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UNIVERSITY OF OKLAHOMA

COLLEGE OF EDUCATION

A DESCRIPTION OF THE NEEDS OF MOTHERS ENROLLED IN A PROGRAM FOR AT-RISK PARENTS

A Dissertation

SUBMITTED TO THE GRADUATE FACULTY

in partial fulfillment of the requirements for the

degree of

Doctor of Philosophy

By

PAMELA CADAMY
Norman, Oklahoma
2002

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A DESCRIPTION OF THE NEEDS OF MOTHERS ENROLLED IN A PARENTING PROGRAM FOR AT-RISK PARENTS

A Dissertation APPROVED FOR THE
DEPARTMENT OF EDUCATIONAL PSYCHOLOGY

BY

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ACKNOWLEDGEMENTS

"Education consists not only in the sum of what a man knows, or the skill with which he can put this to his own advantage. A man's education must also be measured in terms of the soundness of his judgment of people and things, and in his power to understand and appreciate the needs of his fellow man and to be of service to them. The educated man should be so sensitive to the conditions around him that he makes it his chief endeavor to improve those conditions for the good of all."

Kwame Nkrumah

I would like to express my sincere appreciation to my doctoral committee for their support and guidance. I am honored to have chairperson, Dr. James Emmett Gardner, committee members, Dr. Barbara Greene, Dr. Kathryn Haring, Dr. Christine Ormsbee, and outside area committee member, Dr. Harold Grasmick serve as my advisors. How fortunate I am to have five members on my committee share the same compassion about parents and children as I do. I have utmost respect for each of the members, and have been blessed to have each one serve on my committee. Without their help, this dissertation and research might not have been possible.

I am most grateful for having such a caring and loving family that never stopped believing that I could achieve this dream. Their support, encouragement, and guidance never ceased. I want to thank my wonderful mother and sister, Elizabeth Cadamy and Judy Cadamy respectively for always being there and cheering me on to complete this educational endeavor. I would like to thank my brothers, Bill Cadamy and John Cadamy for their support. I regret that my father, David Cadamy, grandparents, Winifred and Art Kellogg and Claude Cadamy are not alive to share in my achievement.

Although there are too many to name here, gratitude needs to be extended to my friends and colleagues. Their words of encouragement and support throughout this period of my life will never be forgotten. I would like to thank the employees of Child Welfare Division/DHS, Carver Mark Twain and the Ruth Dropkin Head Start Centers, as well as the parents who participated in this study. Without this support and participation, this study would not have been possible. What a fortunate person I am to have been surrounded by such wonderful people in my life.

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Abstract

A DESCRIPTION OF THE NEEDS OF MOTHERS ENROLLED IN A PROGRAM FOR AT-RISK PARENTS

The present study examined the needs and characteristics of at-risk mothers with mild learning disabilities enrolled in a Head Start and Child Welfare Division program called Project Employ. The study consisted of two phases. Eleven mothers enrolled in Project Employ were tested to determine levels of academic functioning. Participants were examined for levels of parental stress, depression, types of support and resources available to the family. Five mothers who exhibited characteristics common to a person with mild learning disabilities proceeded to Phase II where in-depth interviews were conducted. Mothers were interviewed about school, relationships, social supports, and goals for the future. The results of this study revealed that a significant number of mothers with mild learning disabilities experienced problems with low aptitude and achievement scores, stress, depression, poor social support, transportation difficulties, and limited resources available to their family.

More practical programs need to be developed for mothers with mild learning disabilities where parents can actually gain the needed skills necessary for them to be successful. Mothers with mild learning disabilities could benefit from counseling to address issues regarding depression, stress, domestic violence, and personal relationships. Rather than require mothers with low cognitive skills to continue the GED track, it might be more beneficial to continue literacy training to assist their functional literacy skills.

CHAPTER 1

Introduction

There is an abundance of research that addresses appropriate and inappropriate parenting skills (Fennell & Fishel, 1998; Hans, Bernstein, & Percansky, 1991; Harm & Thompson, 1997). Although parents with mild to moderate learning disabilities may be at risk for problems with parenting, limited research has been conducted to ascertain the needs of this group. Existing parenting programs may not meet the needs of this population. Until those needs are determined, more appropriate programs can not be developed.

Challenges of Adults with Mild Disabilities

Some researchers suggest that disabilities can affect how parents interact, communicate, nurture, and respond to their children (Booth & Booth 1996; Cross & Marks, 1996). Parents with disabilities have been described as being more likely to exhibit problems with self-care, low self esteem, poor housing, social isolation, limited external supports, poor money management, and poor skills in being able to assess risks and hazards correctly (Young, Young, & Ford, 1997; McGaw & Sturmey, 1994).

Individuals with mild disabilities face many challenges as they transition into adulthood (Haring & Lovett, 1990; Lichtenstein, 1993). Some individuals with disabilities need forms of assistance that persist throughout life (Patton, Cronin, & Jairrels, 1997). Adults with learning disabilities may have multiple social, psychological, and/or health problems that require multi-agency services such as educational, psychological, occupational, medical, and other support services (McGaw & Sturmey, 1993).

Unfortunately, once a student with a disability transitions into adulthood, the services and protections of the Individuals with Disabilities Education Act (IDEA) are no longer available. For all practical purposes they exist in the special education system and we lose track of their progress and any persisting needs they may have. When this transition occurs, they take on new roles and responsibilities as adults, and are no longer under the support of the umbrella of the public educational system. Some of these individuals, for whatever reason, become associated with a variety of public assistance programs such as the Department of Human Services and the Child Welfare Divisions.

Little information exists regarding how persons with mild learning disabilities interact with public assistance programs. More research is needed to examine the needs of mothers with mild learning disabilities.

Issues of Parents with Mild Learning Disabilities

Few parenting programs are designed to address parents with special needs. By examining the needs of mothers with mild learning disabilities, agencies can assess what training programs are needed to assist parents in developing skills necessary for independence. Unfortunately, for some, the deficit skills associated with mothers with disabilities may interfere with their success in the program. Programs with primarily academic orientations, like GED preparations, may be too challenging for mothers with low literacy and math skills. Poor social skills may make it difficult for some to engage in class discussion or to interact with others in class. Others will be overwhelmed with the information processing demands of the class making it increasingly difficult for them to attend. Mothers are less likely to attend classes when they view the instructor as being non-supportive or the program as difficult.

To help parents gain independence from welfare assistance, government agencies have designed job-training programs. Often parents who lack sufficient job skills to enter the work force are referred to more comprehensive job training programs offered through vocational, community college, or other training programs. Mothers who possess low literacy skills will be restricted from comprehensive job training programs offered by vocational schools or colleges because they are unable to keep up with the curriculum demands. Other mothers may not be referred to certain job training programs if they exhibit emotional or behavioral problems that may interfere with their success in the program.

Special considerations need to be made for at-risk mothers with low literacy levels, limited job skills, and with young children under age three. Frequently, at-risk mothers with young children are referred to parenting programs as a first attempt to resolve problems within the home before being referred on to job training or job search. These programs may consist of a combination of parenting and career awareness or job training programs. Unfortunately, these programs are often not designed for parents with mild disabilities, particularly those with low reading levels. For example, in Oklahoma City, Oklahoma, there is a parenting program that fits this category: Project Employ. Project Employ was developed from agency collaboration between Family Support and Child Welfare Division of the Department of Human Services and U.S. Department of Health and Human Services Head Start Programs. The program was designed for at-risk parents who were experiencing numerous family problems such as limited education, low literacy skills, domestic violence, substance abuse, poor living conditions, lack of

medical and mental health care for family members, child abuse, limited transportation, limited or inappropriate child care, and limited job skills.

Problem Statement

Examining the needs and characteristics of mothers with mild learning disabilities presents a problem because of insufficient information. Research has primarily focused on the parenting skills of mothers with mild mental retardation. Yet, limited research has been conducted on examining the needs and characteristics of mothers identified with mild learning disabilities. Appropriate programs can not be developed without a greater understanding of the needs of this population.

Statement of Purpose

The purpose of this study is to examine the characteristics and needs of mothers having a mild learning disability who attend a program for at-risk parents. This study will:

1. examine the characteristics of mothers who attend a program for at-risk mothers by obtaining background information, family history, governmental assistance history, and/or child welfare history;
2. determine levels of academic, achievement, and mental health functioning of mothers enrolled in the program;
3. examine the characteristics of mothers with and without mild learning disabilities;
4. provide information to community and social service agencies about life skill challenges that some mothers with mild disabilities are faced with daily; and
5. provide information to educators, community, and social service agencies when developing parenting programs for mothers with mild disabilities.

Rationale for the Study

This study is to examine the characteristics and needs of mothers with mild learning disabilities who attend a federal and state funded program for at-risk parents. Variations of these programs exist throughout the United States. People who run these programs appear to believe that these mothers need to resolve their personal and family problems before they can address employment issues. Until these problems are addressed the mother can not gain independence from welfare assistance programs. It is also recommended that some at-risk mothers participate in parenting programs so they can learn more effective parenting skills, thereby reducing the potential for child abuse. However, these programs are not designed to account for the range of variability of learning characteristics of persons with mild learning disabilities. Limited research has been done to ascertain the needs of this population; therefore, existing programs may not meet the needs of this group.

The data from this study will provide educators, social service, and community service providers with a greater understanding of the needs and characteristics of mothers with mild learning disabilities. This information may then be utilized by governmental and social service agencies to develop more appropriate parenting and job training programs. This data may also aid social service providers in the importance of referring parents to appropriate programs that will meet their needs.

Research questions are:

1. What are the aptitude and achievement levels of functioning of mothers who attend Project Employ?

2. What types of family environment variables are characteristic among mothers attending Project Employ?

3. What are the relationships among mothers with and without mild learning disabilities between parent functioning, stress, depression, social support, and relationships?

4. In what type of social/personal relationships do mothers with mild disabilities engage?

Summary

There has been a limited amount of research in examining the needs of mothers with mild learning disabilities. The effects of their disabilities may influence employment or training possibilities, social skills, relationships, communication skills, and management of home and financial responsibilities. Having a greater understanding about the needs of this population can be beneficial to mothers with mild learning disabilities. More information needs to be gained from this population so that more appropriate parenting, job training or skill training programs can be developed to meet the needs of mothers with mild learning disabilities.

CHAPTER 2

Review of Literature

The purpose of this study is to examine the characteristics and needs of mothers having a mild learning disability who attend a program for at-risk parents. There are many factors associated with parenting skills. According to Tymchuk (1992), these factors include: (a) obtaining health care for family members and being able to respond to their child's health needs. This can include obtaining basic health care, making and keeping scheduled appointments, keeping immunizations current, maintaining regular check-ups, obtaining emergency care when needed, being able to understand nutritional needs of children, recognizing when medical care is needed, and being able to administer medications as prescribed by the attending physician; (b) providing a stimulating environment for the child that is conducive to learning, making sure the child has access to toys, books, or other learning activities, and being able to respond to the educational needs and requirements demanded by the school; (c) being able to problem-solve and make thoughtful decisions; (d) displaying positive and consistent parent-child interaction; (e) maintaining a stable home environment; (f) protecting a child appropriately from danger, and ensuring or providing car safety, accidental and intentional injury; and (g) having a strong family and or community support system.

Basic deficits in everyday living skills often affect the parenting skills of adults with learning disabilities. However, the understanding of disabilities and their effect on mothers is still not certain. The existing and limited research that has examined parenting characteristics and needs of individuals with disabilities has primarily focused on parents identified with mental retardation. A majority of those studies have been restricted to

examining a small number of participants identified with mental retardation, which have unfortunately been generalized to larger populations characteristic of those identified with mental retardation (Feldman, Case, Rincover, Towns, & Betel, 1989). These studies were conducted out of concern that mothers identified with mental retardation were more likely to exhibit inadequate parenting skills (Feldman, Ducharme, & Case, 1999; Feldman & Walton-Allen, 1997). Although there is a paucity of research regarding the parenting skills of adults with disabilities, one can examine the deficits in living skills that are often associated and experienced by individuals with disabilities. Unfortunately, "most studies have provided only a snapshot (at one point in time) of the outcomes of young adults, neglecting the long-term aspects of their disabilities and the levels of competence to deal with adulthood" (Patton, Cronin, & Jairrels, 1997, p. 295). Research has shown that some students with disabilities often have problems associated with their disability that persist throughout adulthood (Buchanan & Wolf, 1986; Dalk, 1988; Kavale & Forness; 1996; Lichtenstein, 1993; Rojewski, 1999). Booth and Booth (1993) stated:

> For most part, parents with learning disabilities family life is constantly under threat. Shortages of money, debt, unemployment, chronic housing problems, fraught relationships, the hardships of single parenthood, personal harassment, victimization and skill deficits all contribute to their vulnerability (p. 63).

McGaw and Sturmey (1994) developed the *Parental Skills Model* for their study to assess the deficits of parents with learning disabilities. The authors identified family history, life skills, and social support as three of the most important areas of a parent's life that most closely predict adequate and inadequate parenting skills that subsequently affect child care and development. McGaw and Sturmey's *Parent Skills Model* will be

used in subsequent sections of this review of literature examine the characteristics and needs of parents with mild learning disabilities.

Family History

Education and Dropout Rate

Students with disabilities under the protection of IDEA are guaranteed a free and appropriate education until the age of 21 in order to provide them the opportunity to become productive adults in society. Unfortunately, those most affected by lifelong economic and social problems are adults with learning disabilities who have dropped out of school with pregnancy reported as the most common reason for dropping out (Lichtenstein, 1993). Studies have shown that the number of school dropouts among those with disabilities exceeds the non-disabled population (Haring and Lovett, 1990; Kortering & Blackorby, 1992; Lichtenstein, 1993).

According to the results from a longitudinal study conducted from 1986 through 1993 by SRI International, "One in five women with disabilities were mothers, also a significantly higher rate than the general population. Female dropouts were particularly mothers (54%). About one-third of single mothers with disabilities lived alone with their children" (SRI International, 2001, p. 14). It is unknown whether mild disabilities increase the frequency of unplanned pregnancy and school dropout. This report estimated that as high as 38% of students with disabilities reported having dropped out of school and many had less than 10 credits when they dropped out (SRI International, 2001). This same study found that approximately 41% of the students with disabilities had parents who had dropped out school.

According to Backorby, Edgar, and Kortering (1991), employment is lower among those who drop out of school than among students who graduate from high school (p. 103). In addition, more dropouts experience more problems with isolation, behavioral problems, and unemployment than those who complete high school (Nelson, 1985; Sinclair, Christenson, Evelo, & Hurley, 1998). Schwartz (1995) found that on a national basis that approximately two-thirds of students who drop out of school do so before the 10th grade (p. 1). Schwartz reported that dropouts were more likely to experience problems with pregnancy, running away from home, problems at school such as suspensions, tardies and absences, and more frequent school changes. She also found that a higher number of Hispanics and African Americans drop out of school than White students (Schwartz, 1995).

Students with learning disabilities are at higher risk for experiencing poor school performance (SRI International, 2001). The National Longitudinal Transition Study found that students with disabilities had been absent more from school than non-disabled students (SRI International, 2001). Students reported that pregnancy was the most common reason for dropping out of school.

Some suggest that school performance is the leading cause for dropping out of school. In Buchanan and Wolf's (1986) study, 78% of the adults with learning disabilities reported having an overall negative experience in school. According to Lichtenstein (1993), "school problems, personal problems, family and social concerns interacted to produce poor grades and low self-esteem, subsequently impacting the decision to drop out" (p. 345). Consequently, dropping out of school decreases job

opportunities when parents possess limited education and job skills (Burtless, 1997; Howley & Huang, 1991).

Employment

Relationships exist between academic levels of achievement and job opportunities. Numerous studies have shown that adults with disabilities are more likely to be unemployed or underemployed than non-disabled peers (Doren & Benz, 1998; Levine & Nourse, 1998; Lichtenstein, 1993; Harrington, 1997). Students with an emotional disturbance are "three times more likely to be unemployed than the national average for all youth" (Rylance, 1998, p. 184).

Studies have found that women with learning disabilities more likely to be unemployed, or work less hours and receive less hours if employed as compared to men with learning disabilities (Buchanan & Wolf, 1986; Frank, Sitlington, & Carson, 1995; Haring & Lovett, 1990; Levine & Nourse, 1998). Females were more likely to attend vocational training that led to lower pay for less skilled forms of employment (Doren & Benz, 1998). Consequently, fewer work hours, less pay, and limited benefits can place some with earnings at or below poverty levels. According to Parcel and Menaghan (1997), "Poorly paid, stressful jobs with long hours can jeopardize the quality of parenting by their demands on parents' time, energy and attention" (p. 116).

Often students who drop out of school at an early age are limited in the types of jobs available to them. Federal and state Fair Labor Acts often limit the number of work hours in a day and week as well as the type of jobs available to teenagers. The younger the age of the dropout, the greater limitations on the types of employment opportunities available to them. Transportation to and from work may be difficult to obtain for those

under driving age. Mothers without a driver's license will be restricted to the location of a job if reliable transportation is not available. Paying for cab or bus fares to and from work can be prohibitive for some mothers.

Some mothers may experience problems coordinating day care assistance for their children while they are at work (Kisker & Ross, 1997). According to Kisker and Ross (1997), this is particularly true for mothers working split shifts, weekends, or evening shifts. Evening day care is limited and scarce. Some day care facilities charge higher evening or weekend rates. Some day care facilities refuse enrolling a child if they do not attend full time (Kisker & Ross, 1997). Locating and affording quality day care is not the only barrier for working mothers.

Although there are many barriers to employment, job loss is often associated with those who have dropped out of school. According to Malian and Love (1998), dropouts were more likely to be fired, change jobs more frequently, and experience problems getting along with fellow co-workers. In addition, "Several researchers report that most job loss is due to socially related problems" as cited in Elksnin and Elksnin (2001, p. 92). According to Yaun and Reisman (2000), "Difficulty generalizing knowledge, poor social judgment, and low self-esteem affect how they resolve maturational demands, such as those experienced in employment and social situations" (p. 153). Some problems experienced by adults with disabilities, as described in Elksnin and Elksnin's article (2001), include accepting criticism, getting along with co-workers, provoking others, fighting at the workplace, taking time off, working under deadlines, and requesting assistance by others.

Poverty

The effects of poverty on children are endless. The National Longitudinal Transition Study from 1987 to 1993 found that more students with disabilities lived in poverty than non-disabled students. This study found that children may experience poor nutrition, stress, decrease in quality day care and medical care, substandard or dangerous housing conditions, and limited educational opportunities. According to a 1992 study by Gelles, "Stress and violence are more common in poverty-income homes" as cited in Kaiser and Delaney, (p. 73, 1996).

Poverty can mean that proper medical care is not available for some family members. Some children will be denied appropriate medical care because parents can not afford medical care, obtain appropriate treatment, or purchase prescribed medicine that is not covered by medical insurance. Children denied proper medical care are placed at higher risk for all types of health problems or medical complications. Limited income resources often leave parents at such a disadvantage that they are more likely to apply for social service benefits such as food stamps, day care assistance, medical assistance, and housing. According to Moffitt and Slade (1997):

> Women who remain on welfare for longer periods tend to be the worst-off families, with few skills, low levels of education and often significant mental or physical health problems. They are less likely to find jobs with health insurance, which tend to be higher-wage jobs for the more skilled (p 94).

Living at poverty levels limits affordable housing. According to Matthews (1999), "Poor families have fewer resources to that can lead to abuse or neglect. Also the living conditions of poor families – substandard housing, overcrowding, and unsafe

neighborhoods make it harder for parents to keep children safe." (p. 397). Poverty may limit many families from safe and affordable housing. Inability to pay rent could result in families becoming homeless (Wright, 1998). This may mean some families will resort to living in their car, or moving to an over-crowded community shelter. Homelessness creates another problem: parents failing to provide adequate and safe housing can risk having their children referred to proper authorities for dangerous living conditions (Metraux & Culhane, 1999).

Mental Health

According to Gizynski (1985), "Depression compromises a woman's ability to meet the emotional and physical needs of her children" (p. 105). Studies have shown that children have difficulties establishing coping skills, developing healthy attachments to others, and are more likely to experience mental health problems themselves (Caulfield & Wallach, 1998; Jennings, Wisner, & Conley, 1991; Gizynski, 1985; Lundy, Field, Cigales, & Cuadra, 1997; Oyserman, Mowbray, Zemencuk, 1994; Scott, 1992). Depression can reduce a parent's effort to positively interact with his or her child (Abrams, Field, Scafidi, & Prodromidis, 1995; Hans, Bernstein, & Percansky, 1991). Studies have shown that parents who are depressed speak less frequently to their children, and take longer to respond to infant vocalizations (Bettes, 1988; Lundy, Field, Cigales, & Cuadra, 1997; Martinez et al., 1996). They use more punitive and harsh punitive discipline techniques; are inconsistent when disciplining their children, are more irritable and hostile toward others, and are more withdrawn (Ethier, Lacharite, & Couture, 1995; Lundy et al., 1997). Depressed mothers have more constrained infant-parent interaction

because they focus on themselves and are not emotionally available for their children (Fenichel, 1993).

Depression causes others problems associated with employment and relationships. According to Zhang, Rost, Fortney, & Smith (1999), depression has also been linked to lost employment earnings due to absences from work. Excessive absences can jeopardize employment, which could lead to job termination. Depression can also affect the types of social interaction with family and friends. Individuals experiencing depression often have feelings of loneliness, isolation, and not wanting to do things they have enjoyed in the past.

Child Abuse & Neglect

A relationship has been shown to exist between maltreatment and factors associated with maternal and child individual characteristics, family history, and experiences of mothers such as poverty, maternal depression, stress, unemployment, and maternal age (Kotch, et al., 1995; Keltner, Finn, & Shearer, 1995; Feldman, Ducharme, & Case, 1999; Mash, Johnston, & Kovitz, 1983; Sheerin, 1998; Walsh, MacMillan, & Jamieson, 2002; Weinman, Schreiber, Robinson, 1992). Abusive mothers were found to be less stimulating, responsive, and interactive with their children (Keltner, Finn, & Shearer, 1995; Mash et al., 1983). A study conducted by Kotch et al. (1995) identified eight predisposing factors significantly associated with maltreatment of children: lower maternal education, maternal depression, limited activity because of ill child, observance of domestic violence in the home, receipt of medicaid, greater number of children in the home, separation from own parent during teen years, and reduced maternal empathy towards infant. Abusive parents are often found to be isolated, have little support and be

under stress (Coohey, 1995; Dukewich, Borkowski, & Whitman, 1996; Glaun & Brown, 1999; Gleed, 1998; Sands, 1995; Tymchuk, 1992). Financial stress and limited support in the home were found to be correlated with maltreatment (Dukewich et al., 1996; Whipple & Webster-Stratton, 1991; Whipple & Wilson, 1996; Wolfe, Sandler, & Kaufman, 1981). Parents with developmental disabilities may place their infants and toddlers at high risks for neglect and abuse because of the demands of parenting require more anticipating and judgement skills rather than rote skills (Keltner, Finn, & Shearer 1995: Glaun & Brown, 1999; Feldman et al., 1989; Young, Young, & Ford, 1997).

Life Skills

According to Cronin (1996), students with mild disabilities are often not provided with life skills training for the day-to-day living skills that many desperately need. Although this type of training should begin in the elementary years of school, most schools filter some transition curricula primarily during the last two years of high school. Unfortunately, some educators assume that these skills will be learned at home or on their own as students transition into adulthood, and do not include life skills a part of curriculum. As a result, many of the same problems identified as younger children continue to persist into adulthood. Adults with learning disabilities have reported that they continue to have problems with reading, writing, poor study skills, attention, understanding oral and written directions, low self-esteem, and social relationships (Dalke, 1988; Saenz & Fuchs, 2002).

Literacy

Low literacy skills can limit the types of employment secured and may actually prevent advancements within the company. Those with limited education and literacy

skills are not able to compete in advanced work technologies, and thereby experience reduced job opportunities. Positions for low skilled employees pay less than those requiring advanced literacy skills. Low literacy skills can greatly reduce daily life functioning. According to a report by the National Institute for Literacy:

> Forty-three percent of the people with the lowest literacy skills live in poverty; 17 percent receive food stamps, and 70 percent have no job or a part-time job. Workers who lack a high school diploma earn a mean monthly income of $452, compared to $1,829 for those with a bachelor's degree (2000, p. 1).

Adults with low literacy skills experience problems with everyday functions such as reading a map, taking medication as directed by the doctor, adding a bank deposit, and completing a resume. Reading and writing deficits create limited abilities to completing an order form, filling out applications, planning and scheduling appointments, following written directions, or using a calculator to calculate the cost of items, or filing a written complaint. The lack of skills affects their interactions with other more literate persons in society. For example, doctors should consider the reading level of some of the written materials provided to patients with low literacy skills (Christensen & Grace, 1999; Dickinson & Cudaback, 1992. "Clinicians might consider using materials prepared at the lowest level of reading difficulty (such as the fifth-grade level) to communicate important information such as medication side effects, emergency telephone numbers, or referrals to other health care providers" (Christensen & Grace, 1999, p. 263). According to Young, Gerber, Reder, and Cooper (1996), "adults with disabilities average nearly 40 points less on the literacy proficiency scale than those without learning disabilities" (p. 7). Sitlington and Frank (1999) found in their study that approximately 45% of the adults

with learning disabilities that they interviewed continued to have problems with reading and organization skills. The National Adult Literacy Survey reported:

> A vast number of adults do not have the literacy skills necessary to integrate complex information, take into account special conditions, or handle math tasks that require background knowledge. It also showed that people with limited literacy skills more likely earn less, are out of work, and vote less than those with greater skills (as cited in *Society*, 1994, p. 2).

Similar observations can be made with respect to adult literacy and the needs of parents in Oklahoma. According to the Oklahoma Literacy Resource Office (2002):

> Children's literacy levels are strongly linked to the educational level of their parents, especially their mothers. Parental income and marital status are both important predictors of success in school, but neither is as significant as having a mother who completed high school. Children of parents who are unemployed and have not completed high school are five times more likely to drop out than children of employed parents (p. 1).

Money Management

One of the greatest barriers to achieving successful independence is the acquisition of basic math skills for everyday living. However, even the simplest task requiring basic math skills becomes overwhelming to some individuals with learning disabilities. For these individuals, simple tasks such as counting and giving correct change, computing the cost of items, purchasing groceries, verifying correctness of paychecks and time sheets, paying bills, purchasing or returning items, balancing a checkbook, computing deductions, paying for car repairs, health costs, and other home

management tasks requiring math skills are extremely difficult, if not impossible for some (Brown, Hedinger, & Mieling, 1995; Hoffman et al., 1987; Patton, Cronin, Bassett, & Koppel, 1997; Posthill & Roffman, 1990).

A 1987 study by Hoffman et al. surveyed the functional needs of 381 adults with learning disabilities. Nearly 47% of the adults surveyed with learning disabilities reported difficulties with basic arithmetic, and nearly 30% reported having banking and money problems most likely stemming from poor arithmetic skills (Hoffman et al., 1987). Over 50% of the participants in this study reported other functioning deficits in written expression, reading ability, and arithmetic calculations.

Record Keeping

Poor organization skills are characteristics commonly found in adults with disabilities (Weller, Watteyne, Herbert, & Crelly, 1994). Record keeping can be as simple as keeping social security cards, birth certificates, educational records, immunization records, and rental and employment receipts where they are easily accessible. Maintaining personal and family records is a difficult task for some.

Another problem often associated with poor record keeping is low reading skills. According to Christensen and Grace (1999), poor reading skills often impede understanding of medication labels, medical appointments, or follow-up care instructions. This can be particularly important when adults are given materials to read from the doctors are written at 10th grade or higher reading levels.

Driver's License

Studies have shown that a disproportionate number of students with disabilities do not have their driver's license. Approximately 50% of teens with special needs had a

driver's license as compared to over 75% of teens without special needs (McGill & Vogtle, 2001). According to McGill and Vogtle (2001), "Mobility limitations cause significant problems in the location and sustenance of competitive employment, engagement in leisure activities, and attempts to become self-sufficient" (p. 455).

Social Skills

There has been an abundance of research that has focused on limited social skills. Poor social skills can result in students feeling lonely or separate from others, or being involved in non-supportive or non-satisfying relationships (Cross & Marks, 1996; Sitlington, 1996; Swanson & Malone, 1992). Students with learning disabilities were found to have a narrower social support than non-disabled peers (Wenz-Gross & Siperstein, 1998). Students with learning disabilities experience loneliness more frequently than students without disabilities (Tur-Kaspa, et al. 1998; Gresham & MacMillan, 1997; Rice, 2000; Vaughn, Zargoza, Hogan & Walker, 1993; Vaughn, Elbaum, & Boardman, 2001).

Inability to express or interpret oneself properly through verbal or nonverbal communication can greatly affect social skills (Nowicki & Duke, 1992; Dimitrovsky, Spector, Levy-Shiff, Vakil, 1998). Nonverbal skills include body posture, eye contact, body distance to others, facial expressions, clothing, and tone of voice (Nowicki & Duke, 1992). Bandura found that "the ability to read the signs of emotions in social interaction has important adaptive value in guiding actions toward others" (Dimitrovosky et al., 1998).

Years of rejection from others can greatly impact social and emotional functioning. According to Brown et al. (1995), learning how to paraphrase, reflect,

question, or attend when communicating to others can facilitate more effective communications that help in maintaining social relationships. Failure to develop these social skills eventually leads to social rejection, which can lower self-confidence and self-esteem (Hoffman et al., 1987).

Brown et al. (1995) identified auditory processing, memory, visual-spatial perception, and expressive language as five of the most problematic areas for individuals with learning disabilities. Failing to track conversation and always responding slightly later is viewed by others as being out of sync. For others, not remembering things can lead to frustration and fear. Sometimes the fear of forgetting becomes so debilitating that it becomes easier to not engage in conversation (Yokum & Coll, 1995). Some individuals can be so overwhelmed by auditory information that they withdraw in order to avoid distraction; while those with a visual disability may attempt to hide their disability and withdraw to avoid drawing attention to their disability (Brown, Hedinger, & Mieling, 1995). Individuals who experience difficulties with expressive language can feel too embarrassed to request clarification of information, fearing that others will not understand their questions because their language is too choppy or incomplete for others to understand.

According to Elksnin and Elksnin (2001), perhaps the most prevalent reasons for job loss among individuals with disabilities is due to poor social skills. Failure to control anger, deal with stress, get along with co-workers, request help from others when needed, accept constructive criticism, and share are just a few of the social skills necessary to work effectively (Elksnin & Elksnin, 2001). Weller, Watteyne, Herbert, and Crelly (1994) found that individuals who experienced verbal difficulties preferred jobs that

required minimal verbal communication with other coworkers. Unfortunately, those who prefer jobs requiring limited verbal communication with other coworkers may limit access to higher level jobs that require good written and communication skills.

Support and Resources

Family/Social Relationships

Numerous studies have shown that adults with disabilities have weak or limited support systems (Booth & Booth, 2000; Kaiser & Delaney, 1996; Wenz-Gross & Siperstein, 1998; Whipple &Webster-Stratton, 1991). Limited social supports can greatly affect how individuals respond to many life situations. Adults without a support system may have difficulty coping, responding, and dealing with crisis situations. Poor communication skills and low self-esteem are common characteristics of individuals with mild disabilities (Hoffman et al., 1987).

Summary

The literature review demonstrates the challenges experienced as parents with disabilities. The review of literature reveals that students with learning disabilities are at greater risk for dropping out of school as compared to non-disabled students. Dropping out of school ultimately affects lifelong economic and social problems. Some adults continue to experience problems with securing and maintaining employment, reading, math and writing skills, money management, record keeping, and social relationships. Some researchers suggest that the effects of disabilities may be life long and actually affect parenting skills. A thorough review of the existing literature reveals that there is an insufficient amount of information available to determine the needs of mothers with mild learning disabilities. Because studies have primarily focused on researching parent

competence of parents identified with mental retardation, further research is needed to examine the characteristics and needs of at-risk mothers with mild disabilities.

CHAPTER 3

Methodology

A descriptive study was used to examine the characteristics and specific needs of mothers with mild to moderate learning disabilities involved in a parenting program. This study was divided into two phases. During Phase I, the methods were utilized to describe the characteristics of the mothers involved in a parenting program. Phase II used descriptive and qualitative measurements to provide a more in-depth look at the needs of participating mothers with mild learning disabilities.

Research Setting

Data were collected from mothers enrolled in a local Head Start and the Department of Human Services parenting program called Project Employ. There are two Project Employ sites the offer the prenatal-to-three program located in the Oklahoma County area in the state of Oklahoma. One site is located near the central downtown area of Oklahoma City, while the other site is located in the southern portion of Oklahoma City.

Project Employ is a full-time program in Oklahoma County where mothers obtain parenting education, domestic violence education, substance abuse counseling, and literacy/GED education at one location and can bring their children under age three to class. Mothers and children are required to participate seven hours per day, five days per week. Classes are divided by semester periods. Classes run from August until Christmas (December) break and then resume January through July. Mothers remain in the program for as long as needed to pass their GED or successfully complete the parenting program requirements by the Department of Human Services and/or Child Welfare Division.

The classes are directed by Head Start staff and provide a variety of educational services to both parents and children. Not only do parents receive training on various topics on parenting, child care, nutrition, home safety, and child development, but mothers and their children participate in individual and group activities that help strengthen the mother/child relationship. Staff from Project Employ encourage mothers to participate in community activities sponsored by the Head Start centers with the intention of helping mothers develop civic and leadership roles. Field trips, parties, and other social events are provided to give mothers opportunities to strengthen social skills in a non-classroom setting.

What makes Project Employ so unique is that it is a one-stop-shop program designed for mothers to obtain a variety of social services at one location. This program was developed so that mothers who receive governmental welfare assistance or who are involved with Child Welfare Division could receive a variety of services at one location, such as parenting classes, counseling, substance abuse education, domestic violence education, career awareness classes, and literacy/adult education classes.

For example, agencies such as Women-Infant-Child (WIC) provide on site services at one facility where mothers can pick up vouchers for milk, juice, eggs, cereal, and other approved food items. Sooner Start Services, a federally funded early childhood program, are available at both facilities to provide services to children with special needs. Health clinic personnel periodically visit throughout the year to provide free health screenings for Project Employ children.

The purpose of the one-stop-shop is to eliminate the rigorous scheduling often required of mothers who are court ordered or required by the D.H.S. worker to

successfully complete a combination of parenting classes, substance abuse counseling, domestic violence counseling, and/or individual/group counseling classes within a specified period of time.

In addition to being designed to deliver centralized social services, Project Employ was specifically developed for parents who had not been successful in previous education and training programs because of personal problems, lack of transportation, and difficulty obtaining day care services. Many of the barriers often cited by parents are removed when services became available at one centralized facility. Allowing parents to bring their young children under age three to the program also eliminated parents having to arrange for day care for their children. This eliminated parents having to search for personal friends or family members to watch their children, since many day care facilities do not provide services for young infants. This is the most unique aspect of the program since most of the programs do not involve parent-child participation in parenting classes.

Participants

Sixteen single mothers between the ages of 18 and 40 enrolled at Project Employ were initially identified and screened to participate in this study. The majority of these mothers spoke English, while a minority was Spanish-speaking. Because the study required that each participant complete an individualized aptitude and achievement test, English language proficiency was a requirement. Therefore, Spanish-speaking mothers who exhibited limited English skills were excluded from the study. Of the 16 mothers, two were minors under age 18 and could not give consent to participate in the study. One mother refused to complete the questionnaire after being asked questions regarding family involvement with Child Welfare Division. A second mother never returned to the

program to complete testing because she had moved. The third mother left the program without notice before completing all testing. This yielded 11 participants.

Ten of the 11 participants were high school dropouts. Five of the 11 reported having received special education services as a student. Because of concerns regarding parenting, substance abuse, and/ or domestic violence in the home, Child Welfare Division of the Department of Human Services referred some mothers to the program; while others were self-referred. Nine of the 11 participants received governmental assistance such as Temporary Assistance for Needy Families. One of the 11 mothers was employed part-time, while ten mothers were unemployed. Of the ten mothers who were unemployed, two reported having never worked.

Instruments

Eight instruments were used in this study: The Wechsler Abbreviated Scale of Intelligence (WASI); Wide Range Achievement Test - 3rd Edition (WRAT3), Parenting Stress Index (PSI), Beck Depression Inventory - 2nd Edition (BDI-II), Home Observation for Measurement of the Environment (HOME), Family Life Questionnaire, Family Support Scale, and the Family Resource Scale.

Wechsler Abbreviated Scale of Intelligence (WASI). The Wechsler Abbreviated Scale of Intelligence (1999) was used to determine subject levels of intellectual functioning. The WASI consists of four subtests which include *Vocabulary, Block Design, Similarities, and Matrix Reasoning.* The test yields a *Verbal IQ, Performance IQ*, and *Full Scale IQ.* Although some short forms of intelligence tests are not derivatives of a related full battery, the WASI is a standardized and normed short form of

both the WISC-III and WAIS-III. This assessment takes approximately 30 minutes to administer.

Wide Range Achievement Test 3 (WRAT3). The Wide Range Achievement Test - Third Edition (1993) was used to determine subject achievement levels of functioning. The WRAT3 (1993) is a simple and informal instrument which can be administered in 15-30 minutes. It can be used with individuals between the ages of five to 74. This assessment consists of two alternate forms (Blue and Tan) to provide evaluation of reading, spelling, and arithmetic skills. The alternate form may be utilized when subsequent testing is performed. The WRAT3 provides standard and grade equivalent scores. The WRAT3 has acceptable validity and reliability (see Appendix B).

Parenting Stress Index (PSI). The Parenting Stress Index - Third Edition was developed by Abidin (1995) as a self-report assessment designed to identify the amount and sources of stress within a parent/child system. The assessment consists of 120 test items, plus 19 optional Life Stress test items which can be used with mothers of children between the ages of one month to 12 years. Questions were read to each participant. The assessment takes approximately 30 minutes to complete. The assessment provides information for three domains identified as the Child Characteristic Domain, Parent Characteristic Domain, and the Life Stress Domain. The Child Domain examines the child's adaptability, demandingness, mood, distractibility, and parent reinforcement characteristics. The Parent Domain examines the parent's feelings of competence, social isolation, depression, parental attachment to child, and parental health. The Life Stress Domain examines the stressors affecting parenting outside of the parent/child relationship. The PSI has acceptable validity and reliability (see Appendix B)

Beck Depression (BDI-II). The original Beck Depression Inventory was developed approximately 35 years ago (Beck, Steer, and Brown, 1996). In 1996, the BDI-II was published with new revisions, which included the addition of items: Agitation, Worthlessness, Concentration Difficulty, and Loss of Energy (Beck, Steer, and Brown, 1996). This 21-item, self- report instrument was developed to measure depression of individuals between ages 13 and older. The BDI-II is written at a sixth grade reading level and takes approximately 10-15 minutes to complete. For those with lower reading levels, the BDI-II can be administered orally. For this study, questions were read to each participant. The BDI-II has acceptable validity and reliability (Steer, Ball, & Ranieri, 1997; see Appendix B)

Family Resource Scale. The Family Resource Scale (Dunst & Leet, 1987) is a 30-item scale to determine whether a family has adequate resources such as food, housing, utilities, medical care, money, home furnishings, clothing, time, transportation, and child care. Respondents rate statements on a 5- point Likert ranging from *not at all adequate* (1) to *almost always adequate* (5) that best describe how their needs are being consistently met on a month-in and month-out basis. This instrument takes approximately 5-10 minutes to complete.

Family Support Scale. This 19-item scale is used to identify what type of outside and family support has been provided to a family within a three to six month period. Participants are asked how maternal and paternal relatives, friends, church, social groups, family medical physician, professional and specialized helpers, professional agencies, and intervention services have been available to provide support to the family.

Respondents are asked to rate each statement on a 4-point Likert scale ranging from *sometimes helpful* (1) to *extremely helpful* (4) that best describes how sources have helped their family.

Home Observation for Measurement of the Environment (HOME). The Home Observation for Measurement of the Environment, developed by Caldwell and Bradley (1984), was designed to identify patterns of nuturance and stimulation in the homes of at-risk children. Information is gathered by direct observation of the home environment, including some self-report information from the mother. The assessment consists of 45 items clustered to compose six subscales (see Appendix B) that provide information regarding the parent's responsivity to the child, acceptance of the child's behavior, parental involvement with the child, opportunities provided within the home, and organization of the home environment. Additionally, questions asked on the HOME instrument inquired how family routines were established, types of trips taken outside of the home, and identified toys available to the child. The purpose of using this assessment in this study was to examine the strength and weaknesses within the six subscales and to compare these findings with the results obtained from the interviews of the five mothers. The inventory takes approximately one hour to complete. The HOME has acceptable validity and reliability (Procidano, 1985).

Procedures

Data were gathered between July and December, 2001. For the purpose of this study, both quantitative and qualitative methods were used to examine the needs of mothers with mild learning disabilities. The procedures and instrumentation were approved by the University of Oklahoma Institutional Review Board (see Appendix C).

Phase I: Procedures/Instruments. The purpose of Phase I was to screen and identify participants. Beginning in July 2001, a preliminary group meeting was held at both Project Employ sites where the researcher discussed the purpose of the study and read all informed consent and release of information forms to the mothers and answered any questions pertaining to this study. Any participant who required a guardian signature or whose primary language is Spanish was immediately excluded from the study. During this meeting, mothers were also verbally informed that the researcher would be required by law to make a referral to proper authorities if a child was seen at risk for serious harm, serious physical or emotional harm, sexual abuse, or death.

Phase I extended over a period of four months from July 2001 through September 2001. Participants were tested individually in a small private office located at each site of Project Employ. Each office contained several desks with a few chairs. The lighting in each office was suitable for reading and writing. Phones were turned off so participants would not be distracted during testing.

Prior to testing each individual participant was read the Informed Consent and Release of Information. After the consent forms were read to each participant, the participant was asked to verbalize what had been read and whether she understood the contents of the consent. If the participant accurately verbalized the nature of the study and demonstrated understanding of the principle of informed consent, the participant was invited to sign the consent form. The form was certification that she understood what was being asked, plus the researcher also signed each consent form, confirming that the participant verbalized to her understanding of what was being asked.

Because Project Employ requires participants to attend classes on a consistent basis five days per week, the dropout rate is high among participants. To help eliminate problems with losing participants before the testing was completed, testing for each individual was completed over a one-week period. The testing was divided into two separate two-hour sessions. During the first session, The Wechsler Abbreviated Scale of Intelligence (WASI), and Wide Range Achievement Test-3 (WRAT3) was administered to determine current levels of aptitude and achievement functioning. In addition, participants were asked to complete the Family Resource Scale and Family Support Scale.

The second session was devoted to completing the Beck Depression Inventory-Second Edition (BDI-II) for mental health functioning, the Parenting Stress Index (PSI), and Family History. The Beck Depression Inventory-Second Edition (BDI-II), Parenting Stress Index (PSI), Family Resource Scale, and Family Support Scale instruments were read to each of the participants. All instruments are well known educational and psychological tests with established reliability, validity, and normative data. See Appendices for further descriptions of the instruments. Each participant who completed Phase I of the study was given $5.00.

Upon completion of testing, the researcher conducted a Department of Human Services database search to check for types of governmental assistance such as food stamps, welfare benefit checks, daycare assistance, disability assistance, and medical assistance for each participant. Child Welfare Division data records were checked for any confirmed referrals for child abuse or neglect.

Phase II: Procedures/Interviews/Observations. One-on-one interviews and a home observation with the mother and child was conducted during Phase II. This interview was used to gather more detailed information regarding parent history and to observe the parent and child in the home environment. Five participants were selected from Phase I who most closely fit the traditional characteristics of a learning disability (see Table 1).

During Phase II, participants were interviewed at Project Employ using the Family Life Questionnaire (see Appendix D). A privately taped interview was used to obtain a more detailed description of a parent's level of education, friendships established in school, use of tutoring services, and/or enrollment in special education classes, social and personal relationships, support networks, incidences of abuse or victimization, utilization of medical services for family, domestic violence, types of employment positions held, difficulty in maintaining employment, and types of social support.

The examiner scheduled home visits for each of the remaining five participants for Phase II. The interview/visit lasted approximately 1and ½ hours with each participant. This visit was to observe parent-child interaction and how a child occupies his/her time in her own home environment. A 30-minute parent child activity was prepared where parents helped their child frost and decorate approximately a dozen cupcakes. The examiner prepared approximately a dozen cupcakes and purchased icing and candy decorations for each family that participated in Phase II. Once in the home, part of the activity included decorating cupcakes. After decorating the cupcakes, a break was given so that everyone could eat their snack. The researcher facilitated this activity

Table 1

Age, Highest Grade Completed, Previous Mental Health Diagnosis, IQ score, Academic Scores, Depression and Stress Scale Results of Participants

Participant	Age	Highest Grade Completed	Mental Health Diagnosis	Prior Enrollment Special Educ.	IQ (SS)*	Reading** (SS)	Math** (SS)	Spelling** (SS)	BDI# Total	PSI ^ Total	Total Life
1 - Margie	22	7	Yes	Yes	84	60	51	54	Severe	SIG	NS
2	21	10	No	Yes	77	69	70	78	Mild	NS	SIG
3 - Dedra	20	6	Yes	Yes	82	64	58	84	Severe	SIG	SIG
4 - Jill	21	11	Yes	Yes	89	71	87	75	Mild	NS	NS
5 - Annetta	22	11	No	Yes	70	75	77	84	Min	SIG	NS
6 - Joanie	22	9	No	No	75	79	80	93	Mild	NS	SIG
7	20	8	No	No	79	86	77	95	Min	NS	SIG
8	21	10	No	No	87	82	87	86	Min	NS	SIG
9	21	9	No	No	77	82	68	93	Min	NS	NS
10	31	12	No	No	101	99	110	106	Mild	NS	SIG
11	35	11	Yes	No	84	68	79	79	Min	NS	NS

*IQ standard scores were generated from administration of the Wechsler Abbreviated Scale of Intelligence (WASI)
**Achievement standard scores were generated by the administration of the Wide Range Achievement Test 3 (WRAT3)
#Beck Depression Inventory – Second Edition (BDI-II)
^Parent Stress Index (Significance =/> 85%)

for the purpose of putting the parent and child at ease prior to the administration of the assessment.

Upon completion of the parent/child activity, The Home Observation for Measure of the Environment (HOME) was administered. Each participant was given $10.00 at the end of Phase II. Each participant was given $10.00 at the end of Phase II.

CHAPTER 4

Results for Phase I

This study utilized descriptive analysis to examine the characteristics of mothers enrolled in a parenting program designed to teach literacy/GED skills, parenting education, domestic violence and substance abuse education. Eleven single mothers enrolled in a parenting program were identified during Phase I of this study. During Phase II, five mothers were selected for a more in-depth interview about their family history, education, employment, and relationships. All participants' names have been changed for confidentiality purposes. There were 3 (27%) Hispanics, 5 (46%) African American, 2 (18%) American Indian, and 1 (9%) White. The results are presented graphically in Figure 1.

Figure 1. Ethnic population summary.

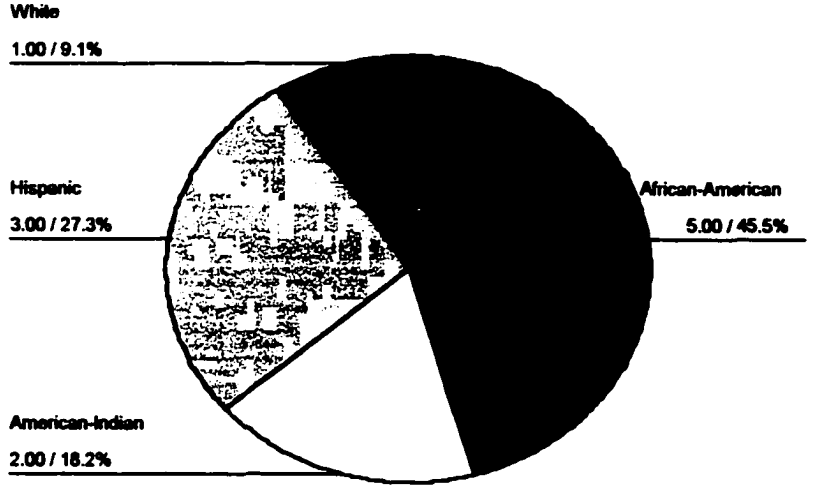


Table 2 shows the ages of the 11 mothers who participated during Phase I of the study. The mean age of the others was 23.36. Nine of the 11 mothers (82%) were

between 20 to 22 years of age. The 11 mothers reported having a total of 16 children ages 3 or below and 16 children ages 4 and above.

Table 2

Age of Mothers who Participated in Phase I of Study (N = 11)

Age	Frequency	Percent	Cumulative Percent
20	2	18.2	18.2
21	3	27.3	45.5
22	4	36.4	81.8
31	1	9.1	90.9
35	1	9.1	100.0
Total	11	100.0	100.00

The results of Phase I and II address the following questions:

1. What are the aptitude and achievement levels of functioning of the mothers who attend Project Employ?
2. What types of family environment variables are characteristic among mothers attending Project Employ?
3. What are the relationships among mothers with and without mild learning disabilities between parent functioning, stress, depression, social support, and relationships?
4. What type of social/personal relationships do mothers with mild disabilities engage in?

Aptitude and Achievement Levels of Functioning of Mothers With Mild Learning Disabilities

The first research question was: What are the aptitude and achievement levels of functioning of mothers who attend Project Employ?

Full Scale IQ

Eleven mothers were administered the Wechsler Abbreviated Scale of Intelligence (WASI). As presented in Table 3, scores obtained on the Full Scale IQ test ranged from below-average to average, with scores ranging between 70 to 101, (M=82.27, SD= 8.33). Eight of the 11 mothers (73%) scored below the average range of intelligence. Five of the 11 of the mothers (46%) scored well below average with IQ scores ranging from 70 to 79. Only one of the 11 mothers was a high school graduate and she scored the highest with a Full Scale IQ score of 101. This mother utilized the classes to prepare for entry exams so that she could apply for a nearby community college.

Verbal Scale IQ

Verbal Scale IQ scores on the WASI ranged from a low of 72 to a high of 87, with a mean of 78 (SD = 5.39). Nine of the 11 mothers (82%) scored within the below average range on the Verbal Scale IQ.

Performance Scale IQ

Scores were significantly higher on the Performance Scale IQ score as compared to the Verbal Scale IQ. Performance Scale IQ scores ranged from a low of 67 to 119, with a mean of 91 (SD = 14.06) as presented in Table 3. These scores fell between the below average to above average range. Only four of the 11 mothers (36%) scored below

Table 3

Participants' WASI Intelligence Scales, Academic Scores, Including Verbal and Performance IQ Discrepancies

Participant	FSIQ	VIQ	PIQ	Reading (SS)	Math (SS)	Spelling (SS)	VIQ/PIQ Discrepancy
1 Margie	84	72	103	60	51	54	31
2 Participant	77	72	88	69	70	78	16
3 Dedra	82	72	96	64	58	84	24
4 Jill	89	87	96	71	87	75	9
5 Annetta	70	76	67	75	77	84	9
6 Joanie	75	79	77	79	80	93	2
7 Participant	79	81	81	86	77	95	0
8 Participant	87	83	95	82	87	86	12
9 Participant	77	77	81	82	68	93	4
10 Participant	101	86	119	99	110	106	33
11 Participant	84	78	93	68	79	79	15
Mean	82.27	78.45	90.54	75.91	76.73	84.27	
Median	82.00	78.00	93.00	75.00	77.00	84.00	
Mode	77.00a	72.00	81.00a	82.00	77.00a	84.00	
Std. Deviation	8.33	5.39	14.05	11.17	15.71	13.46	
Variance	69.41	29.07	197.67	124.89	246.82	181.22	

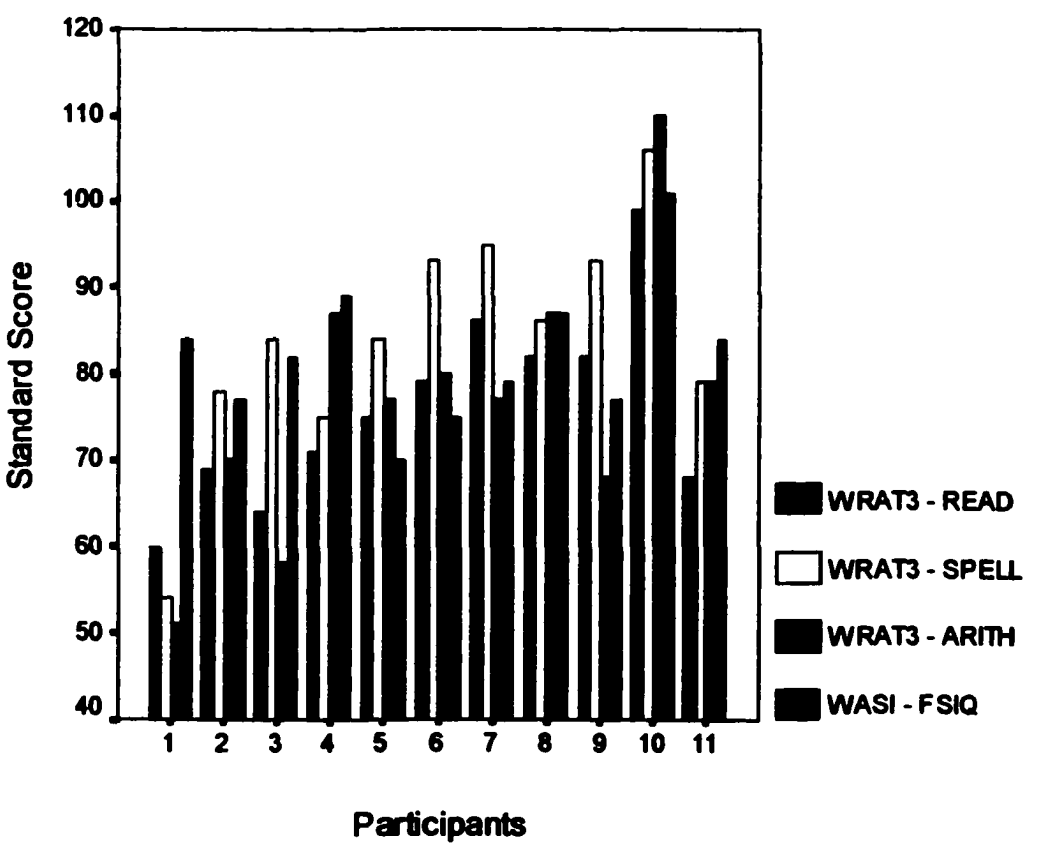
a. Multiple modes exist. The smallest value is shown.

average on the Performance Scale IQ as compared to 82% who scored below average on the Verbal IQ. As shown in Table 3, discrepancies between the Verbal and Performance scales ranged between 2 to 33 points. Three of the 11 mothers (27%) had Verbal and Performance scale discrepancies of 24 points or higher.

Achievement Scores

As shown in Figure 2, achievement scores were obtained from the administration of the Wide Range Achievement Test – Edition 3 (WRAT3).

Figure 2. Mothers' WRAT3 achievement and WASI Full Scale IQ scores.



Reading

Reading scores on the WRAT3 ranged from 60 to 99, with a mean of 76 (SD = 11.18) as shown in Table 4. Nine of the 11 mothers (82%) obtained below average reading scores of 82 or lower. Four of the 11 mothers (36%) obtained reading scores of 70 or below. Only three of the 11 mothers (27%) had scores falling within the average range.

Spelling

Spelling scores on the WRAT3 for the 11 participants ranged from a low of 54 to a high of 106, with a mean of 84.272 (SD = 13.46). Fifty-four percent of the mothers were performing within the below average range in the area of spelling. Approximately 36%, or four of the 11 mothers obtained standard scores falling between 79 and 54. Five of the 11 mothers (46%) scored within the average range.

Arithmetic

Standard scores results on the arithmetic portion of the WRAT3 ranged from 51 to 110, with a mean of 76.73 (SD = 15.71). Eight of the 11 mothers (73%) obtained scores falling below the average range with scores ranging from 51 to 80.

Table 4

Mean and Standard Deviations on WRAT3 Test Scores (N = 11)

	N	Mean	Std. Deviation
Reading	11	75.90	11.17
Spelling	11	84.27	13.46
Arithmetic	11	76.72	15.71

Discrepancy scores are often used to determine whether a learning disability exists. The most frequently used indicator is the discrepancy between ability and achievement scores. When determining levels of significance, practitioners will often use a 15 to 22 point difference between ability and achievement scores. For purposes of this study, a severe discrepancy score of 15 or more will be used to determine whether a learning disability exits. As shown in Table 5, a severe discrepancy score of 15 points or more exits between ability and achievement scores for Margie, Dedra, and Jill.

Table 5

Discrepancy Scores Between WASI FSIQ and WRAT3 Achievement Scores for all Participants

Participant	Special Educ.	IQ (SS)*	Reading SS** (Discrepancy)	Arith SS** (Discrepancy)	Spelling SS** (Discrepancy)
1 - Margie	Yes	84	60 (-24)	51 (-33)	54 (+30)
2 - Participant	Yes	77	69 (-8)	70 (-7)	78 (+1)
3 - Dedra	Yes	82	64 (-18)	58 (-24)	84 (+2)
4 - Jill	Yes	89	71 (-18)	87 (-2)	75 (-14)
5 - Annetta	Yes	70	75 (+3)	77 (+7)	84 (+14)
6 - Joanie	No	75	79 (+4)	80 (+5)	93 (+14)
7 - Participant	No	79	86 (+7)	77 (-2)	95 (+16)
8 - Participant	No	87	82 (-5)	87	86 (-1)
9 - Participant	No	77	82 (+5)	68 (-9)	93 (+16)
10 - Participant	No	101	99 (-2)	110 (+9)	106 (+5)
11 - Participant	No	84	68 (-16)	79 (-5)	79 (-5)

*IQ standard scores were generated from administration of the Wechsler Abbreviated Scale of Intelligence (WASI)

**Achievement standard scores were generated by the administration of the Wide Range Achievement Test 3 (WRAT3)

Family Environment Variables Characteristic among Mothers at Project Employ

The second research question was: What type of family environment variables are characteristic among mothers attending Project Employ?

The 11 mothers who were enrolled in the parenting program who participated in Phase I of the study reported having achieved educational levels ranging from 6th grade through 12th grade as shown in Table 6. Five of the 11 mothers (46%) reported having

Table 6

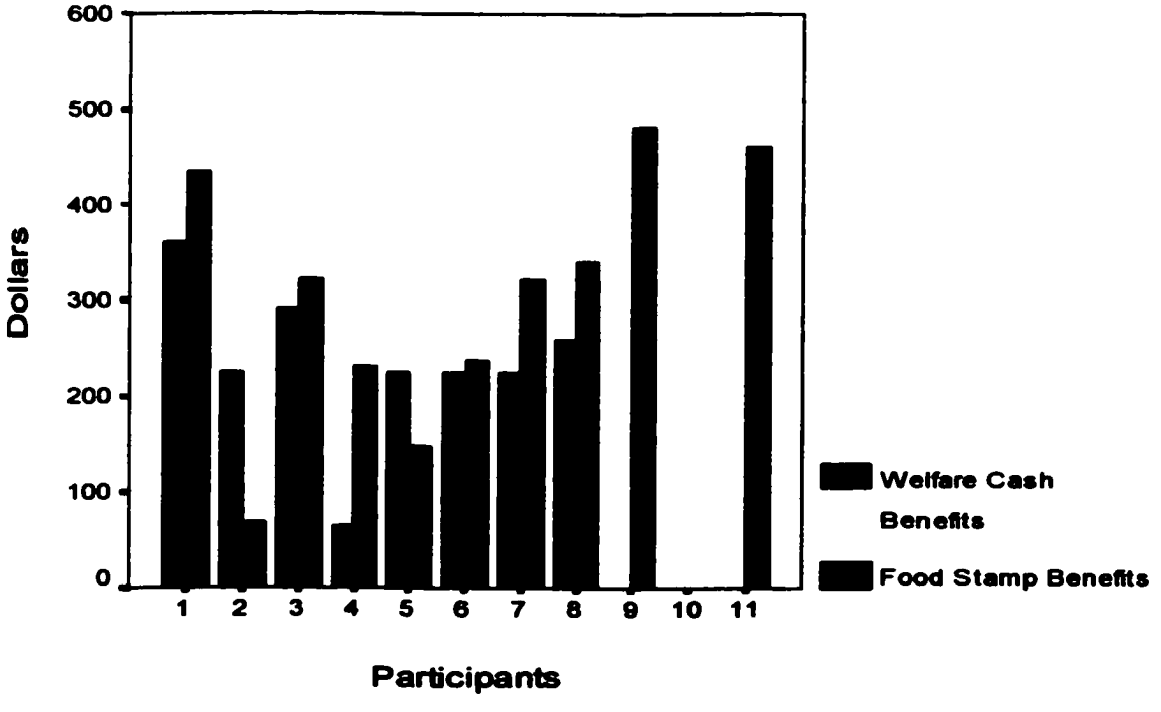
Highest Grade Completed in School by Participants

Participant	Highest Grade Completed	Frequency	Percent	Cumulative Percent
3 - Dedra	6	1	9.1	9.1
1 - Margie	7	1	9.1	18.2
7 - Participant	8	1	9.1	27.3
6 - Joanie	9	2	18.2	45.5
9 - Participant				
2 - Participant	10	2	18.2	63.6
8 - Participant				
4 - Jill	11	3	27.3	90.9
5 - Annetta				
11 - Participant				
10 - Participant	12	1	9.1	100.0
Total		11	100.0	

received special education services as a student in school. Only one of the 11 mothers (9%) graduated from high school. The remaining group of 10 mothers dropped out of school for various reasons. Seven of the mothers (64%) reported dropping out of school because of an unplanned pregnancy. Others reported having to drop out of school because they were failing school (9%), or left home as a result of family problems (9%), or were required to stay home and care for siblings so that the mother could go to work (9%).

Ten of the 11 parents were involved with some type of governmental assistance ranging from welfare cash benefits to food stamp benefits (see Figure 3). Included in this welfare package was medical care and prescriptions for family members, day care assistance, and energy assistance when funding was available. Two of the mothers

Figure 3. Welfare cash benefits and food stamps for each participant.



did not receive cash benefits because of earned income received from boyfriends living in the home. A third was not receiving cash benefits because she was not attending the parenting program on a regular basis; therefore, she was considered out of compliance with the Department of Human Services educational service requirements.

A lower percentage of families were actually involved with Child Welfare than was expected. When examining the involvement of these families with Child Welfare, only three of the 11 mothers (37%) actually had confirmed child welfare referrals for allegations of abuse or neglect. Among the three mothers, the referral categories ranged from abuse-beating, sexual abuse-fondling, neglect-failure to protect, neglect substance abuse, and neglect-inadequate physical care.

Parent Functioning, Stress, Depression, Social Support, and Relationships

The third research question was: What are the relationships among mothers with and without mild learning and/or behavioral disabilities between parent functioning, stress, depression, social support, and relationships?

When examining the mental health needs of the women involved in this study, four of the 11 women (36%) reported having been diagnosed with a mental health condition. Only one mother reported seeing a counselor on a very sporadic basis, and no mothers were taking any medications that had been prescribed by their physician. One mother had a multiple diagnosis of Compulsive Disorder and Depression. Another mother diagnosed with an Anxiety Disorder commented that she didn't feel the need to take medication, but would pray instead when things became difficult.

Parenting Stress

The Parenting Stress Index-Third Edition (PSI) was administered so that levels of stress in the parent-child system could be assessed. The results from the PSI are displayed in Table 7.

Table 7

Levels of Parent/Child Stress Results

	DISTRACTIBILITY	ADAPTABILITY	REINFORCE PARENT	DEMANDINGNESS	MOOD	ACCEPTABILITY	CHILD DOMAIN	COMPETENCE	ISOLATION	ATTACHMENT	HEALTH	ROLE REISTRICTION	DEPRESSION	SPOUSE	PARENT DOMAIN	TOTAL STRESS	LIFE STRESS
1	SIG	SIG	SIG	SIG	SIG	SIG	SIG	SIG	NS	SIG	SIG	SIG	SIG	SIG	SIG	SIG	NS
2	SIG	NS	NS	SIG	SIG	NS	NS	NS	NS	NS	NS	NS	NS	SIG	NS	NS	SIG
3	SIG	SIG	SIG	SIG	SIG	SIG	SIG	SIG	SIG	SIG	NS	SIG	SIG	SIG	SIG	SIG	SIG
4	NS	NS	SIG	NS	SIG	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS
5	SIG	SIG	SIG	NS	SIG	NS	SIG	NS	NS	SIG	NS	NS	NS	NS	NS	SIG	NS
6	SIG	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	SIG
7	SIG	NS	NS	NS	NS	NS	NS	NS	SIG	NS	SIG	NS	NS	NS	NS	NS	SIG
8	SIG	SIG	NS	SIG	NS	NS	SIG	NS	NS	NS	NS	SIG	NS	SIG	NS	NS	SIG
9	NS	NS	NS	NS	NS	NS	NS	NS	SIG	NS	NS	NS	NS	NS	NS	NS	NS
10	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	SIG	NS	NS	NS	NS	SIG
11	NS	NS	NS	SIG	SIG	NS	NS	NS	NS	NS	NS	NS	SIG	NS	NS	NS	NS
Total SIG	7	4	4	5	6	2	4	2	3	3	2	4	3	4	2	3	6
% SIG	64	36	36	45	54	18	36	18	27	27	18	36	27	36	18	27	54

^Parent Stress Index (Significance =/>85%)
Normal scores are within the 15th to 80th percentile.

Child Domain Scale. The *Child Domain* scale examines child characteristics relating to child temperament that impact how parents fulfill their role as a parent. Statistical significance on several of the subscales of the *Child Domain* scale as shown in Table 8 was observed. Seven of the 11 mothers (64%) had significant scores equal to or above the 85th percentile range on the *Distractibility* subscale, which is often associated with children who display characteristics common to those identified with Attention Deficit Disorder. On the *Adaptability* subscale, four of the 11 mothers (36%) scored within the significant range. This subscale is often associated with parents who have children who have difficulty transitioning from one task to another. For example, parents who have children who don't adapt well to changes often express feelings of frustration towards the child; thereby making the task of parenting more difficult. Six of the 11 mothers (55%) scored within the significant range on the *Mood* subscale. This scale is often associated with children who are unhappy, depressed, and cry frequently.

The PSI *Child Domain* score examines child qualities that sometimes make parenting difficult. Elevated *Child Domain* scores compared to *Life Stress* and *Parent Domain* scores may indicate that the child's characteristics may be the main factor for parental stress. With the exception of Subject 5, who was the only mother who scored within a significant range on the *Child Domain* with lower *Parent Domain* and *Life Stress* scores, none of the mothers perceived their children to contribute to their stress.

Elevated *Child Domain* scores are often associated with parents who have child characteristics that make parenting difficult. Four of the 11 mothers (36%) obtained scores falling within the significant range; however, with seven mothers (64%) scoring within the non-significant range.

Table 8

Mothers who have Significant/Non-Significant Scores on the Child Domain Scale Score

	Frequency	Percent	Cumulative Percent
Significant	4	36.4	36.4
Non-Significant	7	63.6	100.0
Total	11	100.0	

Parent Domain Scale. Parent functioning is often affected by stress in the parent/child relationship. Several of the subscales on the *Parent Domain* measure for parental depression, competence, and attachment. Scores from the *Role Restriction* subscale reflected that four of the 11 mothers (36%) were experiencing difficulty maintaining their own identity because of the high demands and needs of their children as shown in Table 7. Scores derived on the *Parent Domain* revealed that approximately 82% or nine of the 11 mothers obtained scores falling within the non-significant range as shown in Table 9.

Table 9

Mothers who have Significant/Non-Significant Scores on the Parent Domain Scale Score

	Frequency	Percent	Cumulative Percent
Significant	2	18.2	18.2
Non-Significant	9	81.8	100.0
Total	11	100.0	

Total Stress. The *Total Stress* score provides a level of parenting stress that one is experiencing. This score identifies parenting distress, or stress resulting from parent/child interaction or child behavior. Table 10 shows that approximately 73% or eight of the 11 mothers obtained a *Total Stress* score that fell within the non-significant range.

Table 10

Mothers who have Significant/Non-Significant Scores on the Total Stress Scale Summary

Total Stress Scale	N	Frequency	Percent	Cumulative Percent
Significant	3	27.3	27.3	37.3
Non-Significant	8	72.7	72.7	100.0
Total	11	100.0	100.0	

Life Stress. The *Life Stress* scores reflect stress that is experienced outside of the parent-child relationship. These could be circumstances beyond their control that is outside of the parent/child relationship such as the loss of employment or death. Approximately 55% of the respondents yielded *Life Stress* scores within the significant range as shown in Table 11.

Parental Depression

Each of the 11 mothers were verbally administered the BDI-II to determine severity levels of depression (see Figure 4). When reviewing the results from the BDI-II Total

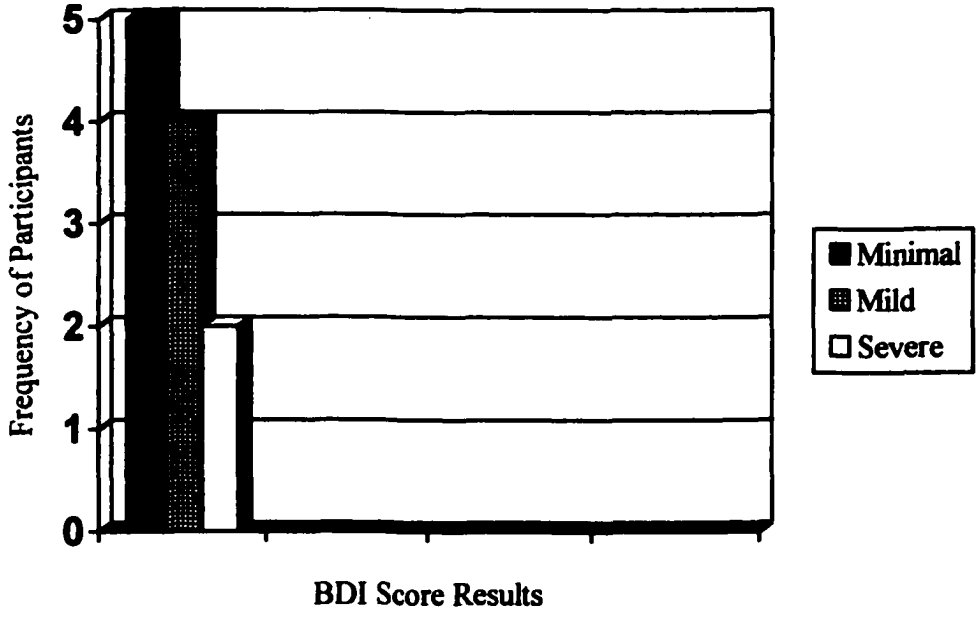
Table 11

Life Stress Scale Summary

	Frequency	Percent	Cumulative Percent
Significant	6	54.5	54.5
Non-Significant	5	45.5	100.0
Total	11	100.0	

Score, one mother obtained a score under 2 that fell within the minimal range, three mothers obtained scores between 2 -13 that fell within the minimal range, four mothers

Figure 4. Depression Scores by Mothers on the Beck-Depression Inventory.



with scores between 14-19 that fell within the mild range, and two mothers with scores between 29-63 that fell within the severe range of depression. Abrams, Field, Scafidi, Prodromidis (1995) found that mothers who scored 0 to 2 showed more depressive symptoms and are thought to be showing a "faking good" syndrome.

A closer examination of individual items revealed that approximately half of the mothers marked that they were feeling more restless than usual and of the 11 mothers, three responded that they were so restless or agitated that they had difficulty remaining still. Six of the 11 mothers (82%) reported a change in their sleeping patterns. Nearly 91% or 10 of the 11 mothers complained of having problems with concentration. Of those, four described having difficulty keeping their mind on anything for any period of time. Over 60% or seven of the 11 mothers responded that they had less energy than they used to, with 27% of those indicating that it was difficult having the energy to do much of anything. Approximately half of the mothers responded that they didn't enjoy things like they used to. Seven of the 11 mothers (74%) marked that they were less interested in sex than they used to be.

Eight of the 11 mothers (74%) marked that they were feeling guilty over things that they have done or should have done. However, only two mothers reported that they were feeling disappointed or not confident about themselves. Six of the 11 mothers (54%) marked feeling sad much of the time and a seventh mother marked that they were sad all the time. Approximately 46% or five of the 11 mothers indicated an increase in being more irritable than usual. Five of the 11 mothers (46%) marked that they had thought about killing themselves, but would not carry out the plan. Seven of the 11 mothers (64%) responded that they did not feel like a failure, nor were they discouraged

about their future. One hundred percent of the mothers responded that they did not feel worthless.

Support Systems

The Family Support Scale measured the degree of how mothers perceived various sources have been helpful to their family in the last three to six months (see Table 12). Eleven of the mothers responded that they obtained limited support from the children's father, his parents, or his friends. Only four of the 11 mothers (36%) viewed the child's father as an extremely helpful source of support. Mothers viewed nearly 64% of the father's parents and 91% of the father's friends as not helpful to the family. However, support was found to be more common with the mother's parents and relatives. Six of the 11 mothers (55%) found their parents to be extremely helpful. Seventy-three percent of the mothers viewed the maternal relatives from generally to extremely helpful with the family.

Five of the eleven respondents (46%) saw assistance with the church as very helpful to extremely helpful. Other sources of support included the school in which they attended and other community agency support. Four mothers (36%) saw the parenting program at Project Employ as a very helpful source while five mothers (46%) saw it as an extremely helpful source to the family. Only one mother received any support from a specialized early intervention service such as Sooner Start for children with special needs.

Table 12

Family Support as Reported by the Mothers in this Study on the Family Support Scale

	Not at all Helpful	Sometimes Helpful	Generally Helpful	Very Helpful	Extremely Helpful
Maternal grandparents	0	2(18%)	0	3(27%)	6(55%)
Paternal Grandparents	7(64%)	2(18%)	1(9%)	1(9%)	0
Maternal Relatives	2(18%)	3(27%)	3(27%)	2(18%)	1(9%)
Paternal Relatives	7(64%)	3(27%)	0	1(9%)	0
Child's Father	5(46%)	2(18%)	0	0	4(36%)
Mother's Friends	3(27%)	4(36%)	1(9%)	3(27%)	0
Father's Friends	10(91%)	0	1(9%)	0	0
My Own Children	3(27%)	1(9%)	0	0	4(36%)
Other Parents	2(18%)	3(27%)	3(27%)	2(18%)	1(9%)
Church	4(36%)	0	2(18%)	3(27%)	2(18%)
Social Groups/Clubs	5(46%)	1(9%)	1(9%)	2(18%)	2(18%)
Co-workers	2(18%)	2(18%)	0	0	0
Parent Groups	0	2(18%)	3(27%)	4(36%)	2(18%)
My Family or Child's Physician	2(18%)	1(9%)	1(9%)	4(36%)	3(27%)
Professional Helpers	1(9%)	0	1(9%)	6(55%)	3(27%)
School – Project Employ	0	1(9%)	1(9%)	4(36%)	5(45%)
Professional Agencies	1(9%)	1(9%)	0	6(55%)	3(27%)
Specialized Early Intervention	0	0	1(9%)	0	0
Other	2(18%)	2(18%)	0	1(9%)	1(9%)

Family Resources

The Family Resource Scale assessed the resources available to the family (see Table 13). Eight of the 11 mothers (72%) responded that time available to be by themselves was either seldom adequate or not at all adequate. Seven of the 11 mothers (64%) responded that had time to spend with their child(ren). Only six mothers (55%) responded that time with their significant partner was sometimes adequate. When asked if they had someone to talk to, six of the 11 mothers (55%) responded that they almost always had someone.

Table 13

Adequate Resources Available to Meet Family Needs as Reported by the Mothers in this Study

	Does Not Apply	Not at All Adequate	Seldom Adequate	Sometimes Adequate	Usually Adequate	Almost Always Adequate
Food	0	0	0	0	1(9%)	10(91%)
House/Apt.	0	0	0	0	0	10(91%)
Money for necessities	0	0	0	7(64%)	3(27%)	1(9%)
Clothes	0	0	1(9%)	1(9%)	3(27%)	6(55%)
Heat for Home	0	0	0	0	1(9%)	10(91%)
Plumbing	0	0	0	0	1(9%)	10(91%)
Money to pay monthly bills	0	0	0	5(46%)	1(9%)	5(46%)
Good Job	9(82%)	0	0	0	0	2(18%)
Medical care	0	0	0	0	1(9%)	10(91%)
Public assistance	0	4(36%)	1(9%)	3(27%)	0	3(27%)

Transportation	0	1(9%)	1(9%)	5(46%)	1(9%)	3(27%)
Enough Rest/Sleep for yourself	0	4(36%)	4(36%)	1(9%)	1(9%)	1(9%)
Furniture for home	0	0	1(9%)	0	1(9%)	9(82%)
Time To Self	0	4(36%)	4(36%)	1(9%)	1(9%)	1(9%)
Time for family to be Together	0	0	0	0	4(36%)	7(64%)
Time to be with children	0	0	0	0	1(9%)	10(91%)
Time with Spouse	0	1(9%)	0	6(55%)	2(18%)	2(18%)
Telephone Access	0	1(9%)	1(9%)	1(9%)	1(9%)	8(73%)
Babysitter	0	1(9%)	4(36%)	2(18%)	2(18%)	2(18%)
Day Care	0	0	1(9%)	0	1(9%)	8(73%)
Money for Special Supplies	0	0	3(27%)	2(18%)	3(27%)	2(18%)
Dental Care	0	0	0	0	1(9%)	10(91%
Someone to Talk To	0	0	1(9%)	2(18%)	2(18%)	6(55%)
Time to Socialize	0	2(18%)	2(18%)	1(9%)	2(18%)	4(36%)
Look Nice	0	2(18%)	2(18%)	1(9%)	4(36%)	2(18%)
Toys for Children	0	0	0	0	2(18%)	9(82%)
Money to Buy Things for Self	0	2(18%)	4(36%)	3(27%)	3(27%)	1(9%)
Money for Entertainment	0	1(9%)	3(27%)	3(27%)	3(27%)	1(9%)
Money to Save	0	6(55%)	1(9%)	2(18%)	1(9%)	0
Travel/Vacation	0	10(91%)	1(9%)	0	0	0

CHAPTER 5

Phase II Results

During Phase I, characteristics of 11 mothers involved in a parenting program were described in Chapter 4 as represented in Table 14. Phase II of the study provided a more in-depth and closer examination using both quantitative and qualitative analysis to gain more information regarding a participant's life skills, family history, and social support. Results from Phase II will examine five mothers who most closely fit the traditional characteristics of a learning disability with an IQ level not falling below the mild disability IQ level of 70. All participants' names have been changed for confidentiality purposes.

Table 14

Standard Scores for IQ, Achievement Tests, Significance Levels for the BDI and PSI, and Enrollment in Special Education Classes as a Student

Participants	WASI FSIQ	WRAT-3 Read	WRAT-3 Spell	WRAT-3 Arith	BDI	PSI Total Stress	PSI Life Stress	School SPED
1. Margie	84	60	54	51	29 Severe	SIG	NS	YES
2.	77	69	78	70	14 Mild	NS	SIG	YES
3. Dedra	82	64	84	58	31 Severe	SIG	SIG	YES
4. Jill	89	71	75	87	18 Mild	NS	NS	YES
5. Annetta	70	75	84	77	9 Min	SIG	NS	YES
6. Joanie	75	79	93	80	11 Mild	NS	SIG	NO
7.	79	86	95	77	1 Min	NS	SIG	NO
8.	87	82	86	87	11 Min	NS	SIG	NO
9.	77	82	93	68	8 Min	NS	NS	NO
10.	101	99	106	110	16 Min	NS	SIG	NO
11.	84	68	79	79	8 Min	NS	NS	NO

*IQ standard scores were generated from administration of the Wechsler Abbreviated Scale of Intelligence (WASI)
**Achievement standard scores were generated by the administration of the Wide Range Achievement Test III (WRAT-III)
Beck Depression Inventory (BDI)
Parent Stress Index (Significance =/>85%)

The fourth research question was: In what type of social/personal relationships do mothers with mild disabilities engage?

Participant 1 - Margie

Margie is a 22-year-old, American Indian, single mother with a one-year old son, and two daughters, ages two and three. She reported receiving special education services as a student in elementary and middle school. Margie eventually dropped out of school in the 7th grade after failing in school.

Cognitive/Emotional Scores

Margie's IQ standard score of 84 fell within the below average range, as shown in Table 15. Margie's standard score of 60 for reading, 51 for arithmetic, and 54 for spelling placed her among the lowest of the group in all three academic areas (see Table 15). The discrepancies between Margie's FSIQ and achievement scores were -24 in reading, -33 in arithmetic, and +30 in spelling. Based on her discrepancy scores, Margie could be classified as having a learning disability.

Table 15

Cognitive, Stress, Depression Scores and Special Education Enrollment in School for Participant 1- Margie

Participant	FSIQ	Read	Spell	Arith	BDI	PSI Total Stress	PSI Life Stress	Public School SPED
1. Margie	84	60	54	51	29 Severe	SIG	NS	Yes

When examining the scores for the Beck Depression Inventory, Margie was only one of two participants who scored within the severe range. Margie's scores on the Parenting Stress Index (PSI) were also significant in some areas. She was only one of

two participants who scored within the significant range on the Total Stress score and one of six who scored within the significant range on the Life Stress Score. Margie scored within the significant range on the following subscales on the PSI: *Acceptability, Adaptability, Attachment, Competence, Demandingness, Depression, Mood, Reinforces Parent, Role Restriction, and Spouse*. Margie's elevated scores on the *Reinforces Parent* and *Attachment* subscale of the PSI indicate "that a weak but positive relationship exists" (Abidin, 1995, p. 9) with her children according to the interpretation protocol of the PSI. Her high score on the subscale *Demandingness* indicates that Margie feels the pressures of her children placing demands on her. Significant scores on the *Competence* subscale may indicate limited child management skills and feeling overwhelmed as a parent.

Phase II Interview

Margie's interview was exceptionally long compared to the other four participants because she was experiencing some significant crises in her life. Margie had just been evicted from her home, her boyfriend had been placed in jail, her utilities turned off, and their only vehicle impounded. It appears that Margie didn't have anyone to talk to and used a portion of the interview as a time to talk about what was bothering her.

Margie became involved in Project Employ after the birth of her youngest daughter who was placed in the custody of the Department of Human Services after her daughter tested positive for marijuana. Margie was required to complete a treatment plan that required her to attend a parenting program and address her substance abuse issues. Less than one year after the family became involved with Child Welfare, Margie's case with Child Welfare closed in 1999 after the successful completion of her treatment goals.

Margie made the decision to continue with the parenting program to satisfy welfare program requirements so she could receive welfare cash benefits, food stamps, medical, and day care assistance.

Margie has lived with the same man who is the biological father of all three children for approximately seven years, but has never married him. During the interview, Margie disclosed that the boyfriend was in jail after having been picked up for speeding, driving a car with a suspended license, and having outstanding warrants for not appearing in court for past citations. Margie did not have the funds to bail him out of jail. His placement in jail turned Margie's life upside down and placed financial burdens immediately on the family.

A week after his incarceration, Margie's electricity was cut off. Margie and her children remained in the home without electricity for several days until she went to her mother's home in a nearby town. Without transportation, Margie was forced to seek a ride from her brother to her mother's home. Margie stated that she brought her VCR, some movies, and some clothing for herself and her children. She asked her brother to return the next day. Margie's brother never showed up for the entire week. The family became concerned about him not returning and feared that he might have been arrested or involved in a car accident. Margie's stepfather provided her a ride back to her home.

When Margie returned to her home, she found her front door bolted, with an eviction notice taped to the front door. Margie stated that she crawled through the window and was able to get some other items for herself and her children. Upon entering her home, it became apparent that her brother had been staying at her home while she had been at her mother's. Margie saw her brother several days later and inquired about the

VCR and tapes that she had left in his car. He told her that he had pawned everything because he needed gas money.

Nowhere to turn, Margie sought the assistance of a friend who also attended the parenting program. Margie's three children were invited to live with her friend until she could save enough money to get her electricity reconnected, pay her rent, and pay her boyfriend's jail fines. Margie was overwhelmed with the prospect of saving enough money to get them back into their home and getting the boyfriend out of jail within a short period of time since her only source of income was her welfare benefit check.

Schooling. Margie stated that her mother told her that she was smart when she was younger, and recalled when her mother taught her to count to 100. Knowing that she was learning to count, the mother's boyfriend would insist that she count above 100. When she failed to do so, he would "head butt" Margie.

Margie reported that she did not do too well in school. She was uncertain whether she was kicked out of school during the second grade, or if her mother pulled her out of school after the teacher discovered stolen pencils and other items in her school bag. Margie stayed out of school for an extended period of time, and was required to repeat 2nd grade when she returned. During elementary school, Margie's mother paid another student who lived on their street to help Margie with reading. Margie reported that the tutoring did not last long because the tutor moved away.

In middle school, Margie continued to have problems in her classes. Margie described most of her classes being special education lab classes rather than regular education classes. She stated that she failed so much that they usually let her work in

lower grade books. She stated she was making all F's. Margie continued to struggle in school and during middle school:

> I had problems doing the work and I ditched a lot. When I came, I didn't know what the subject was. When I came back they were already half way through them, so I didn't know that the tests was about, so I ended up failing that. They gave me lower grade books like 2nd and 3rd grade.

Margie did not view the teachers as being helpful or particularly concerned about her success in school. Margie commented:

> "They cared, but they didn't care. They would teach you, but wouldn't go out of their way."

She described her 6th grade teacher as the only person, who seemed to show some interest, even though she viewed her teacher as being rude and making rude comments about her. Margie attended only three days of the 8th grade before she dropped out of school.

With regards to academic skills in home and the community, Margie did not recall being exposed to many reading materials in the home. She recalled having some books and Bibles in the home, but no newspapers or magazines. She stated that her mother did not read the newspaper, but listened to the news on the television. Margie commented that she had difficulty reading in the 1st and 2nd grade. Margie stated that she has books in her own home. Margie still continues to struggle reading as an adult and stated that she rarely reads to her children. Margie stated that she does not take time to sit down and read to her children, but when she does, she selects books with pictures and few words.

Margie's comments regarding reading materials and how they are not that central to her life or her children is illustrated by the following statement:

> I don't read newspapers or magazines. I probably have some baby magazines. Like when you are pregnant, they give you magazines. They probably got wet or tore up, or I throw them away. I probably have 4 or 5. I still have a few books and encyclopedias and a Webster Dictionary.

Margie stated that she has never obtained a library card, but would like to have one. Because Margie struggles with reading, she often seeks the assistance of others when she is having difficulty reading written materials. She stated that she dislikes having to read things in front of her welfare worker, because they always stare at her and urge her to hurry up because of limited time. She often did not understand letters or other materials related to her welfare case or other services, and often had to turn to the help of the director at the parenting program. She also commented that she hated being rushed when she was required to take the practice test for her GED test. Margie stated, "I have to read out loud, because I read slow. Margie stated that she would never be able to pass the GED:

> "I can't read out loud to get it when there are other people taking tests, so it takes me forever to do a test."

Relationships. Margie described her family as dysfunctional. Margie said her daughters played rough and often hit each other. Margie described her children as "clingy" and said they would cry if she left the room. She stated that her children often do not listen to her:

" They don't listen. I keep telling them something over and over again and they don't listen. When I tell them to go to bed, they will not go to bed."

Margie's overall tone was that she didn't want others to see her weak. Margie stated that she rarely shares things with others and has been asked by friends why she never cries. Her reasoning was that crying was a sign of weakness; therefore she keeps things to herself. When she has emergencies, she stated that she does not turn to others, because it was hard to turn to her friend when her electricity had been turned off and she was evicted from her home.

Margie stated that she did not have regular contact with her family. When she had transportation, she would visit her mother regularly. When she does not have a car, her visits to her mother are approximately every four months.

Margie's stated that she has maintained her relationship with her boyfriend who is the father of all three children for nearly seven years. She has never broken up with him, nor has she dated anyone else.

Margie is definitely a survivor of abuse. She reported that she had been sexually molested before age 12 on three separate occasions by three separate perpetrators. At one point she looked down and said:

> They made us do stuff to them and they did other things to us. One made me do something to them. The others did stuff to us. One was my mother's friend's boyfriend. I was staying with her daughter. I was trying to watch TV and she kinda fell asleep on the couch. He started messing with her like touching her titty or something while she was asleep. I went back to bed and he came in and I was

trying to act like I was asleep. Sometimes I think I need therapy for it; but I wouldn't open up.

Margie stated that she has spoken to her mother about the abuse. Although Margie's mother knew of one incident of abuse, she refrains from bringing up the subject. Margie recalled the police being called to the home frequently because of fighting between her mother and boyfriend. Violence followed Margie in her own adult life. Her boyfriend had become involved in an argument over trash being blown into the neighbor's yard. At one point, Margie thought that her boyfriend had killed the neighbor after he body slammed him to the ground.

Dealing with Social Services and Community Resources. Margie became heavily involved with social services after the birth of her second child who was born premature and also tested positive for marijuana. Margie could not understand the seriousness of the allegations for her daughter being tested positive for drugs. Instead, she blamed the hospital for causing problems for making a referral into the Department of Human Services to report allegations of neglect after she failed to pick up her daughter from the hospital on the day of her release. Margie claimed that she had been good about visiting her daughter in the hospital. Margie stated that she received a call from the nurse stating that she needed to come to the hospital because her daughter was suppose to leave two days before the call. When she arrived, she discovered that child welfare had placed her baby into the Department of Human Service's custody. It was at this time that she was introduced to her child welfare worker who helped her obtain food stamps and get involved with Project Employ's parenting program.

All three of Margie's children have been in and out of the hospital for various medical problems and often require repetitive trips to the doctor. Margie stated that she does not have problems getting her children to medical appointments because she often gets a ride from the parenting program or uses a cab that is offered free for those on medical assistance. Her greatest problem is finding a ride to her own medical appointments. Margie does not have a driver's license and commented that she had not tried because she was fearful of failing the test. Although Margie has never had a license, she drives when she has access to a car.

Margie is good about trying to use community resources when others help her. Her biggest problem is her inability to comprehend what is being asked on an employment application and returning the application within the specified time frame. Because of the problems with understanding applications, Margie has avoided applying for a library card or to register as a voter. When asked, she could not recall if she was a registered voter, but she just knew that she had never voted.

Self-Assessment/Efficacy/Determination. Margie has never been employed. She expressed a desire to work, but she has no one to watch her children. Margie stated that her mother and her boyfriend are the only one's who watch the children. Because her boyfriend was in jail and her mother lived out of town, Margie can not turn to them to help with daycare. Margie reported that she was scared to leave her children with anyone else because of her own experiences of being sexually abused as a child. Margie stated that she would remain with her boyfriend, not because of financial security, but she needed him to watch the children. Margie expressed concern that she could get a job, but would probably mess something up.

Margie has struggled with her own mental health problems. Years ago, Margie was diagnosed with an Obsessive Compulsive Disorder and was prescribed Prozac. Margie stated that she has not taken her medication for a long time. She stated that she continues to have problems with this disorder and also acknowledges problems with depression. She described herself as not having anything wrong with her, but only being stressed about what was going on in her life. When asked what dream she had for the future, Margie responded:

> Not really. I want one, but they said I probably won't get to do it. My dream is to get my GED. The test is changing and I can't do the one that they got now. So, I definitely ain't going to be able to do that one.

Margie has resigned herself to continue coming to the parenting class to learn and just be there. Her last statement was:

> It seems like I am learning nothing cause I forget real easy. Sometimes I forget what I learned yesterday. The GED teacher told me that my last test was lower than the first.

Summary. Margie is a single mother with three children ages three and under. Current testing (see Table 15) from this study reveals that Margie's Full Scale IQ, and reading, spelling, and arithmetic scores all fall below the average range. The discrepancies between Margie's FSIQ and achievement scores were -24 in reading, -33 in arithmetic, and +30 in spelling. Margie reported having received special education services as a student where she was served in a lab class. Margie's scores on the Beck Depression Inventory and Parenting Stress Index scores fell within the significant range.

Margie's significant score on the Life Stress scale revealed that Margie was experiencing stress from outside sources.

Margie dropped out of school in the 9th grade, but is now trying to complete her GED. Although Margie has been studying for the GED for several years, she is concerned that she will never pass the GED that was recently revised and supposedly more difficult.

Margie had been sexually abused during childhood by three separate perpetrators, but she never received counseling to address this issue. Margie recalled the police being called to the home frequently when her mother and boyfriends got into fights. During the interview, Margie reported that she and her children had recently been evicted from her home, utilities had been disconnected, her boyfriend placed in jail, and her car impounded. Margie and her children had moved into the home of another student and former school mate who was also enrolled in the parenting program. Margie stated that she and her children were planning to remain there until her boyfriend could be released from jail.

Margie's goal for her future is to complete her GED, although she does not believe that she will ever accomplish this goal. Margie has expressed a desire to work, but she has never worked and has never received any job training. Margie will continue to attend Project Employ until she passes the GED or until Project Employ feels that Margie is no longer making any progress in the program.

Participant 3 - Dedra

Dedra is a 22-year-old, American Indian, single mother with two children. Dedra reported that she had received special education services as a student. She performed

poorly in school and dropped out in the 6th grade. She attempted to return, but dropped out soon after she discovered that she was pregnant.

Cognitive/Emotional Scores

Cognitive and achievement scores revealed that Dedra's IQ standard score of 82 fell within the below average range as Shown in Table 16. Dedra's standard score of 64 for reading, 58 for arithmetic, and 84 for spelling all fell within the below average range. The discrepancies between Dedra's FSIQ and achievement scores were -18 in reading, -24 in arithmetic, and +2 in spelling. Based on her discrepancy scores, Dedra could be classified as having a learning disability.

Table 16

Cognitive, Stress, Depression Scores and Special Education Enrollment in School for Participant 3 - Dedra

Participant	FSIQ	Read	Spell	Arith	BDI	PSI Total Stress	PSI Life Stress	Public School SPED
3. Dedra	82	64	84	58	31 Severe	SIG	SIG	Yes

When examining the scores of the Beck Depression Inventories among the 11 participants, Dedra was one of two participants who scored within the severe range. Her scores on the Parent Stress Index (PSI) were also significant in some areas. She was one of two participants who scored within the high range of significance on the Total Stress score indicating stress between the parent/child system. Dedra's elevated scores on the *Reinforces Parent* and the *Attachment* subscales indicate that there is a weak but positive social relationship with her children. Her high score on the subscale *Demandingness* indicates that Dedra feels the pressures of her children placing demands on her.

Significant scores on the *Competence* subscale may indicate limited child management skills and/or feeling overwhelmed as a parent. High scores on the Child Domain may indicate that Dedra's children possess qualities that make it difficult for Dedra to parent her children.

Phase II Interview

Dedra was enrolled in the Project Employ program to satisfy her welfare requirements so that she could continue to receive cash benefits, food stamps, medical, and day care assistance. Dedra does not have her own transportation; therefore she relies on the free transportation offered by the parenting program. During the visit, Dedra spoke about her concern that she may soon be dropped from the parenting program because she was too argumentative with the other students. She feared that she would have difficulty locating another training program that would be near a bus or that she could catch a ride with someone.

Schooling. Dedra reported that she had received help in a special education class, but only during the 2nd grade. She was eventually removed because they saw her as too intelligent for the class. Dedra stated that she did well in school from elementary up to the beginning of middle school. Once in middle school, things became hard, as she stated:

> "Well, from first to middle school I did fine until I got up into middle school, like 6th grade and then it was real hard. Like the math and everything."

Dedra stated that her difficulties actually started in the 6th grade because she could not pay attention to the teachers and they flunked her. Dedra was required to repeat the 6th grade three times. Finally, out of frustration, Dedra dropped out of school in the 6th

grade. Looking back, Dedra recalled her third-grade teacher as being the last teacher supportive of her:

> She paid more attention. She helped me a lot. She had patience. She took time out to show me what I needed to do and how I was suppose to do. Everyone else was mean. Like they didn't want to teach nobody. They didn't want to take time. She paid more attention. She helped me a lot. She had patience. She took time out sit down and show us the subject we was [sic] working on.

It was not until she was 17 and pregnant that she attempted to return to school. Dedra was bumped up to the 10th grade because of her age. After the birth of her son, she did not remain in school very long, and dropped out for the second time at age 18. Dedra stated that she had a couple of friends in middle school. As far as high school, Dedra never established any friendships since she did not attend high school for any length of time. According to Dedra:

> "I met a couple of people that I socialized with, but I wouldn't say they were my friends."

Dedra recalled starting to read in the 1st grade and stated that her 1st grade teacher was the one who read to her on a daily basis. Growing up, Dedra was exposed to very little written materials in the home. She stated that her mother had newspapers in the home, but did not recall seeing books or magazines. Dedra's present home is not much different than her own home growing up as a child. Dedra has no books in her own home and therefore does not read to her children except for when she is at the parenting program. During the interview, Dedra admitted to not reading any books during the last month except for the ones she read to her children. Because of her limited reading skills,

Dedra turns to her mother when she is unable to understand contracts, letters or other materials that come to her attention. Dedra stated that she does not possess a library card, nor has she ever had one. Dedra does not have a driver's license and does not recall ever registering to vote.

Relationships. Dedra maintains close contact with her mother by speaking to her everyday or seeing her every other day. Dedra's sees her brothers on a regular basis because she babysits their children every other Friday. Dedra also sees her sister daily because she cares for her sister's son every evening. Dedra reaches to her sister and mother as support during emergencies rather than a girlfriend or those at the parenting program.

Dedra's relationship with her last boyfriend lasted nearly 5 and 1/2 years. Since their split up, Dedra has not been in a relationship for approximately 1 and 1/2 years. Dedra described her relationship with her ex-boyfriend as very violent and he abused her every day or every other day for nearly 5 and 1/2 years. She stated that she endured being physically, mentally, and emotionally abused because she was so fearful of her ex-boyfriend that she would not seek help or medical care when she was injured. Dedra described her most dangerous time:

> "When he cut my arms up with a broken plate and cut my face. Dedra gestures towards her face to indicate scarring."

Dealings with Social Services and Community Resources:. Dedra's own childhood was filled with violence day and night. Dedra's mother was also scared to call the police out of fear for her or her children's lives. As Dedra stated:

"It lasted every day, from sunrise to sunset. My dad, he was always high on paint, drunk, or high on something."

Dedra stated that her father did not target just one member, but the whole family. Dedra stated that her father physically, mentally, and verbally abused all the family members. Although outside family members knew about the father's abuse in the home, they did not want to get involved. As Dedra reported:

> They felt that it was my mama's business. They had their own problems to worry about. My oldest brother, when he turned 10, that is when he noticed...like how at 6:00 or 6:30 in the morning he was trying to beat on my mom before he [brother] left to school. She be [sic] kinda stressed. He [father] almost hit my mom over the head with a post and my brother took it from him and was chasing my daddy around and he beat him up.

When asked about seeing a family doctor, Dedra reported that she and her children maintain regular medical checkups. Because Dedra is on medical assistance, she stated that she does not have difficulty getting her children to their medical appointments.

Self-Assessment/Efficacy/Determination. Dedra stated that the longest job she held was 7 and 1/2 months at Braum's Dairy. Her favorite job was working in a warehouse doing clean up work or maintenance. Dedra stated she has difficulty keeping jobs and was honest about her shortcomings that often resulted in her being fired:

> "Majority of the time it would be fast foods and the customers and my attitude (laughs). I have a messed up attitude and can be hateful towards others."

Dedra is not employed at the time of the interview and lives off of her monthly welfare check. She had no driver's license and no transportation, which limited her ability to search for employment.

Dedra suffers from depression, but she no longer takes her medication because she does not feel stressed. Dedra feels that the medication was beneficial, but now resorts to praying about the situation when things become difficult. Dedra stated that she sometimes sees herself as being fat and ugly.

Dedra's future goals include her desire to become a LPN or Pediatric Nurse. She stated that she wants to raise her children with manners and respect. Dedra does not see her life complete without another man in her life so that there can be some type of father figure for her children. Dedra stated that she doesn't worry about tomorrow because she is doing pretty well.

Summary. Dedra is a single mother with two children under the age of two. Dedra is currently working on her GED. Dedra's FSIQ score falls well below the average range as well as her scores in reading, spelling, and arithmetic. The discrepancies between Dedra's FSIQ and achievement scores were -18 in reading, -24 in arithmetic, and +2 in spelling. Dedra obtained significant scores on the Life Stress and Total Stress scale of the Parenting Stress Inventory. Dedra reported that she received special education services as a student.

Dedra did poorly in school and had to repeat the 6th grade three times until she eventually dropped from school. Dedra attempted to return to school at age 17 to finish, but soon dropped out for a second time.

During the interview, Dedra described her childhood where she lived with an abusive father who terrorized the entire family. Dedra's own personal life was very difficult with her boyfriend of 5 and ½ years who physically, emotionally, and mentally abused her throughout their relationship. Dedra's goal is to complete her GED and eventually wants to attend college and earn a degree to become a LPN or Pediatric Nurse.

Participant 4 - Jill

Jill is a 21-year-old, African American, single mother with two boys. Jill dropped out of school during her junior year in high school because of pregnancy. Jill received special education services in the 2nd and 3rd grade.

Cognitive/Emotional Scores

Compared to the other group participants, Jill scored the second highest on the IQ test with a standard score of 89. Jill scored a standard score of 71 for reading, 87 for math, and 75 for spelling as shown in Table 17. Her academic scores fell within the below average range in reading and spelling and low average range in math. Jill is one of eight participants who did not have any child welfare referrals. The discrepancies between Jill's FSIQ and achievement scores were -18 in reading, -2 in arithmetic, and -14 in spelling. Based on her discrepancy scores, Jill could be classified as having a learning disability.

Other information gained during Phase I of the study was Jill's involvement with mental health services as a teenager dealing with depression. On the Beck Depression Inventory, Jill scored the 3rd highest score placing her within the mild range of depression.

Table 17

Cognitive, Stress, Depression Scores and Special Education Enrollment in School for Participant 4 - Jill

Participant	FSIQ	Read	Spell	Arith	BDI	PSI Total Stress	PSI Life Stress	Public School SPED
4. Jill	89	71	75	87	18 Mild	NS	NS	Yes

The Parent Stress Index scores were non-significant on both Jill's Total and Life Stress scores. The *Mood* subscale score on Jill's PSI fell within the significant range. A high score on this subscale is often associated with the stress of having children who are unhappy or depressed, or having children who have problems with maternal attachment.

Phase II Interview

Jill enrolled in Project Employ in order to meet the work/educational requirements for the Department of Human Services Temporary Assistance for Needy Families. She has received welfare benefits for nearly three years since the birth of her oldest child. She has been off of welfare assistance several times when she obtained employment due to the fact that she no longer qualified for payment benefits.

Schooling. Jill experienced numerous difficulties during elementary school. She did poorly in school and was tested for special education. Jill qualified for special education classes in her second year of school. She continued to struggle during the 2nd and 3rd grades and was eventually required to repeat 4th grade. According to Jill, she was determined no longer eligible for special education services during the 4th grade because she was "too smart." Middle school was much easier for Jill. Jill described herself as a good student and did particularly well through much of her middle school years.

As a teenager, Jill was treated for depression with prescribed medication and received counseling. Jill stated:

> I was very depressed. They put me on medication. I get depressed as an adult too, but I feel that I can handle it to some extent, but they use to have me on depression pills when I was 13.

At age 13, Jill described herself as a "runaway" and was soon placed in a mental health day treatment facility. She remained in the day treatment facility for several months where she attended school during the day. But things began to change in high school when attendance became a problem, and she then viewed herself as an "okay student." Jill did not feel that school was particularly hard, but she saw herself as lazy and not wanting to do the work. Jill felt that teachers were concerned about her success in school. She recalled her 1st grade teacher as one who really showed concern about student success. She described him as a teacher who "spent time with the kids."

Jill reported that she began reading by the 1st grade. Growing up, Jill recalls having books and calendars in the home, but no newspapers or magazines. Jill stated that her mother spent time reading to her nearly every evening. Now as a parent, Jill enjoys books and is constantly reading books or magazines. She reads to her own sons two to three times per week. Although Jill does not have a library card, she stated that she visits the library with her children at least two to three times per week.

Jill dreams of completing her education by completing her GED. Although she has become somewhat discouraged that she has failed the GED test several times, she recently retested again for the third time at the urging of her GED teacher. Jill pressured herself to take this test because a new and revised version of the GED was forthcoming.

The new test was described as more difficult and Jill was certain that she would never be able to pass the new revised test. At the time of the interview she had not heard the results of her 3rd attempt.

Relationships. Jill maintains regular contact with her mother no less than three times per week. Jill's father, who was a drug addict, died when she was age 16. Her grandparents are deceased. Jill described herself as getting along "real well" with both men and women friends. She stated that the longest friendship she has kept with a female is nine years. Jill described this friendship:

> "She was someone when I was 13, when I use to run a lot of times and my mama put me in High Pointe [mental health facility], and that's when I met her."

Three years is the longest time that she has maintained a relationship with a man. Jill stated that she has dated only one man and he is the father of both her sons. Several months ago, Jill severed this three-year relationship with her boyfriend. She described the reason for ending this relationship with her boyfriend was to stop the physical and emotional abuse. According to Jill the abuse happened monthly. She stated:

"In the three years we've know each other, I had to call the police over 10 times." Jill absolutely shut down and could not find words when asked to describe the type of abuse that she endured. Jill was unable to continue on with this portion of the interview.

Dealings with Social Services and Community Resources. Jill reported that she and her children maintain regular medical care provided by state medical assistance. Jill had the same doctor since childhood from the age of three. Jill's doctor recently changed clinics and Jill was forced to switch to another primary physician for the family. This was particularly hard since she had known this doctor since childhood. Jill stated she

typically did not have problems getting to her medical appointments or picking up prescriptions because she had reliable transportation, but because her car's back windshield is broken and she is unable to drive her car.

Self-Assessment/Efficacy/Determination. The longest period of employment for Jill has been a total of nine months. Jill described working at banquets as her most enjoyable job she has held. She has experienced difficulty keeping a job because she lacked reliable transportation. Jill does not have a driver's license. Desperately needing transportation to her job, Jill continues to drive illegally although she has attempted to take the driving test and failed it seven times.

Jill attempts to have others view her as strong and capable of handling things on her own. When asked what her future holds, Jill responded:

"I want to go to school, college, and I don't want college to take up all my time."

She is interested in pursuing a career in business. Jill would also like to have one more son to make her family complete. Jill stated:

"Right now I'm concentrating on me and my kids even though I would like a friend to talk to sometimes. I'm okay with just me and my kids for right now."

Summary. Jill is a 21-year-old mother with two sons under age five. Jill's FSIQ was the 2nd highest in the group (see Table 14); however her scores in reading and spelling fell within the below average range. The discrepancies between Jill's FSIQ and achievement scores were -18 in reading, -2 in arithmetic, and -14 in spelling. Jill reported having received special education services as a student.

Jill dropped out of high school after she discovered she was pregnant. Jill's father is deceased. Jill stated that her father was a drug addict and died when she was age 16.

As a teen, Jill reported that she was a runaway and suffered from depression and was treated in a mental health facility for several months. Jill continues to suffer from depression as an adult, but has chosen not to seek professional help.

Jill recently ended a three-year abusive relationship with the biological father of her two sons. Jill described this partner as emotionally and physically abusive. During their three-year relationship, Jill had to call the police more than 10 times. Jill has a limited circle of friends Jill maintains weekly contact with her mother.

Jill has held the 2nd longest job as compared to the other participants in this study. Jill reported that the longest job she has held was nine months. Her biggest problem with maintaining employment is that she does not have reliable transportation or a driver's license. Jill is currently working on her GED, as she has failed the GED test several times. Jill's dream for her future is to attend college, have another son, and find a friend to talk sometimes.

Participant 5 - Annetta

Annetta is a 22-year-old, African American, single mother with one son. Annetta dropped out of school in the 11th grade after she became pregnant.

Cognitive/Emotional Scores

Annetta scored lowest of the six mothers being studied in Phase II, with a standard score of 70 on the IQ test when compared to the other participants. Annetta scored well below average in academic knowledge with a reading score of 75 and arithmetic score of 77 as shown on Table 18. Her highest academic score of 84 in spelling also falls within the below average range. Annetta received special education services as a student. The discrepancies between Annetta's FSIQ and achievement scores

were +3 in reading, +7 in arithmetic, and +14 in spelling. Although Annetta's s discrepancy scores were not significant, her FSIQ score on the WASI fell within the borderline range of mental retardation.

Table 18

Cognitive, Stress, Depression Scores and Special Education Enrollment in School for Participant 5 - Annetta

Participant	FSIQ	Read	Spell	Arith	BDI	PSI Total Stress	PSI Life Stress	Public School SPED
5. Annetta	70	75	84	77	9 Min	SIG	NS	Yes

Annetta did not report any mental health concerns, nor did she report being prescribed medication for any mental health needs. Annetta's score on the BDI fell within the minimum range of depression. Annetta's Total Stress score on the PSI fell within the significant range. According to the authors of PSI, high Total Stress scores place Annetta at risk for dysfunctional parenting behavior (Abidin, 1995, p. 6). Annetta's separate subscale scores falling within the significant range on the PSI were in the areas of *Attachment, Mood, Adaptability,* and *Reinforces Parent*. Annetta's significant *Mood* score is often associated with maternal attachment problems, and her significant score on *Adaptability* is often associated with a child's inability to adjust to changes. Annetta's score on the *Reinforces Parent* is associated with parents who do not experience positive reinforcement from their child.

Phase II Interview

Annetta lives in an apartment house in a low-socioeconomic, high-crime neighborhood. Annetta is unable to financially live on her own, so she resides with her

mother and older brother. Annetta attends Project Employ in order to remain eligible for welfare benefits. Annetta does not have a driver's license and has made no attempt to obtain one. She does not have her own transportation; therefore, she relies on the free transportation offered by the parenting program or she uses the bus system to travel around town.

Schooling. Annetta described her elementary and middle school experiences as "alright." She stated that she was required to repeat the 1st grade. According to Annetta, it was not until middle school that it was discovered that she had a learning disability and was eventually placed in special education. Annetta felt that her teachers wanted her to succeed in school because they helped her with reading. Annetta could not recall seeing any written materials in her home when she was a child. However, she stated that her mother often read to her once a night. Annetta stated that she actually began to read when she was in the fifth grade.

Today, Annetta keeps children books for her son that she reads to him nightly. She reported that she has not read any books herself in the last month. Annetta stated that she does not have a library card and never has had one. She and her son have only visited the library whenever the parenting program took the mothers on an outing to the community library. Annetta stated that she obtained her voter registration card after attending the parenting program on voter registration.

Relationships. Friendships throughout Annetta's life were limited to one friend from elementary to adulthood. Although this friend continues to live in the same town, Annetta has not had contact with this person for some time. Annetta's main support relationship is her mother whom she lives with currently. Annetta also said that she visits

her sister every other weekend. She does not visit aunts, uncles, or cousins who live out of town; and both sets of grandparents are deceased. Annetta denies having experienced any domestic violence in her life.

Annetta stated that she has only dated one man during the last six months. When asked if her son had any contact with her son's father, she responded:

> "He is in prison. He has been there for three years and my son visits him in prison. We haven't seen him for sometime in the last 5 months."

Dealing with Social Services and Community Resources. Annetta does not receive any form of financial assistance from the incarcerated biological father. Annetta became involved with the parenting program to satisfy welfare requirements so that she could continue to receive benefits, and daycare assistance.

Annetta stated that her son receives regular medical care and she has no problems getting transportation to and from the physician or obtaining prescriptions that are provided free with medical assistance. As for herself, she reported that she does not have a specific family doctor, but does have regular checkups. Annetta did not report taking any type of medications, nor being prescribed medication for any mental health problems.

Self-Assessment/Efficacy/Determination. Annetta was unable to describe what type of job she enjoyed most because she has never been employed. Annetta stated that she does not have a driver's license, therefore, she uses the city buses to travel around town.

When asked if she needed another person in her life, or if she was okay on her own, Annetta responded that she needed a male companion. She stated that she would

like another child and hoped that it would be a girl. When asked about future goals, Annetta responded:

"I want to own my own home, a good job, a car, and to get married some day."

Summary. Annetta is a 22-year old single mother with a three-year old son. Annetta's current test scores on the Full Scale IQ reveal that her score fell within the below average range as well as all her academic scores in reading, spelling, and math. The discrepancies between Annetta's FSIQ and achievement scores were +3 in reading, +7 in arithmetic, and +14 in spelling. Test results from this study revealed that Annetta's FSIQ score fell within the borderline mental retardation range. Other test scores revealed that Annetta is experiencing mild depression and stress in her life. Annetta reported that she received special education services as a student.

Annetta dropped out of high school when she became pregnant. Annetta is currently studying for her GED. Annetta has a limited circle of friends and support. Annetta and her son are living with her mother and brother. Annetta has had one friend since childhood, but she has not seen her for some time. The biological father of Annetta's son is in prison. She and her son used to visit him in prison, but they have stopped seeing him during the last five months. Annetta's dream for her future is to own her own home, be employed, have transportation, get married, and have another child.

Participant 6 - Joanie

Joanie is a 22-year-old, African American, single mother with one daughter. Joanie is pregnant and her delivery date is within the month. Joanie reports that she dropped out of school in the 9th grade after she ran away from home.

Cognitive/Emotional Scores

Joanie's performance on the IQ test resulted in a standard score of 75 falling well below the average range as shown in Table 19. Joanie obtained a standard score of 79 on reading, 93 on spelling, and 80 on arithmetic on the achievement assessment. Joanie's educational performance is below average in reading and arithmetic and average in spelling when compared with other participants. Joanie reported that she did receive any special education services as a student in school. The discrepancies between Joanie's FSIQ and achievement scores were +4 in reading, +5 in arithmetic, and +14 in spelling. Although Joanie's discrepancy scores were not significant, her FSIQ score on the WASI fell within the borderline range of mental retardation.

Table 19

Cognitive, Stress, Depression Scores and Special Education Enrollment in School for Participant 6 - Joanie

Participant	FSIQ	Read	Spell	Arith	BDI	PSI Total Stress	PSI Life Stress	Public School SPED
6. Joanie	75	79	93	80	11 Mild	NS	SIG	No

When examining the scores among the 11 participants on the Beck Depression Inventory, Joanie was only one of three participants who scored within the mild range. Joanie's Life Stress score on the Parent Stress Index (PSI) fell within the significant range. This score may be reflective of the external stress experienced by the mother outside of the parent-child relationship.

Phase II Interview

Joanie is a 22-year-old expectant mother with a two-year-old daughter. Joanie and her daughter reside in a small two-bedroom apartment in a housing project that has

been in existence for nearly 40 years and has deteriorated over the years. Across from her apartment is a small convenience store lined with men and women either prostituting or selling drugs. Joanie's apartment is clean and is decorated with two small couches and a TV. Joanie hopes to get a larger apartment soon after the birth of her second child. Joanie described her relationship with her daughter as very loving towards each other. She described her daughter as a happy, very smart, talented, and helpful child. Joanie was looking forward to the birth of her second child and knew that her daughter would be a great help once the baby was born.

Schooling. Joanie described herself as a "pretty good" student. Although Joanie admitted to doing well on most of her school work, she admitted that she struggled with math. In elementary school she faired better than high school when she started slacking off by not attending school. Joanie saw her teachers as very helpful and would always be there to help when she needed it. Joanie remembered her middle school English teacher with great fondness. Joanie described this teacher as a "real sweet" older lady. When asked about types of friendships in school, Joanie laughed when she said that she only had one friend throughout school. She maintained this relationship until she lost contact with her three years ago.

Joanie remembered learning to read in 4th or 5th grade. As a child, Joanie remembered her grandmother, mother, and sisters reading library books to each other. She stated:

> "We did have a lot of magazines, because my grandma had a magazine rack. There were different kinds of magazines in there. I don't remember seeing books" [we personally owned].

Joanie admitted that she does not read as frequently to her own daughter as she should, but tries to read to her at least three to four times per week. Joanie herself has not read one book in the last month. Joanie wants to improve her reading so that she can understand more things that come up on a job. It is also important to her that she be able to help her daughter with schoolwork. Joanie does not have a library card, but would like to have one. She stated that the parenting program was scheduled to take the class to the library where they could apply for a card.

Joanie reported that she was a registered voter and had recently gotten her driver's license several months ago. Joanie does not have any transportation at this time and utilizes the free transportation offered by the parenting program.

Relationships. Joanie's longest relationship with a man has been with her current boyfriend of 1 and ½ years. Joanie did not have many female friends. As she stated:

> To be honest, I don't have a lot of female friends. It is like a hi or bye situation where you know we can talk about kids or something like that. I don't get real close with them. I just have one friend.

Joanie maintains close contact with her family. She reported that she sees her mother every weekend, sisters every Sunday, and brothers about two to three times per month. She does not see her grandmother very often and described her as an "in-home" person. Joanie thought the relationship with her grandmother had become strained because she had spent so much time caring for them as grandchildren after Joanie's mother was sent to prison.

The acts and history that lead to the eventual incarceration of Joanie's mother were a major life event. Joanie stated that the police were frequently called to the home

because her dad was abusive towards her mother. Joanie stated that her mother and father had been involved in an abusive relationship for nearly 13 years. Talking with no affect in her voice, Joanie's explanation for the end of the relationship between her mother and father was:

> "She stabbed him and killed him. I was 10-years-old and it did not happen at our house, it happened at his ex-wife's house."

Joanie's mother received a 25-year sentence for murder. Although none of the children observed the murder, Joanie stated that the experience was very traumatic for the entire family. Visits to prison were often sporadic because of problems with transportation. There was a period of three years when they were unable to see their mother at all because she had been placed in an out-of-state facility. Joanie's mother was then placed in another facility, but it was still too far away, they still could not make the visits. After nearly 11 years, Joanie's mother was eventually placed in a prison facility in the same town as the family. Visitation was resumed and continued until her mother was released from prison.

While Joanie's mother was incarcerated, Joanie and her siblings were placed with her maternal grandmother for approximately three years until Joanie was approximately 13 or 14 years of age. At that time, Joanie and her siblings were placed in separate foster homes because her grandmother stated she could no longer take care of them. Joanie was very unhappy at the first two foster homes where she lived, and was placed with a third foster parent whom she liked. According to Joanie:

> I didn't like two of the foster parents that I was living with in those two homes. Then, in the last foster home I was in, I liked her, but she died of brain cancer.

That is when they emancipated me because I was 17 at the time, and I went to stay with my sister.

Dealings with Social Services and Community Resources. Joanie receives welfare cash benefits, food stamps, medical assistance, and daycare assistance. Joanie decided to attend Project Employ at the direction of another student enrolled in the parenting program. Joanie stated that she has been involved with the program for approximately one year. Making medical appointments or obtaining medication for her daughter has not been a problem since transportation is free for her daughter's medical appointments and prescriptions are free with medical assistance. Joanie has pursued other community resources as obtaining her driver's license and becoming a registered voter.

Self-Assessment/Efficacy/Determination. The longest job that Joanie has held was for 3 and ½ years at Taco Bell. She stated that she quit the job when she moved. Joanie's favorite position was working in a Ventures retail store. Unfortunately, she became unemployed after the store went out of business. Joanie stated that she really did not have problems staying with her jobs, but that getting transportation to work was often a challenge. Joanie now has her driver's license and reliable transportation.

Joanie reported no mental health problems. Joanie commented that she felt good about herself. Joanie's dream for the future is:

As far as my GED. I do want to go to college, but I don't know exactly when I am planning on going. I want to wait until my children get older in age. I want a good paying job where I don't have to struggle from month to month or paycheck to paycheck or just be able to buy something for my kids and not have to worry

about having to save money for this or save money for this? Instead of living in an apartment, I do want a house. I don't want to struggle to pay for bills.

Joanie feels that her family would be complete if she could have a boy since she has a girl and she is expected to give birth to another girl. Joanie remarked that she does not need another adult male in her life, but has enjoyed being spoiled by her boyfriend because he offers financial support.

Summary. Joanie is a 22-year-old expectant mother with one daughter under age three. Test results from this study revealed that Joanie's FSIQ score fell within the borderline mental retardation range. Her academic scores on reading and math also fell in the below average range. The discrepancies between Joanie's FSIQ and achievement scores were +4 in reading, +5 in arithmetic, and +14 in spelling. Joanie reported that she never received special education services as a student.

Joanie was placed in her grandmother's care at the age of ten after her mother was placed in prison for murdering her ex-husband. Joanie's grandmother became unable to care for the children and they were eventually placed in separate foster care homes. Joanie disrupted many of her foster care placements, but soon came to love her last foster care mother. Joanie stated this placement ended when her foster mother died of cancer. Joanie dropped out of school after running away from home.

Joanie is currently studying for her GED. Joanie has her driver's license and reliable transportation, receives financial support from her boyfriend, and has held a job for the longest period of time compared to any of the other women in this study. Joanie's dream for her future is to pass the GED examination, secure employment, become financially independent, and to move into a house.

Summary of Phase II

The results from Phase II revealed that three of the five mothers' (60%) had a FSIQ score that fell within the below average range; while two of the five mothers (40%) had a FSIQ score that fell within the range of borderline mental retardation. All five mothers (100%) scored well below the average range on the reading portion of the WRAT3 achievement test. Four of the five mothers (80%) reported having been enrolled in public school special education. All five mothers (100%) had dropped out of school and were attending school in an attempt to complete the GED.

When examining the social/emotional factors of these mothers, two of the five mothers (40%) scored within the significant range on the PSI Total Stress score and 3 of the 5 mothers (60%) on the PSI Life Stress score. Two mothers (40%) scored within the severe range of depression on the BDI.

Four of the five mothers (80%) reported growing up in violent homes. One mother reported being raped as a child by three separate perpetrators. Four of the five (80%) reported being verbally, physically, and emotionally abused as children. Three of the five (60%) mothers reported that they were involved in violent relationships as adults.

CHAPTER 6

Discussion

The majority of research on parenting skills of persons with cognitive disabilities has focused primarily on parents identified with mental retardation, rather than the everyday life challenges experienced by mothers with mild learning disabilities. Much of this research reveals that many characteristics common to those with learning disabilities persist into adulthood. This study examined the aptitude and achievement levels of mothers involved in a parenting program designed for at-risk mothers with mild disabilities, and how factors of stress, depression, support, and available resources influenced their every challenges and needs. The results obtained in this study will be used to discuss, among other things, factors related to education, training, and parenting skills.

The Aptitude and Achievement Levels of Mothers with Mild Learning Disabilities

The first question of this study was: what are the aptitude and achievement levels of functioning of mothers who attend Project Employ? Previous studies have found many academic problems continue to persist into adulthood for adults with learning disabilities. Low academic scores in the areas of reading, spelling, and math continue to exist as a problem for adults (Brown, Hedinger & Mieling, 1995; Hoffman et al., 1987; Patton, Cronin, Bassett & Koppel, 1997; Posthill & Roffman, 1990). The results of this study show that the 11 single mothers achieved Full Scale IQ scores ranging from average to below average. Two mothers, previously identified with learning disabilities in school, scored the lowest on the Full Scale IQ among the group. Nine of the 11 mothers (91%) had Verbal IQ scores falling below the average range. Verbal scores

among a majority of the participants were significantly lower as compared to Performance and Full Scale IQ scores.

Margie, Dedra, Jill, Annetta, and Joanie identified with learning disabilities, scored below average on the Verbal portion of their IQ test. In comparison, Performance IQ scores were significantly higher than the Verbal IQ scores. Achievement scores in Reading, Arithmetic, and Spelling were significantly lower for many of the mothers in this study. Scores ranged from borderline to average.

All five mothers selected for Phase II of the study met the criteria for learning disabilities. They had IQ vs. achievement discrepancies of 15 points, and had reading scores that fell well below the average range with standard scores ranging from the low 60's to high 70's. The aptitude and achievement scores of the Phase II mothers in this study support previous research that adults with learning disabilities may experience post-school difficulties with academic and literacy activities such as passing the GED, reading to their children, reading written materials, and following written directions. Therefore, knowing the academic levels of performance of mothers could be utilized when governmental agencies develop education and training programs, because knowing the academic levels of mothers could help when recommending them to an appropriate education/job training program. Placement into a program or job-placement setting would likely increase the probability of a mother being successful. In contrast, allowing mothers with mild disabilities to struggle in programs too far above their cognitive levels, where their chance for success is limited, would probably lead to mothers feeling poorly about themselves.

Another reason why pre-assessment of aptitude and ability levels and placement into a program with peers with comparable cognitive skills is that mothers with mild learning disabilities who experience these feelings of failure of a period of time can also bring down the motivation of mothers to keep trying to pass the GED, improve their scores, or qualify for more comprehensive training programs. Jill complained of having taken the GED test and failing it several times; while Margie was concerned that she would be removed from the program unless she showed improvement on her pre-GED scores. Rather than require participants who possess low aptitude and achievement scores to continue on the GED track, it might be more beneficial to continue literacy training to assist with their functional literacy skills. Many of the mothers more frequently reported problems representing this area, than a more general problem with the GED track.

Based on the data collected by this study, it appears that mothers with mild disabilities who drop out of school are frequently referred on to GED classes. This seems to cause or increase the failure rate of those who are placed in programs where they can not possibly meet the academic requirements. The results of this study provide additional information about the current way that mothers are referred for GED classes. Encouraging mothers with mild learning disabilities to repeat the GED examination over and over is unrealistic. It is therefore unrealistic to expect parents with low cognitive skills to be placed in programs where they are required to devote two to three hours per day studying for the GED. Knowing that these mothers have a long history of struggling in school, placing them in a classroom for hours on end to study for a GED may be the very reason why they resist going back into the classroom.

It appears that it would be more practical to develop programs that allow mothers with low cognitive skills to participate in more vocational or job training programs that have not been available because of low academic skills. Allowing parents with low academic skills to train only for low skill jobs sets them up to continue in the cycle poverty. Being employed does not equate to being self-sufficient. Mothers who are underemployed or only earn minimum wages may have difficulty becoming self-sufficient or meeting the financial needs of the family.

For those attending Project Employ, progress in the GED class is necessary as an education/work requirement for those receiving welfare benefits. GED teachers periodically test them to determine levels of performance and whether they are showing improvements in their pre-GED test scores. Failing to show progress can result in termination from the program and referred to another program. This often creates problems for the parents when they are transitioned into another program because many of the alternative programs do not offer on-site day care, free transportation, and free breakfast and lunch. Because the alternative programs do not provide all services on site, mothers would have to locate outside services such as substance abuse counseling, domestic violence counseling, parenting, and individual/group counseling as required by their caseworker. Some of the mothers have been in the program for approximately three years, and still have not passed the GED exam. One could question the progress on the pre-GED tests for some of the mothers who are experiencing high levels of family stress and personal problems compounded by limited cognitive levels of functioning. Margie was particularly concerned about her recent academic scores on the pre-GED that were the lowest of previous scores. The GED instructor told Margie that she would [have] to

show progress on her scores if she were to remain in the program at Project Employ. Yet, during the same week of taking a test to measure her academic progress in the GED class, Margie had her household utilities cut off, had been evicted from her home, and her boyfriend jailed. Margie expressed that she was worried how she was going to financially help her boyfriend out of jail, pay to have the utilities reconnected, and pay her back house rent. One could question whether the drop in scores could have been the result of being under stress.

The mothers in this study experienced a variety of life stresses. Most, if not all, could benefit from some degree of agency-centered support in this area. One way that agencies could help mothers who are experiencing stressful situations in their life is coordinate a team of individuals who currently work with the mother. A team of staff members from the collaborating agencies could meet for the purpose to assess a mother's situation and determine what services are available and which services could be utilized to help remedy the problems. Essentially team members would need to be knowledgeable about how stress and depression play a major role in the way a mother combats a crisis or crises, and how it affects their learning and parenting.

Governmental agencies that require parents to participate in some type of educational or employment training program should more closely take into consideration aptitude and achievement of their participants more closely. Doing so could prevent inappropriate placement of mothers being referred to academic programs that clients can not successfully complete. Requiring adult students with extremely low IQ scores to spend months or years in GED preparatory classes is unrealistic. Yet, many of the mothers with low reading scores are automatically placed in GED programs that are too

academic in focus, rather than practical job training programs that are more functional. GED classes usually require at least an 8th grade reading level and many of the community college classes require at least the same reading level. All five mothers with learning disabilities had reading scores falling well below an 8th grade reading level, yet all were enrolled in GED classes at Project Employ. It is certainly understandable why these mothers struggle to study and pass the GED.

Not only do low academic abilities put up barriers to mothers with mild learning disabilities attempt to pass the GED; low scores can also affect the types of opportunities or services that are available to them. Although the Department of Human Services (D.H.S.) offers many job training opportunities, a majority of these women will not be allowed to participate in these training programs because of low reading scores. Several of the local community colleges and career technical schools also require no less than an eighth to ninth grade reading level. Mothers are also told that failing to obtain their GED in a timely manner could eventually result in their caseworker recommending job search rather than allowing them to remain in a program to remediate their educational deficiencies. Unfortunately, Job search can be viewed by some as a more punitive approach that requires mothers to locate employment on their own. Job search puts the responsibility back on the mother that adds a different type of stress, possibly worse than the GED. Placing mothers on job search requires mothers to go out on their own and search for their own employment. Usually there is no direction or guidance in job search. Caseworkers often require mothers to spend an allotted number of hours per week searching for employment. Mothers are then required to provide the caseworker with documentation that they have gone to a place of employment and inquired about a

position or made application for employment. Usually, the mother is required to obtain the signature of the contact person, address, and phone number of those companies that were contacted so that workers can call and verify these contacts. Knowing that four of the five mothers (80%) with mild learning disabilities in this study were not employed and two of the four mothers (40%) had never been employed would question the success of this particular practice to place these mothers directly into job search without any type of support or assistance. Should we expect mothers with mild learning disabilities to have the necessary skills to interview, fill out applications and successfully follow through with the interview process when we know that they experience poor social, reading, and writing skills? Probably not, given their diminished cognitive abilities and lack of training in this area.

The 11 mothers in this study made comments about the importance of improving their academic skills. It was interesting that many of the mothers expressed the need to improve their own reading skills so they could be more effective when helping their children with school work. Although many of the mothers who were interviewed for this study reported that they read to their children on a regular basis, the researcher observed few books or written materials in the home. For those reported having children's books, only a few were ever observed. The majority of the children's books had been thrown in the children's toy box. No children's books were seen on a shelf or bookcase. This study also revealed that few mothers even own a library card and few visited the library on their own.

According to Buchanan and Wolf (1986), a significant number of adults with learning disabilities report having had an overall negative experience in school. All five

of the mothers during Phase II reported that they struggled in school; with four of the five mothers reporting that they were retained one to three times during elementary school. Not only was school difficult, but only two of the five mothers participating in Phase II could recall one specific teacher who was actually concerned about their success in school. Some mothers commented that they viewed their teachers as "mean" and "not going out of their way to teach." Not a single Phase II mother could recall any upper grade level teacher who they felt they could turn to for support. Between making poor grades and having a limited teacher support system in the middle and high schools probably contributed to the high dropout rate among this group of mothers.

It would be beneficial to provide a support system for students with mild learning disabilities at the middle and high school level, since nearly 10 out of 11 mothers (90%) in this study were experiencing enormous challenges as teenagers, such as pregnancy, school failure, and poor family support at home.

To address the problem with support systems, middle and high schools could assign a teacher, peer, or individual from the community as a mentor to students with special needs. Schools could also implement counseling or educational classes that specifically address the significant issues reported by the mothers in this study: teen pregnancy, substance abuse, domestic violence, establishing healthy relationships, improving social skills, understanding family issues such as divorce, separation, and incarceration of family members, career awareness, and seeking and maintaining employment. Moreover, schools could establish special support teams outside of the traditional student IEP team to include the principal, a regular or special education teacher, a counselor, peer students, and/or other support staff. Students could choose

their own team members. When they need assistance or simply want to talk to someone, they could go directly to their team. This would allow a student to speak to their team about topics other than academics when they have a problem that they need to discuss.

Family Environment Variables Characteristic Among Mothers

The second question for this study was: what types of family environment variables are characteristic among mothers attending Project Employ? According to Lichtenstein, "School problems, personal problems, family and social concerns interact to produce poor grades and low self-esteem, that subsequently impact the decision to drop out" (1992, p. 345). The results of this study are consistent with Lichtenstein's findings. Ten of the 11 mothers (91%) in this study dropped out of school primarily due to pregnancy, with poor school performance, running away from home, or having to care for other siblings being other contributing factors. Seven of the 11 mothers (64%) actually exhibited characteristics common to those with mild learning disabilities. Five mothers reported having been previously identified with learning disabilities and actually received special education services in school. The sixth mother had a Full Scale IQ, Verbal IQ, and Performance IQ score ranging in the low 70's which fell within the below average range of intelligence. The seventh mother also displayed characteristics common to one with a learning disability because she had a 33-point discrepancy between her Verbal and Performance IQ score. One might question whether this seventh mother would actually qualify for services, or could the discrepancy be a result of language proficiency since she is bilingual and speaks fluent Spanish and English?

The mothers in this study reported a total of 32 children among them, with half of the children being under age three. Ten out of 11 mothers were actively receiving some

form of welfare assistance. The 11th mother had been, but her services were terminated because she failed to comply with the attendance requirements of mandatory education or training programs of the welfare assistance program. Mothers are required to attend classes on a regular basis with limited absences. Failure to cooperate can lead to the removal from a job training or educational program and benefits terminated. Mothers who do not cooperate with the attendance requirements for GED classes may be removed from GED classes and placed directly into job search. This is not a good policy for mothers with mild learning disabilities. Placing mothers with young children into job search can cause problems for mothers to access appropriate day care providers while they search for employment or while they work. Additional problems can arise particularly for mothers with young children because of day care. Locating day care for young children is much more difficult. Often day care facilities do not take newborns or very young infants until they are several months old. Other day care facilities have other restrictions such as not being open for evening hours or limiting the number of hours of day care assistance available to a family. Inability to locate appropriate or reliable day care can possibly jeopardize a mother's employment if day care assistance is not dependable.

Adults with disabilities are more likely to be unemployed or underemployed than non-disabled peers (Doren & Benz, 1998; Haring & Lovett, 1990; Harrington, 1997; Levine & Nourse, 1998; Lichtenstein, 1993). Results show of those involved in the study, only one mother reported being currently employed on a part-time basis. Eight of the 11 mothers (73%) had been employed at one time in minimum wage jobs, but they did not maintain employment with success, and on the average, left after several months.

Of those who had been employed, five mothers had started employment by age 16. It appears that the effects of having a mild cognitive disability limited educational experience directly affected the type of employment secured by these mothers. A majority of the mothers in this study held minimum wage, low-skill jobs for short periods of employment.

When the more detailed reports of employment were examined of those involved in Phase II of the study, only one parent reported having held long-term employment working at a fast-food job for approximately 3 and1/2 years. For most, less than one year was the longest time they maintained employment. Results also showed that most of the mothers from Phase II reported that they often lost their jobs for reasons such as not getting along with employees and customers, and/or lack of transportation. It appears that training in inter-personal social skills might be beneficial as compared to purely GED instruction.

Lack of reliable transportation was a factor that significantly impeded some mother" ability to find employment. For most mothers in Phase II, their disability appears to affect their ability to pass the written portion of the driver's test. Of the five mothers who participated in Phase II, only one, Joanie reported having a driver's license. Annetta reported that she never tried to obtain her driver's license; while Dedra commented that she had failed the driver's test after several attempts. Margie was fearful to take the driver's test because the test was computerized and she was concerned that she wouldn't pass the written test. Although this study did not examine in detail the reasons for not passing the driving test, there is evidence that the failure rate is due to low reading scores. However, not having a driver's license did not stop these mothers from driving.

Margie always drives without a driver's license. Annetta does not have a driver's license, but usually has her own car to drive. Jill is the only mother who reported that she did not have a driver's license and used the bus system instead. Dedra would drive if she had a car available. Although the question about car insurance was not mentioned, one would wonder whether any of the mothers were driving without any type of car insurance. Mothers who complained of transportation problems reported having difficulty getting rides from people or using bus transportation that was available during the hours when they needed to get back and forth from work.

Parent Functioning, Stress, Depression, Social Support, and Relationships

The third research question of this study was: what are the relationships among mothers with and without mild learning disabilities between parent functioning, stress, depression, social support and relationships? Four of the 11 mothers (36%) suffered from a diagnosed mental health condition including, depression, obsessive compulsive disorder, and anxiety. Onset of these mental health conditions for a majority of these mothers was present when they were teenagers. Of those diagnosed with a mental health condition, none were taking prescribed medication as directed by their doctor. Only one mother was seeing a counselor on a very sporadic schedule with absences of months to years between sessions with a counselor.

Many of the mothers interviewed in Phase II described the particulars of their lives with hesitation and shame. A majority of them reported that they turned within themselves or to God for support, rather than the support of a mental health professional or to friends or family. Some described their conditions as a sign of weakness and not being able to handle things. Others commented that they should seek help, but just could

not see themselves opening up to others in a therapeutic relationship with a counselor. Moreover, over half of the entire group of mothers in this study showed clear signs of depression as measured by the BDI. However, only one parent out of the 11 mothers reported having spent time in a day treatment facility for bouts of depression and behavioral problems at home and school.

The fact that six of the 11 mothers (55%) were depressed suggests that mental health may be a significant factor worth examining when thinking about mothers who have mild learning disabilities. Findings on the BDI-II provided a more thorough look at the levels of depression among the 11 mothers. Six of the 11 mothers (55%) scored within the mild to significant range of depression on the BDI-II total score. An overwhelming number (N=8, 72%) of the mothers marked the response that they were feeling guilty of things that they had not or should have done. A significant number of the mothers marked responses on the BDI-II that they were experiencing problems with sleeping (N=11, 82%), concentration (N=10, 91%), less energy and not being able to enjoy things that they use to enjoy (N=7, 60%). Over half of the mothers responded that they were feeling sad all the time (N=6, 54%), while nearly half saw an increase in irritability (N=5, 46%). Nearly half of the mothers marked that they had thought about killing themselves (N=5, 46%), but could not. The 11 mothers in this study expressed a variety of areas that contribute to a state of depression. Clearly, depression is a contributing factor in the overall well-being of the mother.

Findings on the PSI found that seven of the mothers (64%) saw problems with their children being easily distracted and unable to pay attention; while three mothers responded that their child had difficulty transitioning from one activity to another. Over

half of the mothers responded that their children were unhappy, depressed, and cried frequently. The number of mothers with higher Life Stress scores on the PSI compared to Total Stress scores is interesting. Significant Life Stress scores are an indication that these mothers were experiencing more stressful situations outside of the parent-child relationship than stress that could be as a result of negative child behaviors. Six mothers of the 11 mothers (55%) scored within the significant range on the Life Stress as compared to three of the 11 mothers (27%) who scored within the significant range on the Total Stress Score. Although the results from this study revealed that fewer mothers scored within the significant range on the Total Stress Score, one might question why these results are not consistent to the extraordinarily high levels of stressful life events that were reported by these mothers during the face-to-face interviews. Validity and Reliability of the PSI should be reexamined when this assessment is administered to individuals with mild learning disabilities. Although the testing manual indicates that the PSI has been shown to be understood by individuals with at least a fifth-grade education, the majority of the mothers in this study were reading at such low levels, the assessment had to be read to each mother individually. It seems likely that reading the PSI to the individual may affect test reliability and validity. Another concern is whether those with such low reading levels are able to process the information and select the best response. Regardless, based on the PSI scores and the information gathered from the interviews, mothers in this study are stressed and they need help. Parents could benefit from group or individual counseling and parenting education that addressed issues on topics that examine characteristics and effects of stress on the parent/child relationship.

Findings regarding types of support provided to the family reveal that eight of the 11 mothers (73%) viewed their maternal relatives as extremely helpful, with 55% of the 11 mothers who viewed their own mothers as extremely helpful. Maternal grandmothers, not the maternal grandfathers, were described as being a support to the family. Only four mothers of the 11 mothers (36%) received any type of support from the biological father of the children. Five of the mothers saw the church and Project Employ parenting program as an extremely helpful resource to the family. Many of the mothers reported that they had turned to the Director of Project Employ when needing support and help. It appears that many had turned to the Director as a parental support since many had limited support in their lives. Half of the 11 mothers stated that they almost always had someone to talk to when needed. Eight of the 11 mothers (73%) reported not having enough time to themselves, but devoted much of their time to their children. Little time was found to spend with a significant other in their life. One might conclude that many of the mothers spend much of their personal time with their children because they lacked social friendships. Basically, the mothers in this study led isolated lives from an adult perspective.

Social and Personal Relationships of Mothers With Mild Disabilities

Question four of this study was: what type of social/personal relationships do mothers with mild disabilities engage? The answer to this question relies on the responses of Phase II mothers who were selected because they displayed characteristics typical of persons with mild disabilities.

All five of these mothers described their lives as very complicated. A majority of their response during the interviews contained negative stories about their own childhood

experiences. Although many of the mothers shared deep and personal stories about themselves, many remained guarded. A majority of the information obtained about their personal and social relationships focused on their own dysfunctional relationships during childhood, with an emphasis on their own victimization. All five mothers experienced childhood homes exposed to domestic violence, where there were violent verbal and/or physical fights between their parents and/or between their mother and a boyfriend. Joanie reported that her mother had served time for killing her father during a fit of rage. Margie admitted to being sexually abused as a child. She commented that her mother eventually became aware of the sexual abuse and attempted to protect her from further abuse, but then they never spoke about any of the incidents. Margie admitted to needing counseling to discuss her feelings about the abuse, but feared that she would never be able to open up to another individual. Childhood experiences recalled by many of the mothers were filled with experiences of being sexually abused as a child, being exposed to parents verbally and physically repeatedly fighting, and seeing parents struggling with substance abuse problems.

Support is clearly needed for mothers with mild learning disabilities. It was interesting to see that a majority of the five women with disabilities spoke about turning to their mothers for support in the present. Yet, in the past, these same mothers were not there for them emotionally when they were children. Margie continues to have frequent contact with her mother when possible. However, this is the same mother who knew about the abuse and refused to talk about it or seek professional counseling services for her when Margie needed it as a child. Joannie sees her mother on a frequent basis. Yet, this is the same mother who stabbed and killed Joannie's father and went to prison for an

extended period of time. Dedra continues to visit with her mother and seeks her advice. But, Dedra's mother was not available to her as a child. Rather than protecting her children from domestic violence, Dedra's siblings had to take action themselves to stop the violence in the home. Two of the woman admitted being in abusive relationships for years. One mother was so fearful of her life that she never secured medical treatment when she was severely beaten and cut. The other mother appeared to shut down when asked about the specifics of the abuse and was unable to disclose specific information, but commented that she had called the police on numerous occasions and had had her boyfriend arrested. These mothers could benefit from educational information on the characteristics and effects of domestic violence on adults and children. Mothers could also use information how to seek a safe place from a violent situation and where they can seek professional help.

Not one mother spoke about their own children being exposed to violence, drugs, or how their own unhealthy relationships with men may be impacting their children's' lives. Poor comprehension and low cognitive abilities may limit some of these mothers' understanding what happens in their own lives can ultimately affect the lives of their children. A significant number of these mothers see themselves as good parents trying to raise their children to the best of their ability, but the results indicate that a variety of factors may impede their performance as parents.

Conclusions

If the goal for the Department of Human Services is to help assist parents into becoming self-sufficient and gainfully employed, a more practical solution is to place women with mild learning disabilities in programs where parents can actually gain the

needed functional job skills necessary for them to be successful. In addition, a closer examination of the mothers in this study found that a significant number of the mothers were experiencing stress and depression. Knowing this information, parenting programs such as Project Employ will benefit from providing mental health counseling services to address issues regarding depression, stress, domestic violence, and social and personal relationships.

A large number of the mothers in this study commented that they were late readers. Reports of being a late reader, along with the achievement scores that fell well below the average range may indicate that some of these mothers are functioning within the borderline mental retardation range. Mothers with extremely low literacy skills would be more appropriately placed in adult "special education" literacy classes, possibly a family literacy class modified for parents with learning disabilities rather than typical GED classes. Family literacy classes enhance mother/child literacy interactions by providing interactive literacy activities between the mother and child. Not only does this help in strengthening the mother's role in becoming their child's first teacher, but family literacy helps train parents to become a more active partner in their child's education.

The mothers in this study repeatedly spoke about their own reasons for returning to school, with one being that they could eventually help their children with their homework. We know that children learn better when parents are involved in their education. A unique factor of the proposed family literacy program could be that it not only address the mothers literacy skills, but it could be used to bring the parents and their children even closer together by providing parents with information on parenting and other pertinent topics, and also helping with the development of their child's literacy

skills. A family literacy class would encourage parents to be actively involved in their child's education, which ultimately impacts the educational success of their child.

Coupled with the family literacy classes, a well-developed training program should be made available for those mothers with mild learning disabilities. Mothers should be provided to higher level training such as vocational training programs. Although current vocational programs emphasize strong literacy skills, schools could develop training programs that do not rely so heavily on strong verbal skills, and focus on the other areas the mothers reported as needing assistance with social skills, job skills, and employment. One unique factor about vocational programs is that many have child development programs and day care centers on site. Some vocational sites offer transportation when funding is available. Collaborative efforts between the government, schools, and other agencies could develop a more comprehensive vocational program that promotes literacy, job skills, and parenting and family functioning. These efforts would provide the necessary transition from basic GED classes to a more appropriate program that meets the life needs of mothers with mild disabilities.

We need to re-examine how school programs serve students with mild disabilities in the elementary, middle and high school grades. Adults with disabilities often have social skill and academic challenges that persist into adulthood. Knowing this information can be beneficial when developing programs for elementary through high school students with special needs. Establishing programs that will assist students with job training, social skill training, learning how to establish healthy relationships, learning coping skills, and understanding the challenges of adulthood will better prepare students for independence and self-sufficiency. Many of the employment programs discussed

earlier in this chapter such as vocational training or work-study programs are a necessary component in a student's educational program. We know that many of the vocational programs do not take students until their junior and senior year. Unfortunately, many students drop out of school before they are eligible for to participate in these programs. Therefore, work-study, apprentice-type training, and volunteer work should be included during the middle and high school level curriculum so that students can acquire work skills at an earlier age, rather than waiting so late until their junior or senior year.

Knowing that a significant number of the mothers in this study dropped out of school because of pregnancy, teen-parenting programs for mothers with disabilities should be implemented to help reduce the number of teen dropouts with disabilities. Although teen-parenting programs located at schools are not a new concept, parenting programs for teen mothers with disabilities are not common. Generally, parenting programs for teen parents are offered only to those in the general education population. Parenting programs designed for mothers with disabilities could provide the support needed to encourage teen mothers to remain in school. Additionally, day care services should also be provided at the school as daycare affected the mother's ability to work. The same would likely occur to attend school. Having their children with them at school could provide greater opportunities to incorporate parent/child activities.

Limitations of the Study and Recommendations for Further Research

The purpose of this study was to examine the challenges and needs of mothers enrolled in a parenting program designed for at-risk mothers with young children under the age of three. There are several limitations to this study. A thorough examination of the population of mothers who attended the parent program was not possible. Several

parents were excluded from the study because of age, severity of disability, and language barriers. As a result, the study was reduced to a sample of 11 participants. Therefore, one should use caution when making generalizations beyond the demographics of this sample. Several of the assessments were self-reports and should be viewed with caution because of the possibility that participants marked responses that would give others a more favorable impression of the parent. Also, the researcher's background and experience as a Child Welfare worker may have added some bias findings. Observations made by the researcher in the home may have been viewed with more leniency because of years of experience working with at-risk families and being desensitized to families living in poverty.

Further research is needed to determine the needs of mothers with mild learning disabilities enrolled in parenting programs, possibly expanding the research to include teen parents with disabilities and mothers identified with mental retardation. Also, more extensive research is needed to examine issues and effects regarding substance abuse, criminal activity, and domestic violence. Adults with disabilities need more opportunities to access life skills training that teach independent living skills either in parenting programs or programs offered through community resource agencies.

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Appendices

Appendix A

Definitions

Conceptual and operational terms defined for this study are:

1. IDEA: Individuals with Disabilities Education Act: On June 4, 1997, the Reauthorized legislation is named the Public Law 105-17, Individuals with Disabilities Education Act Amendments of 1997. This revision brings many changes to the law that was initially passed in 1975 as Public Law 94-142. That law, known as the Education for All Handicapped Children Act, or the EHA has guaranteed since 1975 that eligible children and youth with disabilities would have available to them a free appropriate public education (FAPE) designed to meet their unique educational needs.

   http://www.ed.gov/offices/OSERS/IDEA/IDEA.pdf

2. Cognitive Disability: A generalized term to describe individuals with mental retardation and specific learning disabilities.

3. Specific Learning Disability: "Specific Learning Disability means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which disorder may manifest itself in imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations" (p.13).

   http://www.ed.gov/office/OSERS/IDEA/IDEA.pdf

4. Mental Retardation: According to the American Association on Mental Retardation, mental retardation is defined as subaverage intellectual functioning, existing concurrently with: 1) Related limitations in two or more of the following

applicable adaptive skill areas (communication, home living, community use, health and safety, leisure, self-care, social skills, self-direction, functional academics, and work); and 2) Mental Retardation manifests before age 18. http://161.58.153.187/Policies/faq_mental_retardation.html

5. Public Assistance: Governmental programs that provide such benefits as food stamps, medical, cash benefits, social security, and other programs that provide services to individual with disabilities. http://www.okdhs.org/programs/programs.html

Appendix B

Instruments

Instrumentation

Five instruments will be used in this study: The Wechsler Abbreviated Scale of Intelligence (WASI), Wide Range Achievement Test-3rd Version, Parent Stress Index, Home Observation, and the Beck Depression Inventory.

Wechsler Abbreviated Scale of Intelligence

The Wechsler Abbreviated Scale of Intelligence (WASI) consists of four subtests - Vocabulary, Block Design, Similarities, and Matrix Reasoning which yields a Verbal IQ, Performance IQ, and Full Scale IQ. Although some short forms of intelligence tests are not derivatives of a related full battery, the WASI is a standardized and formed short form of both the WISC-III and WAIS-III.

The WASI was developed in 1999 as an instrument that could quickly estimate intellectual functioning. The WASI takes approximately 30 minutes and is easy to administer. This instrument can be used with individuals between the ages of 6 through 89.

Test Construction and Development

The WASI was normed with a sample of 2,245 participants between the ages of 6 and 89 in the development of this test. This sample was stratified from the 1997 census data. The number of participants from four U.S. regions (The United States was divided into four regions-North Central, Northeast, South, and West) corresponded to the populations of each region. An equal number of male and female participants were represented in each age group except for participants between the ages of 75-89 that included more women.

The four subtests of the WASI include Vocabulary, Block Design, Similarities, and Matrix Reasoning. These four subtests were selected based on their high loadings on generalized intellectual ability that was greater than .70. The WASI provides verbal and nonverbal reasoning scores, taps into both fluid and crystallized abilities, and has similar formats as to the WISC-II and WAIS-III. Subtests items with low correlations or poor pyschometric suitability were eliminated from the test.

Reliability

Reliability coefficients range from .90 to .98 for Vocabulary, .84 to .96 for Similarities, from .90 to .94 for Block Design, .88 to .96 for Matrix Reasoning, .92 to .98 for VIQ, from .94 to .97 for PIQ, and .96 to .98 for FSIQ-4 subtests. Interrater reliability for the four subtests range from .98 and .99 for Vocabulary and in the .90's for Block Design and Matrix Reasoning.

Content Validity

Content Validity measures what the test is actually designed to measure. The WASI was reported to have significant correlations with the corresponding subtests of the WISC-III and WAIS-III. The correlation coefficient between the WASI and WAIS-III subtests are .88 for Vocabulary; .76 for Similarities and .83 for Block Design, and .66 for Matrix Reasoning. The IQ subtest correlation coefficients are .88 for Verbal IQ (VIQ) and .92 for Full-Scale IQ (FSIQ).

Construct Validity

All subtest intercorrelations were found to be significant with correlations ranging from the .50's to .70's. The highest correlation existed between Vocabulary and Similarities at .55 to .85.

Wide Range Achievement Test - 3rd Edition (WRAT3)

Test Construction and Development

The Wide Range Achievement Test - 3rd Edition (WRAT3) was initially developed in the 1930's by Dr. Joseph Jastk. The WRAT3's most current revision was in 1993. This evaluation consists of two alternate forms (Blue and Tan) to provide evaluation of reading, spelling, and arithmetic skills. The alternate form may be utilized when subsequent testing is performed. The WRAT3 provides standard scores and grade scores. The WRAT3 is a simple and informal instrument that can be administered in 15-30 minutes. It can be used with individuals between the ages of 5 through 74.

The Reading subtest consists of a 15-letter and 42-word reading section. Although this portion of the test requires the examinee to read the words, reading comprehension is not assessed. The Spelling subtest of the WRAT3 consists of 55 items. Fifteen of the items require name/letter writing, while the remaining 40 items require word spelling. There are 55 items on the Arithmetic subtest. The first 15 items are administered orally, and the remaining 40 questions are written arithmetic problems.

Reliability

"The median test coefficient alpha range is from .85 to .95 over the nine WRAT3 tests, and .92 and .95 on the three combined tests" (p. 170). When reviewing alternate forms, reading has a correlation ranging from .87 to .99; Spelling with a .86 to .99 correlation range, and a .82 to .99 correlation range for Arithmetic.

Validity

Construct Validity. The developers of this test report that correlations among subtests range from moderate to high and that the WRAT3 and WISC-III are positively correlated.

Content Validity. Item separation of each subtest on both forms scored at 1.00. the person separation on each subtest on both forms ranged from .98 to .99. The developers of the WRAT3 report strong evidence of content validity of each of the WRAT3 measures.

Parenting Stress Index

Test Construction and Development

The Parenting Stress Index is a self-report assessment designed to identify the amount and sources of stress within a parent/child system (McKinney, 1984). The PSI was administered to 534 mothers who visited a small private pediatric clinic. According to McKinney (1984) 92% of the participants were white and 6% were black. Annual incomes of participants ranged from 25% receiving less than $10, 000 to 25% receiving above $20,000.

The assessment provides information regarding the three domains identified as the Child Characteristic Domain, Parent Characteristic Domain, and the Life Stress Domain. The Child Domain examines a child's adaptability, demandingness, mood, distractibility, and parent reinforcement characteristics. The Parent Domain examines the parent's feelings of competence, social isolation, depression, parental attachment to child, and parental health. The Life Stress Domain examines the stressors affecting the parenting outside of the parent/child relationship.

Reliability

Correlations for the test-retest reliability range from .55 to .82 for the Child Domain, and .69 to .91 for the Parent Domain.

Beck Depression Inventory - Second Edition (BDI-II)

The Beck Depression Inventory - Second Edition (BDI-II) was developed approximately 35 years ago. This 21-item self-report instrument was developed to measure depression of individuals between ages 13 and older. The BDI-II is written at a 6th grade reading level and takes approximately 10-15 minutes to complete. For those with lower reading levels, the BDI-II can be administered orally.

Reliability

The stability of the BDI-II over a 1-week test-retest provided a correlation of .93.

Validity

Convergent Validity

Comparisons were made between the BDI-II and several psychological evaluations. When examining the convergent validity between the BDI-II, the Beck Hopelessness Scale (BHS) and the Scale for Suicide Ideation (SSI), both BHS and SSI have been found to be positively related to BDI-II with correlations at (BHS r=. 68) and (SSI r=. 37). Both BHS and SSI are reported to be positively related to depression.

Home Observation for Measurement of the Environment (HOME)

Test Construction and Development

The developers of the HOME were Bettye M. Caldwell and Robert H. Bradley. The assessment was developed to identify patterns of nurturance and stimulation in the home of "high risk" children. Information is gathered by direct observation of the home

environment, including some self-report information from the mother. Forty-five items are clustered to compose 6 subscales that provide information regarding the parent's responsivity to the child, acceptance of child behavior, parental involvement with the child, opportunities provided within the home, and organization of the home environment. This assessment provides evaluation of children from birth through elementary age children. Two separate assessments have been developed for birth to age 3 and age 3 and above. The infant/toddler form was standardized using data from 174 participants living in Little Rock, Arkansas. An overwhelming percentage of the participants chosen were lower SES groups.

Reliability

Using the Kuder-Richardson-20, internal consistency coefficients for the total subscale scores were .89. Pearson Product-Moment Coefficients ranged from .62 to .77 for total scores, and intra-class coefficients ranged from .57 to .76 with 6-, 12-, and 24-month-old children.

Validity

McKinney reported that concurrent and predictive validity between the HOME and the Bayley and Stanford-Binet Score is supported. Results show the HOME to be 71% correct in classifying children with IQ scores below 80, 70% correct in classifying children above average in performance, and 43% correct in classifying children with retarded development (McKinney, 1984, p. 343).

Appendix C

IRB Approval

The University of Oklahoma

OFFICE OF RESEARCH ADMINISTRATION

May 31, 2001

Ms. Pamela Cadamy
2724 Chaucer
Oklahoma City OK 73120

Dear Ms. Cadamy:

The Institutional Review Board-Norman Campus has reviewed your proposal, "A Description of the Parenting Skills of Project Employ Clients." The Board found that this research would not constitute a risk to participants beyond those of normal, everyday life except in the area of privacy which is adequately protected by the confidentiality procedures. Therefore, the Board has approved the use of human subjects in this research.

This approval is for a period of 12 months from this date, provided that the research procedures are not changed significantly from those described in your "Summary of Research Involving Human Subjects" and attachments. Should you wish to deviate significantly from the described subject procedures, you must notify me and obtain prior approval from the Board for the changes.

At the end of the research, you must submit a short report describing your use of human subjects in the research and the results obtained. Should the research extend beyond 12 months, a progress report must be submitted with the request for re-approval, and a final report must be submitted at the end of the research.

If you have any questions, please contact me.

Sincerely yours,

Susan Wyatt Sedwick

Susan Wyatt Sedwick, Ph.D.
Administrative Officer
Institutional Review Board

SWS/pw
FY01-227

cc: Dr. E. Laurette Taylor, Chair, Institutional Review Board
Dr. James E. Gardner, Educational Psychology

1000 Asp Avenue, Suite 314, Norman, Oklahoma 73019-0430 PHONE: (405) 325-4757 FAX: (405) 325-6029

Informed Consent Form: Phase I
University of Oklahoma, Norman Campus
Permission to Conduct a Research Project

I understand that this study, "A Description of the Parenting Skills of Project Employ Clients" is sponsored by the University of Oklahoma, Norman Campus, Educational Psychology Department, Special Education Program. It is directed by a doctoral advisory committee (Dr. James Gardner, Ph.D., Chairperson), and primary investigator, Pamela Cadamy, M.Ed. The purpose of this study is to examine the parenting skills of parents with young children between the ages of birth through 3.

This study has two phases. During phase I you will be asked to sign a release of information giving Ms. Cadamy permission to examine Department of Human Services, Child Welfare, or Project Employ Records. These records will be examined to gain an understanding of your involvement in the social service system.

During phase I, you will receive 4 tests (intelligence, academic, stress, and depression inventories). The information from phase I will be used to identify participants for the 2nd phase of this study. Testing will be conducted at Project Employ and will take approximately 2 hours to complete. The total testing time will be divided up so that you can complete all the paper and pencil tests over 2-3 days.

Two direct benefits for your participation will be a small household gift or toy provided by the researcher, and the receipt of a written evaluation of the test results which may help you obtain additional resources. Risks may include that you experience test anxiety or feel uncomfortable about giving personal information about yourself, family members, or other personal relationships.

You do not have to participate in this study. You can refuse any taping of interviews and you can quit at any time and nothing bad will happen to you. Further, your agreement to participate in this research project does not waive any of your legal rights.

The information obtained in this research project will be handled in a confidential manner. No project publications will contain any identifiable information about me. All

instruments, answer sheets, booklets, tapes, and other assessment materials will not be given to any other person. All the records will remain in Ms. Cadamy's personal locked file cabinet. All results will be destroyed after 5 years or when no longer needed.

If you have any additional questions about the research project or your rights as a research subject, you may contact the Office of Research Administration at 325-4757. You may also contact Pamela Cadamy at 405-495-3770 x377 or Dr. James Gardner at 405-325-1533.

I _____ hereby agree to participate in
(Participant's Name)
the above-described research. I understand my participation is voluntary and that I may withdraw at any time and nothing bad will happen to me if I do not participate. Please be advised that if you admit to child abuse or neglect I am required by law to report this information to the proper authorities. My signature also shows that Ms. Cadamy read this consent form to me and answered any questions I had about participating in this research project.

_____ _____
(Participant's Signature) Date

My signature shows that _____ was asked to verbalize what has been read to her and she understands what is being asked.

_____
Researcher: Pamela Cadamy

Informed Consent Form: Phase II
University of Oklahoma, Norman Campus
Permission to Conduct a Research Project

I understand that this study, "A Description of the Parenting Skills of Project Employ Clients" is sponsored by the University of Oklahoma, Norman Campus, Educational Psychology Department, Special Education Program. It is directed by a doctoral advisory committee (Dr. James Gardner, Ph.D., Chairperson), and primary investigator, Pamela Cadamy, M.Ed. The purpose of this study is to examine the parenting skills of parents with young children between the ages of birth through 3.

You have been chosen for phase II of the study. During this phase, Ms. Cadamy will interview you at Project Employ on the following topics:
1. Schooling, 2. Relationships, 3. Dealing with Social Services, 4. Your Own Evaluation of Your Strengths as a Parent. Each topic should take approximately 30 minutes. The total interview time will be divided up over a period of 3-4 days, and they will be taped recorded.

In Addition, Ms. Cadamy will make one home visit to observe you and your child doing a parent/child activity such as reading a book or playing a game. Ms. Cadamy will use the Home Observation for Measurement of the Environment (HOME) test to gather this information during this home visit.

The information obtained in this research project will be handled in a confidential manner. No project publications will contain any identifiable subject information. All instruments, answer sheets, booklets, tapes, and other assessment materials will not be given to any other person. All the records will remain in Ms. Cadamy's personal locked file cabinet. All results will be destroyed after 5 years or when no longer needed.

If you have any additional questions about the research project or your rights as a research subject, you may contact the Office of Research Administration at 325-4757. You may also contact Pamela Cadamy at 405-495-3770 x377 or Dr. James Gardner at 405-325-1533.

I _____ hereby agree to participate in

(Participant's Name)

the above described research study. I understand my participation is voluntary and that I may quit at any time and nothing bad will happen to me if I do not participate. Please be advised that if you admit to child abuse or neglect I am required by law to report this information to the proper authorities. My signature also shows that Ms. Cadamy read this consent form to me and answered any questions I had about participating in this research project. I give permission for Ms. Cadamy to make one home visit to complete the Home Observation For Measurement of The Environment (HOME) assessment.

_____ _____

(Participant's Signature) Date

I certify that the respondent understands what I have asked and have received verbal feedback that respondent understands.

_____

Researcher: Pamela Cadamy

Release of Information
University of Oklahoma, Norman Campus
Permission to Conduct a Research Project

I understand that this study, "A Description of the Parenting Skills of Project Employ Clients" is sponsored by the University of Oklahoma, Norman Campus, Educational Psychology Department, Special Education Program. It is directed by a doctoral advisory committee (Dr. James Gardner, Ph.D., Chairperson), and primary investigator, Pamela Cadamy, M.Ed. The purpose of this study is to examine the parenting skills of parents with young children between the ages of birth through 3.

You will be asked to sign a release of information so that Ms. Cadamy can examine any Department of Human Services, Child Welfare, or Project Employ Records. These records will be examined to gain an understanding of your involvement in the social service system.

The information obtained in this research project will be handled in a confidential manner. No project publications will contain any identifiable information about you. All instruments, answer sheets, booklets, tapes, and other assessment materials will not be given to any other person. All the records will remain in Ms. Cadamy's personal locked file cabinet. All results will be destroyed after 5 years or when no longer needed.

If you have any additional questions about the research project or your rights as a research subject, you may contact the Office of Research Administration at 325-4757. You may also contact Pamela Cadamy at 405-495-3770 x377 or Dr. James Gardner at 405-325-1533.

I _____ hereby agree to participate in

(Participant's Name)

the above described research study and give permission for the Department of Human Services, Child Welfare, and Project Employ to release my records to Ms. Cadamy. I understand that Ms. Cadamy will examine these records to gain an understanding of my involvement in the social service system. Additionally, she will be given any records from Project Employ to show my progress in the program. I understand my participation is voluntary and that I may withdraw at any time and nothing bad will happen to me. My signature also shows that Ms. Cadamy read this consent form to me and answered any questions I had about participating in this research project.

_____ _____

(Participant's Signature) Date

My signature shows that _____ was asked to verbalize what has been read to her and she understands what is being asked.

_____

Researcher: Pamela Cadamy

Appendix D

Family Life Questionnaire

FAMILY LIFE QUESTIONNAIRE

SCHOOLING

1. How did you do in school as a student?

2. Did you ever repeat a grade in school?

3. Did you ever receive special help in school with a tutor?

4. Did you feel like your teachers were concerned about your success in school?

5. Did you have a close friend or friends in elementary school? Middle School? High Schools?

6. Did you have a favorite teacher? What did you see special about that person?

FAMILY LIFE QUESTIONNAIRE

RELATIONSHIPS

1. Describe your family now.

2. Describe your child(ren) (happy, sad, anxious, nervous...).

3. Do you have a close friend or special person you can talk to?

4. How often do you see family members? Mom, dad, grandparents, aunts, uncles, and siblings.

5. Who do you turn to in an emergency?

6. How do you get along with men/women? What is the longest time that you have stayed in a relationship?

7. How many relationships have you had in the last 6 months? 12 months? 2 years?

8. Have you ever been a victim of rape or domestic violence? Have any of your children been victims?

FAMILY LIFE QUESTIONNAIRE

DEALINGS WITH SOCIAL SERVICES

1. Why did you become involved in this program?

2. Did you refer yourself? If not, why were you referred?

3. Growing up as a child, were the police ever called to your home? As an adult? What was the reason?

4. Do you receive any assistance from your children's father or their family? Money or help?

5. Do you see a regular family doctor? How long have you had this doctor?

6. Do you have trouble getting medical care? Prescriptions? Appointments?

7. Is transportation a problem when getting to medical appointments or having to pick up medical prescriptions?

8. Do you use mainly emergency or non-emergency visits to the doctor?

9. **Do you ever not understand what a doctor or nurse is telling you? What do you do when you don't understand?**

FAMILY LIFE QUESTIONNAIRE

SELF-ASSESSMENT OF SKILLS/EFFICACY/DETERMINATION

1. **What is the longest time that you have held a job?**

2. **What jobs have you liked the most?**

3. **What kind of problems have you had keeping jobs?**

4. **Do you have reliable transportation? Do you have a driver's license?**

5. **Have you ever taken medication for your moods or feelings? Does anyone in your household? Why? Do you think that the medication helps?**

6. **Tell me how you feel about yourself generally?**

7. **Do you have a dream for the future? Explain.**

8. **How many more children do you want?**

9. **Do you need another person in your life, or are you okay on your own?**

Appendix E

Family Background History

PARTICIPANT HISTORY

Case Name_____

Mother _____

Date of Birth _____

Social Security Number _____

Father _____

Date of Birth _____

Social Security Number _____

Street Address _____

City_____State_____Zip_____

Child Welfare Case KK_____

TANF Case C_____

Disability Case D_____

Medical M_____

FINANCIAL HISTORY	AMOUNT
TANF	
FOOD STAMPS	
DISABILITY	

NAME:

SOCIAL SECURITY	AMOUNT
SSI	
OASDI	

NAME:

SOCIAL SECURITY	AMOUNT
SSI	
OASDI	

NAME:

SOCIAL SECURITY	AMOUNT
SSI	
OASDI	

PARENT INFORMATION :

EDUCATION

Highest Grade Completed _____

High School Diploma or GED

Reason for Exiting School

_____

_____

LITERACY LEVEL

Score _____

MENTAL HEALTH STATUS

Diagnosis_____

Counseling Services and Agency Providing Services

_____

_____

CHILD(REN) INFORMATION:

NAME DOB AGE SSN

1. _____ _____ _____ _____

School Grade _____ Special Services _____

Mental Health Status Diagnosis: _____

Counseling Services and Agency Providing Services: _____

_____

2. _____ _____ _____ _____

School Grade _____ Special Services _____

Mental Health Status Diagnosis: _____

Counseling Services and Agency Providing Services: _____

_____

3. _____ _____ _____ _____

School Grade _____ Special Services _____

Mental Health Status Diagnosis: _____

Counseling Services and Agency Providing Services: _____

_____

4. _____ _____ _____ _____

School Grade _____ Special Services _____

Mental Health Status Diagnosis: _____

Counseling Services and Agency Providing Services: _____

_____

5. _____ _____ _____ _____

School Grade _____ Special Services _____

Mental Health Status Diagnosis: _____

Counseling Services and Agency Providing Services: _____

CHILD WELFARE REFERRAL

Date of Referral: _____

Allegation Category: _____

Rulings: _____

CHILD WELFARE REFERRAL

Date of Referral: _____

Allegation Category: _____

Rulings: _____

CHILD WELFARE REFERRAL

Date of Referral: _____

Allegation Category: _____

Rulings: _____

CHILD WELFARE REFERRAL

Date of Referral: _____

Allegation Category: _____

Rulings: _____

EDUCATION AND TRAINING

PARTICIPATION IN TRAINING PROGRAMS:

OTHER COMMUNITY AGENCIES PROVIDING SERVICES