because of social processing deficits impacting their reasoning skills, but from possible pervasive problems in the relationships at home.

Theoretical models of social competence that are effectiveness-oriented (Social Competence Prism; Rose-Krasnor, 1997) focus more on the transactions between individuals as a marker of social competence rather than internal systems that may affect social abilities. Therefore, an indicator of adequate social competence is judged by how others respond to an individual's set of behaviours and is context dependent, task-oriented, and based on how effective the performance was (Rose-Krasnor, 1997). In other words, if the social processing skills of students with a LD are measured in part by their support seeking decisions, various contexts or environments that may result with differing support seeking outcomes is worthy of investigation. This includes studying students with a LD and their social seeking behaviours in self-contained classrooms, resource rooms, and in general education classrooms as well as environments outside of academic or school settings such as extra-curricular activities, or community organizations and within the family environment.

Likewise, the performance should be judged on several grounds: (1) what are the trends of "others" in similar environments, (2) are the support choices based on adolescent preference or false perception of developed relationships (e.g. under-developed peer relationships) and (3) how effective would the support choice meet the short- and long-term goals of the individual? For instance, a student with a LD in inclusive settings asking their peer for support with homework may be a successful marker of social competence given that the peer may represent the best available option in assisting with schoolwork. However, if the student and their peer do not have a healthy relationship established, the adolescent with a LD may have misjudged the relationship and may not have made the most successful support choice. On the other

hand, if the student had been schooled in a self-contained classroom, and the adolescent's support network consisted of fewer members and fewer support resources, the adolescent's support preference could very well differ from their actual support choice had they been in inclusive settings.

Not only is there a need to research students with disabilities as schools become more socially inclusive, but race and ethnic population shifts requires researchers to better understand the way in which different ethnic and racial groups behave and seek out support under certain conditions over time. The school environment can offer other problems for students of minority, from the estrangement from peers and friends and the daily school functions to academic difficulties that leaves the adolescent in conflict with their teachers. Isolation and disconnection from the routines established in school may not only be a consequence of abrupt pullouts for additional academic support (Brown et al., 2003), but for students of minority, it could be the noticeable differences in communication skills or spoken language, ethnic or racial background, and other characteristics that may affect adolescent students from seeking out support.

The results from this research, in part, has illustrated the need for future research into adolescents who are of school and community minority and the possible influences the environment can have. When students are in an academic environment that is consistently inclusive, non-judgmental, and allows students to be more in control of their lives and are involved in their academic planning for the short- and long-term, the potential for healthier and more trustful relationships may be formed between the adolescent student and their network members (e.g. teachers and peers).

Discussed earlier in the literature review, teacher retention and attrition can cause harm to the consistency of classroom environments, not just academically but for the student's emotional development. Low levels of sought support for teachers by their students may not be just dyadic but could also be systemic. Stated differently, low support seeking of teachers by their students may be indicative of higher rates of attrition and lower retention of educators rather than a just from poor teacher-student relationships or social competence of students with a LD.

Educators have considerable influence on their student's academic and career goals, affecting academic motivation (Perry et al., 2010; Vedder et al., 2005), influencing school engagement (Perry et al., 2010) and in general, making school into something more meaningful for their students (Brewster & Bowen, 2004; Suldo et al., 2008). Future research should investigate the differences in teacher support when controlling for attrition and retention rates. It may be that students who are schooled in areas where high teacher turnover rates are present tend to view their teachers as less reliable for social support than those students in low attrition schools who see their teachers as an available network member for an extended period of time.

Finally, many towns located on the U.S./Mexico border have higher than usual poverty rates, heightened financial instability, and substandard housing and access to adequate state services (Dutton et al., 2000). For many families who struggle with these stressors, friction in the household between parent and child may compound the problems they must deal with on a daily basis. Another area to for future exploration is the differences in coping strategies among families, especially those with members with disabilities, in rural and larger cities. Adolescents in smaller towns may face similar

stress and behavioural problems as those who live in larger cities (Elgar et al., 2003). There may be a disparity in the resources provided in each location and it may be of interest to researchers to understand how families who have members with disabilities accommodate for the lack of resources in smaller communities.

Chronosystem. An additional system that was not included within the parameters of this study was the *chronosystem*. The chronosystem can be both external and internal to the individual. For example, an internal system that influences the way an individual behaves is the physiological changes that occur with the onset of puberty. The external systems are subject to changing environmental events, such as a death of a family member or parental separation, which serve as a potential influence on child behaviour and development. The chronosystem encompasses the socio-historical placement of individuals as well. For instance, if it were possible to have two individuals with identical biological identities and birthplace, they would still have vastly different life choices and opportunities when factoring in the historical context, where one individual has been permitted the technological advancements of the past century that the second child of an earlier time period was not afforded.

Only two separate grade levels were included with responses collected from participants at one point in time and may not be an exact indicator of adolescent support seeking behaviour. Ecological validity should account for time since patterns of behaviour are not isolated within one stage of life or even constant across the life span. One of the limitations to this study was reliability concerns. However, reliability of adolescent support seeking behaviours can be enhanced if future research allows for responses at multiple times throughout the year. Longitudinal studies of adolescent

support choice among ethnic and racial populations with and without disabilities would give researchers better insight into the similarities and differences among majority and minority populations in their support network development and interactions.

Conclusion

This research attempted to shed light on the claim that students with a LD are socially isolated or make non-normative support choices due to processing deficits more often than their non-LD peers. Due to the quantitative nature of this study, the researcher cannot definitively prove any one variable being the underlying causation for any low or high rates of response for a particular support choice among adolescents with or without a LD. This study also does not attempt to disprove social processing deficits as a characteristic of a LD. The results of this study does, however, lack evidence to indicate that processing difficulties caused any poor judgment in seeking support for various life stressors. To the contrary, support seeking behaviours among Hispanic and Latinos with a LD appeared similar to their non-LD, Hispanic and Latino peers.

What this study did attempt to do was address the claims that students with a LD, as well as Hispanic and Latinos were more likely to be socially isolated and choose nobody for social support as a result of processing deficits or cultural differences respectively. This study appears to support and contradict past research findings. Research has consistently uncovered male and minority tendencies (e.g. ethnic, racial, and disability) to be more socially isolated than females and their peers who are within majority groups (Morrison et al., 1992; Morrison et al., 1997; Windle et al., 1991), with researchers hypothesizing as to why such phenomena occur. Such hypotheses include self-detaching from vital support sources caused by past rejection, over self-reliance as a

characteristic of cultural differences, pervasive family or social-cognitive deficits hindering access to needed support.

This research study seems to support literature finding social support seeking differences among majority and minority adolescent groups. However, the contradicting evidence in this study is what binds together many of the assumptions in past literature that places cultural or processing deficits as the primary causative agent in the individual's isolation or over self-reliance. If cultural identification or seeing one's group as "macho" led to over self-reliance, as Windle et al. (1991) suggested, evidence should have supported this at least with minimal significance. This study does not appear to support the claim that students with a LD or of racial and ethnic minority on a national level compared to the Caucasian majority were more likely to be socially isolated by choosing nobody for social support. However, the Hispanic and Latino adolescents with and without a LD were more likely to seek support from their guardians, siblings, friends, peers, and teachers with greater average than the Caucasian participants.

Implications. The results of this study should inform parents, siblings, and school practitioners in secondary education of the social support choices among Hispanic and Latino students with and without a LD. In addition, this research suggests possible social isolation among school minorities given the data from the Caucasian participants appearing to be more likely to choose nobody for social support compared to the school ethnic majority. The results could impact counselling and school programs, instruction delivery, and parenting styles based on student attitudes towards members of their social support network. For instance, this study could provide the evidence needed for school personnel to develop interventions and counselling strategies in addressing the support

needs of any minority group including adolescents of racial and ethnic minority, with and without a disability who may be at increased risk for life stressors, in an effort to foster healthier social support networks. Additionally, this research is important because the state of knowledge assumes processing deficits in an adolescent with a LD is the primary characteristic affecting social support choice. However, the data from this study suggests that possible social isolation and non-normative support seeking behaviours among students with a LD may be reduced by placing these students with their non-LD peers with whom they can identify with.

This research study suggests that minorities may be more likely to choose nobody when managing various life stressors, but not the ethnic or racial minority on a national level, rather on a school and community level. If the social processing skills of students with a LD or of ethnic or racial minority are to be judged by their support choices, it should be kept in mind that social competence can be fluid, changing from one life stage to the next, one environment to another. It is the responsibility for network members such as teachers and counsellors, parents and other community members to provide an environment that provides young people the opportunity to select the best possible support choice that gives him or her the greatest outcome when managing various life stressors.

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Appendix A: Social Support Choice Questionnaire

The Social Support Choice Questionnaire

What grade are you in?	9th	10th
Are you Hispanic or Latino?	Yes	No
Are you White/Caucasian	Yes	No
Do you have a learning disability	Yes	No

Everyone has a number of people who are important in his or her life. The following questions describe various situations that people may find themselves in. For each of the following situations, you will be asked to identify who you would choose to seek help from. Choices include a *guardian/caregiver*, *peer/friend*, *relative/adult outside of school*, *sibling*, *teacher*, or *nobody*.

1. It often happens that people who are friends have a disagreement. I want you to imagine that you are having a problem getting along with one of your friends. Lately you don't like the way that s/he has been treating you. You still want to be friends but you don't know what to do. Who would you choose to seek help from?

Circle one

- | | |
|-------------------------------------|----------------|
| a. Guardian/Caregiver | b. Peer/Friend |
| c. Relative/Adult outside of school | d. Sibling |
| e. Teacher | f. Nobody |

2. Everyone has disagreements with their mother or father once in a while and that is normal. I want you to imagine that you are having a problem getting along with one of your parents and that lately you are arguing and unhappy around your parents. You can't understand why this is so. Who would you choose to seek help from?

Circle one

- | | |
|-------------------------------------|----------------|
| a. Guardian/Caregiver | b. Peer/Friend |
| c. Relative/Adult outside of school | d. Sibling |
| e. Teacher | f. Nobody |

3. People sometimes deal with drug and/or alcohol abuse. I want you to imagine that you are abusing drugs and/or alcohol. You hope to end your drug and/or alcohol abuse but don't know what to do. Who would you choose to seek help from?

Circle one

- | | |
|-------------------------------------|----------------|
| a. Guardian/Caregiver | b. Peer/Friend |
| c. Relative/Adult outside of school | d. Sibling |
| e. Teacher | f. Nobody |

4. Everyone at some point has trouble completing their schoolwork and may have trouble starting an assignment and that is normal. I want you to imagine that you are having trouble with your schoolwork. Who would you choose to seek help from?

Circle one

- | | |
|-------------------------------------|----------------|
| a. Guardian/Caregiver | b. Peer/Friend |
| c. Relative/Adult outside of school | d. Sibling |
| e. Teacher | f. Nobody |

5. People sometimes have dealt with verbal/emotional abuse, which can often be a traumatic experience. I want you to imagine that you are being verbally and emotionally abused by someone you know. Who would you choose to seek help from?

Circle one

- | | |
|-------------------------------------|----------------|
| a. Guardian/Caregiver | b. Peer/Friend |
| c. Relative/Adult outside of school | d. Sibling |
| e. Teacher | f. Nobody |

6. Students and teachers sometimes have disagreements and trouble getting along and that is normal. I want you to imagine that you and your teacher recently have had disagreements and problems getting along. You want to get along with your teacher but may not know what to do. Who would you choose to seek help from?

Circle one

- | | |
|-------------------------------------|----------------|
| a. Guardian/Caregiver | b. Peer/Friend |
| c. Relative/Adult outside of school | d. Sibling |
| e. Teacher | f. Nobody |

7. People sometimes feel sad or depressed from time to time and that is normal. I want you to imagine that you have felt sad or depressed for long period of time. Who would you choose to seek help from?

Circle one

- | | |
|-------------------------------------|----------------|
| a. Guardian/Caregiver | b. Peer/Friend |
| c. Relative/Adult outside of school | d. Sibling |
| e. Teacher | f. Nobody |

8. People sometimes have dealt with physical abuse, which can often be a traumatic experience. I want you to imagine that you are being physically abused by someone you know. Who would you choose to seek help from?

Circle one

- | | |
|-------------------------------------|----------------|
| a. Guardian/Caregiver | b. Peer/Friend |
| c. Relative/Adult outside of school | d. Sibling |
| e. Teacher | f. Nobody |

9. Everyone has disagreements with one or more of their siblings once in a while and that is normal. I want you to imagine that you are having a problem getting along with a sibling and that lately you are arguing and unhappy around your sibling. You can't understand why this is so. Who would you choose to seek help from?

Circle one

- | | |
|-------------------------------------|----------------|
| a. Guardian/Caregiver | b. Peer/Friend |
| c. Relative/Adult outside of school | d. Sibling |
| e. Teacher | f. Nobody |

10. Many students make plans for the future. They think about where they want to live, what job or career they want to pursue, where to go to college and other such plans. Imagine you are making plans for your own future. Who would you choose to seek help from?

Circle one

- | | |
|-------------------------------------|----------------|
| a. Guardian/Caregiver | b. Peer/Friend |
| c. Relative/Adult outside of school | d. Sibling |
| e. Teacher | f. Nobody |

11. Often individuals need support about dating and forming close relationships. Imagine you are in need of support for dating/forming a close relationship with someone you like. Who would you choose to seek help from?

Circle one

- | | |
|-------------------------------------|----------------|
| a. Guardian/Caregiver | b. Peer/Friend |
| c. Relative/Adult outside of school | d. Sibling |
| e. Teacher | f. Nobody |

12. People sometimes have dealt with sexual abuse, which can often be a traumatic experience. I want you to imagine that you are being sexually abused by someone you know and need help. Who would you choose to seek help from?

Circle one

- | | |
|-------------------------------------|----------------|
| a. Guardian/Caregiver | b. Peer/Friend |
| c. Relative/Adult outside of school | d. Sibling |
| e. Teacher | f. Nobody |

Appendix B: Social Support Choice Questionnaire (Spanish Version)

El Cuestionario Social de Selección de Apoyo

¿En qué grado estas matriculado actualmente usted?	9th	10th
¿Eres hispano o latino?	Si	No
¿Eres Caucásico?	Si	No
¿Tiene usted una incapacidad de aprendizaje?	Si	No

Todo el mundo tiene un número de personas que son importantes en su vida. Las preguntas siguientes se describen en varias situaciones que las personas se pueden encontrar. Para cada una de las siguientes situaciones, se le pedirá identificar a quién usted elegiría para buscar ayuda. Las opciones incluyen un guardian/encargado, o compañero/amigo, o familiar/adulto fuera de la escuela, o hermano, o maestro, o nadie.

1. A menudo sucede que personas tienen un desacuerdo. Imagínese que usted no se lleva bien con un igual o un/a amigo/a. Usted todavía quiere llevarse bien con la persona pero usted no sabe como hacerlo. ¿De quién buscaría ayuda?

Marque uno

- | | |
|---------------------------------------------|----------------------|
| a. Guardian o encargado | b. Compañeros/amigos |
| c. Familiares o adultos fuera de la escuela | d. Hermanos |
| e. Maestros | f. Nadie |

2. Todos tenemos desacuerdos con nuestro padres de vez en cuando y es normal. Imagínese que usted tiene problema de llevarse bien con uno de sus padres. Últimamente están discutiendo y usted se siente infeliz alrededor de sus padres. No se puede entender por qué esto es así. ¿De quién buscaría ayuda?

Marque uno

- | | |
|---------------------------------------------|----------------------|
| a. Guardian o encargado | b. Compañeros/amigos |
| c. Familiares o adultos fuera de la escuela | d. Hermanos |
| e. Maestros | f. Nadie |

3. La gente a veces tiene dificultades con las drogas y / o abuso de alcohol. Imagine que usted está luchando con un problema de las drogas y/o problema con el alcohol y necesita ayuda. ¿De quién buscaría ayuda?

Marque uno

- | | |
|---------------------------------------------|----------------------|
| a. Guardian o encargado | b. Compañeros/amigos |
| c. Familiares o adultos fuera de la escuela | d. Hermanos |
| e. Maestros | f. Nadie |

4. Todos en algún momento tienen dificultad en cumplir con sus tareas escolares y pueden tener problemas al iniciar una tarea y es normal. Imagine que usted está teniendo problemas con su trabajo escolar. ¿De quién buscaría ayuda?

Marque uno

- | | |
|---------------------------------------------|----------------------|
| a. Guardian o encargado | b. Compañeros/amigos |
| c. Familiares o adultos fuera de la escuela | d. Hermanos |
| e. Maestros | f. Nadie |

5. A veces las personas han recibido abuso verbal y/o emocional. Imagine que usted está luchando con el abuso verbal y/o emocional de alguien. ¿De quién buscaría ayuda?

Marque uno

- | | |
|---------------------------------------------|----------------------|
| a. Guardian o encargado | b. Compañeros/amigos |
| c. Familiares o adultos fuera de la escuela | d. Hermanos |
| e. Maestros | f. Nadie |

6. Los estudiantes y maestros a veces tienen desacuerdos y problemas para llevarse bien y es normal. Imagine que usted y su maestro recientemente han tenido desacuerdos y problemas para llevarse bien. Usted quiere llevarse bien con su maestro, pero no sabe que hacer. ¿De quién buscaría ayuda?

Marque uno

- | | |
|---------------------------------------------|----------------------|
| a. Guardian o encargado | b. Compañeros/amigos |
| c. Familiares o adultos fuera de la escuela | d. Hermanos |
| e. Maestros | f. Nadie |

7. La gente a veces se siente triste o deprimido de vez en cuando y es normal. Imagínesse que usted se ha sentido triste o deprimido por un largo período de tiempo. ¿De quién buscarías ayuda?

Marque uno

- | | |
|---------------------------------------------|----------------------|
| a. Guardian o encargado | b. Compañeros/amigos |
| c. Familiares o adultos fuera de la escuela | d. Hermanos |
| e. Maestros | f. Nadie |

8. A veces las personas han recibido abuso físico. Imagínesse que usted está luchando con el abuso físico de alguien. ¿De quién buscaría ayuda?

Marque uno

- | | |
|---------------------------------------------|----------------------|
| a. Guardian o encargado | b. Compañeros/amigos |
| c. Familiares o adultos fuera de la escuela | d. Hermanos |
| e. Maestros | f. Nadie |

9. Todos tenemos desacuerdos con uno o más de nuestros hermanos de vez en cuando y es normal. Imagínesse que usted tiene problema de llevarse bien con uno de sus hermanos y que ultimamente están discutiendo y usted se siente infeliz alrededor de sus hermanos. No se puede entender por qué esto es así. ¿De quién buscaría ayuda?

Marque uno

- | | |
|---------------------------------------------|----------------------|
| a. Guardian o encargado | b. Compañeros/amigos |
| c. Familiares o adultos fuera de la escuela | d. Hermanos |
| e. Maestros | f. Nadie |

10. Muchos estudiantes hacen planes para el futuro y piensan en donde quieren vivir, y qué trabajo o carrera quieren seguir, y a qual universidad quieren ir y otros planes. Imagínesse que usted está haciendo planes para su propio futuro. ¿De quién buscaría ayuda?

Marque uno

- | | |
|---------------------------------------------|----------------------|
| a. Guardian o encargado | b. Compañeros/amigos |
| c. Familiares o adultos fuera de la escuela | d. Hermanos |
| e. Maestros | f. Nadie |

11. A menudo, las personas necesitan el apoyo sobre las citas sociales y la formación de relaciones estrechas. Imagínesse que usted está buscando apoyo sobre las citas sociales y/o formando una relación estrecha con alguien que a usted le gusta. ¿De quién buscaría ayuda?

Marque uno

- | | |
|---------------------------------------------|----------------------|
| a. Guardian o encargado | b. Compañeros/amigos |
| c. Familiares o adultos fuera de la escuela | d. Hermanos |
| e. Maestros | f. Nadie |

12. A veces las personas han recibido abuso sexual. Imagínesse que usted está luchando con el abuso sexual de alguien. ¿De quién buscaría ayuda?

Marque uno

- | | |
|---------------------------------------------|----------------------|
| a. Guardian o encargado | b. Compañeros/amigos |
| c. Familiares o adultos fuera de la escuela | d. Hermanos |
| e. Maestros | f. Nadie |

Appendix C: Guardian/Caregiver Consent Form



**University
of Victoria**

Education

DEPARTMENT OF EDUCATIONAL PSYCHOLOGY AND LEADERSHIP STUDIES

Participant Information and Consent Form

Factors of Culture and Learning Disability Influencing Support Choice Among Hispanic and Latino Youth

Your child is invited to participate in a study called **Factors of Culture and Learning Disability Influencing Support Choice Among Hispanic and Latino Youth**. This study is being conducted by me, Matthew Waugh.

I am a graduate student in the Department of Educational Psychology and Leadership Studies at the University of Victoria in British Columbia, Canada. You may contact me if you have further questions by phone at [REDACTED] or by email at [REDACTED].

As a graduate student, I am required to conduct research as part of the requirements for a Masters-level degree in Educational Psychology. My study is being conducted under the supervision of Dr. McGhie-Richmond. You may contact my supervisor at [REDACTED] or by email at [REDACTED].

Why am I doing this research study?

The purpose of this research project is to learn more about the factors that influence the choices of social support made by adolescents when faced with various life stressors. I am studying this in four groups of adolescents: Hispanic and Latinos with and without a learning disability and Caucasians with and without a learning disability.

Why is this research important?

This research is important because processing difficulties in an adolescent with a learning disability is seen as the primary characteristic affecting social support choice. This research will investigate the role race and ethnicity have on social support choices.

Who can participate?

Your child is being asked to participate in this study because he fits the criteria of one of the four groups in this study.

What is involved?

If you agree for your child to participate in this study, he will be asked to complete two questionnaires during school hours. The first questionnaire is called, The Social Support Choice Questionnaire (SSCQ). The SSCQ describes ten situations asking for a preferred social support. Questions ask about (1) *getting along with friends/peers*, (2) *getting along with guardian/caregiver*, (3) *support with drug abuse*, (4) *support with schoolwork*, (5) *getting along*

with teachers, (6) managing stress/depression, (7) getting along with siblings, (8) support with sexual, physical, and/or emotional abuse, (9) making plans for the future and (10) advice with relationships/dating. Six options of social support will be provided including (1) parent/guardian, (2) peer/friend, (3) relative/adult outside of school, (4) sibling, (5) teacher, or (6) nobody.

The second questionnaire is called, The Network of Relationships Inventory-Social Provisions Version (NRI-SPV). The NRI-SPV is used to measure (1) affection, (2) reliable alliance, (3) enhancement of worth, (4) intimacy, (5) instrumental help, (6) companionship and (7) nurturance of other. It will take about 45 minutes to complete both questionnaires.

Will there be any inconveniences?

Your child's participation in this study may cause some inconvenience including time spent away from class. Approximate time spent out of class is approximated to be between 30-45 minutes. Teachers will be informed of the study and an appropriate time will be arranged so that no course content will be missed.

Are there any risks involved in participating in this study?

There are some potential emotional risks in participating in this study. Some social situations described are sensitive in nature and may be uncomfortable to answer. To prevent these risks from occurring, your son has the right to withdraw from the study at any time without consequence. If your child chooses to withdraw, your child will not need to explain why he is withdrawing and his questionnaires will be destroyed and not used in any way for my study.

What are the benefits of participating in this study?

This study will help us to better understand the factors that affect the support choices made by Hispanic and Latinos and Caucasian adolescents with and without a learning disability when they are faced with a stressful situation. You may not benefit directly from agreeing to your son's participation in this study. However, the potential benefits of participating in this study include developing support and counselling strategies that assist professionals in addressing support needs of adolescents with and without a learning disability who may be at increased risk for managing various life stressors.

What does voluntary participation mean?

Your child's participation in this study is voluntary. If you agree to your child's participation, he may withdraw at any time without any consequences or explanation for withdrawing. If your child does withdraw from the study, his data will be destroyed and will not be included in the research in any way. Be assured, if you or your son decline participation in the study, any school services your son receive will not be impacted.

How will your son's identity be kept anonymous in this study?

Identity in this study will be kept anonymous by assigning a number to the completed questionnaires. The geographic location of the study will highlight a region rather than a specific city and state. Specific schools and school districts will be unknown to anyone other than the researcher and only the level of schooling will be provided in the research report. For example, identity and location will read: *the Hispanic and Latino group with and without a learning disability from a high school in the Southwest region in the United States participated in this study.*

How will the results remain confidential?

Confidentiality will be protected in a number of ways. All background information on the questionnaires will be kept confidential by replacing names with numbers. Hardcopies of the questionnaires will be stored in a locked filing cabinet and will be transferred and computed onto a password protected computer file. Digital and hardcopies will be stored in the researcher's home during the research process. Upon completion of the study, the hard copies of the surveys will be destroyed by secure shredding. Due to the sensitive content surrounding abuse in the questionnaires, any person who has cause to believe that a child's physical or mental health or welfare has been adversely affected by abuse or neglect by any person shall immediately make a report as required by law. Additionally, limits to confidentiality may arise if your child wishes to disclose any abuse with either me or a school employee. Be assured, the completion of the questionnaires is not a reason to suspect abuse.

Use and Disposal of Data

The data from the SSCQ will be presented in a thesis presentation and possibly further disseminated through publication. Data from the NRI-SPV will be collected but used for potential future research. Data from both questionnaires will be kept indefinitely by me, however, all names and information your son provides will be stripped so that the identity of your child is never made public.

Contacts

Individuals that may be contacted regarding this study include:

Researcher: Matthew Waugh

Phone: [REDACTED]

Email: [REDACTED]

University Supervisor: Dr. Donna McGhie-Richmond

Phone: [REDACTED]

Email: [REDACTED]

In addition, you may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Human Research Ethics Office at the University of Victoria (250-472-4545 or ethics@uvic.ca).

Your signature below indicates that you understand the above conditions of your child's participation in this study and that you have had the opportunity to have your questions answered by the researcher.

Your Child's Name

Parent/Guardian Signature

Date

A copy of this consent will be left with you, and a copy will be taken by the researcher.

Appendix D: Guardian/Caregiver Consent Form (Spanish Version)



**University
of Victoria**

Educación

DEPARTAMENTO DE PSICOLOGÍA DE LA EDUCACIÓN Y
ESTUDIOS DE LIDERAZGO

***Información
para el
participante y
forma de
consentimiento***

Factores de la Cultura y la elección de aprendizaje que influyen en el Apoyo a la Discapacidad Entre la juventud hispana y latinos

Su hijo esta invitado a participar en un estudio llamado Factores de la Cultura y la elección de aprendizaje que influyen en el Apoyo a la Discapacidad Entre la juventud hispana y latinos. Este estudio está siendo conducido por mí, Matthew Waugh.

Soy un estudiante de posgrado en el Departamento de Psicología de la Educación y Estudios de Liderazgo en la Universidad de Victoria en British Columbia, Canadá. Usted puede ponerse en contacto conmigo si usted tiene más preguntas por teléfono al [REDACTED] o por correo electrónico a [REDACTED].

Como un estudiante de posgrado, yo soy requerido a conducir la investigación como la parte de los requisitos para un título a nivel de Maestría en la Psicología Educativa. Mi estudio es conducido bajo la supervisión de Dr. McGhie-Richmond. Puede contactar a mi supervisor al [REDACTED] o por correo electrónico a [REDACTED].

¿Por qué hago este estudio de investigación?

El objetivo de este proyecto de investigación es aprender más sobre los factores que influyen en las decisiones de apoyo social a cargo de los adolescentes cuando se enfrentan a varios situaciones estresantes de la vida. Estoy estudiando esto en cuatro grupos de adolescentes: los hispanos que tienen una discapacidad de aprendizaje, los hispanos y latinos sin dificultades de aprendizaje, los caucásicos con una discapacidad de aprendizaje, los caucásicos sin dificultades de aprendizaje.

¿Por qué es importante esta investigación?

Esta investigación es importante debido a dificultades en el procesamiento de un adolescente con una discapacidad de aprendizaje es visto como la característica principal que afecta la elección de apoyo social. Esta investigación va a investigar la función que la raza y el origen étnico tienen en las opciones de apoyo social.

¿Quién puede participar?

Su hijo está invitado a participar en este estudio porque se ajusta a los criterios de uno de los cuatro grupos en este estudio.

¿En qué consiste?

Si está de acuerdo para que su hijo sea participante en este estudio, se le pedirá que complete dos cuestionarios durante el horario escolar. El primer cuestionario se llama, Cuestionario de La preferencia de Apoyo Social (SSPQ). El SSPQ describe diez situaciones pidiendo un apoyo social preferida. Las preguntas se refieren a (1) *para llevarse bien con los amigos o compañeros*, (2) *para llevarse bien con un guardián o cuidador*, (3) *apoyo con el abuso de drogas*, (4) *el apoyo con las tareas escolares*, (5) *para llevarse bien con los maestros*, (6) *el manejo del estrés, depresión*, (7) *para llevarse bien con los hermanos*, (8) *el apoyo con el abuso sexual, abuso físico o emocional*, (9) *hacer planes para el future*, y (10) *el consejo con relaciones y citas sociales*. Seis opciones de apoyo social serán proporcionadas incluyendo (1) *guardián/encargado*, (2) *compañero o amigo*, (3) *relativo o adulto fuera de la escuela*, (4) *hermanos*, (5) *maestro*, o (6) *nadie*.

El segundo cuestionario se llama, la red de inventario de relaciones-versión social de provisiones (NRI-SPV). El NRI-SPV se utiliza para medir (1) afecto, (2) alianza confiable, (3) aumento de la pena, (4) la intimidad, (5) ayuda instrumental, (6) el compañerismo y (7) la crianza de los demás. Le tomará aproximadamente 45 minutos para completar los cuestionarios.

¿Habrá algún inconveniente?

La participación de su hijo en este estudio puede causar algunos inconvenientes como el tiempo pasado fuera de clase. El tiempo aproximado dedicado fuera de clase se aproxima a ser de entre 15-45 minutos. Los maestros serán informados del estudio y el momento oportuno se dispondrá de manera que ningún contenido del curso se puede perder.

¿Existen riesgos de participar en este estudio?

Hay algunos riesgos emocionales potenciales en participar en este estudio. Algunas situaciones sociales descritos son sensibles en la naturaleza y pueden ser incómodo para responder. Para evitar que estos riesgos se produzcan, su hijo tiene el derecho de retirarse del estudio en cualquier momento sin consecuencias. Si su hijo decide retirarse, su hijo no tendrá que explicar por qué se está retirando y sus cuestionarios serán destruidos y no se utilizan en ningún modo para mi estudio.

¿Cuáles son los beneficios de participar en este estudio?

Este estudio nos ayudará a comprender mejor los factores que afectan a las opciones de apoyo realizadas por los adolescentes hispanos, latinos y caucásicos con y sin dificultades de aprendizaje cuando se enfrentan a una situación estresante. Es posible que usted no se beneficia directamente con la participación en este estudio. Sin embargo, los beneficios potenciales de participar en este estudio incluyen el desarrollo de estrategias de apoyo y asesoramiento que ayuden a los profesionales para atender las necesidades de apoyo de los adolescentes con y sin discapacidad de aprendizaje que pueden estar en mayor riesgo para la gestión de distintos factores de estrés en la vida.

¿Qué significa la participación voluntaria?

La participación de su hijo en este estudio es voluntaria. Si usted está de acuerdo con la participación de su hijo en este estudio, el puede retirarse en cualquier momento sin ninguna consecuencia o explicación para la retirada. Si su hijo decide retirarse del estudio, sus datos serán destruidos y no se incluirán en la investigación de ninguna manera. Este seguro, si usted o su hijo rechaza la participación en el estudio, todos los servicios que usted recibe de la escuela no serán afectados.

¿Cómo será mantenida la identidad de su hijo anónima en este estudio?

La identidad en este estudio será mantenida anónima asignando un número a los cuestionarios completados. La ubicación geográfica del estudio destacará una región antes que una ciudad y el estado específico. Los distritos específicos de escuelas y la escuela serán desconocidos a cualquiera de otra manera que el investigador y sólo el nivel de escolaridad será facilitada en el informe de investigación. Por ejemplo, la identidad y la ubicación siguiente: el grupo de hispanos y latinos con y sin discapacidad en el aprendizaje de una escuela secundaria en la región suroeste de los Estados Unidos participaron en este estudio.

¿Cómo se quedarán los resultados confidencial?

La confidencialidad será protegida en varias maneras. Toda la información de antecedentes sobre los cuestionarios son confidenciales mediante la sustitución de nombres con números. Copias de los cuestionarios serán almacenados en un archivo bajo llave y se transferirán y serán calculados en un archivo protegido por contraseña de equipo digital. Versiones digitales y copias impresas se almacenarán en la casa del investigador durante el proceso de investigación. Una vez finalizado el estudio, las copias impresas de los cuestionarios serán destruidos por el destrozado seguro. Debido al contenido sensible que rodea de abusos en los cuestionarios, cualquier persona que tenga motivos para creer que la salud física o mental de un niño o de bienestar se ha visto negativamente afectados por el abuso o negligencia por parte de cualquier persona hará inmediatamente un reporte requerido por la ley. Además, los límites a la confidencialidad puede surgir si el niño desea revelar cualquier información de abuso ya sea conmigo o con un empleado de la escuela. Tenga la seguridad, el finalización de los cuestionarios no es una razón de sospechar abuso.

La disposición de Datos

Los datos de la SSPQ se presentará en una presentación de tesis y posiblemente en publicación. Datos de los NRI-SPV se recogerán pero se utilizará para la investigación futura potencial. Los datos de los dos cuestionarios se mantendrá por tiempo indefinido por el investigador, sin embargo, todos los nombres y la información que usted proporcione será despojado de modo que la identidad de su hijo nunca se hace pública.

Contactos

Las personas que puede ponerse en contacto con respecto a este estudio incluyen:

Investigador: Matthew Waugh

Teléfono: [REDACTED]

Email: [REDACTED]

Universidad Supervisor: Dr. Donna McGhie-Richmond

Teléfono: [REDACTED]

Email: [REDACTED]

Además, usted puede verificar la aprobación ética del estudio, o plantear cualquier preocupación que pudiera tener, poniéndose en contacto con la Oficina de Ética de Investigación en Seres Humanos en la Universidad de Victoria (250-472-4545 o ethics@uvic.ca).

Su firma indica que usted entiende las citadas condiciones de participación de su hijo en este estudio y que ha tenido la oportunidad de que sus preguntas sean respondidas por el investigador.

Nombre de su Hijo

La Firma del Padre/Guardián

Fecha

Una copia de este consentimiento se quedará con usted, y una copia será tomada por el investigador.