1998

Portrait of success: A situational analysis case study of students challenged by attention-deficit/ hyperactivity disorder

Sandra Hundley Zimmermann

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PORTRAIT OF SUCCESS:
A SITUATIONAL ANALYSIS CASE STUDY OF STUDENTS CHALLENGED BY ATTENTION-DEFICIT/HYPERACTIVITY DISORDER

by

Sandra Hundley Zimmermann

Dissertation Submitted in Partial Fulfillment of
the Requirement for the Degree of
Doctor of Philosophy
Education

Walden University
February 1998

DOCTOR OF PHILOSOPHY DISSERTATION

OF

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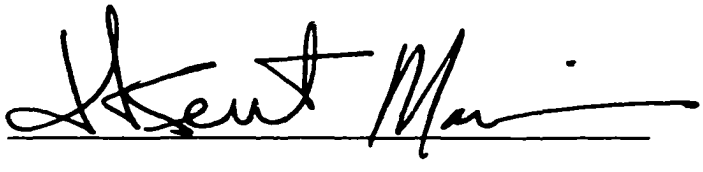

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Abstract

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ABSTRACT

This study examined factors that encouraged and supported academic success for students diagnosed with Attention-Deficit/Hyperactivity Disorder (ADHD). Students with ADHD are often not academically successful and do not graduate from high school, due in large measure to ADHD symptoms of (a) impulsive and reckless behaviors, (b) alienation from significant others including peers, and (c) disorganization. Students in this study overcame symptoms of ADHD and were academically successful.

The situational analysis case study design for this research utilized both qualitative methods (interview, observation, and record review) and quantitative instrumentation. Five students with ADHD comprised the case study sample. Data from student, parent, teacher, and counselor interviews and instrumentation were triangulated to reach the findings.

The results indicated that all students in the study had been at-risk for academic failure based on their impulsiveness and social alienation and yet all were successful in high school. Students attributed their school success to (a) their own developing internal locus of control, (b) the emergence of coping skills and strategies, (c) consistent involvement and support by their parents which included the entire family's ability to adjust to and manage stress, and (d) the positive influence of at least one caring teacher. The influence of the school counselor was not perceived by the students to be significant.

DEDICATION

This dissertation is dedicated to my parents, Chet and Rachel Hundley, whose unconditional love and positive regard for me and all of their children, grandchildren, and great-grandchildren has been a lifelong anchor. Without Mom and Dad's contagious belief that *any goal you set is achievable, if you try hard enough*, the voyage towards my doctorate degree, which culminated with research, might not have ever been launched.

ACKNOWLEDGMENTS

This work was sustained by the support of many. Gratitude is extended to my best friend and spouse, Armando, who endured 13 quarters of research without much muttering and who became my editing czar; my daughters, Amelia Wolff and Alexandra Zimmermann, who fortified me more than they know and who volunteered awesome advice; my sisters, Carrie Gaye Westover, Melinda Sanders, and Marilyn Hundley, who critiqued my proposal, sent me encouraging notes, and told me they were proud of me; my professional mentor, Dr. Skip Holmgren, whose energy and commitment to school counseling inspired me to follow in her path; my educational mentor, Dr. Marilyn Kelly, whose examples of risk-taking empowered me to re-examine career goals; my Walden University mentor, Dr. Barbara Knudson, known as OVBF *(our very best friend)*, who kept the academic life line open daily and gave so much of her tremendous knowledge and energy; and to the researcher-scholars who developed the measurements used in this research: Dr. Lyman, Dr. Koran, Dr. Nowicki, Dr. McCubbin, Dr. Thompson, and Dr. McCubbin.

Finally, to Monday McLain, who reminded me why it was important to remain in school when all other professional and financial reasons indicated otherwise. In a time of overwhelming pressure, Monday reached out in caring and support to a discouraged peer, modeling the essence of the Walden spirit.

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CHAPTER 1

The Research Problem

Introduction to the Study

Two million school-aged children in the United States are afflicted by a disorder with symptoms so severe that more than 35% of them drop out of school before high school graduation (Barkley, 1990; Biederman, et. al, 1986; DuPaul & Stoner, 1994; Frick & Lahey, 1991; Weiss & Hechtman, 1993). "Dustin," a composite drawn by the researcher, is one of those students:

> *Fifteen-year-old Dustin, an eighth grader at the local middle school, is described as a bright, clever, disorganized, impulsive young man. Held back in kindergarten for immaturity and retained in the third grade largely due to impulsivity, Dustin is still struggling to overcome a reputation of being out-of-control. Easily distracted and possessing a short attention span, Dustin has a low frustration tolerance. His few friends are often angry with him. The other kids don't like to have him as part of their cooperative work-groups. Each school year has been a struggle for him academically with Dustin barely passing, in part, because he forgets to write assignments down or complete them or even to turn in assignments after finishing them. Chronically frustrated, often feeling that everyone is against him, Dustin challenges his teachers and spends time regularly in the principal's office for yelling out in class or for making situationally inappropriate comments. Dustin doesn't intend to break the rules or to get in trouble; it just always seems to happen to him. The medication he takes helps some but he hates to take it and doesn't want the other kids to know about it. He wants to go to high school next year,*

but Dustin is not sure that he can hold on that long; and besides, he's scared of the change: "If I'm barely making it in middle school, how can I handle high school?" The truth of the matter is that Dustin really doesn't feel like he belongs or fits in at school or anywhere else.

"Dustin" is a composite of students familiar to this researcher. For young people like him, including scores of thousands with Attention-Deficit/Hyperactivity Disorder (ADHD), the effects of frustration, punishment, rejection, failure, and confusion over the years are cumulative and devastating (Frick & Lahey, 1991). Research has shown that students diagnosed with Attention-Deficit/Hyperactivity Disorder are at extreme risk for academic failure (Barkley, 1990; DuPaul & Stoner, 1994; Hinshaw, 1992; Kirby & Grimley, 1986; Quinn, 1997; Wender, 1995). In fact, studies indicate that students with ADHD are three to eight times as likely as the average student to drop out of school (Hinshaw, 1992). Academic and social failure for students with ADHD is pervasive and cumulative, making it very difficult to continue to stay in school and matriculate. Students with ADHD typically have trouble with concentrating, organizing, as well as with remembering to complete academic tasks. They have trouble with peer relationships, are often immature, and display an inability to figure out what to do in social situations or to modify their behavior based on social feedback. Their relationships with adults are often strained by their argumentativeness

and impulsivity. Yet, in light of all these symptoms/obstacles for academic success, an astonishing 65% of the students with ADHD do manage to graduate from high school, and many graduate with high marks.

The ability to overcome debilitating difficulties raises the question: How do so many students with ADHD successfully complete their kindergarten through 12th grade experience in spite of the complications from ADHD, which often include on-going negative experiences at school?

While much attention in current research has been devoted to student dropouts in the general and minority populations, including drop-outs both with and without ADHD, there has been less focus on identifying those factors or conditions that encourage students with ADHD to stay in school. Wolin and Wolin (1993) encouraged research on the successful factors in the lives of at-risk students, suggesting researchers should investigate individuals who have successfully overcome negative obstacles. This is such a study.

The ability of certain students with ADHD to persevere in school, especially when the school environment is often the most overwhelming challenge these students have, appears paradoxical. The students' persistence calls the question: What factors encourage students to stay in school and succeed in spite of the obstacles presented by the symptoms of ADHD?

Background of Problem

Attention-Deficit/Hyperactivity Disorder (ADHD) is an increasingly prevalent neurobiological condition (Quinn, 1997) which causes or exacerbates many learning, social, and emotional problems for both students and adults. ADHD is estimated to affect 3-5% of all school-age children, with some studies suggesting an occurrence rate of 10-20% (Aust, 1994; Barkley, 1990; Biederman et al., 1986).

Between 1.65 and 2.2 million students in America have this disorder (Hinshaw, 1994), categorized by the American Psychiatric Association in their *Diagnostic & Statistical Manual, Fourth Edition, DSM-IV* (1994) as Attention-Deficit/ Hyperactivity Disorder with four subtypes: Predominately Inattentive Type, Predominately Hyperactive-Impulsive Type, Combined Type, and Not Otherwise Specified Type.

The DSM-IV's delineation of this disorder details two main distinctions. The core problems of *ADHD-Impulsivity* are hyperactivity, impulsivity, and lack of persistence. The core problems of *ADHD-Inattention* are inattention and cognitive slowness or sluggishness in performing perceptual-motor speed tasks. Individuals may also have a combination of inattention and impulsivity (American Psychiatric Association, 1994).

ADHD as a disorder has core manifestations in attention regulation,

activity level modulation, and impulsivity. The key domains, which are characteristics of the disorder, are

1. having severe difficulty with achievement in school, whether learning handicaps are present or not;

2. presenting defiance, aggression, and other antisocial behaviors; and

3. rejection by peers (Hinshaw, 1994).

Statistically, these key domain features of ADHD place individuals with the disorder at critical risk for dropping out of high school before graduation. Statistics vary slightly with some studies showing that between 35 and 40% of students with ADHD do leave school early and without a diploma (Barkley, 1994; DuPaul & Stoner, 1994; Frick & Lahey, 1991; Hinshaw, 1992).

Struggles faced by students challenged by attention deficits, whether or not accompanied by hyperactivity, have been well-documented in recent literature (DuPaul & Stoner, 1994; Hinshaw, 1994; Johnston, Pellham, & Murphy, 1985; Quinn, 1997). This is particularly true with what Aust (1994) refers to as the "devastating social/emotional and educational fallouts of having ADHD" (p. 215).

Research indicates that one reason ADHD children are difficult to raise and to educate is because as young children, they frequently exhibit excessive

(in frequency and intensity) behaviors such as temper tantrums and stubbornness (Barkley, 1982, 1993; Braswell & Bloomquist, 1991). Parents maintain that children and adolescents with ADHD require much more monitoring and supervision than their non-ADHD peers. Children with ADHD are reported to be more accident-prone and to have a higher incidence of problems such as accidental poisonings and serious physical injuries due to their impulsivity (Aust, 1994). Older children with ADHD often develop concomitant or co-existing behaviors such as aggression (verbal and physical), lying, defiance, stealing, truancy, as well as increased rates of depression, anxiety, and conduct or oppositional disorders (Barkley, 1990; Weiss, 1991). An 8-year follow-up study of the academic outcomes of children diagnosed as having ADHD determined that 30% had been retained in at least one grade, 40% had been suspended at least once, and 11% had been officially expelled from school (Barkley et al., 1992).

Learning is often significantly affected by ADHD (Alexander-Roberts, 1994; Aust, 1994). Twenty-five percent of children diagnosed with ADHD have communication or learning disabilities. Forty percent of students with ADHD exhibit behavioral patterns associated with conduct disorder and oppositional defiant disorder (Amaya-Jackson, Mesco, McGough, & Cantwell, 1992). Weiss and Hechtman (1993) found even harsher statistics in their

long-term study of ADHD children followed into young adulthood: over 50% of the students in the study had been retained at least once, 35% did not complete high school, and only 5% completed college.

Other studies indicate that as many children with ADHD grow older, their symptoms often increase due, in part, to years of social, emotional, and academic frustration. The advent of adolescence can bring new, additional problems. McWhirter, McWhirter, McWhirter, and McWhirter (1998) and others have noted that adolescence in America, even without a disorder such as ADHD, can be a difficult time for both the adolescent and for his/her family. For most adolescents and their families, the teenage years are typically a combination of turbulent and calm times (Weiss & Hechtman, 1993). For teenagers challenged by inhibition disorders, however, the turbulent part of adolescence, in combination with their impulsive, defiant attributes and diminished by poor social connections, can present obstacles which are never overcome.

Among Barkley's (1990) findings were that 50% of the students diagnosed with ADHD fail at least one grade year in school and that 35% of all students diagnosed with ADHD never complete high school. For those students with ADHD who do stay in school, it is often difficult for them to maintain appropriate behaviors and to complete school assignments. School is

a struggle for these students, and one of the most challenging academic struggles for most students with ADHD is an inability or difficulty with getting organized and staying that way. Likewise, studies have shown that ADHD students characteristically have difficulty taking responsibility for their own actions, typical of a trait Rotter (1966) deemed an external locus of control. Additionally, students with ADHD are frequently distracted and often blurt out comments inappropriately, whether at home or in the classroom. As a consequence of these characteristics, the students may repeatedly frustrate or alienate teachers, peers, and parents (Parker & Asher, 1987). These students, in turn often feel that they are not supported by teachers at school.

Life at home with an ADHD family member is often stressful. For parents, the resulting strain of parenting a child with ADHD can result in possible diminished capacity to appropriately parent. This diminished capacity can present one more obstacle for the student and therefore present one additional area for the student where support is not available. Thomas (1992) theorizes that, consistent with the family systems theory, a family's impact on creating or sustaining certain attitudes and behaviors is profound. Parents who are overwhelmed with parenting a child with ADHD can become stressed themselves. Stressful parents are, in turn, more likely to produce

stressed-out children than nonstressed parents (Alexander-Roberts, 1994). This is not to imply that family life is the cause of ADHD, as research clearly indicates that ADHD is a neurological disorder (Quinn, 1997). However, in looking for factors which support academic success for students with ADHD, the research suggests that there is a correlation between a parent's ability to cope with stress and the ability of the child to cope with stress.

How students bounce back from repeated discouragement in the academic setting and how they stay on track to graduate from high school is the focus of this study, which examined the students' academic success in school through the lens of the constructs (locus of control, coping skills or abilities, and adult influences). Knowledge regarding the successful adaptation of these students to stressful life conditions will add to the body of knowledge regarding preventative interventions for ADHD students as well as other students in similar high risk categories (McCubbin, Thompson, Thompson, & Fromer, 1995).

Statement of the Problem

More than 2 million school-age children suffer from ADHD, the manifestations of which put them at high risk for dropping out of school (Barkley, 1990; Quinn, 1997). Yet, despite experiencing repeated and chronic

social rejection and academic frustration and failure, 1.3 million of these students will earn their high school diploma. Many of these students will also continue onto college or vocational school, some with continuing ADHD symptoms and problems. A review of the literature indicates that while studies in this area exist, not enough is known or understood regarding the factors which contribute to academic success for adolescents and young adults with ADHD, specifically the effect of locus of control, coping ability, and adult support. A clear understanding of what supports and motivates students with ADHD to succeed academically does not exist, nor is there a thorough understanding of personal qualities or of mitigating factors which foster the students' academic success. This study sought answers to questions regarding interventions which were perceived by students with ADHD to be academically supportive.

Need for the Study

Behavior patterns associated with many students diagnosed with ADHD place them at extreme risk for dropping out of school. Many of the students' impulsive behaviors also place them at great personal risk. For example, studies indicate that adolescents with ADHD begin alcohol and substance abuse at younger ages and that they abuse more dangerous drugs than do their

non-ADHD peers (Brown, 1996; Hinshaw, 1987). Statistically, Aust (1994) found the following: Adolescents and young adults with ADHD have more car accidents; girls with ADHD make more suicidal gestures; boys with ADHD experience more problems with the law; and youths with ADHD in general have more relationship problems than their non-ADHD peers. Their impulsivity and lower levels of inhibition constraints clearly cause problems for students with ADHD, both inside and outside the classroom and substantially increase their drop-out risk as well as other high-risk behaviors (Barkley, Guerremont, Anastopoulis, DePaul, & Shelton, 1993).

Learning what forms of support and what personal courses of action encourages students with ADHD to be successful and to remain in school may enable school personnel to undertake effective preventive work in developing early, comprehensive interventions for similar students. Identifying factors which have been successful for these students may suggest strategies to assist other ADHD students as they struggle to overcome their disability.

From a school counseling perspective, a disproportionate amount of counseling time is expended with impulsive or acting-out students, and school counselors are often unsure as to the efficacy of their interventions. Likewise, school counselors spend time in consultation with the teachers of these students and often spend much of the day in parent conferences or parent

education groups around ADHD issues. Since a significant time investment is involved, it is imperative, both from a student-centered viewpoint as well as from a cost-benefit analysis, that school counselors have a clear understanding of the most effective intervention strategies for students whose ADHD symptoms place them at risk for academic, social or behavioral failure. The high student-counselor ratio in most school districts (generally ranging from a low of 300:1 to a high of 1500:1), demand the identification of the most efficient and effective interventions possible for students with special needs such as ADHD.

Purpose of the Study

The purpose of this study was to gain a greater understanding of the factors and qualities which are perceived by students with ADHD to support and encourage their academic success and to add to the scientific body of knowledge on this topic. Within this purpose, the impact of the students' (a) coping skills, (b) locus of control, and (c) family and school (teachers and counselors) was studied.

Significance of the Study

The significance of this study is based on both the prevalence of the

disorder and on its long-range affects.

Prevalence. ADHD is a significant problem, a condition which affects directly up to 2.6 million children in this country alone (Barkley, 1990; Hinshaw, 1994; Quinn, 1997) and which indirectly affects millions more by their association with individuals who have the disorder.

Long-range effects. The second significant rationale for conducting this study is the high drop-out rate of students with ADHD and the rising cost to society of early school leaving. Thirty-five percent of the students diagnosed with ADHD do not graduate from high school (Barkley, 1990; Frick & Lahey, 1991). Statistics concerning non-high school graduates are alarming: The median earnings in 1990 of adult men, aged 25 to 34, who had dropped out of high school, was fully 35% less than those of adult men who had a high school diploma or an equivalency degree (U.S. Bureau of the Census, 1990). Furthermore, 25- to 34-year-old men with some college education earned almost twice as much as men without their high school diplomas. Women who dropped out of school were likewise economically disadvantaged. The median earnings of 25- to 34-year-old female high school dropouts were over 40% lower than those of women who had graduated from high school or obtained an equivalency degree, and 65% lower than the median

earnings of women who had gone on to college (U.S. Bureau of the Census, 1990).

This study adds to the growing scientific body of knowledge by its in-depth examination of five academically successful students with ADHD and identification of the factors or variables which supported their success in high school. Knowledge about the factors which supported academic success for these students may suggest possible interventions for other students with the disorder. From a programmatic lens, the knowledge about possible relationships between selected factors may encourage a restructuring of teaching practices or of comprehensive kindergarten-12th grade counseling programs to incorporate practices which encourage and support students with ADHD. Furthermore, findings from this study could lead to additional field research regarding successful academic interventions for students with ADHD.

Research Questions

All students in this study have been diagnosed with ADHD, many symptoms of which place them at-risk for academic success. Yet, all of the students have been academically successful. To gain a greater understanding of what factors fostered academic success for the students, two sets of questions were developed; the sets served as the guide for both data collection

and analysis.

The first set were *preliminary questions*, developed to determine if academic success was facilitated by the absence of typical ADHD-symptoms which commonly place a student at-risk for early-school-leaving. These symptoms would include impulsivity and reckless behavior, distractability and disorganization, and/or poor relationships with peers and adults. It was important for the study to determine if the students were successful in school, in part, because they did not experience typical ADHD symptoms which often inhibit success.

The second set of questions were the study's *research questions* which were developed to explore the influence and possible correlation of identified variables (*locus of control, coping skills,* and *adult influence, including the influence of family or school*) on the academic success of the students under study.

Preliminary Questions

1. Preliminary Question 1

Did the students in the study believe they experienced and were affected by impulsivity, resulting in disciplinary problems at school and/or in the high-risk behaviors of drug or alcohol use/abuse?

2. Preliminary Question 2

Did the students in the study believe they had experienced or were affected by difficult social relationships resulting in limited friendships and negative peer relations at school and/or by alienation from significant adults such as parents or teachers?

3. Preliminary Question 3

Did the students in the study believe they experienced and were affected by being disorganized and/or by having difficulty in maintaining an orderly learning environment at school or home?

Research Questions

1. Research Question 1

Was there an influence of the students' locus of control on their own academic success? Was there an influence of parental locus of control on the students' academic success?

2. Research Question 2

Was there an influence of the students' coping skills on their own academic success?

3. Research Question 3

What was the perception of the students regarding their parents' role in their academic success? What was the influence of family hardiness? What was the influence of family empowerment?

4. Research Question 4

What was the perception of the students regarding the influence of teachers on their academic success? Were there common characteristics among the teachers identified by the students as being supportive?

5. Research Question 5

What was the perception of the students regarding the influence of school counselors on their academic success? Were there common characteristics among the school counselors identified by the students as being supportive?

Definition of the Terms

Certain terms are used throughout this dissertation and need to be defined so that all readers will have a uniform understanding of word usage.

At-risk: in danger of leaving school before graduating from high school; at-risk or in danger of dropping out of school.

ADD/ADHD: the common usage acronyms for describing Attention-

Deficit/Hyperactivity Disorder. Most interviewees used the term ADD when describing ADHD. To avoid confusion in the report, the researcher transposed all references to ADD and entered them into the report as ADHD.

Attention-Deficit/Hyperactivity Disorder or ADHD: a neurologically based, DSM-IV psychiatric syndrome characterized by two core features: Inattention-Disorganization and Impulsivity-Hyperactivity, or by a combination thereof.

CH.A.D.D.: Children with Hyperactivity/Attention Deficit Disorder, a national support group for parents of children with ADHD and for adults with ADHD; local chapters usually function on a city or county level.

Coping and/or resiliency behaviors: behaviors used by individuals or by groups to successfully manage or reduce problems or to manage difficult situations that occur in life. Coping behaviors are usually preceded by the individual's or group's perception that he or she can act effectively and competently.

DSM-IV: the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition. (1994). Washington, DC: American Psychiatric Association, a classification system for mental disorders developed in 1952 by the American Psychiatric Association and revised periodically (1968, 1980, 1994).

Empowerment: the ability of one unit to transfer positive attributes or attitudes to others or to encourage the development of the same; a sense of confidence and competence that one can manage problems or stresses in life successfully. Also, a confidence in securing resources.

Family systems theory: the theory (evolving from general systems theory) that circular causality occurs in a family and that individuals do not act independently; an action or behavior of any one family member affects the entire family as a unit and affects the individual family members.

Hardiness: a buffer or mediating factor in mitigating the effects of stressors and demands; the ability to actively adjust to and manage stressful situations without giving up or falling apart. It implies a strength.

Impulsivity: the tendency toward restlessness, rule-breaking, and indulgence in horseplay or in playful behavior which is inappropriate for the situation or which quickly escalates to an inappropriate level.

Locus of control: the sense or belief that reinforcement comes to a person by chance or fate or because of control by others *(external locus of control)* or because of your own thoughts, behavior, or actions (*internal locus of control*); the belief that one does (or does not) have influence or power over events, individuals, or circumstances.

Nurturing: the act of promoting positive development or growth,

specifically in the area of positive attention or regard from a parent to a child.

Resiliency: the ability to overcome or to recover from problems or difficult situations; the ability to successfully cope with or bounce back from stressful circumstances.

Student: subjects for this study who meet the study criterion. The subjects in this study are all high school or college students.

School counselor: a credentialed pupil personnel services staff member for local school districts who provides comprehensive, developmental guidance to all children in all grade levels, using preventative strategies in the form of classroom guidance, small group discussions, parent education, and parent or teacher consultation, in addition to limited individual counseling.

Triangulation: the use of multiple methods, data collection strategies, and/or data sources to corroborate findings.

Limitations of the Study

This was a study of academically successful older adolescents and young adult students who have been diagnosed as having Attention-Deficit/ Hyperactivity Disorder (ADHD). The following are limitations of the study:

1. The number of subjects was limited to $n=5$. Restricting the study to only 5 students was a significant limitation; however, the inclusion of parents,

teachers, and counselors in the data gathering process of the for the study and the decision to include quantitative as well as qualitative measurements placed restrictions on the number of case study subjects a single researcher could consider. It should be noted that the actual number of students studied was 6. Only after the research was completed was it revealed that the 6th subject did not fully meet the study requirements.

2. The study focused on perceptions. The major perceptions were those of the 5 students regarding their school experiences and the academic and emotional support perceived by those student as contributory to their success in high school. Perceptions of the students' parents, teachers, and school counselors were obtained as corroboration for the students' perceptions.

3. All 5 students were white and were from a rural or suburban locale. Visual indicators for all families suggested a socio-economic strata of middle to upper. The subjects' demographics are representative of the county of the study but are not representative of the demographics of the state of California; the findings, therefore, may not be representative of other locales or ethnicities.

4. The data gathered in the study concerning links between specific factors within the make-up of the student(s) or the make-up of their families, across the case studies, has led to suggestions about possible

relationships between (a) the studied variables and (b) academic success which may only be applicable to these particular students.

5. The subjective nature of the interview procedure limited the study; however, this data collection method allowed the researcher to probe for greater meaning and for understanding of the subjects' perceptions.

CHAPTER 2

Literature Review

Introduction

A proliferation of current literature, both in professional journals and the lay press, emphasizes how difficult it is for students with Attention-Deficit/Hyperactivity Disorder (ADHD) to stay in school and graduate. Research studies point to the inattentive and impulsive manifestations of the disorder which make it an arduous effort for affected students to pay attention in their classes, to form meaningful relationships in school, and to stay out of trouble long enough to graduate from high school. This present study examined the possible relationship between successful academic outcomes for students with ADHD *and* the variables of (a) locus of control, (b) coping, and (c) support from significant adults.

The literature review commences with an overview of academic success and academic failure in school and of three at-risk factors which facilitate dropping out of school. The at-risk factors selected for this study were (a) impulsive behavior, (b) difficulty in establishing and maintaining relationships, and (c) inattention/disorganization in school; the impact of these three factors on academic success was examined.

The review of literature for this study progresses to an in-depth examination of the factors which may support or encourage academic success. Those selected supportive factors are (a) locus of control, (b) coping skills, and (c) academic support from family, teachers, and school counselors.

A review of the literature on ADHD follows in this chapter. The review includes research regarding ADHD symptoms, specifically impulsivity, alienation from family and friends, and distractability/disorganization. It also includes the impact of these symptoms on academic success as a focus for that section. The chapter ends with a summary of the literature review research findings.

A wide range of literature was reviewed for this study. Literature from the past decade, primarily from the last 5 years, was examined most thoroughly. The inclusion of significant, relevant, earlier supporting material, however, is intentional. The researcher used the research libraries at the University of California, Davis; the University of California, Los Angeles; Indiana University at Bloomington; and Sonoma State University. Stacks were searched, professional journals were read, and countless hours were spent consulting with the research librarians. Online searches were conducted using the resources from libraries throughout the English-speaking world. Several contacts with the Walden University library staff resulted in confirmation that

the literature search had already been exhaustive. Hundreds of professional journals were combed for related articles, especially research studies. Additionally, this researcher also attended a conference on ADHD, obtained content session audiotapes from other ADHD conferences, attended several ADHD parent support organization meetings (CHADD), and conferred with nationally known professionals with expertise in the area of ADHD.

Consequences of Academic Success/Non-success

Success in school necessitates staying in school long enough to graduate. Statistics cited in the previous chapter pertaining to high school drop-outs are disconcerting, especially in regard to the future of an individual who leaves school without graduating. The 1990 median earnings of adult men, aged 25 to 34, who dropped out of high school, was fully 35% less than those of adult men who had a high school diploma or an equivalency degree (US Bureau of the Census, 1990). Twenty-five to 34-year-old men with some college education were reported to have earned almost twice as much as men without their high school diplomas. Women who dropped out of school were likewise affected. The median earnings of 25-to-34-year-old female high school dropouts were over 40% lower than those of women who graduated from high school or obtained an equivalency degree, and were 65% lower than the

median earnings of women who had gone on to college (U.S. Census. 1990). The result of dropping out of school for some individuals today is that they remain economically at-risk for the rest of their lives (Dorn, 1996).

This was not always the fate of the high school drop out. In fact, the concept of a *school drop-out* was not known until 1900, although leaving school without a diploma has been a phenomenon since the establishment of schools for the masses in the 1880s and the subsequent mandatory education laws which followed (DuPaul & Stoner, 1994). In 1900, 90% of the students did not complete high school. By 1940, this number had only decreased to 76%. *Early school leaving* did not fall below 50% until the 1950s. It reached its lowest point in the 1960s with a 12% early school leaving or drop-out rate. Since the 1960s, and in spite of the good intentions of the Educate America: Goals 2000 Act, the national drop-out rate has actually risen (Altenbaugh, 1995, p. 19).

In earlier decades, not having a high school diploma was less ruinous. In those times one's livelihood was not necessarily affected by the lack of education. Prior to World War II and for a decade thereafter, individuals needed to graduate from high school to access professional fields but could anticipate earning a living wage without completing high school. A multitude of positions were open, including high paying factory positions, for nongraduated workers. Students, almost exclusively males, often dropped out

of high school at age 16 or 17 to join the armed services and later entered the working world via an honorable military discharge.

The economic picture has changed radically, however, and few of these options currently remain. Positions which once required a high school diploma (or less) now give preference to college graduates. The U.S. Armed Forces, for example, will no longer accept volunteers into their ranks without a high school diploma or a high school equivalency document. Having a high school diploma is now essential for those who want opportunities beyond mostly service positions (Rumberger, 1987). Suddenly, what used to be an optional (albeit a desirable) condition, *staying in school,* is now an essential component to the prospects of a financially stable life. Currently, "the decision to drop out of school can carry with it devastating lifelong implications" (Holmgren, 1996, p. 301).

Ironically, there is no common definition of a "high school drop-out." The Bureau of Statistics uses one analytical approach, the U.S. Department of Education uses another, and the individual states have no common agreement on calculating drop-outs. The confusion over the exact number of students who leave school without graduating is that, from state to state, the specifications for counting someone as a drop-out varies greatly. For example, a student who leaves school early but takes an equivalency examination may

be counted as a drop-out in one state and not as a drop-out in another state. The inability to track a student who leaves a school district is another problem in obtaining credible drop-out statistics. For example, students may actually plan to transfer to another school and therefore would not be considered a drop-out by the exiting school. They may change their mind, however, and they may not enroll in the new campus or return to the old one. The new campus has never heard of the student and does not count him or her as a drop-out either.

Regardless of the inconsistency of drop-out statistics from state to state, Dryfoos (1990) suggests that the most accurate figure of students who enter kindergarten and do not graduate from high school is 25%. In comparison, the drop-out statistics for students with ADHD is said to be from 35% to 40% of the students with the disorder (Barkley, 1994; DuPaul & Stoner, 1994; Frick & Lahey, 1991; Hinshaw, 1992). This puts students with ADHD among the highest at-risk populations in our school system. The statistics for *all* students place an alarming number of them at-risk and command serious attention and intervention by families and schools (Roderick, 1993).

At-Risk and At-Risk Factors

The American School Counselor Association considers the issue of being

at-risk so critical that it has a separate policy statement on this issue alone.

> Any student may at any time be "at-risk" in respect to dropping out of school, becoming truant, performing below academic potential, contemplating suicide, or using drugs. The underlying reasons for these behaviors often deal with personal and social concerns such as a poor self-esteem, family problems, neglect, or abuse. (ASCA, 1993)

There are various interpretations or definitions of an at-risk student but for the purposes of this study, the definition is *a student at-risk of not graduating from high school*. McWhirter et al. (1998) maintain that every child in America is at some level of risk. These authors state unequivocally that, in terms of "risk," all students are at either at "minimal," "remote," "high," "imminent," or are "already engaged" in at-risk circumstances or activities' (McWhirter et al., pp. 7-9). Their statements are based on their own definition of *at-risk* which included the concept that a series or a collection of cause-and-effect circumstances or events places individuals in peril of a detrimental future.

There are many crucial concerns placing students at-risk in today's classroom: violence and its ramifications is just one of the major alerts. Dykeman, Daehlin, Doyle, and Flamer (1996) studied violence predictors and their implications. They found that violence is on the upswing in the U.S. with youths engaging in higher frequency of increasingly violent acts. Dykeman et al. indicated four predictors of future violence involvement: (a) impulsivity, (b) a lack of empathy and social awareness, (c) external locus of

control and, (d) low socio-demographic statistics.

Many factors, including the lure of violent activities, compete with a student's attention and, inadvertently or purposefully, may encourage early school leaving. Some of these factors or circumstances include teenage pregnancy, drug and alcohol abuse, excessive family responsibility, negative peer pressure and the like (Eckstrom, Goertz, Pollack, & Rock, 1987). Students who have learning handicaps or qualify for special education are at even greater risk than the general population (Lichtenstein & Zantal-Weiner, 1988).

This research study isolated three specific variables or factors that research has shown to place a student at higher risk for dropping out of school: impulsive behavior, social alienation, and inattention/disorganization. Whether these factors are predictors of or have a possible correlation to *staying in school* or to other future at-risk activity is addressed in the findings of the study.

At-Risk Factors: Impulsive Behavior

Holmgren (1996) contends that there is a growing concern in educational circles about classroom management issues. Administrators report that the extent of the disruptive and impulsive behavior is so severe that

teachers become "so frustrated and discouraged that they sometimes wonder why they continue to teach" (Holmgren, 1996, p. 109).

Students acting out impulsively have been chronicled in the literature for years but teachers report that the number of impulsive students continue to rise. Smith (1990) described the impulsive students as the ones who seem to be unable to control their own behavior or to follow the procedures that have been set up to keep an orderly campus or classroom.

> Typically these students have an inability to control an impulse to act before thinking. Consequently, they are often inadvertently disruptive and frequently unable to respond to supervision. Parents find these students disorganized, easily frustrated, and frequently unable to explain what the teacher expects of them. Teachers find these students to be distractable, overactive, unable to follow directions, and inconsistent in their academic achievements. One day they may perform very well; the next day they appear to have forgotten what they learned. (Smith, 1990, p. 9)

Many such students are not intentionally aggressive, but their impulsivity often directly or indirectly affects other students and may cause injury or may provoke aggression in return. Hunt (1993) calls these students the "over-aroused" aggressors. These are the students whose engagement in high level activity and impulsivity results in aggressive incidents and frequent accidents. These are the students who may break their arm several times during the course of their school years. These are students who push and shove their peers and push to the front of the line. These are students who do not respect

the body boundary space of their peers. Hunt maintains that the major difference between these impulsive students and other aggressors is the fact that they "rarely select their victim" (p. 16). The victim, or injured party, typically just happened to be there when the impulsive behavior occurred.

Impulsive children and adolescents often frequently miss classtime because of their behavior. These students are often isolated in class or sent from the class because of their impulsiveness. They have a higher suspension rate from school because of their frequent negative contact with other students which, especially in their younger years, escalates into inappropriate behavior. Even when they are in class, their impulsive tendencies place them at-risk for missing out on the lesson due to "talking" or getting up out of their seat.

Impulsive students are often referred for school counseling in hopes that they will learn to think before they act on an impulse. They are also seen in the counseling office because of an aftermath of negative social problems resulting from their behavior. If the impulsive student has ADHD, other symptoms of the disorder may also manifest: Emotional over-activity is a marker of ADHD, especially as the student enters adolescence. Quinn (1997) documents a full range of negative symptoms emanating from the adolescent or child such as denial, temper tantrums, and low frustration tolerance. All such factors create more problems for the student in the school setting and

raises their at-risk quotient.

At-Risk Factors: Unsatisfactory Relationships

The impact and importance of friendships is immense for the adolescent. In early adolescence and continuing onto adulthood, individuals are moving toward what Steinberg and Levine (1997) call "intimate friendships based on empathy, trust, and self-disclosure" (p. 343). The authors continue that as students reach the middle and high school years, they begin to build a support network among their peers, and it is to this network that they begin to turn for advice or for help when they are stressed or in trouble.

All students, but particularly at-risk students, need to feel a sense of belonging or community at their school. Being in a school where the "kids are friendly," and where students feel accepted by their peers is a major factor in students finishing their high school studies (Wehlage, Rutter, Smith, Lesko, & Fernandez, 1989).

Research involving school age children indicates that students who have high self-esteem are usually more popular and have more close interpersonal relationships than do students with low or lower self-esteem (Hamacek, 1995). Hamacek maintains that this is a result of the popular student being more

confident and out-going and thus attracting friends.

Many of the problems for students relative to social isolation and alienation are caused by their lack of social skills or social competence. McWhirter, McWhirter, McWhirter, and McWhirter (1998) regard interpersonal communication skills training as being an essential element for counseling programs at school. The McWhirters see interpersonal communication skills as "necessary for responsive, confident, and mutually beneficial relationships" (p. 224). The lack thereof is felt to lead to "social isolation and rejection which results in poor psychological adjustment" (p. 224).

Jessor (1993) saw at-risk students as often being locked into a cycle of dysfunction and defeat, often acquiring neither the interpersonal skills or the academic knowledge needed to be successful interpersonally. Fad (1990) identified skills which he felt were needed for students to be successful at school. These are also skills needed for satisfying social relationships: (a) developing and maintaining friendships, (b) sharing laughter and jokes with friends, (c) knowing how to join a group activity, (d) skillfully ending a conversation, and (e) interacting with a variety of peers. These were felt to be skills which allowed interpersonal problem solving and were skills which many at-risk students have not acquired (McWhirter et al., 1998).

When one examines the traits and skills required for student coping behavior or resiliency, an important factor is the ability to gain appropriate and positive attention from peers, family, and significant adults such as teachers (Rak & Patterson, 1994). McWhirter et al. (1998) believe the ability of at-risk students to connect with others is "so distorted that they have few positive social interactions with either peers or adults" (p. 87).

As will become apparent in this review, children with ADHD frequently experience persistent peer and adult relationship problems. Because of their anger, impulsivity or bossiness, or because of their inability to correctly understand the subtlety of an interpersonal interchange, peer rejection is common for children with ADHD. The series of failures in relationships appear to incline children and adolescents with ADHD to become both socially discouraged and socially inappropriate (Campbell, 1990).

At-Risk Factors: Inattention/Disorganization

Being distracted or disorganized are not at the top of most lists as significant at-risk factors. However, indicators are clear (Taylor, 1990a) that individuals with traits of inattention and disorganization, and that includes 25-50% of the students with ADHD, are at great risk for not completing high school. Taylor sees these inattentive students as often being shy, unpopular

with other students, and withdrawn. Their school performance is most often below grade average and they are frequently retained or threatened with retention. Taylor maintains that their problems in school often involve an inability to concentrate, to organize their school work, to finish an assignment, and to pay attention in school. Taylor (1990a) maintains that inattentive students can be identified by a number of characteristics, including a likelihood to

1. Lie rather than fight.
2. Be diagnosed as having a phobia, depression, or anxiety.
3. Be tense and nervous.
4. Plod through work and be generally slow in doing things.
5. Be self-doubting and critical of their appearance.
6. Avoid fights and be nonaggressive.
7. Show inhibited behavior that is not bizarre.
8. Feel guilty and remorseful. (p. 9)

Ekstrom, Goertz, Pollack, and Rock (as cited in McWhirter et al., 1998, p. 100) found that four predominant factors related to dropping out of school were also correlated with low self-esteem. Those factors were (a) school being considered non-relevant or boring by the student, (b) the student's poverty or a need to work for money, (c) low academic achievement by the student and/or poor grades, and (d) the student's sense of a lack of belonging or the feeling that no one cared about him or her. Having any one of those symptoms places students at risk for not graduating, and in the case of inattentive students, they typically have two (poor grades and few friends), if not more, of the four

characteristics.

In a study of at-risk elementary children by Rush and Vitale (1994), a profile of the most significant at-risk factors for students in grades 1-5 was established by surveying elementary teachers who collectively taught 5,270 students. Eight interpersonal factors were found to account for more than 52% of the at-risk factors: having poor grades, negative behaviors and poor coping skills, being socially withdrawn resulting in few friensdhips, low family income, parenting issues, language development, retention in school, and poor attendance. Again, it is seen that two of the characteristics of inattentive or disorganized students (*grades and friends*) are considered to be high risk factors.

Hamacek (1995) found that students with higher self-esteem were more likely to graduate from high school than those with low self-esteem. One research factor associated with high self esteem in a student is the ability to be task-persistent instead of giving up or losing interest in a task. Inattentive and disorganized students have trouble persisting in a task, especially one which is perceived as difficult, long, or boring. Preferring challenging work versus being disinterested (or losing interest) in school work is another of the indicators of a student likely to graduate.

Supportive Factors/Research Study Variables

For the purpose of this review, variables which may have affected the academic outcomes of the students in the study were examined. Those variables were (a) locus of control; (b) coping skills; and (c) influence or support from significant adults, specifically parents, teachers, and school counselors.

Locus of Control

Locus of control, the expectations which individuals have about the influence(s) they have on life events, has been widely researched within the last several decades. That research has shown a positive correlation between an internal locus of control and taking responsibility for ones' actions and (a) demonstrating more self-control (Lefcourt, 1976), (b) positive relationships with peers and adults (Nowicki & Duke, 1983), and (c) staying in school (Ekstrom, Goertz, Pollack, & Rock, 1986).

Much of today's research on locus of control is based on Rotter's work. Rotter (1966), one of the founding learning theorists, expanded the earlier work of Raskin and introduced locus of control as a *cognitive* trait. The implication was that people with an internal locus of control *believe* that what happens to them is a matter of their own efforts; whereas people with an

external locus of control believe that what happens to them is determined by (often powerful) forces beyond their control. People who are able to cope well with stressful situations and are able to respond with a positive plan when situations (or people) do not go their way are said to have internal locus of control. Others, who get defensive, angry, or depressed with the same circumstances are said to have external locus of control. External locus of control is often a major marker of ADHD.

Previous research has indicated an association between locus of control in adolescence and a successful transition to adulthood (Cairns, McWhirter, Duffy, & Barry, 1990; Knoop, 1981). Having an external locus of control has been closely associated with risk factors which encourage early school leaving including behaviors such as delinquency and situations such as pregnancy.

Individuals with ADHD are frequently described as being unable to take responsibility for their own actions. ADHD students often will argue with peers and adults alike that they did not engage in the very behavior that they had just been observed engaging in, *someone else is always to blame* for many with ADHD. Not taking responsibility for one's own actions is often referred to as a factor in having an *external* locus of control.

Radd and Harsh (1996) cite an external locus of control as one of the most common characteristics of students, some with and some without

ADHD, but all with behavior challenges, in their work with students qualifying for special education. They noted that statements such as "*you* gave me a time-out; *she* made me do it; or, *he* made me mad" were commonplace in the classroom.

In a study of 1,264 ninth grade students conducted to assess factors predicting adolescent locus of control (Kopera-Frye, 1991), locus of control was found to be critical in predicting depression and grade point average. In the same study, locus of control was found to interact with life stresses to affect antisocial influences.

As an intervention for ADHD children struggling with external locus of control, Armstrong (1996) suggests that internal empowerment, rather than external intervention, is often the best way to help. Armstrong maintains that much of the work currently being undertaken in the field of ADHD approaches intervention from an external control perspective. He cites the two interventions referred to in almost all books and programs about ADHD: (a) medication and (b) behavior modification. And, while these approaches may be dramatically effective with some children labeled as having ADHD, Armstrong expressed concern that both approaches have troubling features around empowerment.

According to Armstrong (1996) and researchers in the field, when

children receive medication, those children may attribute their improved behaviors to the pills rather than to their own inner resources (Whalen & Henker, 1980). Some children, parents, and teachers may expect the medication to do all the work and not focus on underlying issues. Likewise, behavior modification programs seek to control children' s behaviors through combinations of rewards and punishments: tokens, behavior charts, stickers, and bribes. Armstrong cites a behavior modification devise, a mechanized *Attention Training System,* that sits on a child's desk and automatically awards a point every 60 seconds for on-task behavior with the teacher deducting points for bad behavior using a remote control. Armstrong's concern with such behavior modification programs is that while they may influence children to change their behavior, they do it for the wrong reason--to get external rewards.

Empowerment denotes the ability of one unit to transfer positive attributes or attitudes to others or to encourage the development of the same. Most often a person's expectations about being successful are a direct result of both past empowerment and past successes. A good example of that uses the locus of control theory. Rotter (1966) in reporting his work on locus of control asserted that the probability that people will engage in a given behavior (such as studying for an exam instead of a engaging in a social activity), is determined by two things: the expectation of attaining a goal, such as getting a

good grade, that follows the activity (*past experience)* and by the *personal value* of that particular goal. Those students who are both encouraged to get good grades and are told they are capable of getting good grades, usually make the effort and succeed. Once those students succeed, they will probably succeed again.

Zimbardo and Weber (1994) maintain that expectations of future successes or failures are generally based on an individual's history of past reinforcement. That history, in turn, helps the individual to develop a personal sense of control. Whether individuals develop an internal locus of control may depend on whether outcomes are linked to their own actions or whether outcomes are felt to be linked to events outside an individual's control.

Manganello (1994) reports that the external locus of control of some learning disabled clients can impede progress in counseling since the client is unable to realistically assess the causes and effects of his/her disability. Research (Faas, 1987) confirms that an inability to credit oneself for one's successes as well as for one's failures or shortcomings is pervasive in both adults and in children with learning handicaps.

Coping Skills

Coping is an ability to handle what ever comes one's way. The ability to cope successfully with life's stresses is a part of what enables an individual to be resilient and to overcome difficult situations (Brenner, 1984; Garmezy & Rutter, 1983). Why certain adolescents and young adults are able to overcome or bounce back from devastating family or life situations has been a major focus of study for the past 15 years. Garmezy (1981, 1989) was one of the first to define the phenomena of individuals developing normally in the midst of debilitating environments, personal and physical challenges, and/or familial dysfunction. Werner and Smith (1992) in defining this capacity as resiliency called it a capacity to effectively cope despite vulnerability.

Hauser, Vieyra, Jacobson, and Wertlieb (1985) saw resiliency or coping as the outcome of three distinct areas of differing significance depending on the individual. Hauser et al. (1985) hypothesized that the *social environment* (which for students is primarily the school environment) is part of the foundation of providing youths with opportunities for development and support despite adverse conditions. For some children, the school may be the only haven from a dysfunctional family which enables him or her to learn to cope with life (Pines, 1984). Supportive and encouraging teachers are seen as a crucial ingredient in the development of coping skills and resiliency. Werner

(1984) cites counselors as also having the ability to help students cope with life's stresses and frustrations.

Hauser et al. (1985) cited a second area of significance for the development of coping skills and resiliency: the family unit or *family milieu*, probably the most important influence of all. Among the crucial elements of the family's fostering of resilience are the development of a warm, nurturing relationship with (even just one) parents or a caring person (Werner, 1984) and clearly defined, consistently enforced family rules and discipline (Werner & Smith, 1982).

Hauser et al. (1985) maintained the third foundational area for coping/resiliency development was that of the individual's own unique personality traits, including interpersonal skills, communication style, and learning or cognitive style. Having better verbal and social skills, having self control, having an internal locus of control, and having high self esteem are crucial to the development of these crucial skills (Garmezy, 1981; Werner & Smith, 1982). McCarthy, Brack, Lambert, and Orr (1996) have determined that the ability to cope is a key factor in predicting future positive (or negative) outcomes for adolescents.

Werner's research (1984, 1989) points to the major characteristics of resilient children, including an active (not passive) approach to problems, the

ability to constructively analyze frustrations and stress, the ability to gain positive attention from others, and having a vision that life can be positive and meaningful overall.

Reyes and Jason's (1991) research focused on resilience and protective factors and the prevention of high-risk behaviors in urban, minority children and adolescents. Specifically examining the factors that heighten a youngsters' vulnerability for maladjustment during normal school transitions, Reyes investigated the role of peer, family and school support, youngsters' attitudes and perceptions about school, their involvement in high-risk behaviors, such as gang involvement, substance abuse, and premature sexual activity. She also studied the role of environmental factors, such as school and neighborhood violence and other demographic variables, school administrative structures and policies, and social setting factors. Reyes and Jason's longitudinal study (1991) focusing on resiliency, coping, and protective factors with high school urban students, resulted in the development of a core class in one school district for incoming freshmen which taught (a) key skills for managing the stress associated with the school transition and (b) decision- making skills designed to promote coping.

In their investigation of whether factors such as antisocial behaviors predict the risk of both beginning and continuing to use illegal substances,

Gillmore and Catalano (1990) looked at both Anglo and African-American fifth graders and at their respective risk factors. The researchers identified seven categories of risk and also protective factors for preventing drug use, including family management styles and family bonding, early antisocial behavior, accessibility and availability of drugs, and opportunities for involvement in school activities. However, they found no significant differences in the way these seven risk and protective factors predicted initiation of substance use among the two groups.

In a related study, Hawkins, Catalano, and Miller (1991) conducted a review of published research on childhood risk and protective factors for alcohol and other drug problems in adolescence. Their review noted a number of promising practices of using prevention strategies to focus on addressing risk and protective factors for drug abuse. They identified prevention approaches that targeted early risk factors. These approaches include early childhood and family support programs; programs for parents that focus on children's behavior problems; social competence skills training, including social influences resistance training and normative change efforts; promotion of academic achievement; and comprehensive risk-focused programs. Since a heightened risk for involvement with drugs, including alcohol, is a reality for children and adolescents with ADHD, (a group already at-risk due to anti-

social behaviors which can be part of the disorder), these studies are relevant to the present study.

More and more students are becoming consciously aware of the stresses in their lives. A study of coping strategies by elementary school students (Romero, 1997) indicated that fourth and fifth grade students were able to identify both the activities and situations in their lives which caused stress *and* the ways which they have learned to cope with the stressful situations including physical relaxation and cognitive strategies.

The issue of resiliency for the entire family unit has been studied by many researchers (Haggerty, Sherrod, Garmezy, & Rutter, 1994; Masden, 1989; McCubbin, Thompson, Thompson, & Fromer, 1995; Werner, 1989). Research has shown that most families *do* bounce back after stress and are able to carry on their functions as a family in spite of the obstacles that prevent homeostasis from being a constant presence. The study of resilient individuals and resilient units of individuals, particularly the family, is significant because it adds to an understanding regarding the possibility of positive adaptation under adverse and stressful situations, a trait which is often absent or underdeveloped in children and adolescents with ADHD.

McCubbin et al. (1996) stressed that continuing research about high risk students and their successful coping adaptations strengthens the

conceptual base needed to develop preventative interventions. His research in this area led to the Resiliency Model of Family Stress, Adjustment, and Adaptation (McCubbin et al., 1996), which is based on five fundamental family life cycle assumptions. Those assumptions are that families (a) typically face hardships and changes during the family life cycle, (b) develop the basic functions and competencies they need to face the challenges that come their way and do so both to foster the growth and development of individual family members and to protect the family unit itself from major disruptions due to challenges or changes, (c) develop unique as well as basic capacities/patterns of functioning to both protect the family or individual members and to foster recovery from crisis or challenge, (d) draw from and contribute to the outside community including cultural/ethnic connections, particularly during times of stress, and (e) work to restore harmony and balance in family functioning, even in the midst of crisis (p. 14).

With research citing the home and the school environment as being the most influential on the development of one's resiliency, Thompson and Rudolph (1996) expressed concern about the mental and emotional health of our nation's children and asked: what is happening in America to cause millions of children to need the services of professionals in the mental health field? The authors cited studies of developmental psychologists, that show

children needing nurturing and a warm, loving, and stable home environment in order to grow and develop in a healthy, resilient manner.

Concern has also been expressed about this decade's unavailability of "mentors" for children. Years ago, when extended families lived with or near one another, there was usually always a caring adult around to listen to a child and to encourage him or her. For most children, there was generally someone who could make them feel that they were special. Nowadays, due to a multiplicity of problems such as divorce, dual employment of parents, family dispersement, (and other problems outside of the home), children are often unable to find that someone to listen or to provide the care and guidance they need even when the adults are all around (Clark, 1995; Thompson & Rudolph, 1996).

Support from Significant Adults

Being academically successful is not just a matter of "learning" for the individual student. Often it takes the support of a variety of adults as in the now familiar African adage, *it takes a entire village to raise a child*. Examining the provision of adult support from a *village* of parents, teachers, and school counselors is the next focus of Chapter 2.

Parent Support

Parent involvement in education has always been considered important; but during this decade, a home and school connection has been more encouraged than ever before. One of the major goals of the Goals 2000: Educate America Act (U. S. Congress, 1993) has been to increase parents' involvement in their children's learning environments. A popular phrase in educational circles is that *the parent is the first teacher of the child*. The importance of parental involvement, not just during the child's first years but continuing throughout their years at home, cannot be overstressed.

Parents are in a position to support their child academically in a multitude of ways. By establishing a functional and healthy home environment, parents increase the chance of their child arriving at school rested, secure, and ready to work to their potential. By not providing a healthy home environment, parents may educationally handicap their child before they even reach school age.

Olson (1983) summarized research on healthy families and developed eight characteristics of functional homes: (a) family pride, characterized by unity, loyalty, cooperation, and positive problem solving; (b) family support, characterized by love, understanding, sensitivity, and spending time together; (c) cohesion, characterized by mutual respect, interdependence, and

appreciation; (d) adaptability, characterized by flexibility and compromise; (e) communication, characterized by good listening as well as good speaking skills; (f) social support, characterized by social responsibility, civic pride, and volunteerism; (g) values, characterized by role modeling; and (h) joy, characterized by spontaneity and an enjoyment of life (Olson, 1983, pp. 30-31).

McWhirter et. al. (1998), in relating the workings of the family as a system, envisioned the family as a whole consisting of the connected components (family members) who are organized around various interactional functions. Among those functions are the giving and receiving of affection, child rearing, and the division of labor. McWhirter et al. (1998) saw the family as a distinct social system with the interdependent forces of influence, each member of the system influencing and being influenced by each other member.

Homeostasis, closed systems, detachment, and enmeshment are terms used to describe the character of certain family systems. Within the family system context, homeostasis refers to a family's equilibrium. All families, consciously or unconsciously, struggle to maintain equilibrium and accomplish this by certain patterns of behavior and communication which are unique to that family. The emergence of a family member assuming the role of the

family clown, to balance the actions of the family alcoholic, is a familiar example cited by McWhirter et al. (1998) as a family's quest towards balance.

Detachment refers to the separation of the family components into individualized components so distinct that the family has a limited sense of interdependence. Detachment is isolation, and in a detached family, needs are not met and children are not empowered or nurtured. The opposite phenomenon is enmeshment which is a closeness so intense and overinvolved that the developmental stage of autonomy is never realized for the family members, particularly the youth.

How a family organizes and perceives itself is significant to the overall success of its offspring. The research of Bachman and O'Malley (1986) supports earlier studies strongly suggesting that *parents* are a key ingredient in the academic success of at-risk students. Specifically, the research finds that parents who are involved in their child's school in a positive, supportive manner with realistic expectations for student outcomes will most likely have academically successful children.

In one study, Rumberger et al. (1990) found that the important difference between students who had done poorly in school and had dropped out and students who were doing poorly in school and yet remained was the extent to which both the student and his or her parents were involved in the

child's education and educational decisions. Rumberger's earlier (1983) study illustrated a general finding pervasive throughout the literature regarding the influence of family background: The educational environment in the home is the most important determinant of whether a youth will graduate from high school. Across the studies, a parent's own level of education, measures of the presence of reading material in the home, a parent's educational expectation for his/her child, and the degree to which parents monitor their child's education have, comparatively, the greatest and most consistent impacts on the probability of dropping out across all race and sex groups (Eckstrom et al., 1987; Rumberger, 1983; Rumberger, Ghatak, Poulo, Ritter, & Dornbusch, 1990; Sandefur, McLanahan, & Wojtkeiwicz, 1989).

Teacher Support

The role of the teacher as the deliverer or facilitator of knowledge and learning is well known. Lesser known, however, is the impact of the teacher *as a person* on the student.

In a Stanford University research study of 54 high school students, Phelan, Davidson, and Cao (1993) found a number of factors which the students perceived had contributed to their success in school. One significant factor was that of *emotional* safety in schools, with students responding that

while they sought academic challenges in class, they shut down academically when they are put down or made fun of (by teachers or students). This was especially true for students when they were struggling with difficult subjects. In the journal article that resulted from this study, students reported the attributes which they felt were important to their success in school. The students maintained that the single most important quality for them was whether the teacher cared about them or not. Phelan et al. (1993) surmised that the large number of students who felt they needed their teacher to *care* about them, in order for the students to feel motivated to learn subject matter, indicated "the quiet desperation and loneliness of many adolescents in today's society" (p. 119).

Furthermore, it is apparent in the research (Phelan et al., 1993; Diero, 1995) that all students wanted appropriate, respectful acknowledgment by the teachers at school and, in fact, this positive regard by the teachers was a buffer against conditions that impede learning, specifically generalized isolation and loneliness.

The study also indicated that there is a marked distinction between the manner in which high achievers versus at-risk achievers defined the teacher's caring behavior. High achievers tended to define caring behavior in a teacher as assistance with (or challenge in) the academic subject taught. This might

even include indirect behavior such as the teacher writing encouraging comments on a returned assignment. On the other hand, students who were low achievers tended to list personality characteristics or availability when describing a caring teacher. Furthermore, academically at-risk students often express a desire for a more personal relationship with their teachers than do high-achievers (Phelan et al., 1993).

Lickona (1991) maintained that for students to optimize academic development, they must first experience a meaningful connection to school, saying "first you reach 'em and then you teach 'em" (p. 85). Marcotte (1994) determined that the more informed a teacher was about his or her students (their needs, abilities, interests), the better the academic outcome for the students. Being interested in the students and making oneself available to the students is a way of demonstrating caring and interest (Copeland & Love, 1992).

Research supports teachers and parents collaboratively working together for the best interest of the student. Michael, Arnold, Magliocca and Miller (1992) found that the more the teachers involved the parent in the classroom, the more positive were academic outcomes for the students. School counselors and other professionals can help students academically by having an understanding of the students' families and by encouraging parents, students,

and teachers to work together (Kerns, 1992).

School Counselor Support

Many studies have reported that more students are coming to school less prepared to fully participate in academic learning than ever before (Holmgren, 1996; McWhirter et. al., 1998; Vernon, 1993). Additionally, more students than ever before require some kind of counseling as a protective intervention factor to help them minimize their risk of dropping out of school due to a multiplicity of problems.

School counseling is not a new phenomenon. The first school guidance programs date back from the late 1800s, initially tied to vocational planning and education. Later school guidance and counseling focused on developmental and personal growth programs in addition to support for the academic achievement of special populations, especially the students felt to be at-risk. Currently school counselors offer a wide variety of services to a wide range of special audiences, but the primary role of the school counselor is to facilitate the development of *all* students in the school. Schmidt (1996) maintains that

> children and adolescents in contemporary United States society face challenges that will continue to evolve in complexity and importance for generations to come. For this reason, schools and other institutions need to address the total development of all children. We cannot

> separate educational goals from personal, social, physical, and other developmental processes. School counseling services are and will remain essential to the total education of our youth. (p. 35)

Sexton, Whiston, Bleuer, and Walz (1997) reported a comprehensive, exhaustive 1992 review by Borders and Drury which summarized 30 years of empirical work on school counseling. Their summation concluded that school counselors have a substantive, positive impact on students' educational and personal development. Additionally, Sexton et al. (1997) reported a 1996 study by Whiston and Sexton that concluded that, overall, school counselors deliver a wide range of counseling services and activities which have resulted in positive changes in students.

The efficacy of school counseling as a support tool for students is positively reported in the literature. Herr (1985) maintained that research shows "positive effects" for "counseling across population types and settings" (p. 8) and cited an earlier finding by Buckner that indicated that school counseling intervention has a direct positive correlation with both a low school drop-out rate and a decrease in delinquency and in violations of school rules.

School counselors play a key role in bringing together all the adult influences in a child's life. Working as a liaison between parent and teacher, working cooperatively with the parent and teacher, and working directly with the parent via individual consultation or support/education groupwork is

essential. Counselors helping parents and students to cope with issues of ADHD can make a major difference both to the individuals and to the climate of the entire school (Kottman, Robert, & Baker, 1995).

In working with students with ADHD, the role of the school counselor was seen by Bramlett, Nelson, and Reeves (1997) as being key in the areas of (a) identification of students with possible ADHD; (b) treatment of students with ADHD via social skills training; and (c) monitoring and evaluation of overall treatment effectiveness, both counseling treatment as well as medication therapy.

Attention-Deficit/Hyperactivity Disorder (ADHD) Risk Factors

Children with behavior characteristics now denoted as indicators of ADHD have always existed and, in fact, have been a part of the scientific literature for the past 50 years (Erk, 1995; Neuwirth, 1994; Rutter, 1982). In the past decade, however, increasingly large numbers of children and adults have been diagnosed with the disorder (Cantwell, 1989; Krantz, 1994; SDUSD, 1989). Although debate rages about the etiology of this disorder, the increases in diagnosis and the number of individuals actually affected by ADHD in *all* reported studies indicate a marked increase in diagnosis. (Hinshaw, 1994).

Correspondingly, as more and more children are identified and referred for treatment, research efforts have dramatically increased along with changing terminology. Once denoted as *minimal brain disorder or dysfunction* or as *hyperkinesis*, the current DSM-IV classification differentiates between ADHD with hyperactivity for individuals with impulsivity and ADHD without hyperactivity for the inattentive/disorganized type. Some individuals are diagnosed with a combination of the two sub-types, impulsivity and inattention. Most researchers maintain that between 1.6 and 2.2 million children have this disorder, or 3-5% of the student population (Krantz, 1994). Some other researchers, Shaywitz and Shaywitz (1991) among them, reported that the actual number of diagnosed and undiagnosed cases runs as high as 20% of the children in the United States.

The diagnosis of ADHD does not always occur until the child starts school as Kindergarten or first grade might be the first time that the ADHD symptoms significantly affect that child and those around him (Aust, 1994). Aust continues with a list of typically observed behaviors of the child with ADHD. She stressed that it is the intensity and the persistence of the behaviors that mark the difference from the non-ADHD child. That list includes the following:

Attention-Deficit/Hyperactivity Disorder - Impulsive Type

1. Often has difficulty waiting turn in group situations.

2. Often interrupts or intrudes on others.
3. Often blurts out answers to questions.
4. Often has difficulty playing quietly.
5. Often leaves seat.
6. Often runs about or climbs.
7. Often fidgets or squirms.
8. Often talks excessively.
9. Often acts as if "driven by a motor" and cannot remain still; or

Attention-Deficit/Hyperactivity Disorder- Inattentive Type

1. Often has difficulty following through on instructions.
2. Often has difficulty sustaining attention.
3. Often seems not to listen.
4. Often loses things necessary for tasks.
5. Often fails to give close attention to details.
6. Often is disorganized.
7. Often makes careless mistakes in schoolwork or work.
8. Often forgetful.
9. Often daydreams when should be attending.
10. Often unmotivated to complete schoolwork or tasks. (Aust, 1994, p. 220)

Hinshaw (1994) described children with ADHD as having major difficulties with achievement in school, whether or not they display formal learning disabilities. Hinshaw maintains such students (a) frequently exhibit defiance, aggression, and other antisocial behaviors; and (b) they are almost universally rejected by peers during portions of their lives. His research cites that each of these domains are associated with a negative prognosis. Hinshaw has stated that

> it is puzzling when a child of at least average intellectual ability constantly disrupts class, fails to stop speaking of his or her latest ideas even when it is clear that the audience is ready to move on, sings and

> makes noises while others are attempting to work quietly, chronically loses needed objects, insists on playing games by his or her own idiosyncratic rules, and performs erratically without ever quite seeming to reach his or her underlying potential. Why is performance so inconsistent? Can't the boundless energy and exuberant spark that are, at times, so delightful and adaptive be channeled toward productive goals rather than escalating into verbal and even physical battles? Why shouldn't the routines that have been practiced over the years be followed without exhausting prompts and reminders from parents and teachers? Although the transitory display of any of these difficulties is widespread in childhood and although other childhood disorders include several of the core symptoms --by the time that the demands of elementary school are in place (and often as early as toddlerhood or the pre-school years), perhaps 1 in 30 children displays levels of these primary problems that are *noteworthy, persistent*, and *impairing.* (Hinshaw, 1994, p. 3)

From the description of ADHD symptoms, it is easy to understand why children and youth with Attention-Deficit/Hyperactivity Disorder (ADHD) often have serious and chronic problems in school. Parker (1992a, 1992b) pointed out that inattention, impulsiveness, hyperactivity, disorganization, and other difficulties can lead to unfinished assignments, careless errors, and behavior which is disruptive to one's self and others.

Diagnosis of ADHD is important because other conditions such as oppositional-defiant disorder, conduct disorder, depression, manic depression, anxiety disorders, and other emotional, social, learning, and medical conditions can mimic or coexist with ADHD and must be ruled out (Aust, 1994). And, although the diagnosis of ADHD will not be a part of this study, it should be

noted that it is a complex process. The literature is consistent that a pediatrician, neurologist, child psychiatrist, or clinical psychologist should make the formal diagnosis. The literature also consistently notes that the initial identification of the child usually occurs as a result of behavioral, learning problems at school, or both.

ADHD children and young adults are highly distracted from many school tasks (Barkley, 1994; Paltin, 1993). Although some of the more severely affected ADHD children cannot maintain attention at all, many ADHD children are inconsistent in their ability to focus, seemingly related to their mood, the setting, the kind of activity, and the amount of adult supervision provided. With motivation itself appearing to be neurologically based for many ADHD students, they have great difficulty sustaining attention to any of the more repetitious, low interest tasks which might be required during a school day. According to Aust (1994), many children with ADHD, however, may be able to sustain attention for extended periods at tasks that are meaningfully motivating to him/her, such as television, video games, play activities, reading, and active sports. The ratio of adult to student appears to significantly affect the student's ability to behave or to function emotionally or academically. Children with ADHD frequently have better results in situations where the adult-child ratio is higher, where the environment is less

stimulating, and where fewer demands for sustained attention may be necessary to complete any perceived "boring" tasks (DuPaul & Stoner, 1994).

Because of this situational behavioral and learning variability, often it is assumed that emotional or situational problems must be at fault, such as a personality conflict between child and teacher or child and parent, questionable companions, low interest work, anxiety or depression, substance abuse, divorce, "poor parenting," a chaotic or disorganized home life, neglect or abuse in the child's background, and more (Aust, 1994).

Most researchers call for a variety of interventions (Cascio, 1992; Fowler, 1992; Fowler, Barkey, Reeve, and Zentall, 1992; Ingersoll, 1988; Weiss, 1991; Wender, 1987). The ideal multimodal treatment of the child and family would, according to Aust (1994), include (a) education for the student, his or her family and her or his teachers which may or may not include training for behavior modification interventions; (b) determining if other conditions exist, such as learning handicaps, which would either necessitate special education intervention or modifications under federal legislation Section 504; (c) counseling services for both the student and their families along with consultation services for all adults working with the student; and (d) determining if medication is indicated and, if so, a careful on-going monitoring to determine the best therapeutic dosage.

Initially it was thought that children outgrew ADHD by adolescence or young adulthood (Faigel, 1995). This was challenged in the 1980s when long-term follow-up studies showed that disabling core symptoms persist into adulthood in 11-50 % of cases (Fargason & Ford, 1994). Since prevalence rates for ADHD in pre-adolescent children range from 3-5% (or higher, depending on the research), a significant number of adults are affected.

Studies indicate that adults with ADHD are usually self-sufficient, but they tend to have poorer academic performance, poorer job performance, and lower socio-economic status than their peers. They also have frequent divorces, job changes, change of residence, and automobile accidents. Most report a high level of subjective distress (79%) and 75% report interpersonal problems (Fargason & Ford, 1994). Fargason and Ford maintained that a lack of awareness of the presence of ADHD in adults causes the condition to be underdiagnosed and, consequently, inappropriately treated.

Heiligenstein and Keeling (1995) undertook a systematic medial chart review study of 42 Upper Midwest university students receiving their initial diagnosis of ADHD at their university clinic during calendar year 1993. The diagnoses were made by the treating psychiatrist, who reviewed records for presenting problems, recent associated problems, previous evaluations as a child, adolescent or adult, and associated problems in childhood. What the

researchers found was that presenting problems included ADHD symptoms, mood symptoms, nonspecific learning disability, and academic underachievement. Associated problems were depressive disorders, anxiety disorders, drug and alcohol abuse or both, dependency, legal problems, learning disabilities, and eating disorders. Thirty-three percent had been evaluated for academic or behavior problems as children, and 36% had sought previous psychological care for non-ADHD symptoms as adults. Thirty-one percent in the study had never been to any medical clinic for these particular (or related) symptoms. Childhood histories showed educational under-achievement, learning disabilities, and behavior problems.

In terms of the relationships within a family unit, having a family member with ADHD or ADHD-like symptoms has a major impact on the family. Weiss (1990) studied the impact of an attention-disordered child on the family from a parents' perspective. He found that the disorder had a significant impact on family life, daily routines, and family relationships. In the study, parenting was described as difficult and exasperating and parents were frequently unsure of their effectiveness.

Alexander-Roberts (1994) spoke of the difficulty in finding "balance" in a family with a ADHD child.

> Families need balance to progress, yet children with ADHD manage to keep families unbalanced in varying degrees. These degrees change,

> often daily, and confusion develops. One thing is always certain and that is that "nothing is ever certain." We often can't predict how our child will act from one situation to the next, or one day to the next which leaves parents feeling like they are on an emotional roller coaster. Visiting friends, going to the grocery store, your place of worship, or out to dinner, is not a matter of just picking up and going. This is a privilege that belongs to other families. Instead, decisions to leave the house with the child who has ADHD are usually *well thought out*, in advance. To not think ahead may result in a disastrous experience for all. (Alexander-Roberts, 1994, p. 173)

Bullard (1996) conducted research on parent perceptions of the impact of the ADHD child on personal and family functioning. Her research suggested that there is much stress placed on the families of children with ADHD, and the degree of that stress is in direct correlation to the severity and duration of the disorder's symptoms. The study also suggested that altered and strained relationships within the family often resulted from the parenting of a child with ADHD. The research indicated that these strained relationships extended beyond the marital ones and found sibling, extended family, and social relationships also impacted.

Bullard's 1996 work also suggested that parenting an ADHD child had a negative impact on the family's social contacts. A sense of social isolation was noted owing to both an inability to contain the child's behavior in public and at home and a sense of disapproval from others. Parents noted that they had fewer visitors than they would ideally have and they attended fewer social events than they would have with a non-ADHD child.

Furthermore, Bullard (1996) noted difficulty with school relationships when parenting a child with ADHD. The difficulty was in two major areas: the time and energy involved in supervising homework and the frustrations with teachers not following agreed upon plans whether informal, Individual Education Plans (IEP), or Section 504 meetings. Other problems noted by Bullard were concerns over the use and monitoring of medication, and the need to continuously use coping mechanisms to adjust to the day-to-day concerns of parenting a child with ADHD.

Finally, Bullard (1996) suggested that a pervasive theme throughout the study was an overwhelming sense of frustration, worry, guilt, and literal exhaustion expressed repeatedly by parents of children with ADHD.

Research has also indicated that enabling parents to access optimal programs, services, and systems to meet the educational and developmental needs of students with ADHD is essential. According to Alexander-Robert (1994), in the case of parenting students with ADHD, the lines of communication and collaboration extends beyond school personnel to community-based professionals, the latter of which is considered mandatory for school success (DuPaul & Stoner, 1994).

Parental involvement is not only mandated by the Education for All Handicapped Children Act of 1975 (Public Law 94-142), by the Education of

the Handicapped Act Amendments of 1986 (Public Law 99-457), and the Individuals with Disabilities Education Act (IDEA, 1993), but has also been shown to be pivotal to effective services for children with special needs (Cutler, 1993; Hilton & Henderson, 1993; Krauss, 1990; Leyser, 1988).

Research shows (Barkley, 1990; Simpson, 1988) that parent involvement in education and school-related activities enhances student achievement. Furthermore, because children with ADHD often exhibit the symptoms of inattention, hyperactivity, distractability, and related behavioral difficulties both at home and at school, consistent parental and educator communication along with collaborative planning and interventions have proven themselves to be an essential element in meeting the students' needs and facilitating success in both the school and home environment (Greenberg, Horn, & Wade, 1991).

Nahmias (1995) saw home and school collaboration as alleviating many communication breakdowns and stimulating support. Silver (1992, 1993) found that parents' and teachers' communication about individual students' learning styles and effective management strategies was beneficial. For example, when a teacher found a particular technique to be successful with a student, describing the methods and procedures to parents assisted them to be more effective with their child at home, enhancing the child's successes overall.

Many promising practices and suggestions for classroom teachers of students with ADHD are available and most can be readily shared with the parents or guardians (Braswell & Bloomquist, 1991; Jones, 1994; Reif, 1993).

Parents of students with ADHD who seek support from others were found to be more knowledgeable about how to create and maintain optimal learning environments and management systems at home, which facilitate more productive and acceptable behavior and resulted in the successful completion of schoolwork (Nahmias, 1995). Fowler (1990) saw the connection with others for support in parenting as a process which required time and perseverence.

Barkley (1986) found that when good communication exists between parents and educators, mutual support includes ideas about where to seek support and strategies that have worked for other families and students. He found that information regarding the *type* of learning environment that is helpful for a student in one setting greatly assisted the adults in other settings for planning and modifying the environment.

The responsibility for encouraging learning and appropriate behavior for students with ADHD has been viewed by most researchers as needing to be shared by all the adults in the students' life (Buchoff, 1990; Fowler, Barkley, Reeve, & Zentall, 1992). Research shows that within the

context of parent-teacher collaboration, the rewards and procedures must be consistent across home and school settings whenever possible. This type of collaborative, consistent management and reward strategy has been suggested by many professionals and parents (Barkley, 1990; Fowler et al., 1992; Ingersoll, 1988; Parker, 1988, 1992a)

Most counselors approach family interventions from a family systems theory (FST) perspective, although the actual therapeutic framework may vary. The sense that no family member can be viewed or even treated in isolation has had a powerful impact on counseling in the last decade, both on the school campus and in the clinical arenas.

Eisenhauer's (1991) research utilized a family systems approach in the treatment of learning disabilities. Following a baseline assessment, families with at least one learning handicapped child received 10 sessions of therapy using a FST model with follow-up assessment 2 months following termination. While the findings were inconclusive in support of family counseling, the report of the findings indicated a multitude of factors pointing to the breakdown in the family system, notably boundary and dominance blurring, factors which weaken the functionality of the family unit.

Dowling (1985) envisioned family behavior as having circular causality and based that view on the concept that each individual family member's

behavior, in terms of interactions with each other, affects the other family members. When a family is healthy with clearly stated boundaries, appropriate interdependence, open, warm, encouraging, nurturing, modeling good communication skills, and flexible, a child will likely thrive. A child challenged by ADHD would still struggle to maintain attention and behavior control, but the atmosphere of such a home would allow for trial and re-correction in the process of mastering the coping skills necessary to overcome ADHD symptoms.

Conversely, in a dysfunctional, closed and/or enmeshed system, the parents themselves may have lacked positive modeling and empowerment when they were children and are unable to meet their own adult needs, much less the needs of their children and the other family members. In addition, some families struggle with stressors, beyond the norm such as alcoholism, drug and alcohol abuse, or workaholism. The additional stress on the dysfunctional family of parenting a child with ADHD or with a learning disability can make effective parenting and healthy family maintenance very difficult.

School, a safe haven for the majority of students, is often the most stressful place of all for the student with ADHD. In a study by Heiligenstein and Keeling (1995) of adolescents and young adults, the researchers found

that, compared with control groups, a substantial number of the individuals with ADHD have markedly poor academic histories, measured by (a) teacher ratings, (b) a greater number of subjects failed, and (c) completed education than the non-ADHD peers. These findings add to the body of knowledge emphasizing that the formal educational setting is especially aversive to many children with ADHD. The literature maintains that this aversion continues through later life.

The study by Heiligenstein and Keeling (1995) described the problems and characteristics of previously unrecognized ADHD in a group of undergraduate college students. Many of the students in the study had felt unable to capitalize on their potential in the past and/or described themselves as unable to "get their act together." Although not aware that they had ADHD, some had previously compensated for their ADHD-like symptoms through support and structure from their family; many of those found themselves unable to find such support once in college. Some in the study experienced academic problems for the first time and felt they were not capable of performing at a college level.

Studies on younger students found that children who exhibit symptoms of ADHD early on in school are often held back. More recent studies have shown, however, that retention doesn't help and that the two grades of

retention that some students with ADHD have experienced almost guarantee failure to graduate from high school (Farrell, 1990).

Consistent school failure results in an inability to bond with school and/or prevents school from having positive meaning for the students according to several studies (Brooks, 1993; Hallowell & Ratey, 1994; Jones, 1994; Weiss, 1991). Without that positive meaning, there can be no attachment, as successful students generally connect positively with school. Unsuccessful students do not usually begin to view school from his/her own value system until they are to take some type of leadership role in the management of their own behavior. Self-management serves to empower the student. For children without ADHD this attachment process begins in the elementary grades; for students with ADHD this task may be continuing, unmastered into adulthood (DuPaul & Stoner, 1994).

For the student with learning disabilities in addition to ADHD, school and academic problems are compounded. Fadely and Hosler (1992) cite the 1986 studies of Holobrow and Berry who found that ADHD children were seven times more likely than the non-ADHD child to experience difficulty in all academic areas.

Consistently, studies show that communication between home and school is vital regardless of how that communication takes place, whether

telephone calls, meetings, or written notes or forms (Cronin, Slade, Bechtel, & Anderson, 1992; Kelly, 1990). The core elements, according to Berger (1991) and Cutler (1993), are (a) open communication; (b) mutual respect; and (c) sharing of ideas and goal between and amongst school staff, parents, and the student.

Armstrong (1995) suggests that students with ADHD do better in environments that are active, self-paced, and hands-on. He feels that video games and computers are effective learning instruments for some of these students. This is part due to their hyperactivity, both in behavior and thinking, which blends well with fast paced technologies.

Armstrong expressed concern that most ADHD students are in traditional classrooms (teacher-centered, paper and pencil environments) and that current curricular adaptations for ADHD students are based on this kind of classroom. Current research suggests, however, that all students benefit from project-based environments in which they actively construct new meanings based upon their existing knowledge of a subject (Armstrong, 1995).

The literature cites a need to initiate a new field of study to help children with behavior and attention difficulties--one based upon their strengths rather than their deficits. Gardner (1983) asserted that such a field would develop assessment strategies geared toward identifying their inner

capabilities. Gardener's theory of multiple intelligences (1983) is one possible framework for developing instruments to help identify such abilities. Research also supports the need to develop individual educational plans that support a child's strengths and helps the child achieve success.

Educators are reminded by a number of research studies that ADHD students often possess great vitality--a valuable resource that society needs for its own renewal. A number of citizens who have transformed society in positive ways had behavior problems--or were hyperactive--as children. Among them are Thomas Edison, Winston Churchill, Pablo Picasso, Charles Darwin, Florence Nightingale, Bill Gates, and Robin Williams (CH.A.D.D. Newsletter, 1996).

Studies have demonstrated success in student participation at school following coaching or training for such participation (Van Reusen & Bos, 1994). Nahmias (1995) advocated involving the student in any possible planning to insure goals that are important to and attainable by that student. Other benefits cited included increased self-awareness, self-esteem, and empowerment for the individual student.

Research also indicates that, along with communication, home-school collaboration is a vital part of the process of optimizing the educational experiences of students with ADHD. Communication and collaboration

should occur in a variety of settings. Further, various areas of assessment, planning, and intervention strategies, along with monitoring behavioral and academic success enhance the self-esteem of students, teachers, and parents. Research (Aust, 1994) supports the hypothesis that working collaboratively can be highly beneficial for in all.

Once thought to be a disorder of childhood which one "outgrew," the literature is consistent that ADHD also affects adolescents and adults, although their symptoms may not be as obvious as youngsters. Perhaps half of the children with ADHD will find a reduction in the frequency and intensity of symptoms as they mature. Many, however, will continue to have significant problems as adults with inattention (especially in regard to persistency of effort and motivation), disinhibition (impulsivity, hyperactivity), and/or concentration, especially selective and focused attention (Wender 1987). Weiss and Hechtman (1993) saw the problems of adults with ADHD as being different from the problems individuals with ADHD experience at other stages.

> Since adult life offers more varieties of life-styles and opportunities than does life in the secondary school, one might predict that the turbulent, hyperactive adolescent might settle down to a more productive and satisfying adult life. Alternatively, since as we know social skills, learning ability, and ability for reflection have been impaired since early childhood, it is equally possible that hyperactive adults would not be able to master the responsibilities of adult life. (p. 61)

Continuing problems from childhood and adolescence may result in emotional

overreactions, a "hot temper," verbal or physical abuse, restlessness, general disorganization, hastily made decisions in employment, finances, personal relationships, and childbearing, short-lived but significant mood swings, low stress tolerance, difficulty with reading and math skills, and poor social judgement (Barkley, 1990; Fowler, 1990; Ingersoll, 1988; Weiss, 1991; Wender, 1987). The studies have indicated that many of the students with such behavioral and learning handicaps could be helped by learning effective coping strategies (Romero, 1997). Without such interventions and intense monitoring by teachers, parents, and counselors, many of these students may not only drop out of school but also have trouble keeping jobs as an adult.

Self-esteem is often stated to be a needed component in managing the symptoms of ADHD. Cascio (1992) cites that low self-esteem is among the most damaging effects of having ADHD. For most individuals with ADHD, failure is typically an early school experience; and for the children who experience failure at one of the most critical times of their development, they rarely feel that they fit in or are accepted by those around them. Furthermore, because studies cite that the ADHD manifestations of these children often leads to bouts of hostility and turbulent confrontations with their parents, the children frequently miss out on the warmth and affections exchanged between loving individuals. Constantly beaten down by a sense of failure and feeling

left out from all activity that could be rewarding, the self-esteem of these students often plummets.

Not easily definable, the term *self-esteem* consists of many fragments of mastery, competence, regard by others, and most important of all, a sense of accomplishment and the reward of liking one's self. The other major part of self-esteem comes from the sense of being loved and accepted. In the case of children with ADHD, they often suffer from comparison with the other children in the family who are often not afflicted (Cascio, 1992).

Early intervention by parents, counselors, and teachers can help prevent low self-esteem from developing in very young children who have not yet been "beaten down" (Cascio, 1992) by many years of failure and criticism. In the case of older children, studies shown that low self-esteem is not easily reversed.

Studies are inconclusive about the efficacy of counseling as a stand-alone intervention with ADHD students. However, Cascio maintains that raising the child's self-esteem is of paramount importance and counselors, therefore, play a large role in this area as both consultant and service provider. The nature of the ADHD child is that they alienate others, further isolating themselves. Counseling interventions regarding the acquisition of social cues and the toning down of some of the impulsive verbal outburst would be an important student goal. The ADHD child is often very intelligent but does

not have the ability to tolerate frustration. Barkley (1982) maintained that many underachieving ADHD children are bright individuals in some ways imprisoned in a developmentally delayed-like existence. Psychological treatment may not be able to accomplish a "cure" in the manner that medications can bring spectacular changes, but many medical practitioners acknowledge the need for counseling which alleviates tensions and problems caused by the patient's inability to function healthfully (Barkley, Grodzinsky, & DuPaul, 1992).

Hovland, Smaby, and Maddux (1996) studied over 1800 students of both sexes, assessing acting-out behavior that negatively affect both their own personal learning and the learning of students around them. Hovland stressed the key role that school counselors can take in providing strategies for addressing the many problems. Studies indicate that the counselor often serves as the go-between and the key coordinator of services for the student.

Earlier it was presented that there are many crucial concerns in today's classroom, violence and its ramifications being one of the major alerts. When Dykeman, Daehlin, Doyle, and Flamer (1996) studied violence predictors and their implications for school counseling work, their concern focused on at-risk indicators for all youth. The sober news is that with violence on the upswing in the U.S. with more and more youth engaging in more violent acts, three of

the four predictors of future violence involvement are symptoms common to students with ADHD: (a) impulsivity, (b) a lack of empathy and social awareness, and (c) external locus of control. Furthermore, some students with ADHD are also affected by the fourth indicator of socio-demographics.

Summation

A search of the literature has revealed the following:

1. The consequences of leaving school without graduating are negative and long lasting.

2. Being impulsive, having poor relationships with others, being inattentive, and being disorganized place individuals at-risk of academic failure or of not reaching their potential in school.

3. Having good coping skills, an internal locus of control, and support from others fosters student success.

4. Many children, adolescents, and adults are negatively impacted by ADHD and many run the risk of dropping out of school as well as being at-risk for reckless behavior and or inattention.

5. Parent involvement with their children around the control of ADHD symptoms is paramount for successful academic outcomes.

6. Parent participation in and collaboration with the school is a crucial

element in the academic, social, and emotional well-being of their child.

7. Students are successful following coaching and/or training, especially when they have been a part of the planning and goal setting.

8. A main component of a student staying in school is the manner in which his/her parent monitors the student's education.

9. Non-compliance is a major marker of the ADHD symptoms.

10. Locus of control and coping ability both affect non-compliance.

11. Successful students have more internal than external locus of control.

12. Resiliency is fostered by the family and the environment along with the student's own unique characteristics and is an essential element in maintaining good social relationships and in persistence when discouraged.

13. School teachers and counselors can have a positive impact in their role as part of the school's student support team. Counseling can help alleviate the symptoms of ADHD but will not be able to reduce or eliminate the disorder.

CHAPTER 3

Methodology

Introduction

This chapter presents the design of the research, the research variables, the research sample, the research instruments, the research protocol, and a description of data analysis.

Design of the Study

A situational analysis case study approach was used for this examination of 5 students with Attention-Deficit/Hyperactivity Disorder (ADHD) who were academically successful in high school. In a situational analysis case study, a particular phenomenon is studied from the viewpoint of all the major participants. In the present study, the phenomenon of academic success for students with ADHD was examined. When the viewpoints of the major participants--in this case study, the students, their parents, their teachers, and their school counselors--are pulled together, Borg and Gall (1989) maintain that the viewpoints "provide a depth that can contribute significantly to understanding the event being studied" (p. 489).

The primary data for the study was collected by use of the qualitative instrumentation technique of interviews. Additionally, quantitative

instrumentation was administered to support the perceptions of the student and parent interviewees. Likewise, observation and review of school documents was utilized by the researcher to support the responses of the student and their parent(s).

The research design is a logical sequence which gets the researcher from the initial research questions to the data, and then finally, to the conclusions of the study. Yin calls it "an action plan for getting from here to there" (1994, p. 19). Following the frameworks of Yin (1993, 1994) and of Merriam (1988), the action plan for this study has been as follows:

1. Selecting the sample of student(s) and securing the permission to study.

2. Interviewing students, their parents, and the educational support staff (teachers and counselors) nominated by the students; administering quantitative instruments; and analyzing student school records.

3. Establishing the research archive file which handled data including transcripts of interviews, and observation field notes.

4. Analyzing data (*words*), instruments (*testing measurements*), and archives (*records*) using triangulation (*bringing all data gathered from students, parents, teachers, counselors, records, observations, and measurements together to focus on the students' perceptions of what facilitated their academic success*) of sources.

5. Analyzing relationships between constructs *(academic success and at-risk students)* and variables *(student perception of locus of control, coping, and of adult support)* as factors and themes presented during the data collection period were developed in the process of analysis.

6. Preparing this report.

Constructs and Variables

Two major constructs served as the framework for this study.

1. The construct of at-risk: All of the students in this study were considered by the literature to be at-risk by virtue of their diagnosis of Attention-Deficit/Hyperactivity Disorder.

2. The construct of academic success: All subjects in this study were academically successful in high school, having met the criterion of the study.

There were three variables in this study which were examined to determine if there was a possible correlation between the variables and the academic success of this at-risk group of students. The variables were

1. the locus of control of the students;

2. the coping skills of the students;

3. the students' perceptions of the influence of key adults (parent, teachers, school counselors) on their school success.

In the tradition of a situational analysis case study, the perceptions of other key individuals were also a focus of the study. For this study the perceptions of the parents were considered as corroboration of the student statements. Parental empowerment, hardiness, and locus of control were also examined.

Sample and Population

Five students with ADHD who met all of the criteria for the case study became the study sample. The sample was a purposive one. Each student in the study had a diagnosis of ADHD and had been diagnosed for at least 3 years prior to the study; each student met the study's criterion for academic success, having had a minimum of a 2.0 grade point average (GPA) in high school; having graduated from high school between the years 1993-1997 or on track to graduate by 1999; and being between the ages of 16-21 and having at least one parent willing to fully participate in the study.

The selection of 5 students allowed an in-depth portrait of the students to be developed and allowed the phenomenon of academic success to be studied from a variety of perceptions. Limiting the sample to 5 allowed the researcher to spend extended time with the students, their families, and their influential support staff--teachers and counselors--from school. The size of the

study allowed for the administration of testing instruments in addition to the lengthy interviews. These instruments added another dimension to the students' perceptions and the researcher's observations.

All of the students in the study were volunteers. Finding volunteers who met the criteria for the study was challenging. School counselors, cognizant of students with ADHD, reported to the researcher that students who are overcoming ADHD-related challenges and who are successful in school do not want to be identified as having ADHD. Counselors conveyed that students with ADHD who are willing to be identified may not meet the criteria of the study.

To obtain volunteers, two search rounds were initiated. In the first round, letters of introduction (see Appendix A) regarding the study were mailed by the researcher to several key locations:

1. The counseling departments at all the high schools in the three largest K-12 school districts in a Northern California county.

2. The counseling departments of the only junior college and the only California State University located in that county.

3. That county's president of CH.A.D.D., a support group for parents of children with ADHD.

The letter encouraged all recipients to share information about the study with students and parents at schools or with families involved with CH.A.D.D. The letter maintained that it was the responsibility of the parent or student to contact the researcher for more information.

Follow-up telephone calls to the identified high schools resulted in one high school student contacting this researcher. According to the student, her parents, and the school staff, the student met the criteria for inclusion in the study. This later turned out not to be the case.

A follow-up telephone call to CH.A.D.D. resulted in an article about the study being placed in the organization's monthly newsletter. Reading the article prompted eight parents to contact the researcher for more information. After conversations with the interested parents, it was determined that none of their children met the criteria for inclusion in the study either due to not meeting the age criteria, or having a grade point average below 2.0.

To obtain units for study, the researcher then contacted three licenced therapists, one each from the cities where the identified high schools were located. Those therapists maintained a private practice and were known in the professional community to provide counseling to individuals with ADHD. After being apprized of the study, the therapists agreed to contact students and families who were possible candidates. From this contact with the

therapists, the researcher received two telephone calls from parents with students in high school and one telephone call from a college student. After speaking with all three of the students associated with these contacts, it was determined that all three students met the criterion to be included in the study.

Two additional students, each in college, contacted this researcher after hearing about the study from individuals at their university. Both students met the criteria, including the criteria of having a parent willing to be involved in the study.

Thus, the original sample consisted of 6 students, 3 in high school and 3 in college. After all interviews, measurements, and observations were completed, it was discovered during a review of one of the high school students' school records that the student did not meet the overall grade point average criteria although the student's GPA for the current semester was 2.87. Her overall GPA fell far below the 2.0 cut-off point, and that student, an 18-year-old female high school junior, was eliminated from the study.

The final sample for study consisted of a 16-year-old male high school sophomore, an 18-year-old female high school senior, an 19-year-old male junior college freshman, a 20-year-old female state university sophomore, and a 21-year-old university senior. The 5 students had attended a total of four

different high schools. The college students had attended different high schools, and the two high school students were at the same high school. All subjects were white. All subjects presented formal verification of their ADHD diagnosis at some juncture during the data collection process. All subjects met the minimum criteria of a 2.0 GPA as verified by high school transcripts, with their GPA ranging from 2.44 to 3.27.

As part of the study, at least one parent of each subject was interviewed and completed quantitative measurements. Additionally, all students selected one of their K-12 teachers to be interviewed and some students selected one of their K-12 counselors to be interviewed. The teachers and counselors were interviewed to gain insight into the personal characteristics of those individuals perceived by students to be their most supportive school staff.

Protocol for Data Collection and Interview Research Design

This study employed several modalities to collect the data. Interviews were constructed to establish rapport and gain trust in order to extract accurate and candid information from the interviewees. The interviews of the subjects allowed the researcher to gain insight into selected perceptions of the interviewees. The interviews were semistructured. A standard, structured schedule was developed for all interviewees and each question on the schedule

was asked of each participant. However, probes for elaboration of answers and for additional information based on the initial responses from the interviewees to the structured question was not only allowed, but also encouraged. Testing instruments were utilized to corroborate the perceptions of the interviewees.

The following instruments (Table 1) were employed to gather data for the study:

Table 1
Data Collection Instrumentation

Measurement:	**Intent:**	**Administered to:**
Interview Schedules: Student, Phase One & Two; Parent; Teacher; Counselor	Gain perceptions of the interviewees concerning identified variables.	Students Parents Teachers Counselors
Young Adult (or Adolescent) Coping Orientation for Problem Experiences (YA-COPE or A-COPE)	Measurement of coping capacity	Students
Nowicki-Strickland Locus of Control for adolescents/young adults (ANSIE)	Determine internal or external locus of control	Students
Family Hardiness Index (FHI)	Measurement of resistance to stress	Students Parent(s)
Family Empowerment Scale (FES)	Measurement of family's ability to utilize resources.	Parent(s)
Parental Locus of Control (PLOC)	Determine Internal or external locus of control	Parent(s)

Interview Design

The high school students under study participated in two phases of

interviews; the college-age students all preferred to complete the interview in one very long meeting which varied in time from 2.5 to 5 hours and which combined the two interview phases. Parents, teachers, and counselors interviews were completed in one phase. Parent interviews were completed in 1 to 2.5 hours each; support staff interviews were completed in 1 to 1.5 hours each. (See Appendix C for interview schedules.)

With the exception of the four teachers noted in the next paragraph, all interviews were conducted by the researcher. The combined time to administer the five student interviews, Phases 1 and 2, totaled 23 hours. The time to administer the five parent interviews totaled 13 hours. The time to administer the five teacher interviews totaled 9 hours. The time to administer the three counselor interviews totaled 6 hours.

A credentialed teacher in her last semester of a Master's Degree (in Counseling) program, under the supervision of the researcher, interviewed four of the five teachers in the survey. This graduate student, a full-time teacher, was trained in the interview process by the researcher and followed the Interview Protocol (See Appendix C). The graduate student also examined two of the students' school records (*Subject 2 and Subject 3)* under the supervision of the researcher.

One teacher (T5) was interviewed by the researcher because she was not

available to meet with the graduate student owing to time and distance complexities. T5 received a copy of the interview questions by facsimile machine in advance of the interview and agreed to be interviewed over the telephone by the researcher. All other teachers had face to face interviews with the graduate student.

All parents were interviewed by the researcher. Face to face interviews were conducted with the parent(s) of three of the subjects. Of the remaining subjects, one parent lived out of state and the other parent lived 400 miles from the researcher. Those parents were interviewed by telephone.

Face to face interviews were conducted with the counselors by the researcher.

Student Interviews

The intent of the student interview was to obtain general information about the students as individuals who had successfully overcome a challenge in their lives. The researcher was interested in the students' perception of what helped to foster their success in school. Furthermore, the researcher was interested in what specific factors fostered their success and focused on the variables of (a) personal and familial locus of control, (b) personal coping skills, and (c) adult influences.

The first round of interviews for the students included the administration of three measurements which are outlined in the instrumentation section (ANSIE, A-COPE or YA-COPE, and the FHI; see Appendix D). The two-phase semistructured, 75-question Student Interview Schedule (SIS) was designed to elicit general information about the students in the first phase and ADHD-specific information in the second phase. One additional intent of the first phase (questions 1-56) of the SIS was to establish rapport with the students and to gather information about what school had been like, in general, for the students. At the close of the first phase of the interview for the current high school students and in preparation for their second interview, students were asked to think about the impact of ADHD on their lives and on their academic achievement. The college students were asked to take a break in between the two phases of the interview and were informed that the 2nd phase of the interview (Interview 2) would be more focused on the impact of ADHD.

The 2nd phase of questions for students (SIS questions 57-75) focused on the issue of ADHD challenges and the students' academic success. The second round also followed-up on the data collected during the first phase of the interview.

A review of school records including attendance, behavior, and academic

status (also Special Education, if applicable and I.Q. testing, if available) enabled the researcher to compare the student's memories or perceptions of their school life with the reality of the school documentation.

Parent Interviews

The intent of the 30-question semistructured Parent Interview Schedule (PIS) was to compare student perceptions of their academic success with the perceptions of their parent(s) about that same success. A secondary objective was to obtain information about the parents' perception of the impact on the family of a student with ADHD and to compare perceptions with student answers. A third objective was to gain more understanding about the role of parental locus of control on successful family and parental coping concerning ADHD issues. Likewise, an additional objective was to determine the parents' perceptions regarding effective academic interventions and to make comparisons with the students' perceptions. The parents completed two measurements prior to the interview, both of which examined aspects of locus of control (the FHI and the PLOC; see Appendix D). Following the interviews, parents completed the Family Empowerment Scale (FES), which took locus of control one step further and examined the confidence level of the parents when working with agencies to obtain appropriate education and other services for

their child. Each measurement was scored by the researcher who compared, where appropriate, corresponding student data.

Teacher and Counselor Interviews

The intent of the 22-question, semistructured teacher (TIS) and counselor interview (CIS) schedules was to corroborate student perceptions about the adults who had been influential in their academic life and to obtain general information (personality, teaching style, educational philosophy) about these professionals who had been nominated by the students.

Testing Instrumentation

Five separate instruments were used to gain a quantitative perspective of the subjects and their families. The following instruments (Table 2) were used to gather data for this study:

Table 2
Quantitative Measurements

Measurement:	Intent:	Administered to:
Young Adult (or Adolescent) Coping Orientation for Problem Experiences (YA-COPE or A-COPE)	Measurement of coping capacity	Students
Nowicki-Strickland Locus of Control for adolescents/young adults (ANSIE)	Determine internal or external locus of control	Students
Family Hardiness Index (FHI)	Measurement of resistance to stress	Students Parent(s)
Family Empowerment Scale (FES)	Measurement of family's ability to utilize resources.	Parent(s)
Parental Locus of Control (PLOC)	Determine Internal or external locus of control	Parent(s)

Adult Nowicki-Strickland Locus of Control (ANSIE)

Locus of control is defined as the perception that there is a connection between one's own action and the consequences of that action (Rotter, 1966). Locus of control (LOC) is considered important to the at-risk population (which includes children with ADHD) because a number of studies have shown that LOC has a direct relationship to behaviors and attitudes, including academic achievement (Fischer & Corcoran, 1996). To measure locus of control in the students, the 40-item Adult Nowicki-Strickland Internal-External Locus of Control Scale (ANSIE) was administered (Nowicki, 1976).

The ANSIE is one in a series of Nowicki-Strickland Locus of Control scales, designated for varying age groups, designed to assess the locus of control construct. The ANSIE has demonstrated internal consistency with a *Cronbach's coefficient alpha*, the statistic based on the average correlations among test items (Cronbach, 1951), of .81 for students in grade 12. An alpha coefficient exceeding .80 suggests that an instrument is internally consistent. An alpha of .70 to .80 has acceptable consistency. The ANSIE instrument has fair concurrent validity, correlating significantly with three other measures of locus of control (Fischer & Corcoran, 1996).

Permission to administer the ANSIE was obtained in writing from the author, Dr. Stephen Nowicki, Jr. who suggested using the ANSIE rather than the more familiar Children's Nowicki-Strickland Internal-External Locus of Control scale (N-SLCS) due to the age of the study participants (see Appendix D).

Coping Orientation for Problem Experiences (COPE: A-COPE & YA-COPE)

Coping is the ability to develop and utilize behaviors which help to manage problems or difficult situations. To measure adolescent coping behaviors the Coping Orientation for Problem Experiences (54-item A-COPE for high school students & 56-item YA-COPE for college students) was

administered to this study's participants (Patterson & McCubbin, 1983). The scales were designed to identify the behaviors individuals find helpful in managing problems or difficult situations (McCubbin, Thompson, & McCubbin, 1996, pp. 537-624). The YA-COPE and the A-COPE instruments are the same, with the exception of wording changes (*high school* or *college*) and the addition of two items in the YA-COPE (Patterson, McCubbin, & Grochowski, 1983). The scoring procedure is marginally different in some subsets for the two scales, however, and after consultation with the representatives of the scales' authors, it was determined, that for this study, the integrity of the results would be preserved by eliminating the two additional YA-COPE questions and by scoring both COPEs using the A-COPE subsets Henceforth, within this study, references to both tests will be the acronym, A-COPE.

The A-COPE has demonstrated internal consistency with a Cronbach's coefficient alpha of .82 (Cronbach, 1951). Cronbach's coefficient alpha is the statistic based on the average correlations among test items; an alpha coefficient exceeding .80 suggests that an instrument is internally consistent. The A-COPE has good stability with a test-retest correlation of .83 (Fischer & Corcoran, 1996).

Permission to administer this instrument has been obtained from the

authors (see Appendix D).

Family Hardiness Index (FHI)

Family hardiness is an internal family strength which manifests itself by actively adjusting to and managing stressful situations. Family hardiness implies a healthy acceptance of life's changes and challenges. It implies that the individuals in a family-unit perceives that the family, as a whole, has some control over the outcomes of situations (McCubbin et al., 1996).

To gather data for the analysis of an individual's perception of their family's ability to resist and cope with stress, the 20-item Family Hardiness Index (FHI) was administered to students and to at least one of their parents. The FHI was developed to "measure the characteristics of hardiness as a stress resistance and adaptation resource in families which would function as a buffer or mediating factor in mitigating the effects of stressors and demands" (McCubbin, et al., 1996, p. 239).

The FHI has demonstrated internal consistency with a Cronbach's coefficient alpha (the statistic based on the average correlations among test items) of .82 (Fischer & Corcoran, 1996). An alpha coefficient exceeding .80 suggests that an instrument is internally consistent. FHI scores correspond to measures of a family's locus of control around stressful situations. The

measurement was used by the researcher to look for perceptions (student and parents) of the internal strength and durability of their own family along with their sense of control over the outcomes of life events and hardships.

The family of origin (the parents who raised the student along with the student him/herself) were the subjects for the FHI. Regarding living arrangements in high school for the five subjects: two students had lived in a family unit with both birth parents, one student lived with her divorced mother; one student lived with his birth mother and a stepfather, and one student had lived with his birth father and stepmother. All parents who had physical custody of the students (i.e., lived with) while the students were in high school were invited to participate in the study. Table 3 in the next chapter indicates the participation of the students' parents or step-parents.

Permission to administer the FHI was granted by the primary author, Dr. Hamilton McCubbin (See Appendix D).

Family Empowerment Scale (FES)

Family empowerment refers to the sense of confidence and competence that emanates from the family as a unit. It is anticipated than an empowered family would be able to cope with life's stressors and would not become discouraged easily and that such a family would normally possess an internal

locus of control as a family unit. That empowerment would extend to the parents being able to secure resources--whether educational, medical, social, or emotional--which are/were needed by their child. To measure the sense of empowerment and of locus of control as evidenced by the ability to advocate for services for their child, the Family Empowerment Scale (FES), developed by Koren, DeChillo, and Friesen (1992), was administered to the parents of children with ADHD in the study.

This 32-item scale FES was designed to measure both the parent's sense of confidence in managing their child's disability and the parent's perception of their ability to mobilize resources on the child's behalf. The FES has good internal consistency with alpha subsets of .88 (family), .87 (Service System), and .88 (Community/Political) and strong validity and internal correlation (Fischer & Corcoran, 1996, p. 276; see Appendix D).

Parental Locus of Control (PLOC)

To measure locus of control in parents, the 47-item Parental Locus of Control (PLOC) was administered (see appendix D). This instrument was designed to measure the parent's internal or external sense of power in specific child-rearing situations (Campis, Lyman, & Prentice-Dunn, 1986). The use of the PLOC for this study was to determine if there was a correlation between

the student's locus of control and that of their parents.

The PLOC has good to excellent reliability with an alpha total score of .92. The instrument has demonstrated construct validity with good correlations with a number of like scales (Fischer & Corcoran, 1996). Permission was granted by the primary author, Dr. Robert Lyman, to use the PLOC instrument in this present study (see Appendix D).

Data Analysis Procedure

Materials and field notes gathered from the data collection phase of this study were organized and classified into identified units as suggested by Merriam (1988). Both aggregated and dis-aggregated units were developed. The data were organized and analyzed according to the following theoretical concepts. These concepts were used as a lens through which to determine the influence of these factors on the students' academic success:

1. Locus of control theory.
2. Coping skills and abilities as a construct of resiliency theory.
3. Adult influences, particularly parents, teachers, and counselors.

The analytic strategy for this study was the development of a framework to organize and present the findings. The framework allowed the researcher to look at the responses in all the subjects in subsets and to begin to answer the

research questions. As data for one research question at a time were analyzed, subsets of responses began to emerge. Data gathered from instruments served as corroboration to the perceptions of the interviewees. Data were organized into figure-tables and word-tables to enable both the researcher and the reader to retain the rich descriptors inherent in case study method, yet to simultaneously answer the research questions.

CHAPTER 4

Findings

Introduction

The purpose of this study was to increase understanding of the factors and qualities which have fostered the academic success of five students challenged by ADHD. Perceptions of the students were the primary concern; perceptions of their parents were secured to corroborate student perceptions. Observation and review of school records served to triangulate perception data and to insure the internal consistency of the findings.

The study focused on the possible correlation of the following variables to the academic success of high school students challenged by symptoms of ADHD: the influence of (a) locus of control, (b) coping skills, and (c) adult support.

Situational analysis case study methodology was used in this research study. This method utilizes the traditional case study technique of intense observation and interviewing which produces a rich, descriptive narrative. Additionally, the situational analysis case study approach calls for an observation of the phenomenon using a variety of methods including the point of view of the major stakeholders of the event under study (Borg & Gall,

1989). This method results in the triangulation of both data gathering methods and of data analysis itself.

Furthermore, the study of a phenomenon or situation using the situational case study analysis mode allows for creativity in the presentation of the findings. For this present study the findings are presented across the case studies in the form of rich descriptions, verbatim quotes and examples, and quantitative measurements using tables (both word tables and numerical tables), and quotation blocks as the presentation format. Data presented to answer the research questions utilizes the same format.

Sample Description

Five students, 3 males and 2 females, comprised the sample for this situational analysis case study. Students were code numbered Student 1 (S1) through Student 5 (S5). Table 3 shows the overall description of the subjects, including their sex, age at time of interview, age at diagnosis of ADHD, birth order, living situation while in high school, date of high school graduation, academic status at time of interview, grade point average (GPA) in high school, and information about their nomination of a teacher or counselor who had helped to foster their academic success.

Table 3
Profile of *Portrait of Success* Students *(n=5)*

	Student 1	**Student 2**	**Student 3**	**Student 4**	**Student 5**
Sex:	Male	Male	Male	Female	Female
Age:	16	21	19	18	20
ADHD Diagnosis:	Age 7	Age 17*	Age 10	Age 6	Age 8
Birth Order:	Only child (to birth parents)	Only living child (to birth parents)	Only child	Only child	Oldest of two
Parent(s) Involved in Study:	Mother and Stepfather	Father	Mother and Father	Mother	Mother
During High School lived with:	Mother and Stepfather	Father, Stepmother, Step-sister	Mother and Father	Mother	Mother, Father, and Sister
Date of High School graduation	Will graduate in June 1999	June 1993	June 1996	June 1997	June 1995
Academic Status at time of Interview:	High School Sophomore	College Junior	College Freshman	High School Senior	College Sophomore
Hi-school GPA	2.44	3.23	3.27	2.40	2.67
Selected Teacher for Study?	Yes: Fourth Grade	Yes: Tenth Grade	Yes: Fourth Grade	Yes: Third Grade	Yes: Tenth Grade
Selected Counselor for Study?	Yes: Middle School	No	Yes: High School	Yes: Middle School	No

*prior indicators in pre-school

Table 3 gives an overview of the students involved in the study. It indicates that all students met the criteria for the study.

It should be noted that observations of the students during the interviews revealed a range of maturity levels, self-confidence, and general

comfort in the interview process on the part of the students. All 5 students appeared relaxed and comfortable during all or most of the interview. The tone of the interview was kept light, and there was laughter and lightheartedness during the less serious portions. However, although all students were articulate and forthright, all 3 males in the study presented themselves as older or more mature than the females in the study, irrespective of age. Some indicators of a higher level of maturity were content depth of the responses, direct eye contact, fewer nervous mannerisms, ability to focus on the questions, and ease at handling more sensitive and personal questions (such as how the students felt about being diagnosed with ADHD).

It is unknown whether the observations regarding maturity and self-confidence are significant to the outcome of the interview. Related or not, an exploration of the observations suggested that the "more mature-appearing" individuals were all on medication for their ADHD symptoms, although only 2 students had taken the medication that day. The least mature-appearing individuals have not been on medication for ADHD symptoms for at least 3 years.

Data from the Study

Preliminary Questions

Preliminary questions were developed to ascertain if the students in the study had been or were now, considered to be at-risk of academic failure (kindergarten-12th grade) as a result of common symptoms of ADHD. The aspects which were examined were (a) impulsivity and at-risk, reckless behavior; (b) alienation from significant others including peers; and (c) disorganization. If the students in the study had not experienced these symptoms, then it might be suggested that their success in school was, in part, related to an absence of the at-risk, ADHD manifestations. However, if the students are or have been affected by these symptoms, and therefore are or have been considered to be at-risk of dropping out of school, the factors that supported and facilitated their success in school become of increased interest.

Preliminary Question 1

Did the students in the study believe they experienced and were affected by impulsivity, resulting in disciplinary problems at school and/or in high-risk behaviors such as drug or alcohol use or abuse? (See Appendix E for the source of the data gathered to answer Preliminary Question 1.)

The first area considered whether the students in the study had been

negatively impacted by their own impulsivity. To obtain data on this question, students were interviewed about their behavior in school. To gain a different perspective regarding the student perceptions about their own impulsivity, at least one parent was interviewed about the child's behavior in school.

Table 4 (p. 109) presents the self-described experiences of the students in relationship to their own impulsivity during the kindergarten to 12th grade (K-12) years. Supporting data in Table 4 indicates whether the student's parent(s) perception of the impulsivity matched that of the student. The data from Table 4 (p. 109), along with additional data from the Student Interview Instrument (SIS), suggest that students experiences in school indicates that students exhibited impulsive behavior at some time during their K-12 years. Specifically, data indicate that all the subjects were (a) considered impulsive students in elementary school, and (b) would have most likely or did present behavior problems in the classroom during those years. Data from the interviews also indicated that, with one exception, all students were placed on medication sometime during the elementary school years, in large part, because of their impulsivity. (The one student not diagnosed or on medication until his senior year of high school, had symptoms of hyperactivity and impulsivity in the early years of life. At age 17, the student himself requested diagnosis

and treatment for his inability to focus and concentrate.) All students and parents indicated that the initial effect of medication on the child's impulsivity and hyperactivity was immediate and positive.

Table 4:
Student perception of their own impulsivity in school

Student (S)	Impulsive	(S) Examples	School Records	Parent View
Student 1	Yes, always in trouble in elementary and middle school. Not in trouble in high school.	Hyperactive; talking; arguing; angry; destructive.	Record supports behavior problems in school	Yes, definitely impulsive and often in trouble until ninth grade.
Student 2	Yes, kicked out of the classroom frequently in elementary school, especially prior to transferring to small private school.	Hyperactive; talking; extreme risk taking, pranks; reckless.	No behavior record available	Yes, hyperactive and somewhat aggressive in school when young; more into pranks when older.
Student 3	Yes, in trouble until I went on medication in the 5th grade but usually not severe enough to see principal.	Hyperactive; didn't stay in seat; bugged others; teased by others.	No behavior record available	Yes, hyperactive, bossy, impatient, and misbehaved in elementary school; very rare past sixth grade.
Student 4	Yes, always in trouble in early elementary school grades for behavior but not in middle or high school.	Writing inappropriate words; impulsively being mean to others.	Record supports behavior problems in school	Yes, behavior could be explosive at times.
Student 5	Yes, spent time in the principal's office in elementary school but not in middle or high school.	Energetic, couldn't sit still; bugging people, being mean.	No behavior record available	Yes & No; more emotional, distractable, hyperactive and sensitive than aggressive.

All students in the study reported incidents of serious to severe impulsivity in elementary school which resulted in some form of disciplinary intervention on the part of school administration. All had been requested to leave the classroom due to their behavior during their elementary school years. Several were sent from the classroom on a daily basis during some periods in their school careers. All students reported incidents of hyperactivity and impulsivity in pre-school and early primary grade years. Two students reported severe incidents of problems related to impulsivity while in middle school. All parents corroborated the student perceptions.

Examples of student self-perceptions about their own impulsivity, across the interviews, can be seen in the following block quotations:

> *Looking back, I realized that I could not have handled me had I been the teacher.*
>
> *I was in the principal's office all the time.*
>
> *I was always in trouble, like one time in third grade when I wrote (obscenities) on the sidewalk at school in chalk.*
>
> *I was pesty and pushy. I'd get out of my seat all the time and start bugging people.*
>
> *I chattered all the time.*
>
> *If a thought came into my head I'd just act on it without thinking.*

Data from the study suggests that all students had serious problems in

grades K-8 and, for some, the hyperactivity and impulsivity increased during the early adolescent years of middle school or junior high (grades 6-8). One student's school records indicated the student had received 40 behavior referrals, many resulting in suspensions from classes during middle school. In that case, the records indicated that all behaviors were for impulsive, anti-social, and defiant behavior. Specific infractions noted in the student's school records included incidents of "loudly refusing to sit in seat," "disrespectful noises," "bothering and insulting other students," "spitting in Mr. X's (*a teacher*) face," and "calling another student a (*gender slur).*"

The early grades commonalities across the studies which were reported by subjects, and corroborated by parents, were (a) trouble staying in their seats, (b) constant talking to others during class-time, (c) yelling out during class even when reminded not to do so, (d) frequent visits to the principal's office for non-compliance, and (e) use of the word "hyper" or "hyperactive" as a self-descriptor of the early years of school. Some students reported daily occurrences of these behaviors.

None of the students reported serious disciplinary incidents in high school, although minor infractions such as not turning in homework were reported across the study. One student reported potentially dangerous, high-risk pranks during high school. All students reported that high school was a

better experience than the previous grades, although some problems with impulsivity still continued.

The subject of impulsivity often leads to questions concerning the use of medication to treat the impulsive symptoms of ADHD. All students were on medication for their ADHD symptoms for part or all of their high school (9-12) years and all reported that the medication did help them to stay focused and to think things through before acting. Medication for these students was strictly utilized to reduce the symptoms of ADHD while in school. Students did not take medication during holidays, vacations, or on weekends, at least not on a regular basis.

The data for this research question suggests that all subjects were negatively affected by their impulsivity at school in grades K-8, although the impulsivity substantially decreased as they reached high school. Students attributed this decrease in impulsivity to (a) their own maturation; (b) their own coping skills including ignoring teasing from peers which, in turn, decreased social stress due to better handling of peer problems; and (c) controlling their environment to limit visual stimulants which decreased academic distract-ability; and/or (d) to the medication therapy they received.

To obtain data regarding the negative impact of high risk behavior, specifically drug (defined as nonprescription medications or recreational

drugs), alcohol, or tobacco use, students were interviewed about their use of drugs, alcohol, and cigarette smoking. To corroborate student disclosure about this high risk behavior, the parents were interviewed about high-risk behavior in general. To corroborate the students' and parents' statements in this area, student records were explored for behavioral data related to drug or alcohol use, including the use of tobacco.

In terms of the high risk behaviors of drugs students were asked (in the COPE) whether they used any of these substances when they were "tense or faced difficulties." The following is a breakdown of student self-reports: All students responded that they had never smoked cigarettes or used medications other than their ADHD medication. (Two students stated that they had never used any of these substances for any reason.) Three of the 5 students responded that they had used alcohol, infrequently, as in "hardly ever" when "tense or facing difficulties."

To triangulate the students' and the parents' perception of both impulsivity and high risk behavior, student records were explored for behavioral data. Table 4 (p. 109) presented the parents' perception of impulsive behavior. Parent statements regarding the high-risk behavior in this study indicated that drug and alcohol use by their children was not known to be a problem.

However, other areas of concern were noted by parents as being at-risk issues for them including uncertainty about how to effectively discipline for inappropriate behaviors. One parent related: "The older X got the less you could work with X. The discipline and even bribery that used to work before was no longer effective." Three of the parents related specific periods of time as "high-risk times" for their children, notably the junior high or middle school (grades 6-8) years. One parent said, "Junior high was the worst time of all. Hormones were kicking in and there were so many peer problems. That was the time I was most afraid that my child would get into trouble." One parent said simply, "Every year has been hard." Every parent indicated that their child (and often the entire family) had been in counseling (outside the school) setting for brief periods of time. That counseling was, in large part, focused on ADHD-related problems, but not necessarily because of concern about the child's high risk behavior.

Preliminary Question 2

Did the students in the study think that they had experienced and were affected by difficult social relationships resulting in limited friendships and negative peer social situations at school and/or alienation from significant adults such as parents and/or teachers? (See Appendix E for the source of the data gathered to answer

Preliminary Question 2.)

Preliminary question 2 considered whether the students in the study had been adversely impacted by negative peer relationships or by feeling that they did not have enough friends. It also considered whether the students in the study had been adversely impacted by poor relationships or by difficult experiences with their parents or with their teachers. To obtain data on this question, students were interviewed about their relationships with peers in school. To corroborate the student perceptions regarding their peer relationships, the parents were interviewed about their child's experiences with peers in school.

To obtain data about relationships with adults, students were interviewed about their relationship with their parents and with their teachers and counselors while they were in school, K-12. To gain a different perspective about student relationships with teachers, their parents were interviewed about the child-teacher relationships. To complete the triangulation of data for this research question, students' records were explored for behavioral data related to peer or friendship issues and to teacher relationships.

Peer relationships were difficult for all the students in the study as they went through school. The interview process produced a wealth of revelations

about difficult years when friendships were not satisfactory and when students felt they were "not popular" with other classmates. Several students indicated that during elementary and middle school/junior high years they felt they were "not liked" by most other students. Table 5 relates the feelings of students regarding negative experiences with peers during various grade levels and indicates that all students experienced negative relationships. Student interviews produced many anecdotes of profound sadness and hurt over peer issues for 4 of the 5 students.

Table 5
Students' perceptions of peer relationships at school ($n=5$)

Grade Levels	Students reporting negative peer relationships in school	Students reporting no satisfactory peer relationships at school	Students reporting they had as many friends as they wanted at school
K-2	5	2	1
3-5/6	5	2	1
6/7-8	4	0	1
9-12	4	0	1

Two students indicated that during various periods of their lives they felt that they had no positive relationships at all with other students. Table 5 indicates the grade levels where students felt they had no positive relations with classmates. Only one student indicated that he or she always felt they had as many friends as they wanted. Four out of 5 students indicated that

they would have been happier and more content in school if they had more friends. Table 5 presents grade levels regarding the issue of having enough friends.

Students were interviewed regarding their interactions with peers during their K-12 years. Many of the recollections were observably painful, and the interviewer noted voice changes and postural shifts indicating uncomfortable emotions. Voice inflections about these recollections included sadness for some students and anger for others. Several of the students were reflective about the experiences and accepted some responsibility for the rejection that they experienced from other kids. Selected reflections are presented in table 6.

Table 6
Selected Student Self-Perceptions of peer relationships in school

Student	Elementary School Peer Experiences	Middle School Peer Experiences	High School Experiences
S1, male age 16	I was too hyper to be aware of relationships but I always had kids to play sports with at recess time. Some of my current best friends are kids I've played with since the 3rd grade.	I had lots of friends but some of the kids at school were dorks. I got into trouble because of them. Most of my friends didn't get in as much trouble as I did at school.	High school is really fun. I have all kinds of friends and I get along well with them. I like to hang out with them. We build things, bowl, and just hang out.

Table continues

Student	Elementary School Peer Experiences	Middle School Peer Experiences	High School Experiences
S2, male, age 21	I don't remember much about friends or schools K-6 but I was always in trouble. I thought all the other kids were smarter than me in the 2nd grade. Going to a smaller school for 3rd grade helped some with friend issues.	In the seventh grade I finally had lot of friends. Socially it was one of my two favorite years in school. Unfortunately when I skipped the 8th grade, I was not prepared to be accepted socially in high school.	High school was okay. I had a few friends with common interests. I was mostly a nerd. I never really overcame the bad impression I made in the 9th grade.
S3, male age 19	K-6 was really lonely, the hardest time in my life. I didn't have a lot of friends. Kids were really mean and nasty to me. I was kinda a nerd. Kids were relentless. They tormented me.	Junior high was a little better ("half-lonely"). I still got taunted and picked on but less than in K-6. I had a couple friends.	High school was more enjoyable. I joined a few clubs and had more friends. I still got teased a little but I learned to ignore it.
S4, female, age 18	I had a lot of problems with kids in K-2 but I was real popular. I was mean to other kids when I was little. It got better grades 3-6.	Junior high was the hardest. The kids got meaner and I got separated in classes from my elementary school friends. It was hard to make friends.	My high school is not really friendly. The kids there are very judgmental. I have a lot of friends but I don't always get treated with respect.
S5, female, age 20	I was kind of a pest in school and was pushy; I was always too hyper and in trouble. I don't remember having lots of friends and I was teased a lot.	Junior high was the hardest. It was painful. The students were cliquey and judgmental. I continued to be called names by other kids.	High school was better & I got involved in activities but the teasing continued. Some of the kids were real jerks. I was treated pretty good by friends but I always wanted more friends.

All students reported that their social life, although not perfect, improved in high school. Using individualized verbal expressions and experiences, all students related that their situation was helped by the fact that both they and their classmates had matured emotionally which both reduced teasing and rejection by others and which increased the students' ability to handle disappointing situations more appropriately. Supporting data from Table 6 indicates that poor and unsatisfying relationships at school with peers were part of each student's experience. Data from Tables 5 and 6 indicate strong at-risk variables. Negative social experiences and limited friendships were recurring themes for students and added measurably to their at-risk quotient.

Another aspect of the students at-risk analysis was whether the students felt alienated from significant adults in their lives. Students were interviewed about their relationship with their parents and Table 7 presents the findings for this preliminary question.

Table 7
Student Perceptions of relationship with their parents

Student Perceptions of Relationships with their Parents	Yes	No
Students felt loved and supported by their parents in general	5	0
Students felt that their parents helped them to overcome the problems generated by having ADHD	4	1
Students expressed appreciation for their parents efforts on their behalf	4	1
Students felt emotionally supported by their parents at home	5	0
Students felt supported by their parents re teachers and schoolwork	3	2
Students felt they could have gotten more support from their family about ADHD-related issues	0	5
Students felt they could have gotten more support from their family on school-related issues	3	2
Students felt they got the support they needed from parents regarding peer relationships	5	0

Data from the interviews as represented in Table 7 indicate that all of the students felt supported and loved by their parents and, in general, felt that they were receiving from them what they needed to succeed in school. There were exceptions: An example of academic support one student felt was needed but was not provided by (his or her) parents was tutoring for a specific class.

The overall data support the finding that students did not feel alienated from their parents while they were in school. The data suggest that the students were not at risk on the basis of alienation from their parents.

In terms of alienation from other significant adults, (i.e., teachers), the

student findings are listed in Table 8.

Table 8
Student Perceptions of Relationships with teachers ($n=5$)

Student Perceptions	Yes	No
Students felt they had a positive relationship with at least one teacher each year during elementary school.	1	4
Students felt they had one or more negative relationships with teachers during elementary school.	4	1
Students felt they had a positive relationship with at least one teacher each year during junior high or middle school.	3	2
Students felt they had one or more negative relationships with teachers during junior high or middle school.	4	1
Students felt they had a positive relationship with at least one teacher each year during high school.	5	0
Students felt they had one or more negative relationships with teachers during high school.	4	1

The data in Table 8 indicate that alienation from teachers was pervasive and significant for students during part of their school career. Parent interviews supported the difficulty students had with some teaching staff although the memories were more negative for the students than for the parents. The overall data suggest that these students were at-risk due to their alienation from teaching staff.

Preliminary Question 3

Did the students in the study believe they experienced and were affected by

disorganization and or by having difficulty in maintaining an orderly learning environment at school or home? (See Appendix E for the source of the data gathered to answer Preliminary Research Question 3.)

The third Preliminary Question considered whether the students in the study had been negatively impacted by poor organizational skills. To obtain data on this question, students were interviewed regarding their perception of their organizational skills. To corroborate the student perceptions about this area, the parents were interviewed regarding the students' organization skills both at home and at school. To triangulate the students' and parents' perceptions, student records were explored for comments on report cards or on conference notes regarding disorganization and messiness.

Interviews with students and their parents and an exploration of two school records indicate that (a) lack of organization skills to a large extent and (b) messiness to a lesser extent were a problem for all of the students in the study. Student records *(n=2)* contained teacher notations such as "missing assignments," "messy work," "doesn't use time wisely," "careless work," "Homework not turned in on time," and "often has overdue library books."

Students reported moderate to severe problems with organization. Four of the 5 students reported memory problems which exacerbated their ability to remember to do or turn in assignments. Recollections of lost papers, of

backpacks that became permanent nesting places for important documents, and of entire term papers that suddenly disappeared were volunteered by the students. None of the incidents of disorganization appeared out of the norm when looked at singularly; but the frequency and pervasiveness of the incidents rules out a developmental explanation for them. From both student and parent descriptions, the incidents were too pervasive to be normal. Students reported completing assignments twice because they did not remember doing them the first time.

Grades and academic standing were reported to be affected by missing and lost assignments. Although students were academically successful in school, overall it appears that their grades would have been better if they had turned in all of their work.

Parents reported that "follow-through" had been difficult for their children. All parents reported monitoring and organizing students in elementary school and all but one reported that the monitoring and organization continued on into high school. Parents related that they were "forced to be organized" themselves and that "schedules" were necessities for their child to function in school.

Data for this preliminary question suggest that most of the students were potentially at-risk due to poor organization skills.

Findings related to Preliminary Questions

1. Data suggest that the students in the study were considered to be significantly at risk for not completing high school by virtue of (a) their impulsivity, (b) their poor peer relationships, and (c) their alienation from teachers at significant times during their K-12 years.

2. Data suggest that the students were somewhat at-risk for not completing high school due to their disorganization.

3. Data suggest that students were not at-risk due to alienation from their parents and that, in fact, the students had positive and healthy relationships with their parents and that these relationships were protective and supportive for the students.

Research Questions

Research Question 1

Was there an influence of the students' locus of control on their own academic success? Was there an influence of parental locus of control on the students' academic success?

(See Appendix E for the source of the data gathered to answer Research Question 1.)

Research has indicated that having a high internal locus of control will positively affect an individual, enabling him/her to take responsibility for

his/her own actions. This is generally coupled with a high level of self-confidence about his/her capability to influence life's outcomes. An internal locus of control has been determined to be important in attaining overall success in life. For this study, the researcher sought to determine whether internal locus of control was evident in these successful students challenged by ADHD. Indicators of internal locus of control would include taking responsibility for one's behavior, minimal blaming of others, positive self-statements, the ability to appreciate others, and making plans for self-improvement.

To assess locus of control for the subjects (students), the researcher looked at various data collection instruments including the Student Interview Schedule (SIS), the Parent Interview Schedule (PIS), the Adult Nowicki-Strickland Internal-External Locus of Control scale (ANSIE), and the Family Hardiness Index (FHI). Data from the entire SIS and PIS instruments across the case studies were reviewed to ascertain general indicators of locus of control from the general survey and specific questions (see Appendix E) received intense examination and analysis. In the FHI, only the student answers were assessed in relation to this research question.

Indicators of whether students took (or did not take) responsibility for their own behavior and whether students felt confident that they had influence

over their current and future life were found in a variety of sources in both the interviews and the instrumentation. One example of such data is found in an examination of the advice students volunteered for other, younger students with ADHD (Table 9) during their interviews. The advice is revealing with respect to the amount of responsibility students in the study took for their own growth and success.

Table 9
Student advice to others as an indication of their locus of control

Student	Student' s Advice for younger students with ADHD
S1, male, age 16	1. Stick through school. 2. Have fun in school. 3. Be yourself 4. Don't get caught up in rebellious trends. 5. Watch out who you hang out with; don't pick friends who will get you in trouble.
S2, male, age 21	1. Find out what really interests you and encourages you to focus. 2. Learn about your own styles and preferences including your best time of day to study and focus. 3. Know yourself well. 4. Realize that you will have to learn to be flexible.
S3, male, age 19	1. Have a loving family. 2. Take your meds. 3. It'll get better, especially the teasing from other kids. 4. Never give up. 5. Be yourself. 6. Be caring and understanding of others.
S4, female, age 18	*Did not feel that she could give advice to others*: "I have no idea what kind of advice to give to other students with ADHD."
S5, female, age 20	1. Slow down if you feel too rushed. 2. Talk to someone if you need help. 3. Get tutoring for your studies if you need it.

Data from the Interview instrumentation (SIS) suggest that, although at varying levels, the students do present indicators of internal locus of control. With the exception of S4 who said she was not comfortable giving advice to others, the responses of the students suggested a sense of self-responsibility for success. All the listed responses focused on self-directed action and positive affirmations. The responses were spontaneous as the students did not have an advance copy of the interview instrument.

Answers to many SIS questions revealed strong indicators of high levels of internal locus of control. For example, when describing the "worst times" students had in school, responsibility for their own behavior was more prevalent than blaming others. In addition, accusations of injustices from others took place largely in elementary school and in response to difficult social interactions. Table 10 (p. 128) gives examples of student responses in this area.

Data in Table 10 suggest that while all students experienced difficult times in school, each student in the study took some degree of responsibility for their problems. In some cases, it appeared to the researcher that students were overly understanding of the negative reactions of others. During the interviews, students described some of their time in the K-8 grades as "tormented," "painful," "troubling," "sad," and "lonely."

Table 10
Student descriptions regarding difficult times as indicators of their locus of control

Students	Student descriptions of difficult times in their lives as indicators of their locus of control.
S1 Male age 16	1. I felt I was treated fairly at school 2. Middle school was the hardest time for me because I started defying my parents and the teachers at school. 3. High school was been my favorite grades. I'm more mature and able to handle things better. 4. I can only focus on things that I'm interested in and so I have to figure out a way to pay attention to my homework.
S2 male age 21	1. I am so amazed and surprised at what I can accomplish at school. 2. I was treated fairly at school. 3. The worse time for me was the 2nd grade when I was retained. I thought I had failed. I thought I was retarded. 4. I have overcome most of my problems with ADHD.
S3 male age 19	1. I was treated fairly at school except for a couple teachers who embarrassed me in front of other kids. 2. The hardest time for me was elementary school because the other students didn't understand me or ADHD. I didn't understand either; I would walk around and bug other kids in class. I made problems for myself. 3. High school was the best time for me K-12 because I was more mature and so were the other kids. In high school I got better about ignoring the teasing of other kids. I didn't know how to do that when I was younger. 4. If my job started to interfere with my schoolwork, I'd cut back my job hours.
S4 female age 18	1. In high school I insisted on fair treatment from the school; I saw other being treated unfairly, though. 2. I'm good in language arts. I can create word pictures in my head and put them into words. 3. Middle school was the worse time of all. The kids got meaner and I was separated (in classes) from all my friends. 4. My (babysitting) job interferes with my homework.
S5 female age 20	1. I was treated fairly at school. 2. Junior high school was a painful time. Kids teased me and called me names all the time. 3. I sought help when I needed it in school (from teachers and counselors). 4. My parents want me to finish college. I want to go to grad school.

Data from Table 10 indicate that in spite of "tormented" and "painful"

experiences, students saw school and life, in general, improving as they aged and matured. Most in the study used the word "hope" to describe what they began to feel about themselves and their situation at some point along the way.

One final indicator of the students' internal locus of control, especially in relation to having Attention-Deficit/Hyperactivity Disorder can be found in their answers to question #59 of the Student Interview Schedule: "*How do you feel about having ADHD? Have you ever gotten angry about it and wanted to blame someone for giving it to you? Elaborate.*" Table 11 (p. 130) presents the student answers to that question. The data indicate that not all students are as self-accepting about having ADHD as others. The data also suggest that there may be gender differences about the self-acceptance of the disorder. The ability to admit that one has a disability without self-pity or anger is a mark of both high maturity and a high internal locus of control. The data suggest that the students are at varying stages of self-acceptance.

Table 11
Student attitudes toward having ADHD as an indicator of locus of control

Students	Student attitudes toward having ADHD as an indicator of locus of control.
S1 male, age 16 Diagnosed at age 6.	Regarding ADHD, I have up and down feelings. It used to frustrate me (*the symptoms of ADHD*) more than it does now. I used to get so angry because when things were hard for me (to do) that I would use a punching bag or even destroy my toys and electronic equipment. I still have mild bouts of destruction when I am frustrated, but not like before. Now I am more likely to throw something down rather than tear it up. My Mom's side of the family is all hyperactive. They probably all have ADHD. I've never gotten angry that I have it, just upset that it makes paying attention so much harder.
S2, male, age 21, Diagnosed at age 17.	I think I am lucky to have ADHD. It allows me to be both creative and energetic and to be hyper-focused. I never get bored. "No stale hacking through the jungle for me!" I have (at 21) overcome most of the problems associated with ADHD and I know myself well. I think of it as a bonus, all that energy. I do have to watch for burnout, though. I can see how younger kids --who aren't aware of the advantages of having ADHD yet-- would be resentful about having it.
S3, male, age 19, Diagnosed at age 9.	I'm okay with having ADHD. Actually, things were going so bad for me in elementary school that it felt better to know that I had a reason for why I behaved the way I did. I just know that I need to monitor myself (about whether I am going to be in a situation where I may need to take my medication to be focused) and be organized.
S4, female, age 18, Diagnosed at age 9.	It doesn't phase me that I have ADHD. But having it is hard because I lose things all the time and then others get really angry with me. I don't talk about having it (ADHD) though.
S5, female, age 20, Diagnosed at age 6.	I'm kinda self-conscious about having ADHD. I really don't want to talk about it. Sometimes I do get angry about having it but not to blame anyone else. I have talked to my parents and to my grandparents about having ADHD.

Studies regarding ADHD and self-responsibility have had conflicting results regarding the use of medication for treatment of ADHD. Medication

for ADHD is a factor in an analysis of locus of control because some authors (Armstrong, 1995) insist that when individuals take medication for behavior (or other) management, it encourages the development of *external* locus of control. Armstrong maintains that taking medication may cause the ADHD child or adult to feel that it is the medicine and not what they do themselves that will make them succeed in school or other ventures. To examine the extent to which the students felt that medication (*an external factor*), and not other (*internal*) factors such as their own behavior or actions, was responsible for their overall and school success the following responses were extrapolated from the student interviews and presented in Table 12.

Table 12
Student perception of the relationship of medication to their academic success

Students	**On Medication**	**Student perception of Effectiveness of medication**	**Student perception of the reason for their high school success**
S1 male, age 16 .	Yes, since diagnosis at age 6; takes daily.	Yes and no regarding effectiveness of medication. My parents and teachers think it is effective but they could not always tell if I took it or not. In middle school I used to play games with my meds (*throw them away, etc.*) but now I just take them even if I don't think they work. There are times when I think, I'd better not forget them because I need to focus.	I never really grew up until went to high school. I've gotten more mature in high school and so I'm doing better. I don't plan to go onto college (maybe business school) but I need to get at least a 2.0 in high school. My parents want to monitor my work constantly but I tell them as little as I can get away with.

Table continues

Students	On Medication	Student perception of Effectiveness of medication	Student perception of the reason for their high school success
S2, male, age 21,	Yes since diagnosis at age 17, takes situationally *prn*.	The medication made an immediate difference. Before medication, I knew the material but could never get it right on the tests. I was so distracted during tests and when trying to concentrate in general. If I had taken it earlier I would have really "rocked high school" and probably been going to college at MIT.	I'm successful because I work hard. In high school I didn't care that much about academics and they were not a big part of my life. Maybe if studying had been less distracting I would have done better in high school My parents really didn't monitor my work after elementary school.
S3, male, age 19,	Yes, since diagnosis at age 9 or 10; takes situationally, several times a week *prn*.	Life started getting better after I was diagnosed and put on medication and it helped that I had a good teacher in the 6th grade who explained to the other kids that I wasn't bugging them on purpose. Medication does help me stay focused. I don't take it everyday now like I used to in junior and senior high school but I do take it when I go to my college classes.	Education has always been #1 with me and doing well in school is very important. I'm motivated to do the best I can. I have always done my homework and assignments. I work on being organized. My parents usually knew about my assignments in high school and would bug me about studying for tests.
S4, female, age 18,	Not currently. On medication from ages 9-15. Ceased on own.	I am told that the medication was effective but I stopped taking it my freshman year because I didn't want to take the easy way out and use it as a crutch. At the time I hated going off of it but I have never regretted the decision. I don't even remember the difference now.	My success comes from being energetic and inquisitive. Maturity --my own and other kids-- has helped. I am intense about my work and I stress about meeting my deadlines. I hate to disappoint certain instructors. My mom wants to monitor but I keep her away as much as possible.

Table continues

Students	On Medication	Student perception of Effectiveness of medication	Student perception of the reason for their high school success
S5, female, age 20,	Took medication from ages 6 to 13 with one or two short trial periods later. Unable to continue due to side affects.	I had a lot of trouble with the medication, tics and being jittery. It really helped me in elementary school but I hated to take it. It embarrassed me because I always wanted to be perfect and not have anything wrong with me. I was glad to go off it but it made it harder to concentrate.	There was never a question that I wouldn't go to college. I always planned on it and I needed to be successful in high school to make it happen. I was always determined to get the best grades that I could. My parents were aware of my work and assignments in high school.

Data from Table 12 suggest that even though students recognized some value in taking medication, none of them attributed the medication as being the significant factor in their success. Students on medication appeared to see it as a factor which facilitated success but not the dominant explanation. It is noteworthy that the female students were not on medication their last three years of high school and were still able to meet the GPA criterion for inclusion in the study (2.4 and 2.67 GPA, respectively). Overall, the data regarding medication suggest that the students did not perceive their medicine as an essential element in their high school success. Each student mentioned their own personal attributes and some acknowledged a supporting role of parents as being most important.

To examine locus of control for the students from another perspective, the ANSIE was administered. The ANSIE was designed to look at a young

adult's locus of control. Scores from the ANSIE are listed in Table 13 along with comparative data from (a) a study of Anglo-American college students who were not seeking personal counseling and (b) college student who had sought personal counseling.

Table 13
Adult Nowicki-Strickland Internal-External Locus of Control scale (ANSIE)

Students	ANSIE Scores
S1, male, age 16, high school sophomore	7
S2, male, age 21, college student	11
S3, male, age 19, college student	9
S4, female, age 18, high school senior	13
S5, female, age 20, college student	13
Comparative Studies	**Mean**
White male college students seeking personal counseling, White female college students seeking personal counseling White college students ($n=154$) (Nowicki & Duke, 1974)	11.28 12.11 9.06

In assessing the ANSIE, the lower the score, the higher the correlation with an internal locus of control. The ANSIE data scores from the present study ranges from 7 to 13. Two of the 3 males in the study scored lower than any of the comparative mean scores suggesting that S1 and S3 may take more responsibility for their own success than the comparative subjects from other studies. S2 scored for internal locus of control in the middle of the range of the two comparative means, with a closer correlation with the students at

college who sought counseling services. That score suggests that S2 takes less ownership for his own success than the average college student not seeking counseling but takes somewhat more self-responsibility than students feeling in need of personal counseling. The two females in the study both scored 13 which is a higher score than the comparative means suggesting that S4 and S5 believe that success is more beyond their personal control than do their peers. Data from the ANSIE suggests that the three male students have average to high internal locus of control and that the two female students have comparatively low internal locus of control.

Another indicator of locus of control is the personal influence an individual believes they have within their own family. The FHI is designed to examine the individual member's perceptions of their family's control or influence over the outcomes of life's events. Table 14 presents the overall scores for each students in this study. The overall individual scores are a combination of sub-scores in the areas of commitment, challenge, and control. The authors of the FHI indicate that the overall total score is the best indicator of internal locus of control.

Table 14
Student scores from Family Hardiness Index (FHI)

Students	Total Score
Student 1	47
Student 2	47
Student 3	50
Student 4	50
Student 5	52
Comparative Scores*	**Mean**
1. High School Students (n=253)	45.6
2. Farm Families (n=419)	42.9
3. Non-clinical family members (n =304)	47.4

*From McCubbin, Thompson, & McCubbin (1996), pp. 239-301
*Data from studies indicate that family hardiness is positively related to low-risk behavior.

In the data collected for this study, the *range* of scores for the FHI was much closer than in the ANSIE measurement. The scores in Table 14 suggest that all of the subjects felt that their families are or were effective units and that the family unit is/was a source of support for the student. The high scores of internal locus of control for the females (S4 and S5) in the study as compared to their scores from the ANSIE suggests that there may be a difference between the sense of control and influence one has within their own family and the sense of control and influence one has outside the family unit.

Overall, the data from the FHI (student component) indicate strong internal locus of control. To triangulate data, parent responses were analyzed to see if they supported the students' perception of their locus of control. Data from questions 4, 11, 14, 15, 16, and 17 on the Parent Interview Schedule were analyzed to develop Table 15 to assess the question, *what makes your child successful in school*. Because all parents discussed medication in relation to their child's success, responses to the efficacy of medication are included.

Data from Table 15 (p. 139) suggest that parents perceive their children's individual personal qualities are the determinants of their school success. Statements regarding "determination," "desire," and "resourcefulness" indicate an internal locus of control. Parents also saw medication as being a supportive component of the students' success during the time medication was a part of their treatment. It is also noteworthy that all parents volunteered that they had an initial reluctance to use medication as part of their child's regimen and had used alternative interventions (diet, behavior modification, etc.) in an effect to avoid the use of medication. Parents who delayed medication past kindergarten/first grade expressed concern that they had "done their child a disservice" by delaying an intervention which might have circumvented many school and social problems.

Table 15
Parent perception of why their child was successful in high school in relationship to both locus of control and medication therapy

Students	Parent perception of why their child was successful in high school in relationship to locus of control
S1 male, age 16 Diagnosed at age 6.	Parent of S1: My son is successful because he has a drive to succeed and because he is headstrong. He could not have made it through school, however, without medication.
S2, male, age 21, Diagnosed at age 17.	Parent of S2: My son is successful because he has the drive to succeed. He is very bright but he has had to work very hard to overcome the inattention component of ADHD. I regret that I disregarded earlier recommendations regarding possible ADHD symptoms or and did not get him appropriate interventions until he was a senior in high school.
S3, male, age 19, Diagnosed at age 9.	Parent of S3: My son is a success because there is a strong, determined side to him. He wants to succeed. Getting him on medication in the fifth grade helped him to tap into his potential.
S4, female, age 18, Diagnosed at age 9.	Parent of S4: My daughter is doing so well because its what she wants to do. She is very determined to graduate from high school but does not want me to be involved in school unless absolutely necessary. She has refused to take medication since the end of her freshman year although I felt that it was needed. Medication was crucial for her in elementary and middle school.
S5, female, age 20, Diagnosed at age 6.	Parent of S5: My daughter is a success because of her perseverance, her organizational skills, and her ability to use her resources and ask for help. She has not been on medication since early high school because of negative side affects but it was very helpful in elementary school and junior high.

Finally, for this research question, the study considered the locus of control of the parents of the students. Locus of control was not examined in the sense of the parents' individual sense of self, but rather their locus of control as it related to their role as a parent to the student under study. To

examine locus of control in this manner, the PLOC was administered to at least one parent of each student.

Table 16 presents the data from the administration of the PLOC.

Table 16
Parental Locus of Control (PLOC)

PLOC subsets	Family 1*	Family 2*	Family 3*	Family 4*	Family 5*	Comparative Means)**
Parental Efficacy	Mo:22 Sfa:20	*Fa:17*	Mo:21 Fa:16	*Mo:15*	Mo:16	**A = 17.62** **B = 19.27**
Parental Responsibility	Mo:25 Sfa:26	*Fa:31*	Mo:33 Fa:31	*Mo:42*	Mo:33	**A = 30.43** **B = 32.6**
Child Control of Parents' Life	Mo:18 Sfa:17	*Fa:9*	Mo:11 Fa:11	*Mo:24*	Mo:11	**A = 14.37** **B = 16.29**
Parental Belief in Fate or Chance	Mo:28 Sfa:28	*Fa:17*	Mo:31 Fa:15	*Mo:21*	Mo:21	**A = 21.55** **B = 22.51**
Parental Control of Child's Behavior	Mo:39 Sfa:37	*Fa:20*	Mo:39 Fa:28	*Mo:46*	Mo:31	**A = 26.63** **B = 31.44**

* Mo= mother's score; Fa= father's score; Sfa=stepfather's score
**A=Parents who did not report difficulties in parenting ($n=60$);
**B=Parents who requested counseling services for parenting problems ($n=45$).
(Campis, Lyman, & Prentice-Dunn, 1986)

The PLOC looks at five factors, divided into subsets. *Parent Efficacy* measures parental effectiveness. A high score on this subset would indicate that the parent does not feel effective in the parenting role. *Parental Responsibility* measures the degree of responsibility a parent has for their child's

behavior. High scores indicate a parent does not feel responsible for their child's behavior. A high score on the *Child Control of Parents' Life* subset indicates that the parent feels that the needs and demands of their child dominates their lives. A high score on the *Parental Belief in Fate or Chance* subset indicates that the parent believes that fate is more important in influencing life's outcomes; and a high score on the *Parents' Control of Child's Behavior* indicates that the parent feels that he or she has no significant influence on their child's behavior.

Data from the PLOC indicate a wide range of scores. In general, the data suggest that the parents in this study feel more impacted by the responsibility of rearing a child with ADHD than did parents in other comparative studies. Although no conclusions can be drawn, the data suggest that the families from this study, overall, appear to feel that they are (a) responsible for more of their child's behavior and (b) less in control of their child's behavior. It should be noted that the individual parent scores were not always consistent the data obtained in the parent interview.

Findings: Research Question 1

The first segment of this research question asked: *Was there an influence of the students' locus of control on their own academic success?* Academic success in

this study was defined as staying in high school, maintaining a minimum 2.0 GPA, and being on track to graduate (or having graduated) despite the impulsive, inattentive, and poor relationship symptoms of ADHD which place students at risk of dropping out of school.

The data suggest that the students' internal locus of control influenced their ability to overcome their ADHD symptoms and be successful in school. The students reported in the interviews that they took responsibility for their own behavior, did not blame other people for their problems, recognized and appreciated others' efforts on their behalf, and generated personal plans for self-improvement. Additionally, students made realistic statements of self-appreciation and they accepted their disability (ADHD) but did not feel that it limited them. Three students highlighted the advantages of having ADHD. The interview data revealed that although students benefit from (external) support such as parents intervention and medication therapy, the students felt that their school success came from their own (internal) drive, determination, and hard work. The data also suggest that students felt they had influence over their family life as well as their school life.

Interviews with parents revealed that the students had acquired increasing levels of internal locus of control as they matured and that their current success was due to the internal drive and determination of the

students. Teacher interviews supported this finding with one teacher stating that (the student) was the most determined individual they had ever known. Data from the ANSIE suggest that males in the study have higher levels of internal locus of control than females. Data from the FHI suggest that both male and female students have high levels of internal locus of control. The triangulation of all the data clearly establishes not only the presence of internal locus of control in the students but also supports a finding of the positive influence of locus of control on the academic success of these students. A major marker of internal locus of control, taking responsibility for one's own actions, was strongly present in student interviews.

The second part of research question 1 asked: *Was there an influence of parental locus of control on the students' academic success?*

The data suggest that the parents' internal locus of control influenced their students to become academically successful. The parents reported in the interviews that they had made a conscious decision that their child would not fail in school; they took responsibility for monitoring their child's schoolwork and homework; they followed through on home-school communication; they arranged their family life and family schedules to set an environment for student success; and they took responsibility for obtaining resources necessary for school success. Additionally, the parents made anecdotal comments

indicating the expenditure of considerable time and effort on their part encouraging their children (the students) to develop their own sense of responsibility and internal locus of control.

The interview data revealed that although parents viewed the responsibility of parenting a child with ADHD as stressful, satisfaction was evident in the academic success of their child, a success seen by the parent as a combination of their own efforts and the child's determination.

Interviews with the students suggest that they saw their parents as role models who could influence events and outcomes. Students expressed appreciation for their parents with one student stating that the influence of (his/her) parents was what had kept (her/him) from making unhealthy and dangerous choices in life. Teacher and counselor interviews supported the findings (once the identity of the students was revealed), volunteering that the parents' modeling of self-reliant behavior had played a positive role in the child's success.

Data from the PLOC contradicted some of the data from the parent, student, and counselor interviews. PLOC data suggested high levels of external locus of control in three to four areas of the instrument's five subsets for parents of students still living at home. Parents of the two students living away from home consistently demonstrated internal locus of control, an

indicator of confidence and satisfaction with the parental role. Findings from the PLOC suggest that the age (of the student) and the gender (of the parent) are factors which affect the degree of parental internal locus of control. One consistent PLOC finding was that self-efficacy in parenting increases with the age of the child. The triangulation of interview data clearly supports the presence of and the positive influence of parental locus of control. The contradictory findings in the PLOC may indicate that parent's are less confident in the efficacy of their parenting skills than is warranted.

Research Question 2

Was there an influence of the students' coping skills on their own academic success?

(See Appendix E for the source of the data gathered to answer Research Question 2.)

The second research question considered whether the students in the study had developed coping skills or strategies which positively impacted their ability to remain in school and to be successful. To obtain data to answer this question, students were interviewed about their personal coping methods and all students took the quantitative measurement, Coping Orientation for Problem Experiences, A-COPE/YA-COPE, to assess individual coping methods. To add a different perspective to the students' perceptions of their

coping skills, the parents were interviewed about their child's ability to cope. To triangulate the students' and parents' perception of the students' history of coping at school, student school records were explored for written comments or behavioral data regarding positive or negative incidents of coping.

Student comments from the SIS are located in Table 17 and are arranged in the subsets of (a) maturity level, (b) emotional support, (c) involvement in active sports and leisure, (d) leisure activities, and (e) work or working. The comments indicated a wide range of coping strategies and levels.

Table 17
Student self-perceptions of personal coping strategies

Student	Self-reported Coping Strategies
S1, male, age 16; 10th grade	Maturity level: In high school I am more mature and I'm more able to handle stresses than in the past: I have learned to thrown (my) things down when I am upset rather than break or destroy them. Emotional support: My family has been great. They have really helped me through things. They have always been there for me although I don't like to talk to them about schoolwork. I have a number of friends and I hang out with them at school and after school. Involvement in active sports and leisure: I play football and I go to a lot of school (sports) events; I go bowling with my friends every week. Sometimes I go with my (extended) family on outings. Leisure activities: I like to make things (from wood or metal) and work on the car. I read the classified section of the newspaper, (especially the "come and get it" free item section: he follows through on getting free stuff such as "free standing full size swimming pools, etc.). I read magazines like *Skateboard, Thrasher, Snowboard, Surf* (but no books... "I hate reading books more than anything."). Working: I work at a (paying) job on occasional weekends and I like working better than school but I know that it is important to stay in school.

Table continues

Student	Self-reported Coping Strategies
S2, male, age 21, college	Maturity level: Growing older really makes a difference. In high school I was still learning to have patience and to think things through before acting on my ideas impulsively. As an adult I can make a lot more choices independently (such as) realizing that I like to live alone and being able to do so. Emotional support: Both my parents love me and are there for me. I'm able to talk to parents about things that are bothering me. I still like to go on outings with my Dad. My social life was very limited in high school. I had only a couple close friends. I did join the amateur radio club and was involved in the technical theater club. In college I have many friends including a girlfriend (three year relationship). Involvement in active sports and leisure: My involvement was relatively limited in high school, although I played volley ball for four years and coached the girls volley ball team. Leisure activities: In high school my leisure time was limited although my Dad would buy me any book I wanted to read. I was only allowed to watch television on the weekends and I read no newspapers or magazines. I would read books in spurts. In college I have taken up gourmet cooking and I read a variety of magazines regularly. Working; I work both in high school and in college. It is easier to work in college because my job and my studies are all related.
S3, male, age 19, college	Maturity level: Being immature was an issue for me in the past but as I got into high school I got a lot more mature. The other kids were also growing up; it made it a lot easier to handle problem situations. Emotional support: Support from my family has been important. My family has always been there for me and never gave up on me. I can talk to both my parents about things that bother me. In high school we went on lots of great family trips. My social life has gotten better since I was young. Now I have several good friends and I realize how important friendship is. In high school I was involved in chess with the nerds, in cross country, and a little with the campus Christian club. I also did some things with our church but not much. Involvement in active sports and leisure: My involvement was limited to going to a couple of football games in high school; I did go to the prom. I don't have too much time now because of working and going to college. Leisure activities: My leisure activities were limited. I would try to watch as much television as I could get away with. Sometimes even now I will watch 3-4 hourss day depending on my homework load. I don't read magazines or books. I see a movie once a month and a video about 3 times a month. Working is important to me. I have two part-time jobs now, one at a movie theater.

Table continues

Student	Self-reported Coping Strategies
S4, female, age 18 12th grade	Maturity level: I have never thought of myself as having a disability or disorder. I think that is taking the easy way out. I think I just learn differently and (*being different*) it is something that everyone has to figure out for themselves. I have enjoyed my high school years in part because I am more mature. The other students are more mature also but many of them are still very judgmental. Emotional support: My family has probably been a positive influence for me in handling my ADD symptoms, but I am not sure. My social life involves hanging out with my friends. We laugh, sing, play cards, and watch movies. Involvement in active sports and leisure: Doing extra-curriculars has always been hard because of studies but I go to every football game and I am in the (select) choir at school. I also do some "kick" classes (karate type). I used to do gymnastics, ballet in middle school, and I rode horses when I was very young. Leisure activities: Reading has always been my savior. Even though I didn't learn to read until I was 9 years old, I love to read. I will read books all day long, especially mystery, science fiction, and romance books. I read teenage magazines but not the newspaper. I like television but we don't have one. I could watch it all day long if we did. Working has always been important to me although it does get in the way of everything else I have to do.
S5, female, age 20, college	Maturity level: The best part about being older is being more independent. Emotional support: My family has always been very supportive. They have always listened to me and have helped me to get what I needed and they were always on top of my school work. I still go with them on some trips. My social life was limited until high school. My senior year was the best because I had a car and friends and we could go to both school activities and to other places. Although I did have friends, I would have liked more. The kids at my school were not the friendliest. Involvement in active sports and leisure: In high school I got involved in one of the school sports and also went to all the football games. I went to some of the formal dances and I was in the foreign exchange club. Leisure activities: I like to ride my bike, walk , hike, and drive when I have a car. I watch a lot of television. I have it on when I do my homework; it helps me to concentrate. I go to the movies or watch videos 4 to 5 times a month. Working: I started working when I was 16 to get extra money and to save for my car. I'm working at two part time jobs now. I like working and I like going to school.

Interviews with students (excerpts presented in Table 17) indicated that, overall, students believed their coping ability came from their own

maturity, from emotional support from others (often their family), and from their involvement in satisfying activities. These areas are itemized in Table 19 with the category of "involvement" being divided into (a) involvement in sports or active leisure activities, (b) having leisure activities in general, and (c) having paid employment (working outside the home).

Data about the students was also obtained from the use of the A-COPE scale. The A-COPE used 12 categories, all of which have been linked to individuals with good coping skills and abilities. Higher scores indicate higher ability or capability to handle stressful and difficult situations in a healthy and helpful manner. High school students were asked to complete this instrument in the present moment. College students were asked to complete the instrument as they would have when they were in high school, even though they had been out of high school almost 1, 2, and 4 years respectively. A limitation of the study may be that, while it was the college students' intentions was to do so, answering questions recollectively can be difficult with answers unconsciously influenced by experiences and maturation since the time of high school.

The A-COPE was utilized to quantitatively measure coping behavior and was administered to all students in the study. Student responses to the A-COPE are listed in Table 18.

Table 18
Coping Orientation for Problem Experiences (A-COPE & YA-COPE) with Comparative Data

Coping Strategies ***(highest score possible)***	**S1; male; age 16; 10th gr.**	**S2; male; age 21; college**	**S3; male; age 19; college**	**S4; female; age 18; 12th gr.**	**S5; female; age 20; college**	**Comparative Data*** ***n=467***
Ventilating Feelings (30)	13	22	24	15	24	17
Seeking Diversions (40)	14	19	17	29	28	23
Being Self-reliance/ Optimism (30)	17	21	18	14	21	21
Having Social Support (30)	14	16	19	19	19	20
Solving Family Problems (30)	13	18	15	11	21	17
Avoiding Problems (25)	22	21	21	20	21	12
Seeking Spiritual Support (15)	3	3	4	3	3	9
Having Close Friends (10)	5	8	6	5	7	7
Seeking Professional Support (10)	2	4	4	2	8	4
Engaging in High Level Activities (20)	11	6	5	13	15	12
Being Humorous (10)	7	9	6	4	5	7
Relaxing (20)	11	15	14	13	14	14
TOTAL	132	162	153	148	186	152

*Patterson & McCubbin's (1981) study participants were healthy, high school adolescents.

The data from the A-COPE (see Table 18) indicates gender and age differences in the scores. For example, in *seeking diversions,* the female scores for this present study are substantially higher than the male scores. In the category, *solving family problems,* the college students scored notably higher than the high school students. Furthermore, it is noted that in 11 of the 12 coping categories measured by the A-COPE, one or both of the study's high school students had the lowest coping indicators across the case studies. Conversely, in 11 of the 12 categories, one or more of this study's three college students scored the highest in terms of coping strategies across the case studies.

Additional examples of age or gender differences are apparent in Table 18, especially in comparing the coping strategies of the students in this study with means from the comparative study. These include:

1. In terms of *ventilating feelings*, the college students indicated they are better able to appropriately vent feelings than students in the comparison (Patterson & McCubbin, 1981) study in Table 18. This present study's college students measured 22, 24, and 24 in this area and the referenced mean was 17. On the other hand, the high school students in this study measured less than the comparative mean with scores of 13 and 15.

2. In terms of *seeking diversions*, the females in this study (one in high school and one in college) scored significantly higher (5 to 6 points higher)

than the Patterson and McCubbin study (Table 18) while the 3 males in the present study scored 5 to 9 points lower than the comparative mean.

With two exceptions (*Avoiding Problems* and *Seeking Spiritual Help*), the range of answers across the case studies is broad. These two particular exceptions are noteworthy items. In terms of *Seeking Spiritual Support*, the A-COPE scores indicate that spirituality is not a significant part of the students' lives. With one exception, students had never been involved in church activities and several students shared that they had never gone to church or temple. The score of 3 (the lowest possible score) for 4 of the 5 students in this study is in marked contrast to the comparative score of 9 (out of a possible 15). The difference in scores may be unique to the students in this study, may be related to an overall decline nationwide in church attendance since the time of the comparative study, or may relate to the geographic area of the present study which has the lowest church attendance rate in the nation. In any case, the students did not feel that spiritual or church affiliation had significant impact on their ability to cope with difficult or stressful situations.

In terms of the *avoiding problems* category, as Table 18 indicates, all students in this study scored significantly higher than the comparative mean of "12." Three students in this study scored "21," and one student each scored "20" and "22." This finding would suggest that the students in this study have

developed coping behaviors which encourage or allow them to go to greater lengths than the average peer finds necessary to avoid getting into trouble.

Overall, the data suggest 2 things in relation to the A-COPE.

1. There was an observable increase in coping ability as students grew and matured, and

2. There is currently an obvious effort on the part of the students in the study to avoid problems and to stay out of trouble.

Overall, parent interviews (PIS) indicated that the parents felt that their child's own "personal drive," "determination," or "perseverance" was more responsible for academic success than any other specific coping skill. All parents indicated that maturation, especially in the high school years, allowed their children to be "more available" to learn and to succeed. Parents indicated that the symptoms of ADHD included prolonged immaturity which exacerbated their child's ability to develop effective coping skills earlier in their lives. The parents' responses indicate a substantiation of the students' self-perceptions.

School records concerning coping abilities were available only for the current high school students as all but the grade point average and course completion records had been purged for the college students. The records for the high school students were quite extensive, however, indicating that the

ability to cope in school and to handle stressful peer or academic situations had been difficult for the 2 students when they were young. These data are consistent with both their own and their parents' statements. Coping became much easier as these 2 students reached the high school years.

Findings: Research Question 2

Research question two asked: *Was there an influence of the students' coping skills on their own academic success?* Coping skills denote an ability to successfully manage life's problems and stresses. Academic success in this study was defined as: staying in high school, maintaining a minimum 2.0 GPA, and being on track to graduate (or having graduated) despite the impulsive, inattentive, and poor relationship symptoms of ADHD, which place students at risk of dropping out of school.

The data suggest that the influence of the students' coping skills was positive and that the students had developed significant strategies which enabled them to remain in school and be successful in spite of the at-risk potential of their ADHD symptoms. The findings were consistent across the studies in interviews with the students and in the A-COPE/YA-COPE inventories. Corroboration from parents and data from student records indicated that these coping strategies did currently exist, had developed over

the years and, in fact, were not in place during earlier years.

Examples of coping skills were (a) learning to think of the consequences of actions before initiating action; (b) involvement in activities such as sports to keep busy and let off steam; (c) securing and maintaining employment to both earn money and keep life very structured; (d) developing bonds with parents and, for some, friends which allowed for venting of frustrations; and (e) learning how to avoid or stay away from problem situations. Students varied in their strategies of coping, although employment and avoiding problems were common to all 5 students. Data regarding the inability to cope with problems and stresses in their elementary and middle school years, especially in terms of friendship issues and anger management, are in marked contrast to the maturity and social competency skills which increased in later years as indicated and observed in the interviews and as corroborated by parents, school staff, and school records.

Research Question 3

What was the perception of the students regarding their parents' role in their academic success? What was the influence of family hardiness? What was the influence of family empowerment? (See Appendix E for the source of the data gathered to answer Research Question 3.)

To gather data for research question 3, students were interviewed to ascertain their perception of the parents' role in their academic success. All students in the study indicated close relationships with their parents or, in two cases, with their custodial parent. Those close relationships also included the involvement of one or more of their parents in their school life. Three of the 5 students were from divorced families and one such student reported a close relationship with both birth parents but not with the stepparent. Representative SIS statements from students regarding general parental support are presented in Table 19.

Table 19
Student perceptions of their parents' support of their school success

Student	Perception of Parent Support
S1 male, age 16	My parents have always stuck by my side. They have always supported me even when they thought about sending me away to a camp for kids that get in trouble. They have done so much research in ADHD. I wouldn't have done so well if they hadn't done so much research because they know how to handle me. It they hadn't done all that I'd be a little (*expletive*) and be in trouble with the law. They have helped me with homework and in being organized. My Mom has lists all over the place.
S2 male, age 21	Both my parents really love me but my Mom was unable to handle me when I was young so I came to live with my Dad. I am still close to both of them and see them as much as possible. When I was in school my Dad always got interested in anything that I was interested in. He always had faith in me. He will support me in doing whatever I want to do as he wants me to be fulfilled. In school he would help me if I asked for help. I didn't need it on the day-to-day stuff, just the big projects.

Table continues

Student	Perception of Parent Support
S3 male, age 19	My parents are great. They have been so loving and supportive of me all along. The only problem we ever have anymore is over things like curfews. Sometimes they would go overboard with consequences when I was a kid and would stuff all my homework in my desk; they'd take away TV! I'm lucky to have my parents. We took great trips together as a family when I was in high school. In school they would help me with reminders and tests.
S4 female, age 18	My mom respects my decisions even if she doesn't agree with them. I have been encouraged to go to college. My mom wants to be involved in my school life and work but I haven't really let her in high school. She was very involved in elementary and in middle school. I think my having ADHD has made my mother stronger because she and I have had to fight for what I needed.
S5 female, age 20	I can talk to my parents about almost anything. They have definitely helped me in school. My parents have been there for me; they listen to me, helped me to get what I needed. When I am tense or face difficulties I talk to my Mom. She helped me stay on track all through school.

Statements from the SIS (including those in Table 19 above) indicated that all students felt they had strong support from their parents. That support included school involvement and assistance. All students felt that their parents had encouraged them to succeed and had faith in them.

In a corroborating anecdote related by a parent, one student had expressed amazement when a behavior modification program revealed the number of times the student got up out of the seat in class. The child, a third grader at that time, had no concept of the frequency of the behavior. The parent reported that the student said, "I had no idea I got up that many times." That same student had expressed appreciation to the researcher for "parents who never gave up." The parent, in turn, had steadfastly maintained that despite

appearances to the contrary, they had known that their child was not being intentionally defiant. The overall data suggest that the students perceived their parents had a strong, positive role in their academic success.

Students were also interviewed to gain their overall perception of their relationship with their parents. Research has indicated that the overall parent-child relationship is another indicator of how students will perform in the classroom. Overall perceptions of student regarding student-parent as revealed in the SIS is seen in Table 20. The table is identical to Table 7 with the addition of: "Students felt their ADHD had negatively impacted their family."

Table 20
Student perception of overall relationship with their parents ($n=5$)

Perceptions of Student Relationships With Their Parents	Yes	No
Students felt loved and supported by their parents in general	5	0
Students felt that their ADHD had negatively impacted their family	3	2
Students felt that their parents helped them to overcome the problems generated by having ADHD	4	1
Students expressed appreciation for their parents efforts on their behalf	4	1
Students felt emotionally supported by their parents at home	5	0
Students felt supported by their parents re teachers and schoolwork	4	1
Students felt they could have gotten more support from their family about ADHD-related issues	0	5
Students felt they could have gotten more support from their family on school-related issues	2	3
Students believed they got the support they needed from parents regarding peer relationships	5	0

Data from Table 20, along with other SIS data, suggest that, overall, the students perceived that their parents' role in their academic success was a strong and positive one. The data are consistent throughout the study.

To gain the parental perspective, parents were interviewed regarding their role in their child's academic success. One theme was consistent across the studies: The parents in this study were universally determined that their child would not fail in school. Parents appeared to do all they could to prevent school failure. When one student failed the second grade, that student was transferred by the parent to a different school, one with a low student-teacher ratio. When another child was failing math, a math tutor was obtained by the parent. One parent stated:

> *I've been around at-risk kids and by the time they get to high school, it almost seems like salvage work. That's why I pushed X so much. I knew success would not just happen on its own. I tried to teach X responsibility, to take action, to never give up.*

Some parents spoke of how much they loved their child and yet how unlovable the child had been at times. Several parents indicated that in grades K-8, it was possible for a child to be loving and caring one minute and to be making callous, unfeeling statements the next minute. This example, among others, supports the findings that suggest that *determination* and *commitment* from the parents--to persevere even when their child was difficult or unlovable--was essential to help students overcome the less positive symptoms of ADHD.

Some of those symptoms placed great strain on adult relationships within the family. Data from the PIS revealed that, across the case studies, parents perceived that the impact of the child's ADHD symptoms placed extraordinary strain on marital relationships.

To gather additional data for the study, the Family Hardiness Index was administered to both the student and to their parents. The Family Hardiness Index (FHI) measures internal family strengths and the family's ability to adjust to and manage stressful situations. Hardiness is often referred to as a buffer that protects a family from life's stresses. It includes a family's belief that the family members have some control over the events in life. A high score on the FHI scale would indicate a high degree of hardiness. Data from the FHI is presented in Table 21 on page 160.

Data from Table 21 indicate that, overall, the families in this study possess a high degree of hardiness and an ability to handle stress. All students scored at or above the level of nonclinical comparative families. Two of the seven parents involved in the study scored at levels indicating discouragement or stress in the parenting role. Interview data were inconsistent with the scores in those two instances.

Table 21
Family Hardiness Index (FHI)

Portrait of Success: Parent and Student	**Total Score**
1. Student 1	47
2. Family One: Mother	47
3. Family One: Step-Father	43
1. Student 2	47
2. Family Two: Father	54
1. Student 3	50
2. Family Three: Mother	45
3. Family Three: Father	47
1. Student 4	50
2. Family Four: Mother	37
1. Student 5	52
2. Family Five: Mother	52
Comparative Means*	Total Score
Non-clinical families (n =304)	47.4
High school students (n=253)	45.6
Farm Families (n=419)	42.9
Mothers of children with cardiac illness *(n=107)*	45.1
Fathers of children with cardiac illness *(n=92)*	43.7

* *McCubbin, Thompson, McCubbin, 1986, pp. 246-297.*

Another indicator of both the family's ability to cope and the family's sense of control over events, the Family Empowerment Scale (FES) was administered to the parents. The FES measures confidence and competence

that the family members possess in relation to securing services from agencies. In analyzing the FES, the higher the score, the higher the level of empowerment. Data from the FES are presented in Table 22.

Table 22
Family Empowerment Scale (FES)

Families in the Study	Family	Service System	Political	Total Score	Related Studies*
Family One: Mother	47	46	36	129	A: *n=86* means= 148.8 for total score
Family One: Step Father	41	34	21	96	
Family Two: Father	*54*	*50*	*32*	*136*	
Family Three: Mother	44	41	17	102	B: *n=354* means= 125.9 for total score
Family Three: Father	47	37	23	107	
Family Four: Mother	*48*	*53*	*38*	*139*	
Family Five: Mother	50	57	51	158	

*A= Parents involved in advisory empowerment activities; B= Parents not involved in advisory activities (Campis, Lyman & Prentice-Dunn, 1986)

This scale gives an overall picture of the confidence and ability the family has in seeking and securing needed support services for their child. Because of the range of scores, it is not possible to drawn a conclusion across the case studies based on the data in Table 22. It is noteworthy, however, that in the one situation where the parent maintained that he stayed out of "that

part of it," that individual's scores were the lowest in the study. His score of 96, however, was not significantly lower than the two-parent family where the parents had been very involved in the students life but had indicated that obtaining services was the parents' responsibility and not the responsibility of the school.

The overall scores do indicate that the parents felt competent to seek and request services for their children and corroborated data from the parent interview in this regard. One parent scored notably less empowered than the interview and the parent's past performance would indicate. Anecdotal comments from the parents indicate that, overall, they were vigilant and tenacious in determining and securing what they felt their child needed to be successful. An example was found in the school records of one of the students. This parent, similar to other parents in the study, wrote to each new teacher in their child's life each year. This particular letter was written just after the student entered the ninth grade in high school.

Dear _____

My child XX is a student in your class. XX has a learning disability, therefore, I should inform X's teachers of this to make life easier on all of us. XX's disability is called Attention-Deficit/Hyperactivity Disorder (ADHD), and X also has a reading disability. I'm a very involved and concerned parent of a child who has special needs and has struggled with school X's whole life.

ADHD is an inherited disorder. My mother and brother both have it and I have a touch of it myself. It is a neurological disorder and can become behavioral if not treated properly. The most debilitating result of this disorder is the loss of self-esteem. People with ADHD have a lack of neurotransmitters or

lack transmitter receptor sites. As a result, ADHD people can't focus well and become overly impulsive. Medication such as Ritalin provides missing receptor sites in the frontal lobe of the brain. The media has bashed Ritalin for years. They inform the public of the effects it would have if normal people took the drug, not of what it does for the ADHD person. Ritalin has been a wonder drug for XX; without it X becomes very depressed because X can't focus and perform without the drug. X uses it in the morning on school days only.

Due to X's challenges in school, XX has had a very low self esteem in the past; X even wanted to drop out of school in the fifth grade. As you can see, our family has struggled with this disability for several years. Through intense parenting and very supportive teachers at the middle school, we have succeeding in boosting XX's self image. X loves school now but still struggles and gives up easily. X is a very happy person now and wants to succeed in school and go to college.

Part of this success has been due to modifications with projects and homework at school. I think that this year X's primary need is to have extra time with tests. Last year X flunked every test which affected X's grades tremendously. Consequently, X is gun shy of tests. Would it be possible if X completed X's tests in the tutorial period? The other problem is organizational skills; X may need more reminders than others about upcoming projects or tests. Now that you have observed XX for a month you may have some ideas of your own that could help XX.

XX is very embarrassed about the disorder so please be discrete about the subject. If you would like to discuss X's needs with X, please do it behind closed doors. In the past X has had teachers bring it up in front of the class; as a result X became very angry and I don't blame X.

Thank you for taking the time to read this lengthy letter. Could you please call me at home to discuss this matter? Here are my (work hours, days off, telephone numbers, etc).

Thank You

Data from the FHI, the PLOC, and the FES suggest that the families in the study, in addition to being a support to the students in their academic studies and in life overall, demonstrated strong qualities of hardiness and empowerment in relationship to their child's special needs.

Findings: Research Question 3

Research question 3 consisted of three components. The first part asked: *What was the perception of the students regarding their parents' role in their academic success*? To answer this question, the researcher considered student interview statements regarding both the perceived academic role of their parents and also regarding the attitude students expressed about their parents and their parents' involvement in school. Counselor and teacher interviews were also examined.

The data suggest that students had a strong, positive perception of their parents' role in their academic success. All students indicated an awareness of the importance of their parents' involvement in school. Furthermore, most students indicated that they would not have been successful without the love and the persistence of their parents and expressed appreciation for the parents' involvement. All students felt, in general, that parental involvement, especially at the elementary and middle school level, was essential. Examples of student statements in this regard are illustrated in Tables 19 and 20.

Data from interviews with teachers and counselors supported the recollections of students regarding the parents' roles. Parent interviews corroborated student comments regarding specific interventions and general involvement on the part of the parents. Parents statements indicated that they

were not confident that their own child actually appreciated their involvement in their schoolwork and school life but expressed confidence, nonetheless, that (in general) parental involvement was an essential element of academic success of children.

The second part of research question 3 was: *What was the influence of family hardiness (on academic success)?* Hardiness refers to family strengths and the family's ability to adjust to and manage stressful situations.

The data suggest that the families (including students and their parents) demonstrated hardiness and that such hardiness had been a positive influence on the student's academic success.

The results from the FHI indicate that all of the students and five of the seven parents who participated in the study scored positively for hardiness and ability to successfully overcome challenges. Two parents' scores indicated difficulty in coping with family stresses. The score for one parent was consistent with the level of involvement in the child's academic situation, and that parent, in fact, related a mutually agreed-upon abdication of most school involvement to the spouse. The score for the other parent (Parent 4) was not consistent with the interview data or with her history of successful and pro-active involvement in schools and organizations. With the exception of Parent 4, parent and student interviews supported the findings from the FHI.

Triangulation of all the data indicated an ability on the part of the families to manage stressful situations successfully.

The last segment of research question 3 was, *What was the influence of family empowerment on the students' academic success?* Empowerment is defined as a sense of confidence and competence that one can manage problems or stresses in life successfully including the confidence that one can secure needed resources. Koren, DeChillo, and Friesen (1992) refer to empowerment collectively as "attitude, perception, ability, knowledge, and action" (p. 306).

The data suggest that families felt competent, if not completely empowered, to seek resources for their child. The data from the parent interviews suggest that parents were notably knowledgeable about their child's needs and were vigilant in providing for or seeking services for those needs. Further data from the interview suggest that four of the five families were very knowledgeable about ADHD and about its impact on the individual and the family.

On the FES overall, one parent scored considerably higher than the mean for comparative empowered parents and three parents scored between the range of "parents involved in advisory empowerment activities and "parents not involved in advisory activities." Three parents scored considerably lower than "parents not involved in advisory activities." Of the

three latter parents, one was the step-parent who, although very involved in family life, had decided to abdicate school involvement to the spouse. The other two parents with low scores were a couple who both believed that providing for their child was their own responsibility and they had elected to provide services themselves rather than seek services elsewhere. That decision affected their "scores" on the FES but the data from parent and student interviews indicate that the decision did not affect their effectiveness as parents.

Interviews with counselors indicated the parents of these students were persistent in advocacy for their child. Two counselors indicated that they turned to these parents for resources on ADHD since the parents were more knowledgeable than they, the counselors. This was one of several indicators of the positive impact of parent empowerment.

Research Question 4

What was the perception of the students regarding the influence of teachers on their academic success? Were there common characteristics among the teachers identified by the students as being supportive? (See Appendix E for the source of the data gathered to answer Research Question 4.)

Students had robust, clear responses to the SIS phase of data collection, both strong positive responses as well as intense negative ones. Every student shared recollections of teachers who reached out to them, of whom one student said "she saved my life." All students stated that, in general, teachers had positively influenced them to succeed in school. However, each student also shared remembrances of negative interactions, and three of the 5 students related experiences which suggested possible emotional abuse--and in one incident, physical abuse--perpetrated by teachers.

All students were able to easily identify their most supportive teacher. Four of those teachers were located and interviewed. One student identified her third grade teacher from another part of the state, saying she "was the one who taught me how to read and who changed my life." That teacher, long retired, could not be found. The student was encouraged to select another supportive teacher, and she selected another favorite, a current high school teacher who was interviewed. Two of the 5 students indicated that if their first choice teacher could not be found that it would be difficult for them to come up with a second choice. This statement suggests that for 40% of the study, only one teacher had made a truly lasting connection with them during their K-12 schooling.

Significant statements made by the students concerning characteristics

and actions which were supportive and encouraging about their selected teachers are presented in Table 23.

Table 23
Perceptions of students concerning their most supportive teacher, K-12

Student	Grade of Teacher	Student Descriptions of their Most Supportive Teacher K-12
S1 Male age 16	Fourth Grade	My favorite teacher..... treated me as if she liked me. My other teachers hadn't always treated me that way and the one I had the next year really didn't like me. My favorite teacher was *cool* and almost always happy; she not only liked me, she liked everybody. She accepted the fact that I had ADHD and cared enough to give me a break. She was a hard teacher and wanted us to learn a lot. I still visit her sometimes.
S2 Male age 21	Tenth Grade	My favorite teacher.....had time for me. He didn't get tired of me asking questions non-stop. He'd let me talk to him for a long time after class and on breaks. He cared about students. He was approachable; he wasn't stuffy. He'd get excited about learning. He was enthusiastic, patient, direct, honest, and easy to talk to.
S3 Male age 19	Fourth Grade	My favorite teacher.....was very caring and very understanding. He encouraged every student and gave incentive awards including prizes and hugs. He never yelled. He never embarrassed kids, he was just one of those "great, great outstanding teachers." He was caring and loving.
S4 Female age 18	Twelfth Grade	My favorite teacher.....was very understanding. His classes are funny and interesting. He tells great stories, enthralling the entire class. He has high standards and expectations; you would feel bad if you didn't live up to them. He cares about the students and is sympathetic and understanding about their individual differences.
S5 Female age 20	Tenth Grade	My favorite teacher.....cared about the students and wanted to get to know them. She cared that the students understood the subject. She was available after school to answer questions She wasn't strict but she pushed us to do their best. She was cool and friendly and most of all she cared.

Table 23 not only depicts indicators of teacher support for individual

students, it also depicts common characteristics of the teachers perceived by students as most supportive. "Caring" was a descriptor used by all the students. One student elaborated that "the caring part is really the most important." Students also indicated that being "available" and "approachable" was a desired trait for a supportive instructor. Most students cited "high standards and expectations" as being important characteristics. Students also indicated that it was essential to feel valued and important to the teachers, stressing that it was fundamental to feel that your teacher "liked" and "cared" about you.

A consistent theme emerged across the studies regarding the importance of positive support. Stated in a variety of ways, the commonality was whether the student had felt that a teacher had "cared about them." Conversely, when students spoke of teacher who did "not care" about them, the negative effect was still obvious in their body language and facial expressions.

Parent statements concerning teachers uniformly corroborated the perceptions of the students, including the recollections of emotional abuse. This corroboration suggested not only the clarity of the students' perceptions, but also suggested that the parents were aware of and involved in the school experiences of their children.

In one of the more graphic descriptions, a student recalled a fifth grade

teacher as having "slammed *(the student)* up against the wall" following months of student-perceived belittling and toe-to-toe confrontations by the teacher. The parents described the same incident, yet defended the action of the teacher, explaining that their child had been out of control. Those parents maintained that the particular teacher had tried "hard" to work with their child. (Parents related that the incident had been handled by the school administration and that it "wasn't Mr. X's fault.") Additional negative interactions described by other students included incidents of being embarrassed by the teacher in front of their classmates, of a teacher who lost his temper and hit the wall shelving with his fist, and of teachers who would yell at them and call them insulting names (such as "loser" or "jerk"). One student reported getting into physical shoving and pushing fights with an elementary grade teacher.

Nonetheless, students felt that, overall, they had more positive interactions with teachers than they did negative ones. Two of the students made excuses for inappropriate action on the part of their teachers, maintaining that "no one could have handled me" or "I was the kid from hell." Certainly all 5 students described negative self-behaviors (from lesser infractions such as yelling out in class, not staying in their seat, not turning in homework, losing school supplies, to more severe infractions such as being

defiant, oppositional, argumentative. vulgar, etc.) that would try the patience of all adults. It is noteworthy that although all students had at least one painful memory of difficult teacher-student interactions, only 2 of the 5 students appeared to harbor negative emotions about any of the teachers who had wronged them. These negative emotions were specific to one teacher (each) and did not generalize to their other teachers.

All students reported that "overall" school was a good place to learn and implied, thereby, that the school environment contributed to their success academically. All reported to the interviewer that "overall" most teachers appeared to care about students. All students shared vignettes which both supported and negated their statements about schools being positive learning environments and about teachers as being supportive and encouraging. One student shared recollections of the concerns of teachers that the student would be impulsively dangerous and would "build a bomb or something." Yet, at the same time, the student expressed appreciation that those same teachers continued to work with that student to redirect natural energies and talents. On the less positive side, one student told of a teacher who was on a "power trip with all the students in the class" and who taught above the cognitive level of the class, ridiculing students when they didn't do well.

Data in the form of responses to specific questions in this area was, at

times, inconsistent with the anecdotal comments of the interviewees. This inconsistency suggests that being at school, while reported by students to be "overall positive," was not always emotionally "safe."

Parents as a group expressed overall positive experiences with the majority of teachers at their child's schools, although four of the parents felt that the school as a whole was not set up to provide a positive learning environment for the students with ADHD. One parent related that the principal at her child's high school told her, "We don't have a clue what to do with or for these kids."

It should be noted that all parents were involved with the school in some manner. One parent was on the school board but did not volunteer directly in the classroom. Two of the students had a teacher as a parent, although the parent did not teach in the student's school. The two other families/parents indicated that they both volunteered in the school classrooms and spent much time educating the school systems about ADHD and how to work successfully with students. One of those parents set up an elaborate training workshop for the entire school district, complete with well-known speakers and free books and videotapes for each school in that district. Clearly these were parents highly involved in the education of their children on a school-home basis.

To corroborate the student perceptions of the influence of their teachers, parents were interviewed on the PIS regarding relationships between their child and the teachers as well as the family's overall relationship with the school. Parents recalled both positive and negative incidents at school. Selected comments are presented in Table 24. One parent had no negative (non-positive) comments to report.

Table 24
Parent statements regarding the influence of teachers on their child's academic success

Positive Statements of Teacher Support	Negative statements re Teacher Support
You could really tell that teachers cared about the kids by their interactions and by their willingness to work out problems.	The general education teachers were clueless; all they'd say was "get that kid out of my class."
The teachers work better with my child now that they are more educated regarding ADHD.	Even in high school teachers would give my child a (verbally) bad time saying "you shouldn't have extra time to complete your tests."
The teachers did the best they could.	
Overall, the teachers tried to work well with my child.	Teachers wouldn't follow through with what they agreed to do.
The teachers worked well with my child after we initiated Ritalin therapy.	No support or help was offered by the school or teachers. We had to find out everything on our own and the train them.

Most of the parents verbalized that they involved themselves with their child's academics by helping with homework and organizational tasks. All parents reported that this monitoring and assistance was a part of the elementary school years, and 4 of the 5 indicated that they continued this

monitoring and assistance up to and including high school. Student responses indicated that 100% of the students resisted the parental assistance once they reached the high school years. Parent and student comments concurred that parents "backed off" some at this point but did not stop the monitoring entirely. One student whose homework was not monitored after the elementary grades attended a small, private school from Grades 2-12 and felt that the low teacher-student ratios gave him enough monitoring of school work.

To gain a different perspective, teachers were interviewed regarding the type of personality, teaching style, or classroom atmosphere that was perceived by students to be instrumental in their school success. The teacher interview focused on the teacher and not the students in the study. In order to obtain unbiased data, the teachers were not apprised of which student had nominated them until the Teacher Interview Schedule (TIS) was completed. Table 25 presents selected comments by the teachers regarding the reason they might have been selected as being "the most supportive teacher."

Table 25
Teacher self-perceptions

Grade Level & Years of Service	Teacher Self-Perceptions
Teacher 1; female 4th grade, Teaching for 28 years	I take a personal interest in each student. I see the classroom as a family where we all respect and learn from one another. I stress the joy of learning. I encourage students to learn for the sake of learning and I feel humor is an important component in the learning process. I keep up on the latest teaching strategies and I enjoy trying new ways of teaching. I see parents a lot. I have a concern that the parents' expectations for their children have increased so much that it is negatively affecting their self esteem.
Teacher 2; male, 10th grade, Teaching for 12 years	I try to recognize the strengths of each student and help them work through their weaknesses. I keep schoolwork separate from the individual. I am enthusiastic, fun, eccentric, unusual. I have no formal training regarding at-risk students but I treat them as individuals. I am excited about what I teach and I get the students excited. I expect an orderly, respectful classroom. I am available at lunch to meet with students. I don't contact parents, that's the students' job. I work actively with the school counselor. I teach in a private school with only 18 students in each classroom. I don't have a formal teaching credential.
Teacher 3; male, 5th grade, Teaching for 19 years	I'm a motivator. I bring genuineness, humor and caring into the classroom. I think teaching is all about relationships and advocacy. In the classroom I try to model respect and problem solving; I try to give students as many strategies as possible. I have high expectations and I follow through. I don't yell at kids. I think of parents as partners with me in the education of their children.
Teacher 4; male, 12th grade, Teaching for 15 years	I am student-centered and am interested in what students have to teach me. I like to bring a sense of adventure into the classroom. I like to learn and I enjoy sharing what I know with the students. I set high standards and insist on respect and trust in the classroom. I rarely have a problem with discipline. High school is a great age group to work with. I sponsor a student club on campus and try to make it a safe, supportive place for all kids.

Table continues

Grade Level & Years of Service	Teacher Self-Perceptions
Teacher 5; female, 10th grade, Teaching for 15 years	I'm a calm and organized person. I'm a good listener. I feel that all children can learn and be successful. My job is to help them find their areas of strength. School is going to be hard for some but learning is important and my job is to help and encourage them. I never let a child give up. I have a lot of patience for those students who are at least trying. I love the excitement (for them and me) of success in school. I like to see the light in their eyes when they "get it."Parent involvement is important. I do have students who succeed with little parent support but that's rare.

Table 25 and data from the entire TIS indicate there were commonalities among the teachers. All teachers presented themselves to the researchers as friendly individuals who enjoyed teaching as a profession. All five teachers related that they did not regret their choice of a profession and all spoke in similar terms of their love of teaching and of the joy of learning. All teachers mentioned liking kids in general and that they enjoyed spending time with students. The teachers appear to put much of themselves--personalities and interests--into their job

The data clearly present commonalities in supportive teachers. The classrooms of these supportive teachers were described by the students, by the parents, and by the teachers, themselves, as exciting, safe places to learn.

Findings: Research Question 4

Research question 4 consisted of two components. The first part asked: *What was the perception of the students regarding the influence of teachers on their academic success*? The data were varied but, overall, suggested that students perceived key teachers as having a positive influence on their success in school. In answering this research question, the researcher considered student interview statements regarding their relationships with their teachers and the support they reported having received in school from teachers. Data were triangulated with parent interview data and student records.

All students indicated strong, positive influences by one or more key teachers. The key teachers' influences were so enduring that students felt their school careers were positively altered as a result of their connections. On the other hand, difficult relationships with other teachers produced enduringly pejorative remembrances which had the potential to adversely impact school success. Between the two extremes of influence on a student was the average teacher who did not adversely affect the student, but who also did not make themselves available to help the student outside of class. Availability was a common desired trait which students found often missing among many teachers.

Parent interview data supported and corroborated the student

interviews. Available school records indicated that much effort in the form of parent conferences, student study teams, reports, and evaluations had been initiated by key teachers to support student success. The records corroborated student and parent interviews. Furthermore, to add to the triangulation of data, observations of the students during the interviews, particularly when discussing teachers, were recorded. Students smiled when discussing teachers who had encouraged them and showed anger and/or sadness when recollecting teachers who had not been supportive. These observations confirmed the still discernible impact of the teacher(s) upon the student, both positive and negative impacts.

The second part of Research Question 4 was: *Were there common characteristics among the teachers identified by the students as being supportive?* The data suggest that there were common characteristics among the teachers, both those identified by the students and those indicated by the teachers themselves. Students were clear across the studies that their most influential teachers had universally made them feel important and had communicated caring and concern to them. According to students, these teachers uniformly set high, attainable standards in their classroom and made time for them outside of class so that extra help could be secured. Students recalled these teachers with a common trait of having an excitement about teaching that was

contagious. Students uniformly felt safe and included in the classroom of these teachers and, above all, felt cared about by the teachers chosen as the most influential in the students' school careers.

When teachers were interviewed, common characteristics emerged also: an enjoyment of teaching, a commitment to the individualization of each student, and a consistent pattern of treating all students with positive regard. The five teachers interviewed were innovators who aspired to created safe, exciting, inclusive classroom environments where student-centered learning was the focus. They liked the age group they taught, and they spoke of bringing their own interests and personality into the classroom, thereby turning it into another home or haven and not just a room with desks.

The student and teacher data were triangulated with data from parent interviews. The data from the parent interviews corroborated the positive statements regarding traits of key teachers chosen by the students as being the most supportive teacher in their entire school career. Data from the parents also indicated an understanding and acceptance of some (although not all) of the negative treatment perpetrated by certain teachers. One parent maintained that their child was so hard to handle the parent could understand a teacher getting angry. Another indication of parents taking a broader look at negative teacher-student interactions is the comment by one student that

when teachers seemed unfair or negative, their parent encouraged him/her to assume that the teacher(s) had stresses in their lives and to be forgiving and understanding.

Research Question 5:

What was the perception of the students regarding the influence of school counselors on their own academic success? Were there common characteristics among the school counselors identified by the students as being supportive? (See Appendix E for the source of the data gathered to answer Research Question 5.)

Students in the study had varying impressions regarding the helpfulness of their school counselors. Initially during their interview, students made statements regarding the efficacy of school counseling which ranged from "no impact" to "helpful sometimes." As these students described the actual school counseling assistance they had during the K-12 years, it appeared that counseling services had been utilized by most students and that in many situations that school counseling intervention was perceived by the student as being helpful and supportive. It was also evident that several students had needed services from school counselors and did not receive them.

To obtain the data to answer this research question, all statements regarding school counselors or school counseling interventions in the SIS and

PIS were examined in detail. Following that, the data were combed to determine what services and at what grade level the school counseling services were perceived by students to be helpful. Next, student comments regarding the efficacy of school counseling were read and analyzed. The following block is composed of student statements regarding the helpfulness of school counselors. To preserve anonymity of the student answers in this section, the data, including quotes from the subjects, has been aggregated.

> *My middle school counselor was very helpful and nice. She helped me through a very difficult period in my life and through some real difficult stuff.*
>
> *My best counselor was in middle school. I was always having to see her because I was always in trouble.*
>
> *My counselor in high school was awesome. He helped me with classroom accommodations.*
>
> *I didn't meet often with the counselor but when I did meet regarding school problems it was helpful.*
>
> *I went in if I needed help. Sometimes it was helpful and sometimes it was not.*

These statements as well as additional data from the SIS suggest that a general interpretation cannot be made about student perceptions of counselor efficacy, although all students felt that the counselors at school had been helpful at times. Some pockets of meaningful assistance for individual

students were noted. It should also be noted that only 3 of the 5 students felt that they received enough support from a school counselor to nominate one to be interviewed as part of this study. Of the three nominated counselors, two were at the middle school level and one was a high school counselor.

The researcher looked at student perceptions of omissions of school counseling services. Students had more to share in this area than they shared in the area of actual services received. Students indicated that certain necessary counseling services were not received either because the counselor would not or could not provide them. Three statements were extracted from the interview schedules of each student. Those responses are aggregated in the following block of quotes:

> *I should have had some help with all the name calling and teasing I got. I shouldn't have had to handle that all by myself.*
>
> *Counselors in high school never seem to have time to help you.*
>
> *Counselors could be more helpful if they would serve as mentors.*
>
> *I needed the most help in middle school. It was a painful time.*
>
> *In elementary school a kid needs help with family problems and they don't always get it.*
>
> *Counseling could have been helpful if they had time for you and if they wanted to see you.*
>
> *I could have been helped more with the teasing, especially in elementary and middle school.*

I didn't know who to talk to about the teachers embarrassing me.

Counselors don't always understand ADHD. They should have more training in how to help kids, especially those in elementary school.

No counselor could have helped me. Only Ritalin could have helped me.

In high school the counselors are supposed to be there to talk to kids but the kids won't go in to see them except for class scheduling.

I was so hard on myself before I knew I had ADHD. Everyone kept telling me to 'think before you act' but I thought I was thinking. If only I had had someone who understood what was going on.

High school counselors should listen and give good advice. They don't always listen and they don't always give good advice.

My high school counselor was good at first but later on she was always too busy for me and made me feel like she had more important things to do than to see me.

Kids who don't have good support at home are really those that need to be helped by school counselors.

Analysis of the data in the block quotes above suggests that students did not always receive the counseling services they perceived they needed at different times during their K-12 experience. In general, what school counselors *could do* as compared to what they *actually did* represented the focus for student comments.

In the next phase of data analysis for Research Question 5, comments from students outlining the qualities that they felt were important personal qualities for a school counselor were analyzed. All students offered a description of the "ideal" counselor and, in addition, three students did so by

elaborating on the qualities of the school counselor they had named as being most supportive. The student comments regarding ideal counselors are in the following quotation block:

> *The ideal counselor listens to kids and helps them with their problems and they know you; but I don't see any real need for school counselors.*
>
> *The ideal counselor talks to you, doesn't judge you and doesn't offer unsolicited advice.*
>
> *The ideal counselor has time for you, makes you feel important, listens to you, helps you, and is a real friend to you.*
>
> *The ideal counselor takes the time to listen to you even if they have a lot of students to work with.*
>
> *The ideal counselor listens to students, is supportive and helpful, and guides their studies with good advice.*

These statements from students suggest that students with ADHD in this study feel that "availability" and "good listening skills" are among two of the crucial qualities necessary for effective school counseling. Statements made to the researcher by the students indicate that these qualities were not always available in the school counseling program.

To obtain more data in this area, the parents of the subjects were interviewed regarding their impression of the efficacy of school counseling and its relationship to the success of their child in school. Extractions from these data are located in the following block of quotes:

School counseling was more helpful to us (parents) *in elementary school than to our child. In middle school the counseling was more helpful to our child than to us. In high school we have only needed help in scheduling classes.*

Other than a referral to a doctor in elementary school, we have not used the counseling services K-8. In high school, however, the counselor did try to get teachers to follow the guidelines set up to help my child succeed.

Schools are good at labeling but not so good at follow-through. At the high school level the counselors are too busy to offer any real help to the child or the parent.

My child had some counseling services at school. I'm not sure yet if it was helpful. I guess you won't know until down the road.

Neither my child or I had any services from the school counselor.

These statements suggest that, overall, parents did not perceive that school counseling was a major factor in the success of their child in school. There are some indicators that some of the interventions were successful or helpful but these were scanty and sporadic. Other comments from the Parent Interview Schedule (PIS) suggest that *potential* school counseling services, especially concerning ADHD education and behavior maintenance, were perceived as being desirable and that these services would have been utilized by the parents had they been available.

The last area of data collection was an interview with the three counselors (two middle school and one high school) nominated by the students as having been helpful in relationship to school success. This last

phase of analysis examined personal characteristics and attitudes as self-reported by the counselors. Table 26 contains excerpts from the counselor interviews.

Table 26
School counselor self-perceptions

Counselor	School Counselors' Self-descriptions
School Counselor for grades 6-8, 5 years as counselor	I'm approachable; I can listen while students do lengthy processing; I have a sense of humor; I'm not judgmental; I'm enthusiastic, cheerful, love people; I like being helpful, I like to make a positive impact; I can't imagine not being a school counselor; I'm available to kids all day long; I try to help them learn to follow the rules in school and life without sacrificing who they are as a person. Kids are needier now then they were even five years ago. Home visits are depressing at times. I find that I am more cynical and less optimistic than I was five years ago. Still, I am hopeful for the students, just more realistic than when I first started.
School Counselor for grades 6-8; 12 years as counselor + 5 years as teacher	I'm available, visible and attentive. I have good listening skills. I try to let each student know that I care and am concerned about him or her. I'm thorough, calm, organized, and playful. I'm available everyday, including lunch and break. Students find me empathetic and helpful. I believe in quality and equity of education for all students. I have an intuitive sense about what needs to happen with an individual or with a group. I like what I am doing and have no plans to change professions. I'm not naive anymore, I have seen it all. Kids have more struggles now and parents seem less able to handle the basic parenting tasks. I probably communicate with 25% of the parents. Our schools gives parenting and support classes all year long.
School Counselor for grades 9-12; 12 years as counselor + 12 years as teacher	I'm open and honest. I'm willing to listen. I'm pure and simple ...the salt of the earth kind of person. I've been working with adolescents in some form or the other since I was 19 years old. I try to give the students as much support as they need and I am honest with them at all times. I have had to change the structure of the job as the needs of the students change. In the past 6 years I have seen an increase in the need for more personal and group counseling. Now I make home visits and I even call students or their families during the weekends if there is a crisis. I have done parenting classes for the past 6-8 years, which used to be unheard of at the high school level. I love my job. The most important aspect of it is to try to always be there for the students.

Data received during the Counselor Interviews support the perception of the students that the nominated counselors were caring adults who took the time to help them in school. Additional data from the CIS revealed that all three of the counselors voluntarily and regularly took classes and in-services to help them stay knowledgeable in the counseling and educational field. Observation of the counselors during the interview suggested a congruency of personality to self-descriptions. It is obvious from the CIS and from the observations during the interview that the counselors liked the age group they worked with and worked hard to provide them with appropriate services.

Overall, however, the data suggested that the support of the school counselor was *not* perceived by students to be a significant factor in the academic success of the student. Comments from the subjects in the study suggested that students did not have an enduring impression of school counseling services as being beneficial.

Findings: Research Question 5

Research Question 5 consisted of two parts. Part 1 asked: *What was the perception of the students regarding the influence of school counselors on their academic success*? In answering this research question, the researcher considered student interview statements regarding their relationships with school counselors and

any support they might have received from school counselors. To triangulate the data, the researcher examined data from parent and counselor interviews as well as from available school records.

The data suggest that students felt that most school counselors did not have a significant influence on their success in school. Students perceived a nonresponsiveness and nonavailability of many school counselors. Students said that they did that did not get the help they needed with relationships (friends, teachers and family) and with the management of their ADHD symptoms. Three students did indicate a positive influence by one school counselor each, but not by school counselors in general. Two students could not recalled being particularly helped by a school counselor other than with routine class scheduling tasks. Student statements on pages 180-183 are typical of those from the overall interview.

Parent responses on this topic were also reviewed and the data from the parent interviews suggest that parents recall school counseling intervention as being more helpful than were the student recollections. One parent expressed appreciation for the elementary counselor who blurted out: "Your child has a problem and probably needs Ritalin." That counseling intervention, though unsettling at the time, alerted the parents to seek medical intervention and was ultimately seen as a positive step towards getting help for the student.

The second part of research question 5 asked: *Were there common characteristics among the school counselors identified by the students as being supportive?* Three counselors, selected by the 3 youngest students in the study were interviewed. The oldest students, a 21-year-old senior and a 20-year-old sophomore, did not recall a particularly supportive (K-12) counselor.

The data suggest that there were common characteristics among the selected school counselors. Students uniformly described those individuals as being available and caring. The students recited specific interventions or traits by the counselors as being helpful such as giving good advice and allowing them to vent their feelings when frustrated. In contrast to the specific trait or interventions of school counselors recalled by the students, when those students spoke of their most supportive teachers, they spoke in both specific and in general terms regarding overall individual characteristics and definitive interventions.

Counselor interviews requested self-assessments by the interviewees. Common self-characteristics cited, individually, by the three counselors themselves were being approachable, available, good listeners, empathetic, caring, and realistic. During the interview process with the researcher, the counselors projected a common openness, a friendly demeanor, and a demonstrated caring for students and for people in general.

Statements from the parent were, overall, positive about their children's school counselors, especially the counselors nominated by the students. The parent statements corroborated the common characteristics of caring and being available. Triangulation of the data from all three interview schedules indicate common characteristics for counselors considered to be supportive to students. As with the school teachers, (a) taking time for students, (b) listening to students, and (c) caring about students were considered valued qualities.

Summary

Data from the interview schedules, instrumentation scales, researcher observation, and review of student records have been outlined in this chapter. Data summary and recommendations are presented in Chapter 5.

CHAPTER 5

Summary and Recommendations

Introduction

This chapter presents the summary of this study, the summary of the study findings, the recommendations drawn from the study data, and the recommendations for future study.

Summary of the Study

The purpose of this study was to gain a greater understanding of the factors and qualities which are perceived by students with Attention-Deficit/Hyperactivity Disorder (ADHD) to be supportive of and an encouragement to their academic success. The study focused specifically on the influence of the students' locus of control, the students' coping skills, and the influence of adult support which included parents, teachers and school counselors.

The Situational Analysis Case Study Research Design utilized both a qualitative and a quantitative approach. Interview methodology was utilized with the students, their parents, and one of their teachers and counselors. Quantitative instruments to measure locus of control, coping skills, family hardiness, and family empowerment were part of the study. Following the

interviews and the administration of quantitative measurements, the data were scored or transcribed, coded, and analyzed.

The research questions were established in two sets. The first set consisted of preliminary questions which sought further understanding of the at-risk factors of the students in the study. The at-risk factors examined were impulsivity, poor social relationships with both peers and adults, and inattention and disorganization. The second set, the actual research questions, examined possible relationships between academic success of the students with ADHD symptoms and the research variables of locus of control, coping, and adult support, specifically the support of parents, teachers, and school counselors.

Summary of the Study Findings

The data indicated that all the students in the study were at risk of being potential school drop-outs at some point in their K-12 school career, although some were at higher risks than others. All 5 students were at-risk due to impulsivity while they were in elementary school, but by high school their impulsiveness was functionally under control. Students were also at risk due to pervasively poor peer relationships. Some students experienced inadequate friendship support throughout their entire kindergarten through twelfth grade

years. Cruel and excessive teasing was present for 3 of the students. All students were also at risk due to negative relationships with some of their teachers during varying periods in their school career. Two of the students felt connected with only one teacher in their entire K-12 experience.

The factors that supported academic success for students were:

1. Their personal qualities of coping, an internal locus of control, along with an individual determination to succeed which increased with maturity. The qualities of coping and taking responsibility appeared to be developmental and were not strengths for them in their earlier years.

2. Constant, unyielding support and determination, on the part of at least one parent, that the child would graduate from high school and be successful.

3. The encouragement of key school teachers at various intervals in their K-12 experience.

School counselor support, although helpful to some students at brief intervals in their lives, was not seen by students as being essential to their overall academic success.

The data clearly indicated that although the students were successful in their academic pursuits, their schools did not, overall, demonstrate the

capacity to prepare and equip students for academic success, especially in their early years. Assistance for the students appeared to be haphazard, happening as if by chance (such as randomly being assigned to a class with a caring teacher), because the parents insisted on it, or through the development of their students' own resources and networking.

Although not screened for this factor, all students were or had been on medication during all or part of their school years. All students reported that the medication was immediately effective, although most students didn't like the "idea" of taking medication. Parents supported the student assessment of the medication's positive effect.

All of the students improved substantially in terms of impulsive behavior by the time they were in high school. They attributed the improvement to maturity. The students' self-reports included a description of learning to self-control their temper as part of their growth.

All the students reported that their parents had made a difference in their lives, although the amount of support expressed varied from student to student. In general, students felt they were loved by their parents, were important to their parents, and had sufficient support from home.

Relationships were major issues. Alienation from friends was an extreme risk factors for all of the students during some of their growing up

years. Several students indicated that friendship issues and support are still struggles. Likewise, relationships with adults outside the home were not always positive. Students reported being in classrooms with teachers who ridiculed, belittled, embarrassed, scared, shoved, and slammed them, and with instructors who taught above the level of the students.

Recommendations Drawn from the Study Findings

1. The necessity of early intervention for the student with ADHD is a finding of this study. Intervention in the kindergarten or pre-school years is an essential component of future academic success. The development of an internal locus of control and the expansion of one's coping skills should be initiated as early as possible. Students in this study suffered unnecessarily because of the lack of assistance by the school staff in several areas, including how to build relationships. In the early years the ADHD student needs intervention in the form of education for him or herself about the disorder. Such education can reduce social problems and prevent the aftermath of devastating social labeling which can occur. One student in the study carried a demeaning and embarrassing label during the entire K-12 years based on inappropriate hygiene behavior which had occurred in the very early primary grades. The shame and embarrassment over such labeling places students at

high risk for being unsuccessful in school.

Direct, focused intervention with the student with ADHD appears necessary. Students in the study related anecdotes that made it apparent that often they had little awareness of the frequency or intensity of their own behavior or of its effect on others. One student related, "I never knew I was doing that kinda stuff." The students had been "told" often about their behavior, but it appears that simply "telling" such a student is not enough. These data from the student interviews led the researcher to recommend the use of tangible indicators for student feedback. This could include behavior count sheets, audio tapes, or most impressively, videotapes of the students engaged in their typical classroom or home behavior. The purpose of the intervention would be to provide insight information/education to the student. It is not suggested that it be used as a discipline tool. Direct, focused intervention appears necessary as, indicated by information from this study and from others, ADHD students are often unaware of the impact of their behavior on others and are typically *not* intentional in their actions, at least not in their early years when interventions can be most effective.

2. Early and on-going support for the parents is also a recommendation from this study. Consistent with the literature, the parents of the students in the study, overall, felt that there were considerable strains on themselves and

on family relationships with the task of parenting a child with ADHD. Therefore, beyond the necessity of education about the disorder, interpersonal assistance on preparing for the stresses that parenting such a child creates is needed. Parents need to be reminded frequently just how important their role as a supportive, consistent parent is: they need to know the vital and critical nature of their involvement. Parents need encouragement about the positive future outcomes as they struggle with the every day stress of child rearing. Parents need more assistance from school counselors in overall education about ADHD and ADHD resources, as well as practical help with organization of home and school schedules if desired. Recognition of the systemic impact of having (and living with) someone with ADHD is essential in establishing support and intervention plans.

3. The issue of medication and its appropriateness should be a discussion early in the child's school career. The effectiveness of medication in this study was noteworthy. The immediate and positive nature of the effectiveness gave pause for thought about the possible disadvantages of delaying medication for children with ADHD. All parents in the study attempted and preferred alternative interventions (diets. behavior modification and the like), to medication, but none of the alternatives had the efficacy of the medication. Medication enabled students to listen, to learn, and to make

and keep friends. The ability to be successful in school and to connect with peers resulted in an increase in the self-esteem of the student. The loss of social support and personal self-esteem while parents are deciding to allow medication therapy may take the child years to recover from.

4. Adults who work with students, especially key adults such as teachers, need to be periodically reminded of the impact of their attitude, words, and actions on the students. Teachers and counselors who show concern and caring make a lifetime positive impression. Those who do the opposite make a lifetime negative impact. Teachers who have had success with encouraging and developing at-risk students, such as those with ADHD, should be utilized by their school districts to share their instructional techniques and classroom strategies with other school staff as part of a district's on-going professional development.

5. Schools in general need to be pro-active in the eradication of the harassment that takes place at the school in the form of teasing and name-calling. The students in this study had strong home support which served to buffer the negative atmosphere which sometimes existed at the school. For students who do not have this kind of buffering home environment, the effects of such negative interactions are potentially even more devastating.

6. Finally, adult professionals who behave in the negative manner

described by some students in this study need intervention from their supervisors. Such intervention might include re-education, monitoring of performance, or consideration of another profession. Administrators who allow professionals to continue in positions of power and influence over children should also be held accountable for any unpardonable behavior. Adults who are not capable of nonemotionally redirecting children who are misbehaving or are oppositional should not be working with youths. The long lasting negative effects of such behavior on the part of adults who are paid to nurture and guide young people during the K-12 years is potentially catastrophic.

Recommendations for Further Study

1. More information on ADHD is currently available to schools than was available when these students were in their elementary years. A study should be initiated to determine if teachers and school counselors are currently better equipped to meet the needs of students with the symptoms of ADHD.

2. Gender issues suggested themselves in this current study. Further study is suggested around gender issues of students with ADHD, specifically, maturity and self-esteem issues.

3. The effect of medication on maturity levels of individuals with

ADHD is an issue suggested during this study, which would warrant additional research.

4. The ability to "avoid problems" was a positive coping strategies for the students in this study. Research on the manner in which such a coping ability could be acquired is recommended.

5. Students in the study, along with their parents, were seen as "determined." Future studies on the effects and development of this trait are recommended.

6. Parents in this study indicated that additional strains are placed on adult relationships when parenting impulsive, hyperactive, or inattentive children. Further research on the marital relationships of individuals who are parenting a child with ADHD is suggested.

7. This study focused on students with supportive families. Research on the effect on the students whose families who are not able to be as available or as involved as were the study's parents is recommended.

8. Owing to the limitations (an *n* of 5; a semi-rural, white, population) of this study, replication of the study with larger, more diverse populations is encouraged. Likewise, since the study population was representative of families with few (if any) siblings, replication with students who are from larger families is also recommended. Longitudinal replication of the same

population is also a recommendation as most of the students in this study indicated a willingness to continue contact over the years. Although the contribution from this study was small, it was, indeed, a contribution to the body of knowledge on academic success with at-risk populations. Replications of the study could possibly lead to the development of a hypothesis on this area of research.

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APPENDIX A

Portrait of Success:
A Case Study of Students Overcoming Challenges

4/4/96

Dear (*Individual from CH.A.D.D.*),

My name is Sandra Zimmermann and we spoke briefly on the phone yesterday. I am a full-time lecturer at Sonoma State University and a former school counselor and school principal. Currently I am starting research on factors which support success for students who have a diagnosis of Attention-Deficit/Hyperactivity Disorder (AD/HD). I will be conducting this research as part of my dissertation and will be interviewing students, sixteen years of age or older who, despite AD/HD obstacles, are being or have been academically successful. I am currently in the process of looking for volunteers for the study. I am writing to you both in the hopes that you will place this information in the CH.A.D.D. newsletter and also as someone who might know students who could help my research by sharing their stories about "making it through high school." I will be seeking answers to "what works" best for students with AD/HD in the hope of helping other students, their families, and their school counselors.

I am hopeful that you will be able to help me with this research by encouraging any students with a diagnosis of AD/HD (*in the case of minors, the families of*) who graduated, or will graduate, between the years 1993 and 1999 to contact me for information about the study and about possible participation. If the students meet the requirements (16 years or older, in school or graduated with a 2.0 g.p.a.) and are chosen for the study, I plan to meet with them twice for interview purposes. I will also use some brief measurements to look at their resiliency, their locus of control, and their resistance to stress; the tests are short and fun to take. I will give students their results and explain what they all mean. I will also be meeting with the students' parents (once) and will be asking the student to nominate one teacher and one counselor whom they feel was helpful or encouraging while in school.

This is an opportunity for students who are overcomers to be applauded and encouraged for their success in school. Some studies say that up to thirty-five percent of students with AD/HD do not graduate and students who are staying on academic course might appreciate being recognized as being examples of success. Participating families should know that participants' confidentiality will be protected at all times. Names will never be revealed; nor any other identifying information. If students or their parents would like more information on the study and/or are wanting to volunteer, please encourage them to call me at (707) 664-2754. They may also contact me by mail @ at Sonoma State University, Department of Counseling, Nichols Hall, 1801 East Cotati Avenue, Rohnert Park, CA 94928.

Please do not hesitate to contact me with any of your questions or concerns at the above telephone number. I hope to hear from you soon. I have my first interview this week and will continue to screen students for possible inclusion through June.

Sincerely, Sandra H. Zimmermann *Ph.D. student, Walden University*

Portrait of Success
A Case Study of students overcoming Challenges

Dear (Teacher),

Your name has come to my attention as an exemplary educator. My name is Sandra Zimmermann and I am a full-time lecturer at Sonoma State University and a former school counselor and school principal. Currently I am doing research on factors which support academic success for students. I am conducting this research as part of my dissertation and have been interviewing current and graduated students who have overcome academic or personal obstacles. These students are all at least sixteen years of age, some in high school and some in college, who are academically successful (2.0 gpa and above). Your name was given to me by one of the students participating in this study as a teacher who was important in their school success. *In fact, you were named as the most important teacher this student had in their entire school career!* Since I am seeking answers to "what works" best for students, speaking to you, someone who has worked well with students, is essential.

I hope that you will consider becoming a part of this study. I have a brief interview that I would like to conduct with you. It will not take much time; the interview is timed to take about thirty minutes. Due to the distance involved and the lateness of the year, we shall probably conduct the interview over the telephone, unless we are able to arrange an "in between" location to meet.

During that interview the focus will be, primarily, on your educational and child/student philosophy. This is a confidential study and you will not be personally identified. Your responses will be reported as a compilation of responses from all the teachers interviewed. There will be no identifiable stand-alone responses. If you wish, you may receive a list of the questions to be asked before the interview. Please contact me at (707 996 0361) for advance questions. Having the questions beforehand is not necessary, however, as there are no right or right answers involved and you will have enough time during the interview to think about your response. If interested, an abstract of the report will be made available to you when the dissertation is completed.

The identity of the student who nominated you will not be revealed until the end of the interview. The reason for this is that the interview is not about your relationship with this particular student, rather, it is about your relationship with the field of education in general and the world of children in particular.

I will be contacting you soon. If you have questions, interests or concerns in the meantime, please contact me at Sonoma State University, Department of Counseling, Nichols Hall, 1801 East Cotati Avenue, Rohnert Park, CA 94928, telephone number, 707 664 2754/fax number 707 939 8180.

Sincerely,

Sandra Zimmermann, L.C.S.W.
Ph.D. student, Walden University

cc: Principal

Portrait of Success
A Case Study of students overcoming Challenges

Dear (Counselor),

My name is Sandra Zimmermann. I am a full-time lecturer at Sonoma State University and a former school counselor and school principal. Currently I am starting research on factors which support success for students who have a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD). I will be conducting this research as part of my dissertation and will be interviewing students, sixteen years of age or older, who have overcome ADHD obstacles and are being or have been academically successful. I am currently in the process of looking for volunteers for the study. I am writing to you as someone who might know students who could help by sharing their stories about "making it through high school." I will be seeking answers to "what works" best for students with inhibition problems in the hope of helping other students, their families, and their school counselors.

I hope that you will be able to help me with this research by encouraging any students with a diagnosis of ADHD (*in the case of minors, the families of*) who graduated, or will graduate, between the years 1993 and 1999 to contact me for information about the study and about possible participation. If the students meet the requirements and are chosen for the (selected sample) study, I will be meeting with them twice for interview purposes. I will also be using norm referenced measurements to look at their resiliency, locus of control, and resistance to stress; the tests are short and fun to take. I will give the students their results and explain what they all mean. I will also be meeting with the students' parents (once) and will be asking the student to nominate one teacher and one counselor whom they feel was helpful or encouraging while in school.

This is an opportunity for students who are overcomers to be applauded and encouraged for their success in school. Thirty-five percent of students with ADHD do not graduate and your counselees who are staying on academic course might appreciate being recognized as being examples of success. Students should know that participants' confidentiality will be protected at all times. Their names will never be revealed, nor any other identifying information. If they or their parents would like more information on the study and/or are wanting to volunteer, please encourage them to call me at (707) 664-2754. They may also contact me by mail @ at Sonoma State University, Department of Counseling, Nichols Hall, 1801 East Cotati Avenue, Rohnert Park, CA 94928 (*also, e-mail: zimmerms@sonoma.edu, or by fax at 707 939 8180).*

Please do not hesitate to contact me with any of your questions or concerns at the above telephone number. I hope to hear from you soon. I begin my interviews in April and will be continuing to screen students for possible inclusion until May 1, 1997.

Sincerely,

Sandra H. Zimmermann
Ph.D. student, Walden University/Lecturer, Sonoma State University

APPENDIX B

Participation Consent Form

A Portrait of Success: Research Project

You have been asked for information to be used in as part of a research project look at students who are high school graduates or will be graduating in 1997. All students involved in the study will have a diagnosis of Attention Deficit Disorder or Attention Deficit with Hyperactivity Disorder. The study will examine the students' lives and look at the factors which contributed to their successful matriculation from secondary school.

The project research will consist of interviews with the students and their parents and, if applicable, with at least one counselor and one teacher whom the student felt is/was/had been helpful to them as they transitioned through school. A tape recording of the interview(s) with the student and with the parent(s) will be made and exerpts of those recording will be transcribed. School records will be examined by the Project Researcher, Sandra Zimmermann,LCSW and Ph.D. student at Walden University or by Marie Speaks, SSU graduate student and a credentialed teacher, currently teaching science at Cook Middle School, Santa Rosa, CA. Your identity will be completely protected regarding any use of this material.

Understandings of the Interviewees:

I understand that any information about me obtained for this research will be kept strictly confidential. Such information will not carry any personal identifying material and will be filed in a locked cabinet. I understand that my identity will not be revealed in any description or publication of this research. I understand that the reporting of my answers will not be in a stand-alone report and that the answers will be compiled with other responses from other interviewees. *I understand that I am free to refuse to participate in this study or to end my participation at any time.*

I certify that I have read the preceding or it has been read to me and I understand its contents. A copy of this consent form will be given to me. My signature below means that I have freely agreed to participate in this study and, if applicable, to have my school records examined.

_____ _____

Signature of Interviewee Date

I certify that I have explained to the above individual the nature and purpose of this research study, have answered any questions that have been raised, and have witnessed the above signature.

_____ _____

Signature of Interviewer Date

For minors, 17 years of age and under:
I have also read the preceding and agree to the participation of my child.

_____ _____

(Consent form adapted from Altenbaugh et. al, (1995). pp 192-193)

(Consent form adapted from Altenbaugh, et al., 1995, pp 192-193)

Release of Information Form

A Portrait of Success: Research Project

You have consented to be a part of a research study of students who are high school graduates from the years 1993 through 1999. The study will examine the students' lives and look at the factors which contributed to their successful matriculation from secondary school.

The project research will consist of interviews and an examination of your high school records. School records will be examined by the Project Researcher, Sandra Zimmermann, LCSW, Ph.D. student at Walden University, and full-time lecturer at Sonoma state University; or by Marie Speaks, SSU graduate student and a credentialed teacher, currently teaching science at Cook Middle School, Santa Rosa, CA. Your identity will be completely protected regarding any use of this material.

Release of Information Clause

I,_____ do hereby give my permission for Sandra Zimmermann or Marie Speaks to examine my school records from

_____

including the primary cumulative file along with any additional files such as GATE, ESL, or Special Education. I attended this school on the following dates. This permission is given for one school visit only and expires on September 1, 1997.

I certify that I have read the preceding or it has been read to me and I understand its contents. A copy of this consent form will be given to me. My signature below means that I have freely agreed to participate in this study and to have my school records examined.

_____ _____

Signature of Interviewee Date

I certify that I have explained to the above individual the nature and purpose of this research study, have answered any questions that have been raised, and have witnessed the above signature.

_____ _____

Signature of Interviewer Date

For minors, 17 years of age and under:
I have also read the preceding and agree to the participation of my child, including examining school records:.

_____ _____

Signature of parent guardian Date

APPENDIX C

Portrait of Success

A Situational Analysis Case Study of Students Overcoming Challenges of Attention-Deficit/Hyperactivity Disorder

Interview Protocol

The following guidelines were carefully followed during all interviews:

1. Each question was read as worded;
2. Every question on the interview schedule was asked;
3. Interviewees were permitted to elaborate on the questions. Upon their elaboration, the interviewer probed for more information, but only regarding subject matter (a) on the interview schedule or (b) initiated by the interviewee.
4. Sensitivity to the subjects around the issue of ADHD was a priority.
5. The researcher asked for clarification if an answer was not understood.
6. Questions were repeated when requested by the respondent.
7. Clarification was given regarding the interview questions when requested by the interviewee; no clarification was given during the quantitative testing except for the instructions at the beginning of the testing period.

A Portrait of Success
Initial Interview Schedule for Students

(Adapted from: Altenbaugh, R., Engle, D., & Martin, D.,. (1995). *Caring for kids: A critical study of urban school leavers.* Washington, D.C.: Falmer Press. pp 187-191)

General Biographical Background:

1. Tell me five words about yourself which would describe who you are (*not what you look like*).

Used to gather general data for the case study and to answer Research Questions 1 & 2

2. What do you like best about yourself?

Used to gather general data for the case study and to answer Research Questions 1 & 2.

3. Tell me a little about your family: Who are all the members of your family including people who do not live in your house or your parent's house?

Used to gather general data for the case study and to answer Research Question 3.

4. How long has your family lived in their present house? (If applicable: Where did you live before as a family?)

Used to gather general data for the case study and to answer Research Question 3.

5. What family members live in your house?

Used to gather general data for the case study and to answer Preliminary Research Question 2.

6. (If siblings): What is your birth order?

Used to gather general data for the case study

7. Do you or did you have responsibilities at home? At work?

Used to gather general data for the case study and to answer Research Question 3.

Public School(K-12) General Information:

8. When did you or will you graduate from high school?

Used to gather general data for the case study

9. Were you/are you excited about graduating from high school?

Used to gather general data for the case study and to answer Preliminary Questions 1 & 2.

10. Tell me more about your feelings around graduating from high school (*looking forward or backward, depending on age of student).* What was (is, might be) going on for you at that time (this time) in your life.

Success: Student Interview Schedule #1

Used to gather general data for the case study and to answer Preliminary Questions 1, & 3 and Research Questions 1 & 2.

11. If you could say just one word about all of your experiences in school, what would it be.

Used to gather general data for the case study and to answer Preliminary Questions 1 & 2 and Research Questions 1 & 2.

12. Would you use the same word or different ones to describe elementary school? Middle/Intermediate School or Junior High? High School? Why or why not? Elaborate.

Used to gather general data for the case study and to answer Preliminary Questions 1 & 2 and Research Questions 1 & 2.

13. Please rate your high school experience on a scale of 1-10 with "1" being "awful, horrible, the worst possible experience," and "10" being "awesome, fantastic, the best experience ever." Middle School? Elementary School? School overall? Discuss.

Used to gather general data for the case study and to answer Preliminary Questions 1 & 2.

Public School(K-12) Academics:

14 Which subjects did you like the most? Why?

Used to gather general data for the case study and to answer Research Question 4.

15. Which subjects did you like the least? Why?

Used to gather general data for the case study and to answer Research Question 4.

16. Was your school a good place to learn?

Used to gather general data for the case study and to answer Preliminary Questions 1, 2, & 3 and Research Question 4 & 5.

Public School(K-12) Teachers:

17. Who were your favorite teachers? Why? Examples?

Used to gather general data for the case study and to answer Preliminary Question 2 and Research Question 4.

18. Who were your least favorite teachers? Why? Example(s)?

Used to gather general data for the case study and to answer Preliminary Question 2 and Research Question 4.

19. What was the biggest difference between your favorite teacher and your least favorite teacher?

Used to gather general data for the case study and to answer Preliminary Question 2 and Research Question 4.

20. Did the teachers in your school seem to care about the students, in general?

Used to gather general data for the case study and to answer Preliminary Question 2.

21. Can you name the one teacher whom you felt was the very best teacher ever (!). This would be the teacher you felt was the most helpful and supportive or encouraging to you overall, grades K-12. From your point of view this would be your #1 Teacher.

Used to gather general data for the case study and to answer Preliminary Question 2 and Research Question 4.

Public School(K-12) Support Staff:

22. Did you (or have you ever) et with the principal or vice-principal to discuss a problem with grades or behavior?

Used to gather general data for the case study and to answer Preliminary Question 1 & 2 and Research Question 4.

23. Did you have a school counselor? (*Okay for interviewer to describe a school counselor's role here as students may not always have known that "that person" was a counselor*)Who?

Used to gather general data for the case study and to answer Research Question 5.

24. If applicable: Did you ever meet with your school counselor? Are you comfortable saying about what? Did you think your meeting with the school counselor were helpful? Why or why not?

Used to gather general data for the case study and to answer Preliminary Questions 1, 2, & 3 and Research Questions 2 & 5.

25. Whether or not you had a school counselor, what would you have wanted from a school counselor when you were in elementary school *(okay to explain the range of possibilities as long as it is broad and generic)* in Middle school? In High school?

Used to gather general data for the case study and to answer Preliminary Research Questions 1, 2, & 3 and Research Question 5.

Public School(K-12) Non-academics:

26. Did you ever get in trouble at class? If so, for what?

Used to gather general data for the case study and to answer Preliminary Research Questions 1, 2, & 3.

27. Were your ever suspended or expelled from? If so, why?

Used to gather general data for the case study and to answer Preliminary Research Questions 1 & 2 and Research Questions 1 & 2.

28. Did you ever lose privileges at school? (Couldn't attend dances, etc. due to low grades or behavior problems)? If so, explain.

Used to gather general data for the case study and to answer Research Questions 1, 2, & 3.

29. Did you feel that you were usually treated fairly at school?

Used to gather general data for the case study and

to answer Research Question 1.

Public School(K-12) Extra-curricular Activities:

30. Were you involved in any extra-curricular activities at school, such as sports, leadership, clubs, peer counselors, etc? If so, what?

Used to gather general data for the case study and to answer Preliminary Research Question 2 and Research Question 2.

31. Did you attend games or dances or other school activities?

Used to gather general data for the case study and to answer Preliminary Research Question 2 and Research Question 2.

Public School(K-12) Peers:

32. How well did you get along with the other students at school in general? If well, say some more. If not well, why?

Used to gather general data for the case study and to answer Preliminary Research Question 2 and Research Question 1.

33. Would you consider the kids at your school to be friendly, in general?

Used to gather general data for the case study and to answer Preliminary Research Question 2.

34. Who were your friends? (First names) Why were they your friends?

Used to gather general data for the case study and to answer Preliminary Research Question 2.

35. What did you do with your friends in school?

Used to gather general data for the case study and to answer Preliminary Research Question 2.

36. Did you or your friends ever get into trouble at school? If not, why not? If so, why?

Used to gather general data for the case study and to answer Preliminary Research Questions 1 & 2 and Research Questions 1 & 2.

Out-of-School Experiences/Involvement/Leisure Actiities:

37. Do you attend/participate any religious groups or activities? Expand.

Used to gather general data for the case study and to answer Research Question 2.

38. Do you watch much TV? How much a day? What do you or don't you like about watching television?

Used to gather general data for the case study and to answer Research Question 2.

39. What do you like to watch most on tv? Why?

Used to gather general data for the case study and

to answer Research Question 2.

40. Do you read newspapers?

Used to gather general data for the case study and to answer Research Question 2.

41. Do you read magazines?

Used to gather general data for the case study and to answer Research Question 2.

42. Do you read books? What kinds? Most recent?

Used to gather general data for the case study and to answer Research Question 2.

43. What kind of movies or videos do you like?

Used to gather general data for the case study and to answer Research Question 2.

44. What movies or videos have you seen most recently?

Used to gather general data for the case study and to answer Research Question 2.

45. How often do you go to the movies? How many videos do you watch

each week?

Used to gather general data for the case study and to answer Research Question 2.

46. Regarding other entertainment: what do you like to do or see in your free time?

Used to gather general data for the case study and to answer Research Question 2.

47. Do/did you go on family outings? Where? (If not living at home, do you still go on some outings?

Used to gather general data for the case study and to answer Research Questions 2 & 3.

Work/Employment:

48. Are you working at a (paying)job now?

Used to gather general data for the case study

49. Have you had other jobs? Describe?

Used to gather general data for the case study

50. When did you start working? *If not self-supporting, ask*: Why do you work?

Used to gather general data for the case study

51. Do or did you enjoy your job? Why or why not?

Used to gather general data for the case study

52. If applicable: Does/did your job interfere with your schoolwork?

Used to gather general data for the case study and to answer Research Question 1.

53. Which do you enjoy more: school or work? Why?

Used to gather general data for the case study and to answer Research Question 2.

54. Which do you think is more valuable: work or school? Why?

Used to gather general data for the case study

55. Have you decided on a career yet? If so, what additional school or training will you need to work in that career field?

Used to gather general data for the case study

Ending or Break

56. Do you have any questions for me?

Used to gather general data for the case study

Success: Student Interview Schedule #1

Portrait of Success
Second Interview Schedule for Students

<Adapted from: Altenbaugh, Richard, Engle, Davis & Martin, Don. (1995). *Caring for kids: A critical study of urban school leavers.* Washington, D.C.: Falmer Press. pp 187-191>

You and ADHD:

57. What is your definition of ADHD? What do you know about ADHD? Did anyone ever diagnose you with ADHD.

Utilized to gather general data for the case study and to answer Preliminary Research Question 1, 2, & 3.

58. When did you or your parents first consider that you might have an attention deficit problem? How young was you at that time? Tell me about those early years.

Utilized to gather general data for the case study and to answer Preliminary Research Questions 1, 2. & 3 and Research Question 3.

59. How do you feel about having ADHD? Have you ever gotten angry about it and wanted to blame someone for giving it to you? Elaborate.

Utilized to gather general data for the case study and to answer Research Questions 1, 2, & 3..

60. Which period of time in your life was the hardest? Why?

Utilized to gather general data for the case study.

61. Which years have been the best (home and school) for you? Why?

Utilized to gather general data for the case study.

62. Do you think that your ADHD has had impact on your family? In what way?

Utilized to gather general data for the case study and to answer Research Question 3.

63. Do you think your family has help you handle your ADHD? How? What are the best things they have done? What are the things you wish they had done differently to help you in school? Are there any things you needed that you didn't get that could have helped you in school?

Utilized to gather general data for the case study and to answer Research Questions 1, 2, & 3.

64. Is it easier to pay attention at school or at home? Why? Has this always been true?

Utilized to gather general data for the case study and to answer Preliminary Research Question 3 and Research Questions 1 & 3..

65. Do you or have you ever taken medicine for your ADHD? If yes, has it or did it help? How do or did you feel about taking medication?

Utilized to gather general data for the case study and to answer Research Questions 1 & 2.

66. Do you know if any of your friends has ADHD? Have you ever talked to your friends about your ADHD?

Utilized to gather general data for the case study and to answer Research Questions 1 & 2.

School:

67. Do you know what your parents expectations are for you in regards to graduating from high school and after-high school plans?

Utilized to gather general data for the case study and to answer Research Questions 1 & 3.

68. Let's talk about the teacher you thought was most supportive for you. What was s/he like? Was s/he strict? Elaborate.

Utilized to gather general data for the case study and to answer Research Question 4.

69. Describe the "perfect teacher."

Utilized to gather general data for the case study and to answer Research Question 4.

70. What about your parents involvement with your homework and other school assignments: How much do your parents keep track of what you are doing in school? Is this the same or different than previous years?

Utilized to gather general data for the case study and to answer Research Question 3.

71. Tell me about your experiences with school counselors. Elaborate.

Utilized to gather general data for the case study and to answer Research Question 5.

72. What do you think is the role of the school counselor? Describe the "perfect school counselor."

Utilized to gather general data for the case study and to answer Research Question 5.

Resources:

73. What do you know about CH.A.D.D.? Elaborate. If parents involved: Did this help your parents?

Utilized to gather general data for the case study and to answer Research Question 3.

74. Was there anyone outside the school and the home who helped you handle ADHD symptoms?

Utilized to gather general data for the case study and to answer Research Questions 2.

75. What advice would you give to other students who have ADHD about being successful in high school?

Utilized to gather general data for the case study and to answer Research Questions 1 & 2.

Portrait of Success
Interview Schedule for Parents

<Adapted from: Altenbaugh, Richard, Engle, Davis & Martin, Don. (1995). *Caring for kids: A critical study of urban school leavers.* Washington, D.C.: Falmer Press. pp 187-191>

Your Child and ADHD

1. When did you first consider that _____ might have an attention deficit problem? How young was he/she at that time? Tell me about those early years.

   Used to gather general data for the case study and to answer Preliminary Questions 1, 2, & 3 and Research Question 3.

2. Which were the hardest? Why?

   Used to gather general data for the case study and to answer Preliminary Questions 1, 2, & 3 and Research Question 3.

3. Which years have been the most satisfying? Why?

   Used to gather general data for the case study and to answer Research Questions 2 & 3.

4. What has been the impact on the family? On daily routine? On family relationships?

Used to gather general data for the case study and to answer Research Question 1 & 3.

5. Were some members of the family impacted more than others?

Used to gather general data for the case study and to answer Preliminary Question 2 and Research Question 3.

6. Is or was your child's behavior different in different situations? If so, why do you say that?

Used to gather general data for the case study.

7. Is or was your child's learning pattern different in different situations? If so, why do you say that?

Used to gather general data for the case study.

8. Does your child attend (pay attention) better at school or at home? Why?

Used to gather general data for the case study.

9. Was or is non-compliance a problem for your child? If so, how did you handle it?

Used to gather general data for the case study and to answer Research Question 3.

10. Did you use any behavior modification techniques? Why or why not? If yes, did you receive any training in implementing these techniques?

Used to gather general data for the case study and to answer Research Question 3.

11. Is or was your child on medication? Why or why not? If yes, when and what kind and was it effective?

Used to gather general data for the case study.

12. If you were starting all over again, would you do something different about the use or non-use of medication?

Used to gather general data for the case study.

13. What else (or, Is there anything else) would you do differently?

Used to gather general data for the case study and to answer Research Question 3.

School

14. Your child is considered an academic success. What do you think is the one key reason that s/he is doing so well and is on track for graduation? How do you account for this success in general?

Used to gather general data for the case study and to answer Research Questions 1, 2, & 3.

15. What are your own educational expectations for your child? Does s/he know your educational expectations? Have those expectations changed over the years? If so, how?

Used to gather general data for the case study and to answer Research Questions 1 & 3.

16. What are your child's educational expectations for him/herself? What are the post-graduation plans?

Used to gather general data for the case study and to answer Research Questions 1 & 3.

17. How much do you currently monitor your child's education? Is this the same or different than previous years?

Used to gather general data for the case study and to answer Preliminary Question 3 and Research Questions 1 & 3..

18. Do or did you feel that you and your child's school teachers work well together on your child's behalf?

Used to gather general data for the case study and to answer Research Question 4.

19. In general, what is or was your own relationship to your child's school as s/he was growing up? How involved have you been in school activities?

Used to gather general data for the case study and to answer Research Questions 3 & 4.

20. Who, if anyone, was the most helpful or encouraging for you in the public school system? *(If a teacher is not named, probe for a teacher's name in addition)* Why this person or why no one?

Used to gather general data for the case study and to answer Research Question 4 & 5.

21. Did you work with a school counselor at any time? Was that a helpful or unhelpful experience? Elaborate.

Used to gather general data for the case study and to answer Research Question 5.

Resources

22. How much support did you seek or have you received from others in working with your child around ADHD issues?

Used to gather general data for the case study and to answer Research Questions 1, 3, 4, & 5.

23. What training or educational support have you been offered from your child's school? Did you take that training or support?

Used to gather general data for the case study and to answer Research Questions 4 & 5.

4. What training or support do you wish you had had?

Used to gather general data for the case study and to answer Research Question 3.

25. Were you involved in Section 504 meetings? Why or why not? If yes: was the result satisfactory?

Used to gather general data for the case study and to answer Research Questions 4 & 5.

26. Were special education services offered? Does your child have a learning handicap in addition to ADHD? Elaborate if yes.

Used to gather general data for the case study and to answer Research Questions 4 & 5.

7. Did your child receive counseling? From school counselors? From outside counselors? Was this helpful? Elaborate, including what form of counseling, if applicable.

Used to gather general data for the case study and to answer Research Question 5.

28. Have you been involved with CH.A.D.D.? Elaborate. Was this a helpful and supportive experience?

Used to gather general data for the case study and to answer Research Questions 1 & 3.

29. Have you been involved in other parent support groups?

Used to gather general data for the case study and to answer Research Questions 1 & 3.

30. What question have I not asked you that might be helpful to me in looking at factors which foster academic success for students challenged by ADHD?

Used to gather general data for the case study.

Portrait of Success
A Case Study

Teacher Interview Schedule

Teacher as an Individual

1 You've been identified by a student as an encourager of students: How do you think you acquired that title? (Looking for *Personal qualities, child advocacy, examples of interventions, etc.)*

2. What qualities do you bring to the classroom?

3. How would you describe yourself?

4. Why did you choose teaching as a career? Are you glad you made that choice? Why or why not?

5. If you could rate your job satisfaction on a scale of 1-10 with one being the lowest and 10 the highest, how would you rate your satisfaction with teaching? Have you always (in general) felt the same way about your satisfaction with a teaching career?

6. How would you define your educational philosophy?

7. What training have you had for working with special or at-risk populations? Have you had training in working with children with behavior problems? For children with Attention Deficit Hyperactivity Disorders? Which trainings have been the most helpful and are ones you would recommend?

Individual as a Teacher

8. How many years have you taught?

9. Have your ideals, beliefs, and/or teaching style changed during your teaching career?

10. What do you do in the classroom to help your students meet classroom or course expectations?

11. What are your classroom behavior expectations? What are the consequences of violations of these expectations?

12. At what age do you feel that students should be held responsible for their own behavior and actions (.e. self control, getting assignments in on time, etc.)?

13. How often, if at all, do you meet with students outside of regular classtime to give them special help or encouragement?

14. Are you involved in any outside of class activities, such as a club sponsor, sports coach, etc?

Teacher-Student-Parent Issues

15. From your perception, are the needs of students different now than when you first started teaching?

16. Under what circumstances do you contact parents? What percentage of your parents (in general) do you usually contact in a given year?

17. What is your view of the parents' role in the child's education? Have you had special training in working with parents/families of students?

18. Do you feel that parent-teacher conferences create change in the student?

19. Do you believe that most children's behavior problems would not have developed if their parents had better parenting skills?

20. Do you ever meet with the school counselor to talk over problems with students at times other than regularly scheduled Student Study Team meetings?

21. How, in general, would you rate the effectiveness of school counseling intervention for students not doing well in school, either behaviorally, emotionally or academically?

22. This is the end of my questions. Do you have any for me?

Portrait of Success
A Case Study

Counselor Interview Schedule

Counselor as an Individual

1. You've been identified by one of your current or former students as having been an important support for their success in school: How do you think you acquired that title?

2. What qualities do you bring to your counseling situations, whether they be group, individual, or classroom guidance?

3. How would you describe yourself?

4. Why did you choose counseling as a career? Are you glad you made that choice? Why or why not?

5. If you could rate your job satisfaction on a scale of 1-10 with one being the lowest and 10 the highest, how would you rate your satisfaction with (school) counseling? Have you always (in general) felt the same way about your satisfaction with a counseling career?

6. Do you have an educational philosophy?

7. What has been your training for counseling with special education and/or at-risk students? What techniques or interventions have been the most helpful?

Individual as a Counselor

8. How many years have you been a counselor?

9. How your ideals, beliefs, and/or teaching style changed during your counseling career?

10. What do you do as a counselor to help your students/clients meet classroom or course expectations?

11. What are your behavior expectations for conducting group sessions or classroom guidance? What are the consequences of violations of these expectations?

12. At what age do you feel that students should be held responsible for their own behavior and actions (.e. self control, getting assignments in on time, etc.)?

13. How often, if at all, do you meet with students during lunch or breaktime or before/after school to give them special help or encouragement?

14. Are you involved in any outside of class activities, such as a club sponsor, sports coach, etc?

Counselor-Student-Parent Issues

15. From your perception, are the needs of students different now than when you first started counseling?

16. Under what circumstances do you contact parents? What percentage of your students' parents (in general) do you usually contact in a given year?

17. What is your view of the parents' role in the child's education? Do you conduct parent education programs or parent groups?

18. Do you feel that parent-teacher conferences create change in the student?

19. Do you believe that most children's behavior problems would not have developed if their parents had better parenting skills?

20. How often do you meet with teachers to talk over concerns involving students, not counting regularly scheduled Student Study Team meetings?

21. On a scale of 1-10 (10=high), would you rate the effectiveness of the teachers at this school in encouraging and supporting at-risk students?

22. On a scale of 1-10 (10=high), would you rate the overall effectiveness of school counseling intervention at this school for students not doing well, either behaviorally, emotionally or academically?

APPENDIX D

Family Stress, Coping and Health Project
School of Human Ecology
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A-COPE

ADOLESCENT-COPING ORIENTATION FOR PROBLEM EXPERIENCES

Joan M. Patterson Hamilton I. McCubbin

Purpose

A-COPE is designed to record the behaviors adolescents find helpful to them in managing problems or difficult situations which happen to them or members of their families.

Coping is defined as individual or group behavior used to manage the hardships and relieve the discomfort associated with life changes or difficult life events.

Directions

- Read each of the statements below which describes a behavior for coping with problems.
- Decide **how often** you do each of the described behaviors when you face difficulties or feel tense. Even though you may do some of these things just for fun, please indicate **only** how often you do each behavior as a way to cope with problems.
- Circle one of the following responses for each statement:
  1 - NEVER 2 - HARDLY EVER 3 - SOMETIMES 4 - OFTEN 5 - MOST OF THE TIME
- Please be sure and circle a response for each statement.

When you face difficulties or feel tense, how often do you:	Never	Hardly Ever	Sometimes	Often	Most of the Time
1. Go along with parents' requests and rules	1	2	3	4	5
2. Read	1	2	3	4	5
3. Try to be funny and make light of it all	1	2	3	4	5
4. Apologize to people	1	2	3	4	5
5. Listen to music–stereo, radio, etc.	1	2	3	4	5
6. Talk to a teacher or counselor at school about what bothers you	1	2	3	4	5
7. Eat food	1	2	3	4	5
8. Try to stay away from home as much as possible	1	2	3	4	5
9. Use drugs prescribed by a doctor	1	2	3	4	5

Please continue on next page →

When you face difficulties or feel tense, how often do you:	Never	Hardly Ever	Sometimes	Often	Most of the Time
10. Get more involved in activities at school	1	2	3	4	5
11. Go shopping; buy things you like	1	2	3	4	5
12. Try to reason with parents and talk things out; compromise	1	2	3	4	5
13. Try to improve yourself (get body in shape, get better grades, etc.)	1	2	3	4	5
14. Cry	1	2	3	4	5
15. Try to think of the good things in your life	1	2	3	4	5
16. Be with a boyfriend or girlfriend	1	2	3	4	5
17. Ride around in the car	1	2	3	4	5
18. Say nice things to others	1	2	3	4	5
19. Get angry and yell at people	1	2	3	4	5
20. Joke and keep a sense of humor	1	2	3	4	5
21. Talk to a minister/priest/rabbi	1	2	3	4	5
22. Let off steam by complaining to family members	1	2	3	4	5
23. Go to church	1	2	3	4	5
24. Use drugs (not prescribed by doctor)	1	2	3	4	5
25. Organize your life and what you have to do	1	2	3	4	5
26. Swear	1	2	3	4	5
27. Work hard on schoolwork or other school projects	1	2	3	4	5
28. Blame others for what's going wrong	1	2	3	4	5
29. Be close with someone you care about	1	2	3	4	5
30. Try to help other people solve their problems	1	2	3	4	5
31. Talk to your mother about what bothers you	1	2	3	4	5
32. Try, on your own, to figure out how to deal with your problems or tension	1	2	3	4	5

Please continue on next page ⟶

When you face difficulties or feel tense, how often do you:	Never	Hardly Ever	Sometimes	Often	Most of the Time
33. Work on a hobby you have (sewing, model building, etc.)	1	2	3	4	5
34. Get professional counseling (not from a school teacher or school counselor)	1	2	3	4	5
35. Try to keep up friendships or make new friends	1	2	3	4	5
36. Tell yourself the problem is not important	1	2	3	4	5
37. Go to a movie	1	2	3	4	5
38. Daydream about how you would like things to be	1	2	3	4	5
39. Talk to a brother or sister about how you feel	1	2	3	4	5
40. Get a job or work harder at one	1	2	3	4	5
41. Do things with your family	1	2	3	4	5
42. Smoke	1	2	3	4	5
43. Watch T.V.	1	2	3	4	5
44. Pray	1	2	3	4	5
45. Try to see the good things in a difficult situation	1	2	3	4	5
46. Drink beer, wine, liquor	1	2	3	4	5
47. Try to make your own decisions	1	2	3	4	5
48. Sleep	1	2	3	4	5
49. Say mean things to people; be sarcastic	1	2	3	4	5
50. Talk to your father about what bothers you	1	2	3	4	5
51. Let off steam by complaining to your friends	1	2	3	4	5
52. Talk to a friend about how you feel	1	2	3	4	5
53. Play video games (Space Invaders, Pac-Man) pool, pinball, etc.	1	2	3	4	5
54. Do a strenuous physical activity (jogging, biking, etc.)	1	2	3	4	5

ANSIE - Form C

YES NO

___ ___ 1. Do you believe that most problems will solve themselves if you don't fool with them?

___ ___ 2. Do you believe that you can stop yourself from catching a cold?

___ ___ 3. Are some people just born lucky?

___ ___ 4. Most of the time, do you feel that getting good grades means a great deal to you?

___ ___ 5. Are you often blamed for things that just aren't your fault?

___ ___ 6. Do you believe that if somebody studies hard enough, he or she can pass any subject?

___ ___ 7. Do you feel that most of the time it doesn't pay to try hard because things never turn out right anyway?

___ ___ 8. Do you feel that if things start out well in the morning that it's going to be a great day, no matter what you do?

___ ___ 9. Do you feel that most of the time parents listen to what their children have to say?

___ ___ 10. Do you believe that wishing can make good things happen?

___ ___ 11. When you get criticized, does it usually seem it's for no good reason at all?

___ ___ 12. Most of the time do you find it hard to change a friend's (mind) opinion?

___ ___ 13. Do you think that cheering, more than luck, helps a team to win?

___ ___ 14. Do you feel that it is nearly impossible to change your parent's mind about anything?

___ ___ 15. Do you believe that your parents should allow you to make most of your own decisions?

___ ___ 16. Do you feel that when you do something wrong there's very little you can do to make it right?

___ ___ 17. Do you believe that most people are just born good at sports?

___ ___ 18. Are most of the other people your age and sex stronger than you are?

___ ___ 19. Do you feel that one of the best ways to handle most problems is just not to think about them?

___ ___ 20. Do you feel that you have a lot of choice in deciding whom your friends are?

___ ___ 21. Do you find a four leaf clover, do you believe that it might bring good luck?

___ ___ 22. Do you often feel that whether or not you do your homework had much to do with what kind of grades you get?

___ ___ 23. Do you feel that when a person your age is angry at you, there's little you can do to stop him or her?

___ ___ 24. Have you ever had a good luck charm?

___ ___ 25. Do you believe that whether or not people like you depends on how you act?

___ ___ 26. Will your parents usually help you if you ask them to?

___ ___ 27. Have felt that when people were angry with you, it was usually for no reason at all?

___ ___ 28. Most of the time, do you feel that you can change what might happen tomorrow by what you do today?

___ ___ 29. Do you believe that when bad things are going to happen they just are going to happen no matter what you try do to stop them?

___ ___ 30. Do you think that people can get their own way if they just keep trying?

___ ___ 31. Most of the time, do you find it useless to try to get your own way at home?

___ ___ 32. Do you feel that when good things happen, they happen because of hard work?

___ ___ 33. Do you feel that when somebody your age wants to be your enemy, there's little you can do to change matters?

___ ___ 34. Do you feel that it's easy to get friends to do what you want them to do?

___ ___ 35. Do you usually feel that you have little to say about what you get to eat at home?

___ ___ 36. Do you feel that when someone doesn't like you there's little you can do about it?

___ ___ 37. Do you usually feel that it is almost useless to try in school because most other students are just plain smarter than you are?

___ ___ 38. Are you the kind of person who believes that planning ahead makes things turn out better?

___ ___ 39. Most of the time, do you feel that you have little to say about what your family decides to do?

___ ___ 40. Do you think it's better to be smart than to be lucky?

Family Stress, Coping and Health Project
School of Human Ecology
1300 Linden Drive
University of Wisconsin-Madison
Madison, WI 53706

FHI

FAMILY HARDINESS INDEX©

Marilyn A. McCubbin Hamilton I. McCubbin Anne I. Thompson

Directions:

Please read each statement below and decide to what degree each describes your family. Is the statement **False (0), Mostly False (1), Mostly True (2), or True (3)** about your family? Circle a number 0 to 3 to match your feelings about each statement. Please respond to each and every statement.

In our family . . .	False	Mostly False	Mostly True	True	
1. Trouble results from mistakes we make	0	1	2	3	®
2. It is not wise to plan ahead and hope because things do not turn out anyway	0	1	2	3	®
3. Our work and efforts are not appreciated no matter how hard we try and work	0	1	2	3	®
4. In the long run, the bad things that happen to us are balanced by the good things that happen	0	1	2	3	
5. We have a sense of being strong even when we face big problems	0	1	2	3	
6. Many times I feel I can trust that even in difficult times things will work out	0	1	2	3	
7. While we don't always agree, we can count on each other to stand by us in times of need	0	1	2	3	
8. We do not feel we can survive if another problem hits us	0	1	2	3	®
9. We believe that things will work out for the better if we work together as a family	0	1	2	3	
10. Life seems dull and meaningless	0	1	2	3	®
11. We strive together and help each other no matter what	0	1	2	3	

The ® symbol is for computer use only

Please continue on next page →

In our family . . .	False	Mostly False	Mostly True	True	
12. When our family plans activities we try new and exciting things	0	1	2	3	
13. We listen to each others' problems, hurts and fears	0	1	2	3	
14. We tend to do the same things over and over...it's boring	0	1	2	3	●
15. We seem to encourage each other to try new things and experiences	0	1	2	3	
16. It is better to stay at home than go out and do things with others	0	1	2	3	●
17. Being active and learning new things are encouraged	0	1	2	3	
18. We work together to solve problems	0	1	2	3	
19. Most of the unhappy things that happen are due to bad luck	0	1	2	3	●
20. We realize our lives are controlled by accidents and luck	0	1	2	3	●

The ● symbol is for computer use only

Subtotal ☐

Total ☐

Family Stress, Coping and Health Project
School of Human Ecology
1300 Linden Drive
University of Wisconsin-Madison
Madison, WI 53706

YA-COPE

YOUNG ADULT COPING ORIENTATION FOR PROBLEM EXPERIENCES

Joan M. Patterson Hamilton I. McCubbin Janet R. Grochowski

Purpose
YA-COPE is designed to record the behaviors young adults find helpful to them in managing problems or difficult situations which happen to them or members of their families.

Directions
Read each of the statements below which describes a behavior for coping with problems.

Decide **how often** you do each of the described behaviors when you face difficulties or feel tense. Even though you may do some of these things just for fun, please indicate **only** how often you do each behavior as a way to cope with problems.

Circle one of the following responses for each statement:

(1) Never (2) Hardly Ever (3) Sometimes (4) Often (5) Most of the Time

Please be sure and circle a response for each statement.

Note: Anytime the words parent, mother, father, brother, or sister are used, they also mean step-parent, step-mother, foster parent, etc.

When you face problems or difficulties or feel tense, how often do you:	Never	Hardly Ever	Sometimes	Often	Most of the Time
1. Go along with parents' requests and rules	1	2	3	4	5
2. Read	1	2	3	4	5
3. Try to be funny and make light of it all	1	2	3	4	5
4. Apologize to people	1	2	3	4	5
5. Listen to music–stereo, radio, etc.	1	2	3	4	5
6. Talk to instructor, advisor or counselor about what bothers you	1	2	3	4	5
7. Eat food	1	2	3	4	5
8. Try to stay away from home as much as possible	1	2	3	4	5
9. Use drugs prescribed by a doctor	1	2	3	4	5
10. Get more involved in activities at college	1	2	3	4	5

Please continue on next page ⟶

When you face problems or difficulties or feel tense, how often do you:	Never	Hardly Ever	Sometimes	Often	Most of the Time
11. Go shopping: buy things you like	1	2	3	4	5
12. Try to reason with parents and talk things out; compromise	1	2	3	4	5
13. Try to improve yourself (get body in shape, get better grades, etc.)	1	2	3	4	5
14. Cry	1	2	3	4	5
15. Try to think of the good things in your life	1	2	3	4	5
16. Be with a boyfriend or girlfriend	1	2	3	4	5
17. Ride around in the car	1	2	3	4	5
18. Say nice things to others	1	2	3	4	5
19. Get angry and yell at people	1	2	3	4	5
20. Joke and keep a sense of humor	1	2	3	4	5
21. Talk to a minister/priest/rabbi	1	2	3	4	5
22. Let off steam by complaining to family members	1	2	3	4	5
23. Go to church	1	2	3	4	5
24. Use drugs (not prescribed by a doctor)	1	2	3	4	5
25. Organize your life and do what you have to do	1	2	3	4	5
26. Swear or act rowdy	1	2	3	4	5
27. Work hard on schoolwork or other school projects	1	2	3	4	5
28. Blame others for what's going wrong	1	2	3	4	5
29. Be close with someone you care about	1	2	3	4	5
30. Try to help other people solve their problems	1	2	3	4	5
31. Talk to your mother about what bothers you	1	2	3	4	5
32. Try, on your own, to figure out how to deal with your problems or tension	1	2	3	4	5
33. Work on a hobby you have (sewing, model building, etc.)	1	2	3	4	5

Please continue on next page ⟶

When you face difficulties or feel tense, how often do you:	Never	Hardly Ever	Sometimes	Often	Most of the Time
33. Work on a hobby you have (sewing, model building, etc.)	1	2	3	4	5
34. Get professional counseling (not from a school teacher or school counselor)	1	2	3	4	5
35. Try to keep up friendships or make new friends	1	2	3	4	5
36. Tell yourself the problem is not important	1	2	3	4	5
37. Go to a movie	1	2	3	4	5
38. Daydream about how you would like things to be	1	2	3	4	5
39. Talk to a brother or sister about how you feel	1	2	3	4	5
40. Get a job or work harder at one	1	2	3	4	5
41. Do things with your family	1	2	3	4	5
42. Smoke	1	2	3	4	5
43. Watch T.V.	1	2	3	4	5
44. Pray	1	2	3	4	5
45. Try to see the good things in a difficult situation	1	2	3	4	5
46. Drink beer, wine, liquor	1	2	3	4	5
47. Try to make your own decisions	1	2	3	4	5
48. Sleep	1	2	3	4	5
49. Say mean things to people; be sarcastic	1	2	3	4	5
50. Talk to your father about what bothers you	1	2	3	4	5
51. Let off steam by complaining to your friends	1	2	3	4	5
52. Talk to a friend about how you feel	1	2	3	4	5
53. Play video games (Space Invaders, Pac-Man) pool, pinball, etc.	1	2	3	4	5
54. Do a strenuous physical activity (jogging, biking, etc.)	1	2	3	4	5

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FAMILY HARDINESS INDEX©

Marilyn A. McCubbin Hamilton I. McCubbin Anne I. Thompson

Directions:
Please read each statement below and decide to what degree each describes your family. Is the statement **False (0), Mostly False (1), Mostly True (2), or True (3)** about your family? Circle a number 0 to 3 to match your feelings about each statement. Please respond to each and every statement.

In our family . . .	False	Mostly False	Mostly True	True	
1. Trouble results from mistakes we make	0	1	2	3	®
2. It is not wise to plan ahead and hope because things do not turn out anyway	0	1	2	3	®
3. Our work and efforts are not appreciated no matter how hard we try and work	0	1	2	3	®
4. In the long run, the bad things that happen to us are balanced by the good things that happen	0	1	2	3	
5. We have a sense of being strong even when we face big problems	0	1	2	3	
6. Many times I feel I can trust that even in difficult times things will work out	0	1	2	3	
7. While we don't always agree, we can count on each other to stand by us in times of need	0	1	2	3	
8. We do not feel we can survive if another problem hits us	0	1	2	3	®
9. We believe that things will work out for the better if we work together as a family	0	1	2	3	
10. Life seems dull and meaningless	0	1	2	3	®
11. We strive together and help each other no matter what	0	1	2	3	

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Please continue on next page →

In our family . . .	False	Mostly False	Mostly True	True	
12. When our family plans activities we try new and exciting things	0	1	2	3	
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14. We tend to do the same things over and over...it's boring	0	1	2	3	®
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16. It is better to stay at home than go out and do things with others	0	1	2	3	®
17. Being active and learning new things are encouraged	0	1	2	3	
18. We work together to solve problems	0	1	2	3	
19. Most of the unhappy things that happen are due to bad luck	0	1	2	3	®
20. We realize our lives are controlled by accidents and luck	0	1	2	3	®

The ® symbol is for computer use only

Subtotal ☐

Total ☐

Parental Locus of Control
(PLOC)

Indicate your agreement or disagreement with each statement by circling the appropriate number:

1 = Strongly disagree
2 = Somewhat disagree
3 = Neither agree or disagree
4 = Somewhat agree
5 = Strongly agree

1. When I set expectations for my child, I am almost always certain that I can help him or her meet them.
   1 2 3 4 5

2. I am often able to predict my child's behavior in situations.
   1 2 3 4 5

3. When my child gets angry, I can usually deal with him/her if I stay calm.
   1 2 3 4 5

4. What I do has little effect on my child's behavior.
   1 2 3 4 5

5. No matter how hard a parent tries, some children will never learn to mind.
   1 2 3 4 5

6. My child usually ends up getting her/his way, so why try.
   1 2 3 4 5

7. When something goes wrong between me and my child, there is little I can do to correct it.
   1 2 3 4 5

8. Parents should address problems with their children because ignoring them won't make them go away.
   1 2 3 4 5

Parental Locus of Control (PLOC)

9. It is not always wise to expect too much from my child because many things turn out to be a matter of good or bad luck anyway.
   1 2 3 4 5

10. If your child throws tantrums no matter what you try, you might as well give up.
   1 2 3 4 5

11. I am responsible for my child's behavior.
   1 2 3 4 5

12. Capable people who fail to become good parents have not followed through on their opportunities.
   1 2 3 4 5

13. My child's behavior problems are no one's fault but my own.
   1 2 3 4 5

14. Parents whose children make them feel helpless just aren't using the best parenting techniques.
   1 2 3 4 5

15. There is no such thing as good or bad children --just good or bad parents.
   1 2 3 4 5

16. Parents who can't get their children to listen to them don't understand how to get along with their children.
   1 2 3 4 5

17. Most children's behavior problems would not have developed if their parents had had better parenting skills.
   1 2 3 4 5

18. Children's behavior problems are often due to mistakes their parents made.
   1 2 3 4 5

Parental Locus of Control (PLOC)

19. When my child is well-behaved, it is because he or she is responding to my efforts.

1 2 3 4 5

20. The misfortunes and successes I have had as a parent are a direct result of my own behavior.

1 2 3 4 5

21. I feel like what happens in my life is mostly determined by my child.

1 2 3 4 5

22. My child does not control my life.

1 2 3 4 5

23. Even if your child frequently has tantrums, a parent should not give up.

1 2 3 4 5

24. My child influences the number of friends I have.

1 2 3 4 5

25. When I make mistakes with my child I am usually able to correct it.

1 2 3 4 5

26. It is easy for me to avoid and function independently of my child's attempt to have control over me.

1 2 3 4 5

27. My life is chiefly controlled by my child.

1 2 3 4 5

28. Without the right breaks one cannot be an effective parent.

1 2 3 4 5

29. Heredity plays the major role in determining a child's personality.

1 2 3 4 5

30. Neither my child nor myself is responsible for his or her behavior.

1 2 3 4 5

31. Success in dealing with children seems to be more a matter of the child's moods and feelings at the time rather than one's own actions.

1 2 3 4 5

32. In order to have my plans work, I make sure that they meet with the desires of my child.

1 2 3 4 5

33. I'm just one of those lucky parents who happens to have a good child.

1 2 3 4 5

34. Most parents don't realize the extent to which how their children turn out is influenced by accidental happenings.

1 2 3 4 5

35. Being a good parent often depends on being lucky enough to have a good child.

1 2 3 4 5

36. I have often found that when it comes to my children, what is going to happen will happen.

1 2 3 4 5

37. Fate was kind to me--if I had had a bad child, I don't know what I would have done.

1 2 3 4 5

38. It is not too difficult to change my child's mind about something.

1 2 3 4

39. My child's behavior is sometimes more than I can handle.

1 2 3 4 5

40. Sometimes I feel that I do not have enough control over the direction my child's life is taking.

1 2 3 4 5

41. I always feel in control when it comes to my child.

1 2 3 4 5

42. Sometimes I feel that my child's behavior is hopeless.

1 2 3 4 5

43. It is often easier to let my child have his/her way than to put up with a tantrum.

1 2 3 4 5

44. I allow my child to get away with things.

1 2 3 4 5

45. I find that sometimes my child can get me to do things I really did not want to do.

1 2 3 4 5

46. My child often behaves in a manner very different from the way I would want him/her to behave.

1 2 3 4 5

47. Sometimes when I'm tired I let my children do things I normally wouldn't.

1 2 3 4 5

FAMILY EMPOWERMENT SCALE

Instructions: Below are a number of statements that describe how a parent or caregiver of a child with an emotional problem may feel about his or her situation. For each statement, please circle the response that best describes how the statement applies to you.

1.	I feel that I have a right to approve all services my child receives.	NOT TRUE AT ALL,	MOSTLY NOT TRUE,	SOMEWHAT TRUE,	MOSTLY TRUE,	VERY TRUE,
2.	When problems arise with my child, I handle them pretty well.	NOT TRUE AT ALL,	MOSTLY NOT TRUE,	SOMEWHAT TRUE,	MOSTLY TRUE,	VERY TRUE,
3.	I feel I can have a part in improving services for children in my community.	NOT TRUE AT ALL,	MOSTLY NOT TRUE,	SOMEWHAT TRUE,	MOSTLY TRUE,	VERY TRUE,
4.	I feel confident in my ability to help my child grow and develop.	NOT TRUE AT ALL,	MOSTLY NOT TRUE,	SOMEWHAT TRUE,	MOSTLY TRUE,	VERY TRUE,
5	I know the steps to take when I am concerned my child is receiving poor services.	NOT TRUE AT ALL,	MOSTLY NOT TRUE,	SOMEWHAT TRUE,	MOSTLY TRUE,	VERY TRUE,
6.	I make sure that professionals understand my opinions about what services my child needs.	NOT TRUE AT ALL,	MOSTLY NOT TRUE,	SOMEWHAT TRUE,	MOSTLY TRUE,	VERY TRUE,
7.	I know what to do when problems arise with my child.	NOT TRUE AT ALL,	MOSTLY NOT TRUE,	SOMEWHAT TRUE,	MOSTLY TRUE,	VERY TRUE,
8.	I get in touch with my legislators when important bills or issues concerning children are pending.	NOT TRUE AT ALL,	MOSTLY NOT TRUE,	SOMEWHAT TRUE,	MOSTLY TRUE,	VERY TRUE,
9.	I feel my family life is under control.	NOT TRUE AT ALL,	MOSTLY NOT TRUE,	SOMEWHAT TRUE,	MOSTLY TRUE,	VERY TRUE,
10.	I understand how the service system for children is organized.	NOT TRUE AT ALL,	MOSTLY NOT TRUE,	SOMEWHAT TRUE,	MOSTLY TRUE,	VERY TRUE,
11.	I am able to make good decisions about what services my child needs.	NOT TRUE AT ALL,	MOSTLY NOT TRUE,	SOMEWHAT TRUE,	MOSTLY TRUE,	VERY TRUE,
12.	I am able to work with agencies and professionals to decide what services my child needs.	NOT TRUE AT ALL,	MOSTLY NOT TRUE,	SOMEWHAT TRUE,	MOSTLY TRUE,	VERY TRUE,
13.	I make sure I stay in regular contact with professionals who are providing services to my child.	NOT TRUE AT ALL,	MOSTLY NOT TRUE,	SOMEWHAT TRUE,	MOSTLY TRUE,	VERY TRUE,
14	I have ideas about the ideal service system for children.	NOT TRUE AT ALL,	MOSTLY NOT TRUE,	SOMEWHAT TRUE,	MOSTLY TRUE,	VERY TRUE,
15	I help other families get the services they need.	NOT TRUE AT ALL,	MOSTLY NOT TRUE,	SOMEWHAT TRUE,	MOSTLY TRUE,	VERY TRUE,
16	I am able to get information to help me better understand my child.	NOT TRUE AT ALL,	MOSTLY NOT TRUE,	SOMEWHAT TRUE,	MOSTLY TRUE,	VERY TRUE,
17	I believe that other parents and I can have an influence on services for children.	NOT TRUE AT ALL,	MOSTLY NOT TRUE,	SOMEWHAT TRUE,	MOSTLY TRUE,	VERY TRUE,

PLEASE CONTINUE -

18.	My opinion is just as important as professionals' opinions in deciding what services my child needs.	NOT TRUE AT ALL,	MOSTLY NOT TRUE,	SOMEWHAT TRUE,	MOSTLY TRUE,	VERY TRUE,
19.	I tell professionals what I think about services being provided to my child.	NOT TRUE AT ALL,	MOSTLY NOT TRUE,	SOMEWHAT TRUE,	MOSTLY TRUE,	VERY TRUE,
20.	I tell people in agencies and government how services for children can be improved.	NOT TRUE AT ALL,	MOSTLY NOT TRUE,	SOMEWHAT TRUE,	MOSTLY TRUE,	VERY TRUE,
21.	I believe I can solve problems with my child when they happen.	NOT TRUE AT ALL,	MOSTLY NOT TRUE,	SOMEWHAT TRUE,	MOSTLY TRUE,	VERY TRUE,
22.	I know how to get agency administrators or legislators to listen to me.	NOT TRUE AT ALL,	MOSTLY NOT TRUE,	SOMEWHAT TRUE,	MOSTLY TRUE,	VERY TRUE,
23.	I know what services my child needs.	NOT TRUE AT ALL,	MOSTLY NOT TRUE,	SOMEWHAT TRUE,	MOSTLY TRUE,	VERY TRUE,
24.	I know what the rights of parents and children are under the special education laws.	NOT TRUE AT ALL,	MOSTLY NOT TRUE,	SOMEWHAT TRUE,	MOSTLY TRUE,	VERY TRUE,
25.	I feel that my knowledge and experience as a parent can be used to improve services for children and families.	NOT TRUE AT ALL,	MOSTLY NOT TRUE,	SOMEWHAT TRUE,	MOSTLY TRUE,	VERY TRUE,
26.	When I need help with problems in my family, I am able to ask for help from others.	NOT TRUE AT ALL,	MOSTLY NOT TRUE,	SOMEWHAT TRUE,	MOSTLY TRUE,	VERY TRUE,
27.	I make efforts to learn new ways to help my child grow and develop.	NOT TRUE AT ALL,	MOSTLY NOT TRUE,	SOMEWHAT TRUE,	MOSTLY TRUE,	VERY TRUE,
28.	When necessary, I take the initiative in looking for services for my child and family.	NOT TRUE AT ALL,	MOSTLY NOT TRUE,	SOMEWHAT TRUE,	MOSTLY TRUE,	VERY TRUE,
29.	When dealing with my child, I focus on the good things as well as the problems.	NOT TRUE AT ALL,	MOSTLY NOT TRUE,	SOMEWHAT TRUE,	MOSTLY TRUE,	VERY TRUE,
30.	I have a good understanding of the service system that my child is involved in.	NOT TRUE AT ALL,	MOSTLY NOT TRUE,	SOMEWHAT TRUE,	MOSTLY TRUE,	VERY TRUE,
31.	When faced with a problem involving my child, I decide what to do and then do it.	NOT TRUE AT ALL,	MOSTLY NOT TRUE,	SOMEWHAT TRUE,	MOSTLY TRUE,	VERY TRUE,
32.	Professionals should ask me what services I want for my child.	NOT TRUE AT ALL,	MOSTLY NOT TRUE,	SOMEWHAT TRUE,	MOSTLY TRUE,	VERY TRUE,
33.	I have a good understanding of my child's disorder.	NOT TRUE AT ALL,	MOSTLY NOT TRUE,	SOMEWHAT TRUE,	MOSTLY TRUE,	VERY TRUE,
34.	I feel I am a good parent.	NOT TRUE AT ALL,	MOSTLY NOT TRUE,	SOMEWHAT TRUE,	MOSTLY TRUE,	VERY TRUE,

Research and Training Center on Family Support and Children's Mental Health
Regional Research Institute for Human Services, Portland State University, PO Box 751, Portland, OR 97207-0751

Center for Family Studies

University of Wisconsin–Madison
School of Human Ecology

May 7, 1997

Sandra Hundley Zimmermann
PO Box 1313
Glen Ellen, CA 95442
Book ID # 000252

Dear Ms. Zimmermann:

This letter is to confirm that you are a registered user of the A-COPE: Adolescent-Coping Orientation for Problem Experiences and FHI: Family Hardiness Index Instruments. As a registered user, you have permission to make photocopies of the instrument, administer it, and present a copy in your final publication, such as a thesis, dissertation or journal article. This permission does not extend to revenue generating publications such as books. If you require this type of permission, please contact the project office. Permission is granted to you as an individual and is not transferable to a colleague or student.

If permission is required at a later date for additional instruments or for the same instruments but for a different project, please photocopy and send another abstract form, and this written permission will be sent at no additional charge as well.

A sample copy of each instrument is enclosed. If you would like to buy copies from the project rather than photocopy them yourself, they may be purchased for 50 cents a copy plus postage for bulk orders.

If we could be of any further assistance to you, please let us know.

Sincerely,

Hamilton I. McCubbin
Director

Anne

Anne I. Thompson
Associate Director

Family Stress, Coping and Health Project

1300 Linden Drive Madison, WI 53706 Phone: (608) 262-5070 Phone: 1-800-442-6707 FAX: (608) 265-4969

Center for Excellence in Family Studies (608) 262-5402
Institute for the Study of Resiliency in Families (608) 262-5070
Family Stress, Coping & Health Project (608) 262-5070
Family Impact Seminars (608) 262-8121

EMORY UNIVERSITY
Department of Psychology

Atlanta, Georgia 30322
404/727-7438
FAX 404/727-0372

To whom it may concern:

Sandra Jimmons has my permission to use the Adult Nowicki-Strickland Locus of Control Scale in her dissertation.

Sincerely,

Stephen Nowicki

Verbal approval given on Feb 14, 1997

PORTLAND STATE UNIVERSITY

Sandra Zimmermann

July 31, 1997

Dear Sandra:

This letter confirms our permission to use the Family Empowerment Scale in your research. We're delighted that you are interested in using this scale and hope that you find it useful. We would be very interested to hear about your experiences and findings, particularly with respect to aspects of the scale that might be improved. Good luck with your study.

Best regards,

Paul E. Koren Ph.D.
Research Associate

RESEARCH AND TRAINING CENTER ON FAMILY SUPPORT AND CHILDREN'S MENTAL HEALTH
POST OFFICE BOX 751 • PORTLAND, OREGON 97207-0751 • (503) 725-4040 • FAX (503) 725-4180 • http://www.rtc.pdx.edu/rtcfr.htm
Regional Research Institute for Human Services, Graduate School of Social Work

THE UNIVERSITY OF ALABAMA
College of Arts and Sciences

DEPARTMENT OF PSYCHOLOGY

August 1, 1997

Ms. Sandra Hundley Zimmermann
P.O. Box 1313
Glen Ellen, CA 95442

Dear Ms. Zimmermann:

As co-author of the PLOC, I am authorizing you to use the Parental Locus of Control measure in your case study of academically successful students with Attention-Deficit/Hyperactivity Disorder. You may make photocopies or re-type the instrument, may administer it and present a copy in your dissertation or any resulting journal articles. If your study extends itself to book publication, you must seek additional permission for that use at that later date. Good luck in your research.

Sincerely,

Robert D. Lyman, Ph.D.
Professor and Chairperson

enclosure

pt

348 GORDON PALMER / (205) 348-5083 / BOX 870348. TUSCALOOSA. ALABAMA 35487-0348
Fax 205-348-8648

Center for Family Studies

University of Wisconsin–Madison
School of Human Ecology

May 12, 1997

Sandra Hundley Zimmermann
PO Box 1313
Glen Ellen, CA 95442
Book ID # 000252

Dear Ms. Zimmermann:

This letter is to confirm that you are a registered user of the YA-COPES: Young Adult - Coping Orientation for Problem Experiences Instrument. As a registered user, you have permission to make photocopies of the instrument, administer it, and present a copy in your final publication, such as a thesis, dissertation or journal article. This permission does not extend to revenue generating publications such as books. If you require this type of permission, please contact the project office. Permission is granted to you as an individual and is not transferable to a colleague or student.

If permission is required at a later date for additional instruments or for the same instruments but for a different project, please photocopy and send another abstract form, and this written permission will be sent at no additional charge as well.

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Hamilton I. McCubbin
Director

Anne I. Thompson
Associate Director

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APPENDIX E

APPENDIX E

Data Location for Research Questions

Preliminary Research Questions

Preliminary Research Question 1:

Did the students in the study believe they experienced and were affected by impulsivity, resulting in disciplinary problems at school and/or in high risk behaviors such as drug or alcohol use or abuse? (Data for answers to this research question derived from all gathered information with particular emphasis on answers to Student Interview questions: 9, 10, 11, 12, 13, 16, 22, 24, 25, 26, 27, 28, 36, 57 & 58; in answers from the A-COPE and YA-COPE; in answers to Parent Interview questions 1 & 2; and in the student school records.)

Preliminary Research Question 2:

Did the students in the study believe they had experienced or were affected by difficult social relationships resulting in limited friendships and negative peer relations at school and/or by alienation from significant adults such as parents or teachers? (Data for answers to this research question derived from all gathered information with particular emphasis on answers to Student Interview: 5, 9, 10, 11, 12, 13, 16, 17, 18, 19, 20, 21, 22, 24, 25, 26, 28, 30, 31, 32, 33, 34, 35, 36, 57, 58, 68, & 69; in answers to Parent Interview questions 1, 2, & 5; and in the student school records.)

Preliminary Research Question 3:

Did the students in the study believe they experienced and were affected by being disorganized and or by having difficulty in maintaining an orderly learning environment at school or home? (Data for answers to this research question derived from all gathered information with particular emphasis on answers to Student questions: 10, 16, 24, 25, 26, 28, 57, 58, & 64; in answers to Parent Interview questions 1, 2, & 17; and in the student school records.)

Research Questions

Research Question 1:

Was there an influence of the students' locus of control on their own academic success? Was there an influence of parental locus of control on the students academic success? (Data for answers to this research question derived from all gathered information with particular emphasis on answers to Student Interview Questions: 1, 2, 10, 11, 12, 27, 28, 29, 32, 36, 52, 59, 64, 65, 66, 67, & 75; in answers to the ANSIE and student FHI testing instrumentation; and in answers to Parent Interview questions 14, 15, 16, 17, 22, 28, & 29 and in answers to the (PLOC) Parental Locus of Control.)

Research Question 2:

Was there an influence of the students' coping skills on their own academic success? (Data for answers to this research question derived from all gathered information with particular emphasis on answers to Student Interview questions: 1, 2, 10, 11, 12, 24, 27, 30, 31, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 53, 59, 63, 65, 66, 74, & 75; in answers to the A-COPE and YA-COPE testing instrumentation; and in answers to Parent Interview questions 3 & 14.)

Research Question 3:

What was the perception of the students' regarding their parents' role in their academic success? What was the influence of family hardiness? What was the influence of family empowerment? (Data for answers to this research question derived from all gathered information with particular emphasis on answers to Student Interview questions: 3, 4, 7, 47, 58, 59, 62, 63, 64, 67, 70, & 73; in answers to the student and parent FHI testing instrumentation; in answers to Parent Interview questions 1, 2, 3, 4, 5, 9, 10, 13, 14, 15, 16, 17, 19, 22, 24, 25, 27, 28, & 29; and in the data from the (FES) Family Empowerment Scale.)

Research Question 4:

What was the perception of the students regarding the influence of teachers on their own academic success? Were there common characteristics among the teachers identified by the students as being supportive? (Data for answers to this research question derived from all gathered information with particular emphasis on answers to Student Interview questions: 14, 15, 16, 17, 18, 19, 20, 21, 22; 68, & 69; in answers to Parent Interview questions 18, 19, 20, 22, 23; 25, & 26; and in the entire Teacher Interview.)

Research Question 5:

What was the perception of the students regarding the influence of school counselors on their own academic success? Were there common characteristics among the school counselors identified by the students as being supportive? (Data for answers to this research question derived from all gathered information with particular emphasis on answers to Student Interview questions: 16, 23, 24, 25, 71, & 72; in answers to Parent Interview questions 20, 21, 22, 23, 25, 26, & 27; and in the entire CIS.

APPENDIX F

Extended Note: *The Sixth Student*

This study originally included six students and their parents. Six students, their parents, their selected counselors and their selected teachers were interviewed. Six students and their parents participated in the quantitative research. Six students had their school records examined. It was not until the end of the data gathering phase, when the high school records were being examined, that it was determined that the sixth student did not meet the GPA criterion and she was eliminated from the study. The following is her mother's account of why she was not able to meet the criteria for "success" as outlined in this study:

The student (S6), an 18 years old adopted female, had been diagnosed with ADHD in her pre-school years and had been on medication since age 6. Bright and capable, but often in trouble at school due to hyperactivity and distractability, the student's mother had regularly requested Special Education services since S6 was in the 4th grade. S6 was repeatedly denied such academic assistance because the school district maintained that she did not meet the eligibility criterion for special assistance.

During middle school, S6 had few friends and failed most of her classes. Each year her mother continued to request and was, again, denied any Special Education services. S6's pattern of academic failure continued into high school and by the end of her 2nd year of high school, she had a 0.88 GPA At that time her mother threatened the district with legal action and S6 was allowed to enroll in special education classes under the specifications of Section 504 (federal legislation). After entering special education classes S6's GPA for that quarter (alone) increased to 3.0; and this isolated GPA was the one shared initially with this researcher. Her overall GPA (.88) discovered toward the end of the research period, however, was far below the required 2.0. Upon the discovery, the researcher spoke with both S6 and her mother, informing them that she could not be a part of the study but that information about her would nonetheless be included since she had, in part, been failed by the "system.".

This researcher is hopeful that the S6 will continue in school and graduate. The odds are against her doing so (even though she is doing well in special education and is following the core curriculum) as she is now 18 and only has a sophomore status in school. The impact of her repeated school failures have affected her both academically and socially. Her self-esteem is low and she appears much less mature than her chronological peers. Had S6 had the help she needed earlier, she would be less at risk of dropping out of school. Her mother has expressed regret that she had not been more assertive about S6 receiving needed help. She recommends that other parents insist that academic needs be met whether or not a child "qualifies" for services.

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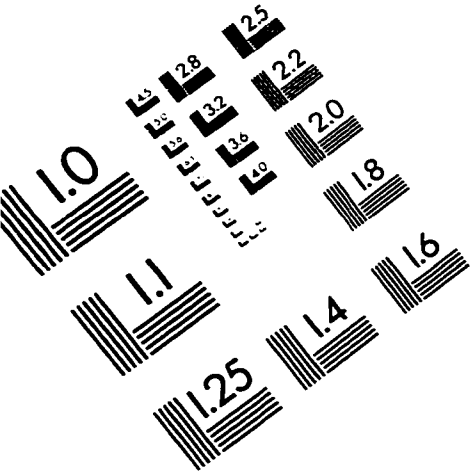
EDUCATION, LICENSES, CREDENTIALS

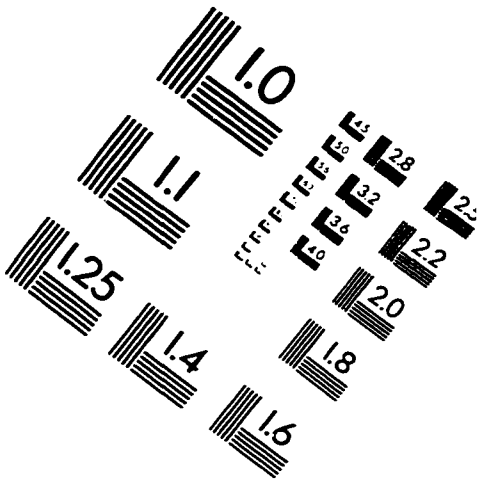
1966	B.A., Sociology, University of California at Santa Barbara
1971	Master's Degree, Social Work, University of California at Los Angeles
1980	Licensed Clinical Social Worker (LCSW 8547), California BBSE
1987	Pupil Personnel Services Credential (PPSC) California CTC
1991	Preliminary Administrative Services Credential (PASC1) California CTC
1996	Professional Administrative Services Credential (PASC2) California CTC
1998	Ph. D., Education, Walden University (to be awarded February, 1998)

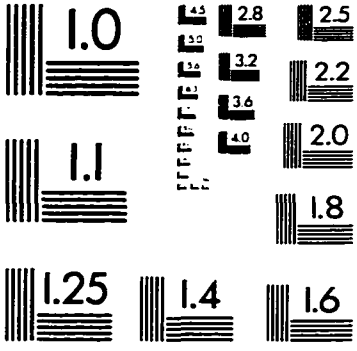
EMPLOYMENT

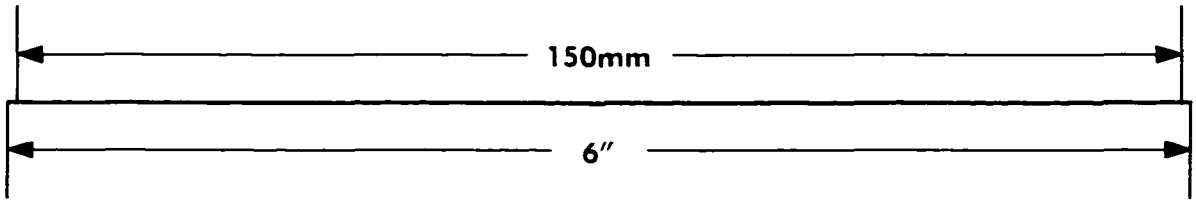
1996-present	**Full-time Lecturer,** *Sonoma State University, Department of Counseling*
1980-present	***Clinical Social Worker,*** *Part-time private practice, Sonoma and Glen Ellen, CA*
1993-1996	***Elementary School Principal,*** *Sonoma Valley Unified School District*
1987-1993	***School Counselor,*** *Sonoma Valley Unified School District*
1972-1987	***Clinical Social Worker*** *Sonoma Developmental Center*
1972	***Foster Home Coordinator*** *Optimist Boys Home, Los Angles*
1969-1971	***Deputy Probation Officer** II* *Los Angeles County*
1968-1969	***Project HeadStart Social Worker,*** *Council of Mexican-American Affairs, Los Angeles*
1966-1968	***Aid to Families with Dependent Children Social Worker** III* *Los Angeles County*

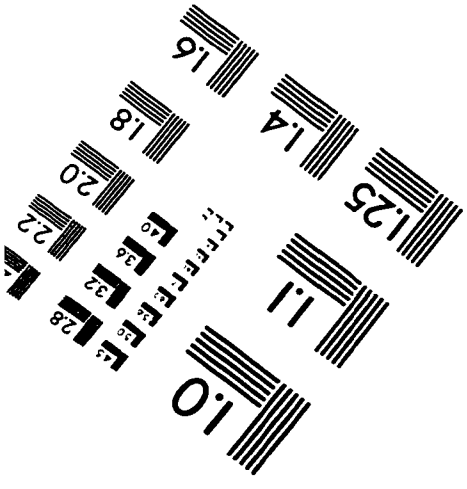
IMAGE EVALUATION TEST TARGET (QA-3)

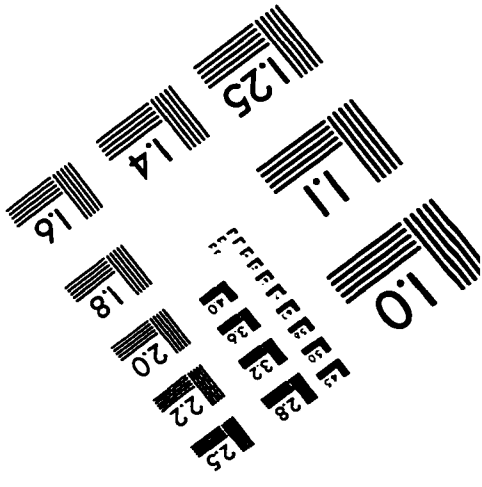












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