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## Parental Perceptions of Children With and Without Learning Disabilities

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Parental Perceptions of Children With and Without Learning Disabilities

### Abstract

The present study examined differences in how parents of children with and without learning disabilities perceive their children academically. Of 235 participants, all recruited through Amazon's MTurk platform, 124 (52%) had a child with a learning disability. Compared to parents of children without learning disabilities, parents who had children with learning disabilities reported that their children were less motivated and that their children cared less about getting good grades. Parents of children with a disability reported lower parental satisfaction compared to parents of children without learning disabilities. Among parents of children with learning disabilities, greater perception of stigma was negatively related to parents' report of children's motivation and to parental satisfaction. These results suggest that parents of children with disabilities perceive their children as less motivated and less likely to improve. Further, parents who experience stigma have more negative perceptions than parents of children with disabilities who do not perceive stigma.

*Keywords:* Learning disabilities; children; parents; academics

### Parental Perceptions of Children With and Without Learning Disabilities

Parents of children with learning disabilities have additional parenting challenges, certainly including the challenges that arise from their children's academic struggles, but also including the stigma that parents and children may experience. Having a label affects teacher and parent expectations of future academic achievement (Shifrer, 2013). Parental expectations are important in children's success (Thomas & Strunk, 2017); parents of children with learning disabilities may expect less of their children, which in turn could negatively affect their children's academic performance (Shifrer, 2013). It is possible that children who are expected to achieve less may have lower motivation and may care less about their academics in general. Given that parental expectations are so critical for children's success, it is important to examine how those perceptions vary among parents of children with and without learning disabilities.

Individuals with learning disabilities have normal intellectual functioning, but struggle with cognitive learning (Büttner & Hasselhorn, 2011). As defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM 5, American Psychiatric Association, 2013) learning disabilities include difficulties in reading, writing, and mathematics. However, other conditions, such as Attention Deficit Hyperactivity Disorder and Autism Spectrum Disorder are also associated with cognitive learning difficulties and are included in Section 504 individual accommodation plans in schools (Martin & Zirkel, 2011). Moreover, it is long established that these difficulties in learning can affect the academic success, emotional health, and social success of children with such a diagnosis (Coughlin, 1997), resulting in a broader lay definition of learning disabilities than the traditional reading, writing, and mathematics disorders.

Parents of children with learning disabilities differ in their perceptions of their children compared to parents of children without learning disabilities (Shifrer, 2013). Specifically, parents

of children with learning disabilities have lower academic expectations for their children, regardless of their achievement (Shifrer, 2013). These parents also differ in their perception of social relationships; they report lower relationship quality compared to parents of children without learning disabilities (Ginieri-Coccosis et al., 2013). The current study examined how these differences in parental perceptions of children with and without learning disabilities, broadly defined, may be related to parents' perceptions of their experience with stigma.

Stigma is social disapproval related to a specific quality in a person (Bos, Pryor, Reeder, & Stutterheim, 2013). Stigma is often demonstrated through disparaging interactions with or treatment of the stigmatized individuals (Bos et al, 2013). Society often stigmatizes people with learning disabilities, and that stigma can have detrimental effects on children and their parents (Kenyon, Beil, & Jackson, 2013; Shifrer, 2013). Adults who were diagnosed with a learning disability as children felt that the learning disability label differentiated them from others (Kenyon et al., 2013). As children, they felt rejected and had negative perceptions of how others treated them due to their learning disability (Kenyon et al., 2013). This suggests that stigma experienced as a child can have lasting effects. Understanding the effects of stigma is an important step in preventing it, thereby mitigating its negative effects.

Teachers often view learning disabilities as a defining characteristic of a diagnosed student (Shifrer, 2013). Teachers and parents of high school students have significantly lower expectations for students with a learning disability compared to their similar achieving, but undiagnosed, peers (Shifrer, 2013). These results suggest that teachers and parents' expectations result, at least in part, from students' disability diagnosis, rather than just the students' academic performance. Further, when teachers were asked to rate theoretical children with and without an ADHD diagnosis, they rated those with a diagnosis as less likely to achieve in the future and

perceived labeled children as having more severe problems than the same theoretical children without a diagnosis (Ohan, Visser, Strain, & Allen, 2011). However, Woodcock and Hitches (2017), also analyzing teacher perceptions of hypothetical children with and without a diagnosis, found that the teachers had lower expectations, but also had higher levels of sympathy and positive feedback despite performance. While sympathy and positive feedback appear to be positive reactions, teachers are still stigmatizing students with a diagnosis by making it apparent that less is expected of them. This may influence student motivation and achievement (Woodcock & Hitches, 2017).

Stigma not only affects people with disabilities, but also their families. Van der Sanden, Bos, Stutterheim, and Kok (2015) examined the stigma experienced by family members of people with a mental illness. Participants spoke about the stigma they experienced from friends, neighbors, and helping professionals. The participants felt that their opinions were not taken into consideration by mental health professionals. Further, parents felt like they were blamed for their children's disabilities. Although this study did not examine parents of children with learning disabilities, it is not unreasonable to expect that parents of children with learning disabilities may experience similar feelings of alienation and blame related to their child's diagnosis. Indeed, the few studies of parents of children with learning disabilities show just that. Mothers of children with learning disabilities report experiencing affiliate stigma; internalized stigma due to their child's diagnosis (Banga, & Ghosh, 2016). Higher levels of stigma were associated with lower psychological well-being and higher levels of burden. Further, mothers of children with ADHD are affected by criticism (Norvilitis, Scime, & Lee, 2002). Mothers who indicated higher levels of criticism also reported higher levels of depression and lower levels of social support, suggesting that mothers of children with ADHD internalize the criticism they receive from others

(Norvilitis et al., 2002). Overall, these results suggest that parents of children with learning disabilities experience stigma, and this stigma may negatively impact their well-being.

Social relationships are important to the emotional health of children. Research indicates, however, that such relationships are more likely to be troubled in children with learning disabilities, who report lower levels of self-esteem and well-being (Ginieri-Coccosis et al., 2013). They additionally report poorer relationships with their friends and family compared to children without a learning disability (Ginieri-Coccosis et al., 2013). Moreover, the peers of students with ADHD have negative perceptions of their social skills (Lee, Falk, & Aguirre, 2012). Specifically, these children are rated as being less friendly, responsive, and engaged compared to typically developing children (Linnea, Hoza, Tomb, & Kaiser, 2012). Parents of children with learning disabilities indicate that they have lower quality social relationships as well (Ginieri-Coccosis et al., 2013); they fear social isolation, rejection, and a dismissive society (dosReis, Barksdale, Sherman, Maloney, Charach, 2010). These results suggest that children's learning disability diagnoses negatively affect both parents and their children's relationships with friends and family. It is possible that the stigma children and parents experience may account for some of these negative effects.

Parents of children with learning disabilities may also have lower expectations for their children's academic achievement (Shifrer, 2013). Thomas and Strunk (2017) examined how parents' expectations for their children's success affected their academic achievement. It was found that parental expectancy for children's success in third, fourth, and fifth grade accounted for 19% of student achievement in fifth grade. Parental perceptions and expectations are related to their children's success in school (Thomas & Strunk, 2017). Therefore, if parents of children with learning disabilities have lower expectations, as Shifrer (2013) found, this may hinder their

children's ability to achieve. Additionally, research conducted several decades ago has firmly established the importance of parental feedback (Bear, Minke, Griffin, & Deemer, 1998).

Following grades and teacher feedback, parent feedback is the most important factor in determining school success (Bear et al., 1998). Parents may experience stigma when they have a child with a diagnosis (Van der Sanden et al., 2015), possibly leading them to stigmatize their own children through lower expectations.

Both past and recent research has found that children with learning disabilities rely heavily on extrinsic motivation, while typically developing children rely more on intrinsic motivation (Lincoln & Chazan, 1979; Zisimopoulous & Galanaki, 2009). This is important when considering that parents and teachers have lower expectations of children with learning disabilities (Shifrer, 2013), which may result in reduced motivation because these children rely heavily on the judgments of others (Lincoln & Chazan, 1979; Zisimopoulous & Galanaki, 2009). This lack of motivation may cause these children to care less about school in general. It is possible that increasing the expectations of parents of children with learning disabilities would also increase their children's academic motivation. It is also possible that children with learning disabilities who experience criticism from their parents and teachers use a positive illusionary bias, the belief one is doing better than one actually is, as a defense mechanism (Heath & Glen, 2005). Heath and Glen (2005) found that children with learning disabilities who received no feedback prior to taking a spelling test predicted their scores less accurately than children who received positive feedback. A positive illusionary bias may serve as coping mechanism against criticism for these students.

### **Purpose and Hypotheses**



It is well established that children with learning disabilities experience stigma and it appears that some of this stigma may come from their own parents' lower expectations of them (Kenyon, Beil, & Jackson, 2013; Shifrer, 2013; Thomas & Strunk 2017). These parents may have lower expectations because they may experience stigma from their child's diagnosis themselves (Norvilitis et al., 2002). What is less understood is how stigma is related to the parents' perceptions in more specific areas. The current study examined how stigma affects parental perceptions of motivation, the degree to which children care about academics, and their children's potential to improve. Moreover, because parents may be aware of teachers' negative perceptions of children with learning disabilities, stigma may also affect parental satisfaction with the services their children receive. Because stigma is known to negatively affect parental well-being (Norvilitis et al., 2002), it is expected that it is negatively related to overall parental satisfaction, too. These are important areas to examine because they affect the quality of life and relationships of both children with learning disabilities and their parents. Further, these domains affect academic performance which may have lasting effects into adulthood. Therefore, it is important to identify potential issues while students are young so that interventions can be put in place before students enter high school.

It was hypothesized that parents of children with learning disabilities would have more negative perceptions of their children's motivation, caring about learning, potential to improve, and parents would have lower parental satisfaction compared to parents of children without learning disabilities. Among parents who have children with learning disabilities, it was predicted that experiencing stigma would be negatively related to perceptions of children's motivation, parental happiness with children's grades, and parental satisfaction.

## **Method**

### **Participants**

Participants consisted of 235 parents from the United States who were recruited through two assignments in Amazon's MTurk online platform, one seeking parents of children with learning disabilities between the ages of 8 and 13 and one simply seeking parents of children between the ages of 8 and 13 ( $M = 10.26$ ,  $SD = 1.73$ ). Parents with more than one child in the age range were asked to focus on one child only. Participants ranged in age from 24 to 57 ( $M = 36.71$ ,  $SD = 6.09$ ). Of the parent participants, 165 (70%) were women and 70 were men (30%). Further, 185 (79%) were European American, 29 (12%) were African American, 7 (3%) were Hispanic, 5 (2%) were Asian, 5 (2%) were Biracial, and 1 (<1%) was Native American. The children of the participants consisted of 124 (53%) boys and 111 (47%) girls. A total of 124 (52%) participants reported that they had a child with a learning disability diagnosis. ADHD was the most common diagnosis ( $n = 51$ ; 22%), followed by multiple disabilities ( $n = 25$ ; 11%), reading disorder/dyslexia ( $n = 14$ ; 6%), autism ( $n = 12$ ; 5%), not specified ( $n = 9$ , 4%), other ( $n = 7$ ; 3%), math ( $n = 5$ ; 2%), and undetermined ( $n = 1$ , <1%).

### **Materials**

The survey used in this study consisted of a demographic questionnaire and several scales. In order to maximize the number of participants, the survey was kept to a length that could be completed in 10 minutes. Because many existing measures are lengthy, a number of brief measures were developed for this study. Items were developed based on prior research.

The demographic questions inquired about child and parent age, sex, ethnicity, and the child's grade level. Participants were also asked to report if their child had ever been diagnosed with a learning disability, and if so, what the diagnosis was. This was done through a write in box. In order to be as inclusive as possible, this item did not specifically define what constitutes

a learning disability. Rather, parents decided if their child's diagnosis negatively affected their ability to learn.

**Motivation.** Motivation was measured with the School Achievement Motivation Rating Scale (Chiu, 1997). This scale had 15 questions; responses ranged from 1 (never) to 5 (always). Questions addressed the parent's perception of their child's academic motivation. A sample item is "My child attempts to solve problems that others have difficulty with." Responses were averaged to attain a single score; a higher score indicated higher levels of perceived motivation. In the present study, reliability was good ( $\alpha = .87$ )

**Parental satisfaction.** Parental satisfaction was measured using the three-question Kansas Parental Satisfaction Scale (James, Schumm, Kennedy, Grigsby, & Schectman, 1985). The scale ranged from 1 (extremely dissatisfied) to 7 (extremely satisfied). Questions asked how satisfied parents are with their child's behavior, themselves as parents, and their relationship with their child. The responses were averaged; higher scores indicated higher levels of satisfaction. In the present study, reliability was good ( $\alpha = .84$ ).

**Parental views on what affects academic outcomes.** The Impact on Grades scale was created for this study to examine parental view on what impacts their child's grades. This scale contained three questions that ranged from 1 (not at all) to 4 (a great deal) Questions asked how much parents thought that their child's effort, teacher, and the parents themselves affected their child's academic outcomes. Items were intended to be examined individually and therefore reliability was not calculated (See Appendix for all scales created for this study unless otherwise noted).

**Potential academic improvement.** The Academic Improvement Questionnaire addressed parental views on what would help their child's grades to improve. This scale included

questions on changes in child, parent and teacher behavior. This scale was created for the current study. The scale ranged from 1 (yes, I think his or her grades would improve) to 5 (no, I think his or her grades would get a lot worse). This scale included eight questions. A sample item from this scale is “Do you think that if your child was praised more for doing well in school that his or her grades would improve?” Items were intended to be examined individually and therefore reliability was not calculated (Table 1).

**Performance vs. mastery.** A single item asked “When it comes to school, does your child care more about getting better grades than the other students, or about understanding the material?” The options were 1 (He or she only cares about understanding the material), 2 (He or she mostly cares about understanding the material), 3 (He or she cares equally about understanding the material and getting better grades than other students), 4 (He or she mostly cares about getting better grades than the other students), and 5 (He or she only cares about getting better grades than the other students).

**Academic caring.** Two single item questions were created for this study to address parental perceptions of how much their child cares about their academics. The first question asked, “Does your child want to improve his or her grades?” Responses ranged from 1 (Yes, I think he or she wants to improve all his or her grades) to 3 (No, I don’t think he or she wants to improve his or her grades) The second question asked, “Do you think that your child cares about how he or she is doing in school?” Responses ranged from 1 (Yes, I think he or she cares) to 3 (No, I don’t think he or she cares).

**Stigma.** Stigma was measured using the Learning Disability Stigma Scale, which was created for this study. Four questions addressed parental perceptions of stigma; responses ranged

from 1 (never) to 5 (always). Responses were averaged to attain a single score, higher scores indicated higher levels of perceived stigma. Reliability for the scale was acceptable ( $\alpha = .76$ ).

**Academic services.** The Academic Services Perception Scale was designed for this study through concerns that parents expressed in the study conducted by Starr and Foy (2006). These questions examined parental views on the academic services their child with a learning disability may receive. This scale included six questions; the responses ranged from 1 (strongly disagree) to 5 (strongly agree). Responses were averaged to attain a single score, higher scores indicated more positive perceptions of the academic services. Reliability for this scale was good ( $\alpha = .86$ ).

### **Procedure**

All procedures were approved by the college's Institutional Review Board. Participants were recruited through Amazon's Mturk. Participants were paid \$1 for participating in this study. Two groups of participants were recruited, the first group consisted of parents who have a child between the ages of 8 and 13. The second group consisted of parents who have a child between the ages of 8 and 13 who had been diagnosed with a learning disability.

After providing consent, participants were directed to one of two surveys in Qualtrics. The two surveys were identical, except that the survey for parents who have a child with a learning disability had an additional two scales; the Learning Disability Stigma Scale and The Academic Services Perception Scale. Participants then completed the surveys. No identifying information was collected in either of the surveys. Participants were free to email the researcher with any questions or concerns they may have had.

## **Results**

### **Comparisons of Parental Groups**

**Parent views of children's academic performance.** Between subjects ANOVAS were utilized to determine differences in perceptions between parents who have children with learning disabilities and parents who have children without learning disabilities. Parents of children with learning disabilities were more likely than parents of children without learning disabilities to report that their children were performing at a lower grade level,  $F(231) = 118.56, p < .001$ ; partial  $\eta^2 = .34$ , that they were unhappy with their children's grades,  $F(230) = 54.94, p < .001$ ; partial  $\eta^2 = .19$ , and that their children were not achieving up to their potential,  $F(224) = 38.92, p < .001$ ; partial  $\eta^2 = .15$ . Further, parents of children with a learning disability reported that their children were less motivated,  $F(220) = 60.21; p < .001$ ; partial  $\eta^2 = .21$  than parents of children without learning disabilities. These findings support our hypothesis that parents of children with learning disabilities will have more negative perceptions of their children, including lower perceived motivation.

**Parenting satisfaction.** Our hypothesis regarding parenting satisfaction of parents with and without learning disabilities is supported; parents of children with a learning disability reported lower levels of parenting satisfaction than did parents of children without learning disabilities,  $F(229) = 38.53, p < .001$ ; partial  $\eta^2 = .13$ .

**Parental perception of how children view education and learning.** Parents of children with learning disabilities reported that their children enjoyed school less than did parents of children without learning disabilities,  $F(231) = 14.48, p < .001$ ; partial  $\eta^2 = .06$ . Parents of children without a learning disability reported that their children cared more about getting good grades than understanding the material,  $F(229) = 4.04, p = .03$ ; partial  $\eta^2 = .02$  than parents of children with a learning disability. Parents of children without learning disabilities reported that their children cared more about how they are doing school,  $F(224) = 14.44, p < .001$ ; partial  $\eta^2 =$

.06, than parents of children with a learning disability. However, there was no difference in whether or not parents thought their children wanted to improve their grades,  $F(214) = 1.34$ ,  $p = .25$ ; partial  $\eta^2 = .006$ . Therefore, our hypothesis that parents of children with learning disabilities will report that their children care less about school is partially supported.

**Parental beliefs about what will help children's performance.** Parents completed the Impact on Grades scale, which asked how much they thought their child's effort, their child's teacher, and their own influence affected their child's academic outcomes. Parents of children with learning disabilities reported that their child's own effort mattered less than parents of children without learning disabilities,  $F(230) = 9.21$ ,  $p = .003$ ; partial  $\eta^2 = .04$ . There was no difference between groups in the reported influence of teachers or themselves.

Parents also completed the Academic Improvement Questionnaire to assess what changes they thought would improve their children's performance. Compared to parents of children without a learning disability, parents of children with a learning disability reported that they believed their child's grades would improve less if they were given more privileges for doing well in school,  $F(231) = 2.99$ ,  $p = .03$ ; partial  $\eta^2 = .02$ . Further, parents of children with learning disabilities reported that if they took something away from their child when they did poorly in school, they would do worse,  $F(230) = 5.77$ ,  $p = .02$ ; partial  $\eta^2 = .02$ . The two groups did not differ in responses to the remaining 6 items, with the most common responses being that the potential change would not affect children's grades (Table 1). Our hypothesis regarding parent perceptions of children's ability to improve is only partially supported. Excluding rewarding children with privileges and taking away something as a punishment, parents of children with and without learning disabilities did not differ in their perceptions of their children's ability to improve academically.

### **Stigma and Perceptions of Children**

Pearson  $r$  correlations were used to examine how stigma is associated with perceived child motivation, parental satisfaction, parental happiness, and satisfaction with support services among only the participants of children with a disability. Those who reported experiencing more stigma also reported that their children were less motivated,  $r = -.19, p < .05$ . The reported experience of stigma was also negatively related to parental satisfaction,  $r = -.33, p < .01$ , parental happiness with their children's grades,  $r = -.41, p < .01$ , and satisfaction with the support services that they received,  $r = -.52, p < .001$ . We hypothesized that stigma would be negatively related to parental satisfaction, parental happiness with grades, and perceived motivation of their children. The results indicate that this hypothesis is supported.

### **Discussion**

As hypothesized, the results of the current study indicate that there are significant differences in the perceptions of parents who have children with learning disabilities and those who have children without disabilities. Parents of children with learning disabilities perceive their children as being less motivated and they perceive their children as caring less about how they are doing in school compared to parents of children without learning disabilities. These results support prior research which found that parents of children with learning disabilities differ in their perceptions and expectations of their children compared to parents of children without learning disabilities (Shifrer, 2013).

Without objective measures of the children themselves or even the children's own self-report, it is difficult to know how to attribute this pattern of results. It is well established that children with learning disabilities may earn lower grades than other children. However, this does not mean that they are necessarily less motivated or that they care less about their own



performance. It is possible that these children do not accurately perceive how they are doing in school. Some children who have learning disabilities experience a positive illusory bias, perhaps as a coping mechanism to deal with criticism (Heath & Glen, 2005). The children of the participants in this study may believe that they are achieving at a higher level, which may result in them having less motivation to improve because they believe that there is no need to improve or increase their effort, although this supposition requires further research.

These results may also be related to the low expectations of parents and teachers of children with learning disabilities. Parental expectations are related to children's achievement (Thomas & Strunk, 2017). Parents and teachers have lower expectations for children with learning disabilities (Shifrer, 2013) and these low expectations may affect the children's motivation. Moreover, well-meaning teachers may unintentionally stigmatize students by providing unconditional sympathy and positive feedback. Children may interpret this feedback as teachers expecting less of them, which may lower their motivation and expectations for themselves (Woodcock & Jiang, 2012). These children are more extrinsically motivated than children without learning disabilities, which suggests that they rely on the judgments of others (Lincoln & Chazan, 1979; Zisimopoulous & Galanaki, 2009). Participants in the current study may have lower expectations for their diagnosed children, perhaps stemming from teachers' low expectations, which may affect their children's perceptions and motivation.

It is important to note that there were few differences on the Potential Academic Improvement Questionnaire. For the behavioral items on the scale, both groups of parents believed that there would be little to no effect on their children's grades. This suggests that parents of children with and without learning disabilities believe there is little that they could do to improve their children's grades. This is contrary to foundational research that indicates that

reinforcement results in improved behavior in the classroom (Ayllon & Rovers, 1974). For parents who are satisfied with their children's performance, this is not a problem. However, most parents of children with learning disabilities were not satisfied with their children's academic performance. This belief that there is little to be done to improve unsatisfactory performance may indicate that parents are stigmatizing their own children. Another possible explanation for these results is that these parents feel that they have already done everything possible to help their children. Perhaps they have already implemented the behavioral strategies and did not notice any changes in their children's behavior and are discouraged.

Lower levels of parental satisfaction were reported by parents of children with learning disabilities.. The satisfaction measure assessed satisfaction with their children's behavior, themselves as parents, and with their relationship with their child. This supports prior research that suggested that parents of children with a learning disability perceive lower quality social relationships with friends and family (Ginieri-Coccosis et al., 2013). This may be due to the criticism that parents of children with learning disabilities receive from others (Norvilitis et al., 2002). Potentially, low satisfaction may, in part, result in parents having low expectations of their child. Because low parental satisfaction may affect parental expectations, it is necessary for future researchers to explore how parental satisfaction affects parental expectations.

Among parents who have children with learning disabilities, those who perceived more stigma reported that their children were less motivated. They also reported lower levels of parental satisfaction and they were less happy with how their children are doing in school. These results indicate that stigma is negatively related to multiple domains. Adults who were diagnosed with learning disabilities as children described feeling separated and rejected by others (Kenyon et al., 2013). It is likely that the parents in this study have had similar experiences due to stigma

by association. This supports previous research that found that parents of children with mental illnesses experience stigma related to their child's diagnosis (Van der Sanden et al., 2015). Having a child with a diagnosis may affect how others view and treat parents. In turn, this negative treatment of parents may affect how they treat their children, which may then influence how their children perform at school. This identification that parents of children with learning disabilities experience stigma, and that stigma negatively influences their perceptions of their children, is an important step to finding ways to improve the quality of life these parents and children have.

Parents of children with learning disabilities who perceived higher levels of stigma reported that they were less happy with the services their child receives at school. A prior study found that 31% of parents of children with disabilities are not happy with the services their children received at school (Starr et al., 2006). Further, parents were not content with the level of support that their children were provided with (Starr et al., 2006). It is possible that this lack of support causes parents to feel stigmatized, which in turn may affect their perception of their children.

These results have important implications. While children with learning disabilities and their parents face additional challenges, these challenges are exasperated by experiencing stigma. Parents fear that labeling their child will lead to isolation and rejection (dosReis et al., 2010), which could then negatively affect student's development and academic achievement. These fears are not unfounded; a label influences teacher perception despite student performance (Ohan et al., 2011; Shifrer, 2013; Woodcock & Hitches, 2017). Therefore, reducing the stigma parents and children with a learning disability experience in school needs to be a priority. While stigma is a complicated issue, one ingrained in society, there are some solutions that could start to reduce

experienced stigma. Training teachers to address the challenges of having a student with a learning disability without stigmatizing the child or their parent could improve the quality of life for these families. Further, it has been found that teachers who receive more training related to such disabilities are less affected by a disability diagnosis (Ohan et al., 2011). This suggests that training teachers to teach to a child, not a label, would be an excellent step in reducing the stigmatization of children with learning disabilities and their families. Further, if teachers who receive more training are less affected by the disability diagnosis, it is possible that parents might demonstrate a similar effect. Future research should examine whether educating parents of children with learning disabilities about stigma helps to increase parental expectations for their children and reduce stigma.

This study contributes to the literature by providing further evidence that parents of children with and without learning disabilities differ in their perceptions of their children. Specifically, those with children with learning disabilities have fewer positive perceptions of their children. These negative perceptions will not help their children succeed and focus needs to be placed on why these discrepancies exist and how they can be reduced. We provided one such explanation by examining how stigma influences perceptions. The identification of significant negative relationships between stigma and parental perceptions of their children's motivation and their own satisfaction highlights one potential cause.

### **Limitations**

This study has several limitations. This study was conducted through MTurk and participants may not have been representative of all parents. Prior research has found that MTurk workers are more educated, underemployed, and introverted than community samples (Goodman, Cryder, & Cheema, 2013). However, studies utilizing data collected through MTurk

have been found to be reliable (Follmer, Rayne, Sperling, & Suen, 2017). In order to keep the survey length manageable, this study also included several single-item questions, which limits the reliability of the measurement of the constructs involved, and brief scales developed for this study. Future studies should examine these measures in greater depth, confirming their reliability and validity in additional research. Related to this, few items were reverse-scored, raising the possibility that scores on some measures may have been influenced by priming effects.

The current study did not control for some potentially important variables. Specifically, socioeconomic status was not addressed. SES is known to affect achievement, which suggests that it may also affect perceptions of achievement (Lee, 2016). Some research suggests that low SES families are more likely to have a child diagnosed with ADHD, which was the most prevalent diagnosis in the current study (Russell, Ford, Rosenberg, & Kelly, 2014). As noted above, MTurk participants are more educated and more likely to be unemployed (Goodman, Cryder, & Cheema, 2013), both of which compose part of the SES construct (Russel et al, 2014). Since SES is related to both diagnosis and achievement, it is possible that this served as a confounding variable. , In addition to SES, disability severity and how long the child has been diagnosed may also affect parental perceptions of school related areas. Clearly, these are variables that should be addressed in future research.

Further, there were two separate surveys presented on MTurk, one for parents of children with a disability between the ages of 8 and 13, and one for parents of children between the ages of 8 and 13. This was done to increase the representation of parents of children with learning disabilities, but this created two potential issues. First, it is possible that some participants may have completed both surveys. There is no way to check this, but, given that most parents in the

survey not targeting learning disabilities reported that their children did not have a learning disability this number is likely very small. Second, the survey designed for parents of children without disabilities did not include the Learning Disorder Stigma Scale or The Academic Services Perception Scale. Although most parents reported not having children with a learning disability, there were some parents of children with learning disabilities in that group. Any parents who reported that their child had a learning disability were moved to the parents of children with a learning disability group. Therefore, data from these participants did not include the two scales that were exclusively on the survey for parents of children with learning disabilities. These participants were not excluded from the study because their responses were otherwise complete and were simply excluded from analyses involving those two measures. Finally, this study only examined the perceptions of the parents. Parental perceptions may not accurately represent the perceptions of the children. The children may have different view about how they are doing academically, and they may experience stigma differently.

### **Future Research**

Future research should examine the perceptions of children with learning disabilities and their parents. The differences and similarities between the perspectives would provide valuable insight about how the two groups perceive the children's learning disorder. Children may perceive experiences differently than their parents. Discovering these differences may allow parents and educators to form more personalized treatment plans for the child's education. Researchers should further examine the connection between perceived stigma and the parents' negative perceptions of their children's academics. Parents' negative perception of their children may impact their children academically and emotionally, as parents' expectations are related to their children's outcomes (Thomas & Strunk, 2017). Research examining how to reduce or

eliminate the effects of stigma would improve the lives of families who have children with learning disabilities.

Research exploring how to improve parental satisfaction with the school services that children receive may reduce parents perceived stigma. A substantial portion of parents who have children with disabilities are unhappy with the services their children receive (Starr et al., 2006). Participants in the current study who perceived more stigma were also unsatisfied with the school services their children received. Future research should examine if improving school services reduces parental perceptions of stigma.

Parents of children with and without learning disabilities believe that reinforcement and punishment will have little effect on their children's academic achievement. However, they believe that if their children increased their effort and their teachers helped more in class that their children's grades would improve. Future studies should address what specifically parents believe their children and their teachers need to do for improvement to occur.

### **Conclusion**

The purpose of this study was to explore the differences in perception of parents who have children with learning disabilities and parents who have children without learning disabilities. Parents of children with learning disabilities had negative views of their children's academic performance and potential relative to parents with children who did not have a learning disability. These parents also had lower levels of parental satisfaction. Additionally, parents of children with disabilities who perceived stigma reported more negative perceptions than parents of children with disabilities who did not perceive stigma. These results contribute to the research on the effects of learning disabilities on children and their parents and raises important questions about how parental beliefs and expectations impact children with learning disabilities. Future

research should continue to explore the impact of stigma on parents of children with learning disabilities. Further, reducing stigma in order to improve the lives of these parents and their children should be a priority for researchers.



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Table 1

*Parent beliefs about what would affect children's academic performance*

	Grades Improve a Lot	Grades Improve a Little	No Change	Grades a Little Worse	Grades a Lot Worse	Mean/ Standard Deviation
<i>...If praised more for doing well</i>						
Without LD	5 (4.6 %)	49 (45.0 %)	50 (45.9 %)	5 (4.6 %)	0	2.50 (.66)
With LD	7 (5.6 %)	38 (30.6 %)	71 (57.3 %)	7 (5.6 %)	1 (0.8%)	2.65 (.70)
<i>...If given more privileges for doing well</i>						
Without LD	10 (9.2%)	35 (32.1%)	61 (56.0%)	3 (2.8%)	0 (0.0%)	2.52 (.70)*
With LD	7 (5.6%)	35 (28.2%)	70 (56.5%)	6 (4.8%)	6 (4.8%)	2.75 (.83)
<i>...If given a material reward for doing well</i>						
Without LD	14 (12.8%)	30 (27.5%)	56 (51.4%)	8 (7.3)	1 (.9%)	2.56 (.84)
With LD	12 (9.7%)	34 (27.4%)	60 (48.4%)	15 (12.1)	2.4 (4%)	2.70 (.89)
<i>...If you take away something when not doing well</i>						
Without LD	9 (8.3%)	29 (26.6%)	49 (45.5%)	19 (17.4%)	3 (2.8%)	2.80 (.92)*
With LD	3 (2.4%)	27 (22.0)	60 (48.8%)	22 (17.9%)	11 (8.9%)	3.09 (.92)
<i>...If your child increased their effort</i>						
Without LD	24 (22.0%)	59 (54.1%)	20 (18.3%)	5 (4.6%)	1 (0.9%)	2.08 (.82)
With LD	23 (18.7%)	70 (56.9%)	26 (21.1%)	4 (3.3%)	0 (0.0%)	2.09 (.72)
<i>...If teacher helped more in class</i>						
Without LD	21 (19.3%)	50 (45.9%)	33 (30.3%)	5 (4.6%)	0 (0.0%)	2.20 (.80)
With LD	25 (20.3%)	69 (56.1%)	23 (18.7%)	6 (4.9%)	0 (0.0%)	2.08 (.76)
<i>...If you helped more with schoolwork at home</i>						
Without LD	15 (13.8%)	44 (40.4%)	45 (41.3%)	5 (4.6%)	0 (0.0%)	2.37 (.78)
With LD	18 (14.6%)	54 (43.9%)	48 (39.0%)	2 (1.6%)	1 (0.8%)	2.30 (.77)
<i>...If friends cared more about school</i>						
Without LD	10 (9.2%)	33 (30.3%)	60 (55.0%)	4 (3.7%)	2 (1.8%)	2.59 (.78)
With LD	10 (8.1%)	23 (18.7%)	77 (62.6%)	10 (8.1%)	3 (2.4%)	2.78 (.81)

Note: \*p&lt;.05

## Appendix

### Scales Created for the Present Study

#### Impact on Grades scale

1. How much do you think that your child's effort (studying, paying attention in class, asking questions etc.) affects his or her academic outcomes?
2. How much do you think that your child's teacher(s) affect his or her academic outcomes?
3. How much do you think that you affect your child's academic outcomes?

#### Learning Disability Stigma Scale

1. I feel stigmatized because I have a child with a disability
2. My child's school treats me like any other parent. (R)
3. My child is treated unfairly by others because of the diagnosis
4. My child's teacher is just as supportive of my child as other kids. (R)

#### The Academic Services Perception Scale

1. What type of services does your child receive for his or her diagnosis? Please check all that apply.

Resource room (They are pulled out for extra instruction) \_\_\_\_

Self-contained classroom (such as 6:1:1, 12:1:1, 15:1:1)\_\_\_\_

Additional teacher or aide in the classroom \_\_\_\_

One on one aide \_\_\_\_

As needed supports (every once in a while) \_\_\_\_

Other \_\_\_\_\_

2. My child has received adequate services to address his or her disability.
3. The school's services aren't enough for my child. (R)
4. The school's counselors are supportive and helpful.
5. The school psychologists are supportive and helpful.
6. The resource teachers are supportive and helpful.
7. The classroom teachers are supportive and helpful.

*Note.* (R) indicates item is reverse scored.