

Editor's Note: This column provides readers with immediate access to evidence-based strategies on current topics that can easily be transferred from the pages of LD Forum into effective teaching practice in CLD members' classrooms. Authors who would like to submit a column are encouraged to contact the editor in advance to discuss ideas. Author guidelines are available on CLD's website.

5 Ways To ...

Reduce Stress for Parents of Students with Learning Disabilities

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Parenting children with learning disabilities (LD) can result in higher degrees of stress than raising children without unique learning needs (Dyson, 1996; Pentyliuk, 2002; Shechtman & Gilat, 2005; Spratt, Saylor, & Macias, 2007). Families of children with LD can experience negative emotional reactions (e.g., parental guilt about being the biological cause of their child's disability, less time spent with their other nondisabled children), discordant marital relationships, and high family tension (Dyson, 2010). Research indicates that various external factors are associated with the parental stress experienced in families with one or more children with LD. This stress is related to the ongoing demands and challenges that occur before and after their child's diagnosis—which are usually associated with difficulties the child experiences academically, socially, and emotionally—as well as conflicts within the family (e.g., disagreement between the parents about appropriate assessment, behavior plans, placement; Pentyliuk, 2002). These parents often report a lack of support and resources from their extended families or society, as well as difficulty communicating with their child's school (Dyson, 2010). With school playing such an important role in the provision of support for parents of students with LD, educators need to consider and apply strategies to help parents reduce their stress. The following five tips to support and assist parents of students with LD will be beneficial for families and their child.

1 Support Parents During Diagnosis and Assessment Process. Children with LD usually are not diagnosed as having a disability until they enter school (Altarc & Saroha, 2007; Dyson, 2010). For parents, a learning disability diagnosis is unanticipated because they typically see their child as developing along predictable norms (Dyson, 2010). Involving and supporting parents of children with LD in the process of assessment provides parents with more understanding of their child's specific learning needs and helps them deal with the stress surrounding parenting a child with LD (Pentyliuk, 2002). Before the assessment, educators should explain what occurs during the process. After

the assessment and before the first meeting, parents should be informed that they will meet with a multidisciplinary team who conducted the assessment. This information prior to notification helps parents prepare psychologically and thus reduces the sense of being overwhelmed (Pentyliuk, 2002). When explaining the assessment results of the child, educators should use visual representations (e.g., graphs, charts) and non-technical terms to help the parents gain an understanding of their child's strengths and learning difficulties. Moreover, teachers must provide parents as much background information as possible so that they begin to understand the difficulties (and successes) their child may face in school. The more information and examples parents are given, the more concrete their understanding of their child's learning processes and the less stress they will experience at this initial stage of understanding what this diagnosis will mean over time.

2 Organize Parent Sharing/Counseling Groups. Parent counseling groups provide emotional and social supports to parents of children with LD, reduce their stress, and provide a sense of connectedness rather than loneliness (Shechtman & Gilat, 2005). One suggestion for the construction of these groups is to include parents of older students with LD who have navigated the system successfully along with parents of students with a recent diagnosis of LD and pair them with each other as a mentoring support system. During the first few meetings, teachers should actively participate to assist the group members in establishing group rapport and norms. In the following meetings, the focus should shift to the unique issues parents encounter related to parenting a child with LD. Teacher facilitators may use a story, scenario cards, photos, or open-ended questions to describe a dilemma or problem parents may face. Doing so

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helps to initiate discussion; the teacher then serves as a moderator as parents talk about various issues. These activities help parents self-disclose their feelings or emotions, especially negative ones toward their child, family, or the school, in a safe environment with others who are experiencing similar difficulties or successes (Kroth & Edge, 2007; Shechtman & Gilat, 2005). This sharing helps the parents develop trust in one another as well as offers insights into the factors contributing to their stress (Shechtman & Gilat, 2005). These insights can lead to plans for dealing with the stress factors. Suggested topics for the group meetings include general educational information (e.g., definition, types or etiology of LD, characteristics of LD, teaching strategies), definitions of stress and conflict, structures of social support (e.g., family, friends, school based), and future parental expectations for their child. The goal of the group is to provide parents with a safe place to discuss stresses and stressors (Shechtman & Gilat, 2005).

3 Work with Parents to Address Child's Social/Emotional Needs. Parents of children with LD have indicated that they experience demands from others to help their child not only academically but also socially and emotionally (Pentyliuk, 2002). In one study, parents whose child with LD exhibited behavior problems reported a higher level of stress (Lardieri, Blacher, & Swanson, 2000). Educational recommendations addressing these problems often are not implemented consistently in the school setting, however, and rarely include suggestions for addressing the child's behaviors at home (Pentyliuk, 2002). Educators thus must address behavioral needs in addition to academic challenges. Teachers and members of the Individualized Education Program (IEP) team should discuss the child's social and emotional needs and interactions with family members and other children. Based on this discussion, team members should make recommendations about how parents can deal with these issues at home. Providing parents with training in the areas of social skills development and creation of home behavioral plans can reduce parental stress in these areas (Dyson, 1996; Park, Alber-Morgan, & Fleming, 2011). For example, the development of a home behavioral plan should start with teachers building a trusting relationship with parents. Teachers and parents should then collaborate to (a) design a behavioral intervention plan (e.g., conducting

functional behavioral assessment, discussing goals, designing procedures), (b) implement the plan, and (c) revise the plan to ensure its effectiveness (Marshall & Mirenda, 2002; Park et al., 2011). To ensure that school recommendations are implemented appropriately in school and at home, teachers should communicate regularly with parents concerning their child's social/emotional needs and encourage parents to discuss regularly with the teacher. This ongoing monitoring of behavior and support for correct responses lessens the stress parents may have regarding better understanding of the whole child (Byrd, 2011; Pentyliuk, 2002).

4 Build a Systematic Line of Positive Communication with Parents. Parents of children with LD usually have more frequent interactions with the school, compared to parents of children without disabilities (Dyson, 2010). However, in addition to formal communication (e.g., IEP meetings, annual reviews), other interactions between the school and family usually are based on an as-needed rather than a systematic basis, typically when a crisis arises or when there is something wrong at school (Pentyliuk, 2002). These negative crisis interactions with the school add more stress on the family (Dyson, 2010). Nevertheless, parents have indicated that communication with the school is important to them in supporting their child (Pentyliuk, 2002). Teachers should build a systematic line of communication with parents to address their daily need for informal contact. This communication reduces parental stress and engenders trust in that it is continuous and predictable and occurs over time, not just when trouble occurs. The format can vary, including daily communication notebooks sent home with students to share information with parents (Davern, 2004), weekly/monthly phone calls to share something positive (e.g., progress made by the child, a job well done; Graham-Clay, 2005), or a simple daily report card that focuses on target academic or behavioral areas (Chafouleas, Riley-Tillman, & McDougal, 2002; Fabiano et al., 2010). Figure 1 contains a sample of a daily behavior report card that could be used to communicate with families. Frequent informal communication provides the parents with a whole picture of their child on a regular basis, helps parents develop realistic expectations, and allows the teacher to provide support and remediation when expectations are not met, thus reducing parental stress over time (Nichols & Read, 2002).

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Daily Behavior Report Card		
Date: _____		
Student: _____ Rater: _____		
Goal of the Day: (describe the behavior in positive and observable terms) _____ _____ _____		
Student Performance for the Day: 		
Student's Reflections	Teacher's Comments	Parent's Comments
Signature: _____	Signature: _____	Signature: _____

Figure 1. A sample daily behavior report card.

5 **P**rovide Local and Community Resources for Parents. A major factor contributing to parental stress is the lack of social support from extended family, friends, or society. This usually results in the social isolation of parents (Dyson, 2010). Information concerning community-based programs (e.g., existing community organizations, local association for learning disabilities, community parent support groups, support group for siblings) that focus on learning disabilities can help parents of children with LD and should be provided by the school (Dyson, 2010). Unfortunately, not every community has these resources. In this case, the school can provide parents with online resources or information regarding websites such as the *Parent Training and Information Center* (PTIC) or *Community Parent Resources Center* (CPRC; www.parentcenterhub.org/find-your-center). These centers offer parents disability-related information (e.g., school services, legal rights of parents and their child, policies). *Parent to Parent (P2P) USA* (www.p2pusa.org) provides a one-to-one match with experienced parents who offer emotional support to parents as well as assistance in finding appropriate information and resources.

Conclusion

Various studies have indicated that parents of children with LD reported a higher level of stress than parents of children without LD (Dyson, 1996; Lardieri et al., 2000; Pentyliuk, 2002; Shechtman & Gilat, 2005; Spratt et al., 2007). Although many factors contribute to stress felt by parents of children with LD, schools and teachers can address some of those factors by providing the appropriate supports to parents as they work with their child to experience school success and as their child transitions into the world. By using the five tips provided in this article, teachers can work with parents in a positive manner, thus contributing to stress reduction.

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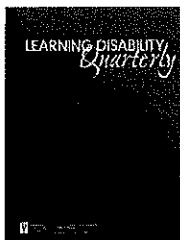
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2014 “Must Reads”

from the CLD Research Committee

The Research Committee of CLD, chaired by Dr. Deborah Reed from the Florida Center for Reading Research at Florida State University, initiated two new endeavors in acknowledgement of the outstanding work published in CLD’s journals, *Learning Disability Quarterly* and *Intervention in School and Clinic*. In consultation with the editors, the committee selected a “Must Read” from each journal published in print between July 2013 and June 2014. This year’s awardees were:



Nelson-Walker, N. J., Fien, H., Kosty, D. B., Smolkowski, K., Smith, J. L. M., & Baker, S. K. (2013). Evaluating the effects of a systematic intervention on first-grade teachers’ explicit reading instruction. *Learning Disability Quarterly*, 36, 215–230. doi:10.1177/0731948712472186



Olinghouse, N. G., & Colwell, R. P. (2013). Preparing students with learning disabilities for large-scale writing assessments. *Intervention in School and Clinic*, 49, 67–76. doi:10.1177/1053451213493172

The authors were recognized during the awards ceremony at the CLD conference and presented their work during the Research Committee’s “Must Reads” session. The Research Committee encourages all members of CLD to take a minute and read these articles!

2014 CLD Leadership Academy Members

Over the past four years, CLD has inducted advanced doctoral students and early career scholars into a two-year Leadership Academy. Selected candidates specialize in learning disabilities and have demonstrated the potential to take on leadership roles in the CLD organization and within the field of special education. Leadership Academy members are currently serving in a variety of capacities, including as chairs of CLD’s 11 committees, officers of state chapters, and members of the *LD Forum* editorial board. A record number of applicants for the 2014 Leadership Academy cohort were

submitted. The Leadership Development Committee would like to welcome the following Leadership Academy–Cohort IV members:

- Rachel Hidalgo and Lorraine Mento, doctoral students at Temple University
- Min Kim, PhD, from East Tennessee State University

We thank Sheri Berkeley, Steve Ciullo, and Peggy King-Sears for serving as mentors to members of Cohort IV.