Grief of Adolescents with Learning Disabilities: Proceed with Caution

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Grief of Adolescents with Learning Disabilities: Proceed with Caution

A Meta-Analysis and Project

Matthew J. Bateman

Messiah College
GRIEF OF ADOLESCENTS WITH LEARNING DISABILITIES

Abstract

This research review and student-centered manual explores the findings and assertions of various studies relating to the antecedents and trends of grief among adolescence with learning disabilities. The meta-analysis explores numerous peer-reviewed journal articles and accredited studies in an attempt to gain a greater understanding of the current landscape of youth sadness, with a special focus on youths with learning disabilities. As multiple studies have indicated, overwhelming grief and disability harassment is a serious problem plaguing American youths. The reviewed literature also indicated that youths with learning disabilities are at a greater risk of experiencing prolonged episodes of sadness. Although the literature as a whole believes that that youth stress and emotional grief is increasing, there is conflicting information concerning how well current identification and treatments are working. By comparing various peer-reviewed journal articles discussing the various antecedents of youth grief, this researcher sought to gain a better understanding of overall points of focus when discussing trends sadness in youths with learning disabilities. The researcher synthesized the acquired information into a practical, student-centered manual that strives to support students with learning disabilities experiencing grief.

Keywords: youth grief, learning disabilities, self-image, bullying, bereavement, socio-economic
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Chapter 1

Introduction

This chapter provides an overview of the present meta-analysis that explores peer-reviewed studies concerning students with learning disabilities experiencing episodes of undiagnosed mental grief. The present study particularly focuses on common research-based antecedents of youth grief, while offering accredited suggestions for obtaining assistance. While conducting the study, the researcher attempted to bridge the research gap between students with learning disabilities and episodes of mental grief. Because this is a narrative research study, I thought it appropriate to begin with a narrative of how I became interested in the study. This chapter then goes on to provide a background to the problem and brief overview of the literature on youth mental health issues, specifically related to special education students in education, and the purpose and research questions of the study. It also provides an overview of the theoretical framework, the methodology, and a consideration of the limitations and assumptions of the study. The chapter ends with a consideration of how this research study is organized, as well as definition of terms.

Forging a Research Topic: My Narrative

Numerous personal and professional experiences have converged with my faith when deciding on the research topic of youth grief, my methods, and the presentation of my findings. Personally, I have often had personal struggles with reoccurring episodes of mental anguish in my own life. I have experienced times when I felt as though I was alone and that I could not deal all the challenges that God had given. At an early age, I witnessed my little brother struggle with leukemia and I found myself questioning how God could inflict such suffering. The horrors that I witnessed in the children’s hospital as a ten-year-old truly changed my life. Throughout my
brother’s ordeal, my parents told me to lean on my faith as a pillar of strength, but my trust in God was repeatedly tested. As my brother entered remission after years of treatment and my life returned to my new normal, I found myself a changed person.

Into my teenage years, I continued to struggle with authority figures and never felt as though I fit into the constructs of what society wanted. I never talked about my feelings because in my own mind I could not understand why I often felt depressed and angry. On the outside, I was a star athlete in both ice hockey and baseball and was a solid “B” student academically. Socially, I had a strong, committed relationship throughout high school and even into college. Even with seemingly everything, I felt like I was hanging on by a string at times with anxiety and unexplained sadness eating me up inside as I attempted to live up to my own expectations and those imposed on my by others.

As an adult, I have continued to struggle with my own self-doubt and anxiety. At this point in my life, my faith has grown strong and I have learned to lean on it to get me though life’s challenges. Ultimately, in order to be a strong leader of the youth I need my point of reference coming from a place of faith. I feel a great responsibly in practicing the art of teaching. In the urban setting in which I teach, I witness youths struggling with grief daily. Without my faith, I believe that I would not be able to remain in such an economically deprived teaching environment. I feel it is my duty as a Christian and a higher calling to lead and ease students’ pain when they come to me for advice and guidance.

I entered into the present research study and project design with the intention of helping special education students navigating through difficult times in their lives. As I have suffered in the past with overwhelming feelings of sadness, I recall that there were not many places to turn for assistance. In a public school setting, I find that my only recourse is referring students to the
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guidance counselor. Often when I suggest the guidance counselor, students simply keep their emotions to themselves because they are coming to me for assistance, not the guidance counselor. Educators are often on the front lines of mental conflict in schools, but are ill equipped to provide meaningful assistance. As a servant leader of God, I should be better prepared to offer more in the way of practical nonmedical guidance for youths experiencing mental grief. This student-based classroom resource will serve this purpose, allowing youths a different avenue of self-discovery as they encounter common adolescent emotions.

Contextualizing the Problem

Currently, there is a serious problem in the United States concerning increases in documented occurrences of youth grief. To complicate the matter, research indicates that youths with learning disabilities are more at risk of occurrences of mental health issues and undocumented depressive episodes. According to Howard and Tyron (2002), studies “indicate that a large percentage of an urban sample of adolescents with LD [Learning Disabilities] rated themselves or were rated by their guidance counselors as having what the test developers considered clinically significant levels of depressive symptomatology” (p. 188). With increases in the likelihood of mental frustration present in students with learning disabilities, one cannot ignore the commonly dire result of undiagnosed depression, which is self-harming behaviors. Along with the rise in documented youth mental health issues, there has also been a rise in the youth suicides. Zenere and Lazarus (2009) share, “students who commit suicide most often have predisposing mental health problems” (p. 191). In fact, the suicide rate for youths has increased 33% from 1999 (Godlasky & Dastagir, 2018). This dramatic increase marks the importance why educational leaders need to do more to ensure that schools are welcoming environments, full of tangible resources to assist students struggling with undiagnosed sadness.
Numerous studies agree that adolescent mental health issues and angst are often a convergence of multiple factors. Kim (2002) shares, “Depression seldom occurs in isolation; rather, it comes with multiple symptoms and warning signs, numerous predictors, and consequences which happen in multiple domains of adolescent functioning” (p. 6). This underlines the importance discussing and addressing the various antecedents of youth mental grief in order to reach the whole-student effectively. Additional research indicates that feelings of humiliation and hopelessness, low self-esteem and poor self-image, and isolation are warning signs of youth grief and self-harming thoughts (Maples et al., 2005). For these reasons, the proposed project will assist in delivering a multifaceted approach to youth depression addressing all of these topics in one readily available resource. Not only will the project offer information addressing the various antecedents of youth sadness, but will also strive to provide support through contact information pertaining to various state and national systems.

**Purpose of the Project**

The intended product will be a student-focused classroom resource for students with learning disabilities taking the form of an informational booklet. This resource will address the troubling issue of youth sadness by offering a multidimensional approach for assistance. One should note that the research is approached from the perspective an educator providing assistance for student grief and sadness recognized in a secondary education classroom setting. The product will address research-based antecedents of youth grief such as broken relationships, bullying, economical challenges, and negative self-image. The booklet will serve as research-based tool that educators can offer students for independent reflection and a pathway forward through their sadness. It is the goal of the resource to serve as an informative and supportive resource for youths struggling with overwhelming sadness, while offering avenues for assistance. The
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The objective of this resource is for publication and distribution throughout middle and high school level classrooms in Pennsylvania. Perhaps, the Pennsylvania Department of Education could mandate this resource as a required classroom intervention tool that accompanies educators Act 71 Suicide Prevention Training. Educational stakeholders often expect teachers to carry out various roles. This resource could prove a valuable tool of discussion when a youth approaches a trusted educator with anxiety and sadness but are undiagnosed with clinical depression.

Admittedly, there are copious amounts of websites and literature for youths concerning youth grief and sadness. These websites offer links to various support groups that offer direction and guidance. To this end, this resource will also offer websites and phone numbers for professional assistance and additional information as well. However, the proposed resource will be unique by including accommodations commonly implemented among students with various special needs. For example, the resource’s text will be larger for students with vision impairments. In addition, visual depictions will reach students who may struggle with reading or are ESL. The vocabulary used will be clear and easy for all students to understand. There will be space in the margins for students to take notes as they read. Above all, the proposed project will convey the message hope.

In addition, the informational booklet will be a comprehensive resource that focuses upon more than just a few causes of youth sadness. While investigating similar resources, it became apparent that each tool seemed to focus on only a small number of the causes of youth mental discontent. The goal of this booklet is to address a variety of causes of student sadness, because as previously stated, depressive symptoms rarely occur in isolation.

Another unique aspect of the proposed resource unique is that it will address the Opioid Epidemic directly. The researcher will explore how youth displacement, hunger and other
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economic ramifications of opioids have affected youth’s mental state. This research is important as Dunn, Goodrow, Givens, and Austin (2008) share that there is a positive correlation between student substance abuse use and increases in suicidal thoughts and despair in students. When reflecting on the current Opioid Epidemic, many resources have not discussed the Opioid Epidemic as a separate entity because they predate the epidemic. Additionally, this dated research limits the implementations of modern theories and best practices concerning opioid abuse and youth depression. To gain an appreciation for the current landscape of youth grief, this resource will incorporate the latest data and best practices that reflect the interdependent relationship between opioid abuse and youth despair.

Methodology

The methodology of the study was one of a meta-analysis based upon the findings in scholarly peer-reviewed resources concerning the topic of youth mental grief and personal strife. The researcher developed a systematic approach to organizing the data by utilizing a graphic organizer. The researcher started by dividing the graphic organizer into five columns. The first column listed the author and title of source, while the other four columns recorded data from each criterion related to youth grief. In the present study, the four criteria were broken relationships, bullying, economical challenges, and negative self-image. Each row of the graphic organizer represented a different source. Upon assessing the gathered research studies, researcher identified overlapping themes that appeared in the graphic organizer and earmarked for those data points for implementation in the final student-focused resource. Overall, the methodology undertaken by the researcher attempted to gain a broader view of the antecedents of youth mental grief in relation to students with learning disabilities and create a resource for real-life support.
Limitations to the Study

Throughout the implementation of this meta-analysis exploring youth grief, the researcher acknowledges various limitations that may impede the study’s final analysis. The first limitation is that the researcher does not have children. When discussing the struggles that children face, it would lend credibility to the study if the researcher had real-life experience raising a child. With that said, the researcher has worked with children since graduating college in the capacity of an urban educator. Throughout first-hand experiences as a learning support teacher, the researcher has forged connections with various youths struggling with grief and various learning disabilities. It is through those experiences that the researcher has gained valuable insight into the struggles of today’s youths and the absence of tangible material for special education students struggling with sadness and undiagnosed depression.

Another acknowledged limitation of the study is that the researcher did not collect first-person youth perspectives and opinions. The researcher did not interview or survey youths out of the importance of ensuring the safety research participants. The researcher approached the project and meta-analysis from the perspective of a professional educator and researcher. In addition, the researcher would also like to disclose no training in the field of psychology. Based upon research collected from academic experts in their respective fields of study, the researcher recorded common antecedents and best practices to address youth grief and strife.

Definition of Terms

The following definitions are contextually descriptive of this research. Terms may be defined differently in other research, as several of these words are ambiguous in origin. Thus, the following definitions are scripted for the reader of this manuscript as they are used in the
Cyberbullying: “is defined as “an aggressive, intentional act carried out by a group or individual, using electronic forms of contact, repeatedly and over time against a victim who cannot easily defend him or her-self” (Beer, Hallet, Hawkins, & Hewitson, 2017, p. 121).

Disability harassment: “intimidation or abusive behavior toward a student based on disability that creates a hostile environment by interfering with or denying a student’s participation in or receipt of benefits, services, or opportunities in the institution’s program…When harassing conduct is sufficiently severe, persistent, or pervasive that it creates a hostile environment, it can violate a student's rights under the Section 504 and Title II regulations…even if there are no tangible effects on the student” (Young, Ne’eman, Gelser, & National Council on Disability, 2012, p. 3).

Evidence-based educational practices: “Scientifically based practices founded on well-documented research, which therefore have proven some manner of efficacy” (Rosenburg, Westling, & McLeskey., 2008, p. 459).

Individuals with Disabilities Education Improvement Act (IDEA) of 2004: “Created both a legal and funding infrastructure to help ensure that students with disabilities would enjoy the right to a “free and appropriate public education” in the “least restrictive environment.” As a result, many more students with disabilities began to attend and be educated in general education schools and classrooms and thus interacted more with students without disabilities” (Young, J., Ne’eman, A., Gelser, S., & National Council on Disability, 2012, p. 1).
5. In loco parentis: “Teachers are entrusted by parents to exercise responsibility toward their children in the parents’ place, and with that responsibility come associated privileges and liabilities” (Rosenburg et al., 2008, p. 460).

6. Learning Disability: “A classification used in special education for students who exhibit significant problems in academic areas (such as reading) that cannot be explained by other disabilities” (Rosenburg et al., 2008, p. 460).

7. Least Restricted Environment (LRE): “Services and the setting in which a free and appropriate education meets a child’s individual needs while being educated with children without disabilities to the greatest extent possible” (Rosenburg et al., 2008, p. 460).


Chapter 2: Literature Review

In recent years, increases in grief and hopelessness have affected millions of Americans regardless of age, cultural backgrounds, and socioeconomic status. Within these social stratifications, the ill effects of despair have negatively affected countless youths in America. According to Howard and Tryon (2001), “adolescents are generally more at risk of depression” (p. 187). As such, youths deserve more targeted support for episodes of grief and despair that they will encounter. Within the context of youth grief, various peer-reviewed studies have confirmed the relationship between youths with learning disabilities and increases in episodes of sadness. According to Bonifacci, Storti, Tobia, and Suardi, (2016), “SLDs [students with learning disabilities] often have been found to be associated with some emotional disturbances in children, such as anxiety or depression” (p. 532). Researchers have attributed many social and environmental factors that led to marked increases in youth grief. The traditionally accepted notion that youths will likely encounter and eventually overcome various emotional coming-of-age hurdles on their own is being challenged. Kim (2012) echoes this sentiment sharing that “Historically, teen depression has been seen as a symptom of other problems… These symptoms were often considered as part of “adolescent turmoil”—a normal, understandable, and even expected phenomenon. For a long time…this viewpoint masked depression problems among youth” (p. 3).

The reviewed literature indicates that the youth grief and disability harassment is increasing in prevalence and is a serious problem in the United States. According Howard and Tryon (2002), “large percentages of an urban sample of adolescents with LD [Learning Disabilities] rated themselves or were rated by their guidance counselors as having what the test developers considered clinically significant levels of depressive symptomatology” (p. 188). For
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these reasons, many scholars are feverishly studying to identify reasons for the steady increases in sadness and grief among the youths in America. With that said, researchers often lack differentiation between the grief experiences of students with learning disabilities with those of their regular education counterparts. Without distinguishing how learning disabilities may alter or elevate their perceptions and feelings of youths with learning disabilities, a whole-student approach to grief intervention is unachievable.

After reviewing the literature, it is apparent that one cannot investigate the difficult topic of youth grief without acknowledging the relationship between youth grief and self-harming behaviors. The topics of youth grief and self-harm are interdependent as much research indicates that the former sadly often leads to the latter. Much of literature also suggests that youth grief has led to marked increases in youth suicides in recent years. Based upon the research, identifying a single most important factor accounting for the rise of youth grief is the cause of much debate. With that said, multiple studies agree that adolescent sadness is often a convergence or multiple factors. Kim (2002) mirrors this sentiment sharing, grief “seldom occurs in isolation; rather, it comes with multiple symptoms and warning signs, numerous predictors, and consequences which happen in multiple domains of adolescent functioning” (p. 6). For this reason, it is imperative that educational stakeholders provide a variety of intervention techniques and materials to aid in supporting youth grief, with careful consideration to students with learning disabilities as they make up 9.7% of the population ages 0-18 (Fuller-Thomson, Carroll, & Yang, 2018).

This chapter is a literature review divided into four themes of youth grief that became apparent while reviewing the literature and comparing common antecedents and outcomes. The first theme describes the influence of negative self-image of students with learning disabilities by
a variety of social and cognitive factors. The second theme describes how students with learning disabilities encounter and process emotional grief due to increased instances of bullying and harassment. The third theme uncovered discusses the dire effects of certain socio-economic factors that cause anxiety and grief in students with learning disabilities. Lastly, the literature review discusses the topics of broken relationships and bereavement in relation to students with learning disabilities. Based on the literature, the aforementioned themes of youth grief converge and overlap, illustrating the need for more specialized support for students with learning disabilities.

Negative Self-Image: The Yellow Flashing Light of Academic Placement, Masking and Self-Medication

The literature agrees that one of the most significant and complex antecedents of despair in youths with learning disabilities is poor self-image. According to Maag and Reid (2006), students with “LD displayed lower levels of self-esteem than did youngsters without LD” (p. 3). Much of the literature was in agreement that poor self-perception can be attributed to lower academic achievement, especially when comparing their skill sets and achievement levels to their peers without learning disabilities. Though poor self-image is not exclusive to youths with learning disabilities, the added stressor of lower academic functioning often exacerbates these negative perceptions of self and accelerates unwanted behaviors according to the literature.

The crossroads of academic placement. When reflecting upon self-image, the educational system often places students with learning disabilities at a distinct disadvantage when considering youth grief. As part of their educational placement in the least restrictive environment (LRE), they are in constant academic competition and comparison with students without learning disabilities. Fuller-Thomson, Carroll, and Yang (2018), “Many students with
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SLDs experience increased stress at school due to their difficulties with academic tasks (p. 298). Stress factors are so important when investigating adolescent grief. According to Wodarski and Harris (1987), “American culture puts themselves under great stress because of their extremely high expectations. This practice has filtered down gradually to increase the expectations that parents place on their children (p. 479). Continuously, schools and parents reward and recognize students who are highly achieving. For students with a learning disability, the perception of failure serves as a major disappointment and leads to poor self-image and youth grief.

In addition, the literature also shares how the academic placement of students with learning disabilities can play a role in negative self-image and mental grief. According to Young, Ne’eman, Gelser, and National Council on Disability (2012), the Individuals with Disabilities Education Improvement Act (IDEA) of 2004 resulted in “many more students with disabilities began to attend and be educated in general education schools and classrooms and thus interacted more with students without disabilities” (p. 1). Aside from the perceived stigma associated with lower-academic achievement, research indicates that the academic placement of students with learning disabilities plays a significant role in increased grief and negative self-image. According to Howard and Tyron (2002) “depressive symptomatology in adolescents with LD is associated with variables such as the type of classroom placement” (p.185). As administrators work to adhere to this legislation, students with learning disabilities find themselves in classroom environments in which they may feel overwhelmed by the academic rigor. Furthermore, students with learning disabilities may face criticism from peers for receiving instruction in a more restrictive environment. Research indicates that the additional social stressor created by classroom placement may lead to increased youth grief.
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**Railroad crossing alert: masking grief.** Students with learning disabilities often mask their grief and poor self-image in a variety of techniques. Often times, these mannerisms manifest themselves in the form of unwanted behaviors that include physical violence, bullying, and failure to adhere to classroom norms. Researchers created “Escape Theory” to explain and label this phenomenon. According to Fuller-Thompson et al. (2018) Escape Theory “proposes that as youth with reading disabilities face challenges in school and perform below the standards, they begin to view themselves in negative ways, blaming themselves and labeling themselves as lazy or stupid. They also tend to compare themselves with youth without SLDs and eventually move into a “numb” state, looking for an escape” (p. 298). These academic escapes may take the form of bathroom breaks or unwanted disruptions during instructional time. Ultimately, these outbursts aim to redirect the focus away from their academic shortcoming and grief.

The literature also indicated in order to disguise and numb their negative self-image, students with learning disabilities often self-medicate with drugs and alcohol. According to Fuller-Thomson et al. (2018) “SLDs are more likely to engage in negative health behaviors, such as smoking tobacco and cannabis, when compared with their peers without learning difficulties” (p. 284). This should come as no surprise that self-medicating would be a likely solution to ease sadness and grief of falling short of the academic expectations peers, educators, parents, and themselves. The altered mind state offers an escape, all be it short-lived, from the grief and despair of their learning disability.

**Road closed: the dangers of self-medicating.** The self-medicating of students with learning disabilities as an escape mechanism is especially dangerous in today’s world according to the literature. Within the clutches of the Opioid Epidemic, research indicates that current opioid use in the United States is contributing to self-destructive outcomes among youths.
According to Sung, Richter, Vaughan, Johnson, and Thom (2005), “there has been a large increase in the prevalence and incidence of nonmedical use of prescription-type opioids among teenage youth” (p. 44). This is especially important as Sung et al. (2005) shares that youth “drug use patterns and preferences are often indicative of coming epidemics” (p. 45). Based upon the research, the Pandora’s box of prescription opioids are here and are getting stronger. According to May (2018) on November 5, 2018, the Food and Drug Administration just approved “a new opioid tablet that is 1,000 times more potent than morphine and 10 times stronger than fentanyl” (para. 1). These drugs make the increased inclination of students with learning disabilities to self-medicate all the more dangerous.

**Red Light: Stop Bullying**

**Prevalence: statistics of concern.** The literature also points to bullying as a major aspect grief in students with learning disabilities. According to Saia et al. (2009) “children with special needs tended to report more peer victimization and higher anxiety about school violence than matched peers from the same schools” (p. 38). In addition, bullying is a systematic issue that cuts across gender, race, age, and socioeconomic backgrounds and affects a large percentage of all students. According to Jenson, Dieterich, Brisson, Bender, and Powell (2010) “Prevalence estimates of childhood bullying reveal that approximately 30% of students engage in overt or relational bullying or are victims of bullying during elementary school” (p. 509). The literature presents the bullying of students with learning disabilities as a complicated issue with various forms and ramifications. The effects of bullying can have wide-reaching ramifications and overlapping antecedents. Young et al. (2012) shares that the effects of bullying includes “lowered academic achievement and aspirations, increased anxiety, loss of self-esteem and confidence, depression and post-traumatic stress, deterioration in physical health, self-harm and
suicidal thinking, suicide, feelings of alienation, absenteeism and their negative impacts, both educational and health related” (p. 1). In effect, bullying can have the same effect on students with learning disabilities as their specific learning disability itself.

**Cyber bullying: a multi car pile-up.** The literature also indicates that with changes in technology, bullying has made the leap into the realm of cyber-attacks. According to Beer, Hallet, Hawkins, and Hewitson (2017) “Quantitative studies have established cyberbullying as a risk for all children, but particularly those with special educational needs” (p. 123). Lawmakers have taken notice of the dire effects of cyber bullying and have held schools accountable when victimization has led to unspeakable tragedy. According to Maples, Packman, Abney, Daugherty, Casey, and Pirtle (2005), “School districts have been found liable for not offering suicide prevention programs, for failing to provide adequate supervision of a suicidal student, and for failing to notify parents when their children were suicidal” (p. 401). Even with legislation that speaks to the importance of notifying parents of bullying and self-harming statements, parents of youths with learning disabilities are not happy with the procedural outcomes of bullying. According to Young et al. (2012) “92% of parents discussed the bullying with school officials, 68% of families found the response of the school district to be inadequate” (p. 2).

**A serious traffic violation: the bullied become bullies.** Interestingly, the literature also indicates that students with learning disabilities are also more likely to participate in bullying and the aggressor. According to Beer et al. (2017) “individuals with disabilities may be more likely than those without to engage in retaliatory bullying, perhaps due to the perception of fewer response alternatives” (p. 121). This sentiment was mirrored and elaborated upon by Saia et al. (2009) sharing “Characteristics of LD that include difficulties with language, attention,
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information processing, and problems with interpreting social information may be interfering with the development of well-adjusted social relationships with peers” (p.39). Furthermore, youths often emulate acts of violence and bullying that they witness in the home. According to Ghongkedze (2018), “children may develop irritability in a home dominated with domestic violence… [they] may become aggressive and bullies and abusive in the future” (p. 4). With that said, bullying and antisocial behaviors are likely a manifestation of learning disabilities based upon the previously discussed literature.

Treacherous Pot Holes: Broken Relationships and Loss

Among the various antecedents of youth grief previously listed, the literature repeatedly signaled social factors as a main culprit of despair in youths, especially those with learning disabilities. The methodologies of these studies often differ, but researchers are in collective agreement that social factors concerning broken relationships and death play a major role in youth despair. The research indicates that youths with learning disabilities more difficultly effectively processing change and grief often ensues.

When looking specifically at broken relationships and loss, Moskos, Olson, Halbern, Keller, and Gray (2005) agree that adolescent grief is often “precipitated by a psychosocial stressor such as a recent loss, rejection, or disciplinary crisis” (p. 536). This is understandable as the first time one experiences true heartbreak it is debilitating and certainly causes for grief. It should then come as no surprise when conducting a study of youth distress and broken romantic relationships, “there was a trend toward statistical significance for the interaction between depression severity and romantic breakup” (Fordwood, Asarnow, Huizar, & Reise, 2007, p. 398). While thinking of the communication and processing shortcomings of students with learning disabilities, it makes sense that these emotionally crushing experiences would be more
intense for students with learning disabilities. Thorp, Stedmon, and Lloyd (2018) are in agreeance that the “experience of emotions for people with learning disabilities is likely to be as overwhelming as it can be for the general population; however, with limited emotional expression and communication the intensity is likely to be heightened” (p. 51).

Furthermore, the research indicates that students with learning disabilities allow their feelings of grief to manifest into unwanted and dangerous episodes. Studies indicate that grief tends to predispose youths to self-harming behaviors. According to Verona and Javdani (2011), “80% of youth with suicidality are characterized by a diagnosable clinical disorder, this evidence also suggests that 20% are not diagnosed with a particular mental disorder” (p. 968). The previous statement indicates that one in five youths are not receiving treatment for their condition if grief. This should be especially disturbing to educational stakeholders, as previous studies indicate youths with learning disabilities are at higher risks of episodes of sadness. The missed opportunity of interventions for youths with learning disabilities are costing lives. According to Verona and Javdani (2011), “One in five youths consider suicide… and suicide is the third leading cause of death among youth in the U.S.” (p. 958). As alarming as the previous statement is concerning youth suicide, the fact that students with learning disabilities are more likely to experience grief suggests that their numbers are likely elevated but underreported.

**Yield: Economic Factors Have the Right of Way**

As a whole, the reviewed body of literature referred to various economic factors as causation for grief of students with learning disabilities. These factors often stem from poverty and include hunger, homelessness, physical abuse, and drug and alcohol abuse. According to Kim (2012), factors of poverty plays a pivotal role “as a chronic stressor in adolescent
depression” (p. 5). As such, student grief often incubates in lower socio-economic environments. The literature also indicates higher rates of learning disabilities hailing from areas plagued by poverty. Fuller-Thomson et al. (2018) mirror this sentiment, sharing that “people with SLDs come disproportionately from low income homes” (p. 284).

**The entrance ramps to poverty.** Based upon the literature, the effects of poverty and grief have long lasting effects on the development of children well into adulthood. Often, the cycle of poverty permeates through generations. Interestingly, the literature also accredits cycles of diagnosed learning disabilities to pass down through generations as well. According to Fuller-Thomson (2018), “people with SLDs are vulnerable to poorer employment prospects and poverty in adulthood” (p. 284). Velázquez-Ramos, Sánchez-Cardona, and Coll (2018) collaborate the notion that learning disabilities can be influenced by social factors of poverty, sharing that “contextual, economic and cultural aspects, such as ethnicity and health care access, may impede not only appropriate diagnosis but also the implementation of selective and indicated interventions” (p. 506). As such, it is the belief of researchers that socio-economic factors hold significance in both diagnosed and undiagnosed learning disabilities leading to grief.

Concerning undiagnosed learning disabilities, many students are not receiving the services that they need defuse their grief. In response, undiagnosed youths with learning disabilities experience more frequent episodes of grief as they struggle with both classroom and domestic issues related to negative socio-economic factors.

**No parking: the syndrome of homelessness.** The literature also indicated that homelessness and displacement were causation of student grief. As previously discussed amongst the literature, a child with a learning disability often lacks communication and coping skills on par with their peers. Therefore, grief ensues, as students with learning disabilities tend
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to ineffectively navigate peer criticism causing grief. While the “McKinney–Vento Homeless Assistance Act of 1987 makes certain provisions to guarantee homeless students access to school” (Tobin, 2016, p. 216) the number of students known to be students homeless or displaced is staggering. According to Ghongkedze (2018) “Living in poverty leads to homelessness for some children… about 1.5 million of children and youth in the U.S are homeless at some point each year” (p. 3). Research also supports that homeless students are less likely to be identified with a learning disability. According to Tobin (2016) “Homeless students are believed to be less likely than housed students to be identified by the school as having a learning disability so a homeless student having a special education classification” (p. 205). This is especially troubling because without identification, the students with learning disabilities will not receive appropriate services, leading to more stress and grief in schools.

Research Critique

One of the issues that became apparent upon reviewing the literature was conflicting reports concerning the identification and quality of mental health and special education services that youths receive when experiencing episodes of grief. According to DeCarlo Santiago, Kataoka, Forness, and Miranda (2014), “many children do not get needed care and when left untreated, mental health disorders are often significantly debilitating” (p. 175). In addition, research indicated that over the course of the past 30 years, youth grief has gone “largely unrecognized” (Costello, Erkanli, & Angold, 2006, p. 1268). Furthermore, Verona and Javdani (2011) share that “80% of youth with suicidality are characterized by a diagnosable clinical disorder, this evidence also suggests that 20% are not diagnosed with a particular mental disorder” (p. 968). These previous statements indicate many children are going undiagnosed during episodes of grief. As previous studies indicated, those youths with learning disabilities
are at an even higher risk of severe episodes of grief and occurrences of self-harm which make these findings especially serious. With that said, some literature depicts scenarios in which adolescent youth grief training, identification, and treatment is making advances. For example, according to Kim (2002) “during the past several decades, significant improvements have been made in the areas of understanding the symptoms, etiological factors, and prognosis of adolescent depression” (p. 7).

One could dismiss the views of DeCarlo Santiago et al., Costello et al., and Verona and Javdani, as the belief that more research and outreach is necessary concerning youth sadness. However, that belief would then downplay the overwhelming amount of research that documents how attempts at early outreach and identification of students with learning disabilities are currently failing. In general, this conflicting data hurts students with learning disabilities, as some of the research indicates progress with servicing grief, even though the larger portion of data indicates a systemic failure.

Additionally, the literature disagreed when reporting on the victimization of students with learning disabilities and their roles during episodes of bullying. Some research indicated that students with learning disabilities were more likely to be victims of bullying. One the other hand, some research seemed to paint students with learning disabilities as the likely perpetrators of bullying behaviors. Ultimately, it is plausible that students with learning disabilities are likely on both ends of the bullying spectrum due to their impaired social, communication, and coping skills, exacerbated by their learning disabilities. It is still disheartening that some of the literature appeared to categorize students with learning disabilities as bullies. Based upon the research previous discussed, their negative behaviors are likely a manifestation of their disability due to lack of proper intervention or identification.
Lastly, the literature as a whole lacked statistical data pertaining to the specific percentages of students with learning disabilities succumbing to self-harming behaviors or suicide due to overwhelming feelings of both diagnosed and undiagnosed grief. In order to shine a light on this dire result of grief in students with disabilities, researchers need to collect, evaluate, and share actual statistical data. To that end, governmental agencies like the National Institute of Mental Health (NIMH) confirm that they do not interview children. According to NIMH (n.d), the National Survey on Drug Use and Health “does not ask adolescents aged 12 to 17 about suicidal thoughts and behavior” (para. 10). This intentional omission of youth data creates a void that severely limits studies concerning grief and youth self-harming of youths with learning disabilities. Guetzloe, Council for Exceptional Children, and ERIC Clearinghouse on Handicapped and Gifted Children (1991) agree stating that, “Many depressed and/or potentially suicidal youngsters are not brought to the attention of special education professionals” (p. 17).

Chapter Summary

After reviewing the literature, it is apparent that one cannot investigate the difficult topic of youth grief without first acknowledging how youths with learning disabilities process many aspects of grief differently from general population. The unique struggles that students with learning disabilities face concerning the themes of negative self-image, bullying, bereavement, and broken relationships, and economic factors manifest themselves in various forms both inside and outside the classroom. The literature indicates that there is a problem in the United States concerning increases in instances of youth grief and harassment. In addition, the research indicated a general lack of identification and support for youths with learning disabilities. According to the literature, students with learning disabilities face more adversity with respects to grief as many lack the appropriate cognitive functioning to effectively communicate their
feelings and defuse socially initiated grief. Research also noted that youth grief is real and present danger in the lives of youths with learning disabilities. Being that levels of grief are higher among students with learning disabilities, one must assume that the suicide rate is also elevated when compared to the general population. Moving forward, researchers must to use their findings to create more effective intervention tools to assist students with learning disabilities navigate instances of despair and unhappiness. As in loco parentis dictates, teachers have the awesome responsible to be the watchful eyes and ears for parents while students are attending school. Future studies will be useful to all educational stakeholders to more effectively educate, preemptively assist, and ultimately reverse the current upward trend of youth grief and the negative outcomes with evidence-based practices.
Chapter 3: Project

Chapter 3 presents the student-centered manual that youths with learning disabilities can use to educate and navigate causes of their grief. The design of the manual addresses the themes and information acquired from the literature review. In addition, the manual integrates accommodations commonly utilized among students with learning disabilities. Examples of these accommodations include enlarged font, simple vocabulary, stress-free navigation, and an optional audio format. The manual explains important special education vocabulary in an attempt to demystify the ways in which IEPs and academic placement function. The booklet also attempts to support youths with grief by offering various accredited resources for further self-exploration.
CROSSROADS: YOUR Roadmap Through Life’s Blind Turns

This student-centered booklet offers information to youths, designed specifically for those with learning disabilities, encountering and navigating around the potholes and grief of adolescence.
Author’s Road Map:

The mission behind the creation of this manual is to provide information and additional resources to assist you in times of grief. Specifically, I will focus on factors that research has supported as triggers of grief caused or worsened by your learning disability or disabilities. It is my hope that this booklet can clarify some of the negative feelings and instances of grief that you are experiencing as you balance the day-to-day stressors of being a student, coupled with the complexities of a learning disability. I will do so while making the information easy to understand with pictures, accompanying audio format, larger print and informal vocabulary.
Ask Yourself

Maybe you know that you have an IEP or maybe you do not. Maybe you overhead your parents or teachers talking about your annual IEP meeting and wondered what they were talk about. Maybe you overheard your teachers talking about your learning disability in math or reading. As an 8th grade learning support teacher, I am often amazed at the number of students that do not understand their learning disability, their IEP, and/or whether or not they have an IEP. Ultimately, this lack of clarity gives way to situations in which students like YOU experience various levels and forms of grief.
“TIME OUT!”

“I’m about to put this down”

“I don’t got time for this”

If this has been too much reading or too hard to see, type the following web-address to my presentation of the booklet with audio and we will get through the information together.

https://presentio.us/view/b2ba8f
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Fill er’ Up!!!

I would like to take the time to congratulate you on taking the first step in bettering yourself by furthering your special education knowledge and gaining a better understanding student grief. It is my belief that the more you know about your disability and the ordinariness of your situation, the faster you can experience both academic and lifelong happiness.
Learning the Road Lingo

Before addressing reasons why you may feel grief, I want to ensure that you understand a couple important terms that relate to your learning disability.
These key terms are as follows:

- **Learning Disabilities** — “A classification used in special education for students who exhibit significant problems in academic areas (such as reading) that cannot be explained by other disabilities” (p. 460).
  
  o Your learning disability is why you struggle with any combination of reading, writing, or math in class. It is frustrating, but is more common than you may think. Your IEP is designed with adjustments that add support to your area(s) of need to offset where you struggle.

- **IEP (Individualized Education Plan)** — “A detailed, structured plan of action required by IDEA that informs and guides the delivery of instruction and related services” (p. 460).
  
  o An IEP is a multipage legal document that is created and agreed upon by your parents, teachers, and school principal. An IEP details how and where you will receive classroom instruction based upon your personal skillset and specific learning disability or disabilities. At the age of 14, you may to attend your Annual IEP meetings as your after high school
plans will be discussed and agreed upon. It is important for you to attend your meetings, as this is your chance to use your own voice to guide your educational planning.

- **Least Restrictive Environment (LRE)** — “Services and the setting in which a free and appropriate education meets a child’s individual needs while being educated with children without disabilities to the greatest extent possible” (p. 460)
  
  - This means that careful consideration goes into placing you in the correct classroom that, based upon your needs, provides you with the greatest opportunity to find academic success while being in the classroom closes to regular education.

- **Self-advocacy** — “A principle and set of practices that allow people with disabilities to assume responsibility and advocate for their own lives and interests” (p. 462).
  
  - This is a mentality to stand up for your own success. Even with a detailed IEP and the most caring teachers, YOUR success depends on YOU! Again, this goes back to you understanding your own IEP.
According to the research, around one in ten students has a learning disability. So think about that next time you are feeling alone in the class. Odds are that there are at least two other students in your general education class with a diagnosed learning disability. This does not account for the number of students that have undiagnosed learning disabilities. Again, you are not alone. (Fuller-Thomson, Carroll, & Yang, 2018, p. 283).
Always remember, you are in good company…

It may surprise you to learn that many celebrities live with learning disabilities and have achieved great success. Some of their learning disabilities are in the areas of reading and writing, which did not stop them from memorizing scripts, directing movies, or studying their team’s playbook. Remember, only YOUR perseverance and dedication will determine your keys to your success!
Justin Timberlake has ADHD and obsessive compulsive disorder and is a pop-icon.

Tom Cruise struggled in school due to his dyslexia, but went on to star in many hit movies.

Steve Jobs, Apple co-founder, also struggled in school, thanks to his dyslexia.

Michael Jordan also has ADHD, and yet led the Chicago Bulls to five NBA championships.
Got Grief?

The following pages will offer information concerning how your grief is affecting you as a student with a learning disability. According to research, your learning disability often leads to increases in emotional disturbances such as anxiety and grief (Bonifacci, Storti, Tobia, & Suardi, 2016, 532). Throughout the rest of this manual, I will address various situations and events that tend to trigger youth grief. I will also offer further sources for you to investigate on your own. Always remember, your experiences are often common among those of your peers.
CHAPTER 1

Negative Self-Image: The Yellow Flashing Light of Academic Placement, Masking and Self-Medication

Image is everything. On the other hand, is it? Throughout your school years, sometimes you have the opportunity to mold your image, which is how people see you, throughout your social interactions and accomplishments. Though you never have complete control, perhaps you feel as though you simply do not fit into the mold of what your teachers and parents want you to be. Perhaps your
grades are not measuring up to an older sibling. Maybe you feel as though you are not as pretty as others. Perhaps, you may feel like you are not as popular.

Whatever the cause of your own negative self-image, these feelings are real and need to be addressed. According to research, negative self-image is something that a student like you deals with at a higher rate than your peers without learning disabilities (Maag & Reid, 2006, p. 3)

The next step is to look for resolutions to this fixing negative self-image because the results can be very destructive and have life altering consequences.

*Resources for negative self-image will be discussed at the end of the section.*
The crossroads of academic placement

Just like we covered earlier, because your you must receive your instruction in the Least Restrictive Environment (LRE), you may sometimes find yourself in a classroom setting that you find too challenging, too easy, or you feel has a negative social stigma attached. This is the placement that your parents, teachers, and school principal have agreed is right for you. With that said, always share your concerns with your special education teacher or another trusted adult if your placement is causing you grief. In addition, ensure that you are present and vocal at your IEP meetings. This feeling of grief with respects to your academic setting is actually common. According to research,
many students with learning disabilities experience forms of grief concerning their academic placements (Howard & Tryon, 2002, p. 185).

**Railroad crossing alert: masking grief**

A poor self-image is bad for anyone. However, when thinking about students with learning disabilities like you, research has shown that you will be more likely to behave or participate in activities that are morally wrong or outright unsafe to cover-up for your disability. I am not saying that all actions of masking grief are unsafe. In some instances, students simply go into a numb state. Let me ask
you a question… have you ever made up an excuse when it was your time to read aloud in your ELA class? How about asking to use the bathroom in the middle of a math exam? These are all actions that are examples of you masking your disability.

According to research, these actions are all very common for students like you with disabilities. In fact, a researcher even coined the phrase “Escape Theory” to explain the action of students with disabilities creating situations to cover-up their disabilities (Fuller-Thomson, Carroll & Yang, 2018, p. 298).
Sometimes as an escape from grief, students turn to drugs and alcohol. This is an absolute wrong turn on the road of life. By using drugs, you close doors to your future by being arrested or becoming addicted. Why put something in your body that is not going to help you reach your life’s goals or kill you? Your family and friends will miss you and have to deal with the pain.

Aside from the dangers associated with using illegal drugs, research has shown that students with learning disabilities are more likely to use illegal drugs as an escape. Illegal drugs are also getting stronger and more addictive. With the current Opioid Epidemic, this is especially troubling as there have been dramatic increases in teen opioid abuse in recent years.

*Road closed: the dangers of self-medicating*
Bottom line, there are other ways to deal with stress and grief. Once the high has worn off, all your stressors and grief will come roaring back. At the end of this manual, you will find many resources to assist with drug abuse and healthier options.
CHAPTER 2

Red Light: Stop Bullying

Do you believe that bullying is simply part of growing up? That everyone is bullied and it makes you stronger and more resilient? Those notions could not be more wrong. Students with learning disabilities are more at risk of bullying and victimization (Saia, Saylor, Allen, & Arnau, 2009). Bullying is dangerous and in many ways can affect the victim as much as their learning disability.
Research has linked all of the following to bullying:

- Lowered academic achievement and aspirations
- Increased anxiety
- Loss of self-esteem and confidence
- Depression and post-traumatic stress
- Deterioration in physical health
- Self-harm and suicidal thinking
- Suicide
- Feelings of alienation
- Increases in absenteeism

(Young et al., 2012)

According to research, 30% of students surveyed responded that they either participated in or were the victim of bullying (Jenson, Dieterich, Brisson, Bender, & Powell, 2010). This is unacceptable, be part of the solution and if you see bullying SAY SOMETHING!
Cyber bullying: a multi car pile-up.

Students like you know that in a world of instant communication, rumors can spread like wildfire. The grief of cyber bullying, the use of technology to victimize someone, can be all too real with sad consequences. According to Beer, Hallet, Hawkins, and Hewitson (2017) students with learning disabilities are more likely to be cyber bullied by their peers because some of your peers see you as an easy target. These same bullies are often suffering from low self-esteem themselves.

Lawmakers have also taken notice of cyber bullying and have introduced laws to hold bullies accountable. Even though new
laws are good, how does that help you now? Check out some of the web links in the student resources section to learn more about handling difficult instances of cyber bullying. You are not alone!

A serious traffic violation: the bullied become bullies.

It may surprise you that in many instances students with learning disabilities are also the bully (Saia et al., 2009). What? Yes, it is true that students with learning disabilities often mask their disability by putting the attention on someone else. This is another example of an escape mechanism and is cowardly.

Do not attempt to victimize others in order to make yourself
feel better. In the end, you will not gain the respect of your peers. You may even have to live with a real consequence of bullying, suicide. The guilt you will carry with you is something that will never leave. To know that you played a role in someone taking their own life because of grief you caused. No, not worth it. Be a hero and be a buddy!
Treacherous Pot Holes: Broken Relationships and Loss

Failed relationships… it has happened to the best of us and is never an easy thing. After a bad break up, you are wondering how long that sick feeling will last and what you did to deserve such pain and grief. It is important to understand that the grief will pass and you will meet someone else that will appreciate all the great things that you are.

In the meantime, these words do little to make you feel better. Because of your learning disability, you may even take longer to heal. According to research, students with learning
disabilities have difficulties handling change. When change involves strong emotions such as love, this can cause serious grief. The first time (Yes, you will most likely experience heartbreak more in the future) is always the most difficult to process. I wish I could say that there is a cure for a broken heart, but the truth is that emotional wounds take time to heal. For more support, check out the links and resources located towards the end of this manual (Fordwood, Asarnow, Huizar, & Reise, 2007).

Within the same realm as a failed romantic relationship, losing a family member is also a very hard thing to process and the cause of grief. This change is something that will take time and will be with you for the rest of your life. If you are experiencing grief after a loss confide in a trusted adult and seek help. Do not keep your emotions inside. Seeking assistance is not a sign of weakness, and will help you
move forward in a healthy manner. I have provided some helpful resources that address the topic of bereavement and offer support in the resources section of this manual.

YOU ARE LOVED!
Chapter 4

Yield: Economic Factors Have the Right of Way

Economic conditions are something that you as a student have little control over. These factors include hunger, homelessness, physical abuse, and higher rates of drug and alcohol abuse. When you were born, you were not asked if you wanted a family of doctors or a single father who was an alcoholic. Like it or not, these factors can affect your life in negative ways. Not just now, but down the road as well. Some research shows that coming from poverty leads to increases in the probability of lower paying jobs when you graduate and a life of poverty as an adult (Fuller-
Regardless of your family’s economic situation, research indicates that if you find yourself on the lower-end of the economic scale you will experience more hardships and emotional grief. In addition, higher rates of students with learning disabilities come from areas that are plagued by poverty (Fuller-Thomson et al., 2018). As a student with a learning disability, there are many potholes and dangerous curves that you will encounter. Studies show that there are
cycles of learning disabilities from one generation to another. These generationally linked instances of disability have been accredited to poor economic conditions. So if you are economically disadvantaged, and your mother has a learning disability, then statistically you will be at a higher risk of also being diagnosed with a learning disability. On the other hand, many lower income students are lacking an identification of a learning disability (Velázquez-Ramos, Sánchez-Cardona, & Coll, 2018).

According to Kim (2012) factors of poverty lead to student grief. This should come as no surprise that if you are lacking one or more of the necessities of life that you will be upset and grief-stricken. It is only through your perseverance you will be able to overcome the tough cards you were dealt. Look at those challenges as opportunities to
grow as a person and become invincible.

No parking: the syndrome of homelessness

Over 1.5 million students are considered homeless at any given time in the school year (Ghongkedze, 2018). Homelessness does not mean that you are living on the streets. Displacement is another form of homelessness. A student is considered “displaced” if they are living in a non-permeant residence like a family member’s house.

Even with laws aimed to protect both homeless and displaced students, many students experience grief as they struggle to find a permanent residence. Furthermore, students who are homeless or displaced are often not identified as having a
learning disability (Tobin, 2016). There are resources available to assist your family in finding permanent residence. Check out the resources chapter to find out more information.
Greif is the common result of a combination of negative self-image, academic placement, self-medicating, bullying, broken relationships and loss, poverty, and homelessness. Though all students experience forms of grief, students with learning disabilities often have more intense, frequent, and negative reactions to these events.

Know that you have many different forms of support at your disposal when experiencing grief. Never keep negative feelings inside, as they will grow and lead to bigger issues down the road. Find someone to confide to that...
will help you navigate these difficult times in your life.

You have taken the first step in educating yourself concerning your learning disability and emotional grief. Again, know that support is available and that you are loved by more people than you know!

*NOW* take the time to check out the links to resources that will assist you with the grief that you may be experiencing.
Chapter 6

Further Resources for Student Grief

The following resources were gathered utilizing various searches of the internet in an attempt to combine and utilize numerous specialized entities into a single resource of support.

Grief Resources

National Suicide Hotline: 1-800-SUICIDE (784-2433) or the National Suicide Prevention Lifeline: 1-800-273-TALK (8255)
Both toll-free, 24-hour, confidential hotlines which connect youths to a trained counselor at the nearest suicide crisis center.

Safe Place: 1-888-290-7233
Project Safe Place provides access to immediate help and supportive resources for young people in crisis through a network of qualified agencies, trained volunteers and businesses in 32 states. Call the hotline to find out if the program operates in your state, or look online.
National Alliance of the Mentally Ill: 1-800-950-6264
Toll-free, confidential hotline operating Mon.-Fri., 10 am-6 pm (EST). Trained volunteers provide information, referrals, and support to anyone with questions about mental illness.

The Trevor Project: 866-4-U-TREVOR
The Trevor Project operates the only nationwide, around-the-clock crisis and suicide prevention helpline for lesbian, gay, bisexual, transgender and questioning (LGBTQ) youth.

Suicide Prevention Lifeline
This confidential website and hotline offers details identifying suicide warning signs, and information for veterans experiencing mental distress (PTSD).

Grief Help Online:

The Jed Foundation
The Jed Foundation provides safe, accessible resources for students to help themselves or a friend.

ULifeline
A program of the Jed Foundation, ULifeline is an anonymous, confidential, online resource center, where college students can be comfortable searching for the information they need and want regarding mental health and suicide prevention.

National Alliance on Mental Illness (NAMI)
A grassroots organization for people with mental illness and their families.

National Youth Violence Prevention Resource Center
The site includes information on warning signs, prevention strategies and treatment for adolescents struggling with mental illness, and tips on how to prevent and/or respond to violent act in schools.
The Jason Foundation, Inc.
The Jason Foundation provides information, education programs, and resources to help in the fight against the “silent epidemic” of youth suicide.

DepressedTeens
This website provides valuable information/educational resources for teenagers, their parents and educators to understand the signs and symptoms of teenage depression and get help when needed.

The National Association for School Psychologists
Offers information for teens through its NASP Crisis Resources link.

The Suicide Prevention Action Network USA
A suicide prevention organization dedicated to support among suicide survivors.

Families for Depression Awareness
An organization that helps families recognize and cope with depressive disorders, and prevent suicide.

American Association of Suicidology
AAS is a membership organization for all those involved in suicide prevention and intervention, or touched by suicide.

Teen Moods
Teen Moods is a depression support community created by an adolescent with depression, and is open to all including teens and parents.

Depression Forums
A supportive, informative website that offers a caring, safe environment for members to talk to their peers about depression, anxiety, mood disorders, medications, therapy and recovery.

www.teenscreen.org
The TeenScreen National Center for Mental Health Checkups at
Columbia University is a non-profit privately funded public health initiative working to increase youth access to regular mental health checkups and the early identification of mental illness. You can also call the center’s information line at 866-833-6727.

**Suicide Lifeline** - If someone you know is suicidal or in serious emotional distress, call the toll-free National Suicide Prevention Lifeline at 1-800-273-TALK (8255). If medical help is needed immediately, call 911.

**YouMatter** - National Suicide Prevention Lifeline site for young adults seeking online support.

**Finding Health Insurance**

**Health Insurance Options** - Learn about health insurance options for individuals, families and small businesses and click on "Get Coverage."

**Health Coverage through Medicaid and the Children's Health Insurance Program (CHIP)** - Learn about health insurance programs in your state for children and teens. You can also call 1-877-Kids-Now (1-877-543-7669). You can sign up for Medicaid or CHIP at any time.

**Finding Health Care**

**Free or Low-cost Medical and Dental Care** - Use the Find-a-Health-Center Tool to locate a community health center by ZIP Code.

**HIV and Sexually Transmitted Diseases (STDs) Testing** - Locate a clinic near you that offers low cost testing and prevention counseling for HIV and other STDs and vaccines. You can also call 1-800-CDC-INFO.

**HIV Services and Testing Sites** - Identify local HIV testing services, housing assistance, health centers, Ryan White HIV care, mental health services, substance abuse services, and family planning services.
**Family Planning Services** - Enter your ZIP Code in the "Find a Family Planning Clinic" box to locate family planning clinics near you. These clinics are funded by the HHS Office of Population Affairs.

**Seasonal Flu Vaccination Providers** - Seasonal flu vaccinations are recommended for everyone six months of age and older. Enter your ZIP Code for locations near you.

**Indian Health Service Facility Locator** - To locate an Indian Health Service, Tribal or Urban Indian Health Program facility (including hospitals, health centers, dental clinics, and behavioral health facilities), enter your location or zoom in on the map.

**Community Health Centers** - Centers provide well-child checkups and exams.

**Improving Teen Access to Health Services - PDF** - A presentation with resources.

**Fighting Substance Abuse**

**Substance Abuse Treatment Facilities** - Search by state and ZIP Code to find licensed public or private facilities and treatment programs.

**Substance Abuse Treatment Helpline**, (1-800-662-HELP), SAMHSA, Confidential, free service and referrals to local treatment facilities, support groups, and community-based organizations.

**The Partnership at Drugfree.org** (1-855-378-4373) - Information for parents about drug and alcohol abuse.

**Quit Smoking Help** - Talk with a tobacco cessation specialist, sign up for smoke-free texts, and find other resources by calling 1-800-QUIT NOW.

SmokeFreeTxt (HHS, National Cancer Institute) - Free mobile service for teens and young adults to provide 24/7 encouragement, advice, and tips to help smokers stop smoking for good.

BeTobaccoFree.gov (HHS) - Comprehensive, "one-stop-shop" for tobacco information.

Bullying Resources

Government Website
This website has a lot of information and resources

National Bullying Prevention Center – PACER’s (Parent Advocacy Coalition for Educational Rights) National Bullying Prevention Center unites, engages, and educates communities nationwide to prevent bullying through creative, relevant, and interactive resources.

Committee for Children – A nonprofit working globally to prevent bullying, violence, and child abuse.

It’s My Life: Bullying – bullying resources for kids from PBS.

Cyberbullying Research Center – up-to-date information about the nature, extent, causes, and consequences of cyberbullying among adolescents.

Connect for Respect from the National Parent Teacher Association (PTA) – bullying resources and tip sheets for parents and educators.

Bullying at School & Online – extensive resources for parents and educators from education.com.

Bullying – resources from the American Psychological Association.
7 Ways You Can Address Bullying at Your School – Encouraging victims and student witnesses to report abuse and providing supervision in hallways and other areas can help to reduce bullying on and off campus.

Bullying and Harassment: Thin Line and Thin Ice – An expert on legal issues in school transportation discusses the distinction between bullying and harassment and offers best practices for dealing with both on the bus.

When your child is being bullied (PDF) – Practical strategies for helping your child cope and working effectively with your child’s school from Elizabeth Englander

What Parents Can Do About Childhood Bullying – Marlene Snyder, Ph.D. explains how to determine if your child is a bully or a victim — and how to take appropriate, effective action.

Understanding Bullying and Its Impact on Kids With Learning Disabilities or AD/HD – Kids with learning or attention problems can be easy prey for bullies. Marlene Snyder, Ph.D. tells you how to recognize the signs that your child is being bullied.

Identifying Students `At-Risk` for Violent Behavior: A Checklist of `Early Warning Signs` – A checklist of “early warning signs” will facilitate identification of students who may be in need of intervention.

Stop Bullying Now! from the Health Resources & Service Administration offers parental resources. Also see the Kids’ and teens pages.

KidsHealth from The Nemours Center for Children’s Health Media offers great information for parents, children and teens.
Bullying sites by and for kids: Teens Against Bullying and Kids Against Bullying

Cyberbullying and Online Safety

Commonsense media offers a variety of online resources for parents, including a plethora of information on social networking and virtual worlds and Internet Safety.

Connect Safely – designed to give teens and parents a voice in the public discussion about youth online safety and to offer social-media safety tips for teens and parents.

Stop Cyberbullying – from Wired

Talking to kids and teens about social media and texting – tips from the American Academy of Pediatrics

Homelessness and Displacement

National Center for Homeless Education (https://www2.ed.gov/policy/elsec/leg/essa/160315ehcyfactsheet072716.pdf)

Connect homeless students and families to services and housing assistance in your community, including through non-profit and faith-based organizations. For more information and resources on homeless students, please call the National Center for Homeless Education helpline toll-free at (800) 308-2145 or visit their website, the ED homeless initiatives webpage, or the U.S. Department of Housing and Urban Development’s education webpage.

Runaway and Homeless Youth - The National Runaway Switchboard is the federally-designated communication system for runaway and homeless youth. Call 1-800-RUNAWAY 24 hours a day.

Broken Relationships and Loss
If you are experiencing heartbreak due to a broken relationship. Check out the information listed about for supportive information and additional resources to help you through the grieving process.

**Finding Assistance Programs**

**Temporary Assistance for Needy Families (TANF)** - To apply for TANF assistance, please contact your State TANF agency.

**Summer Meals for Children** - Find locations near you that serve meals to children during the summer months by calling the National Hunger Hotline at 1-866-3-HUNGER (for information in English) or 1-877-8-HAMBRE (for information in Spanish).

**Supplemental Nutrition Assistance Program (SNAP)** - Learn where and how to apply for SNAP. Most of the telephone numbers listed are toll-free; some accept collect calls.
Chapter 4

Introduction, Implications to Theory, Implications of Practice, Implications to Further Research, and the Epilogue.

The purpose behind the research and subsequent student-manual project was to identify common factors of grief in students with learning disabilities and provide resources for further assistance. Throughout the course of research, the areas of negative self-image, bullying, significant life changes, and factors of poverty appeared as important factors in grief of students with learning disabilities. The Crossroads manual reflected the research and addressed these common factors in a carefully designed manner, insuring that students with learning disabilities would benefit from its contents. Furthermore, the project serves as a starting point for educators to further discussion on the topic of youth grief and self-harming behaviors.

The proceeding chapter is divided into four sections that aim to summarize theories from the research, discuss impacts of the project on Special Education, make suggestions for future research, and share after-thoughts pertaining to the project. The Implications to Theory section delves into the notions that emerged from the literature review and how those theories drove the design and content of the manual. The Implications of Practice section, explores how the manual will affect the field of special education and the teacher/student dynamic concerning students with learning disabilities. In addition, this section addresses how the implementation of the Crossroads manual will be beneficial in a professional development setting for educators. The Implications to Further Research section discusses the importance of researchers being courageous while moving forward with future explorations of the relationship between youths with learning disabilities and grief. The argument is made that more research needs to be conducted that is directly gathered from youths with learning disabilities. This section also
discusses conflicting research and suggests further study concerning the effects of poverty on learning disorders. Lastly, the Epilogue discusses the author’s reflections concerning grief in students with learning disabilities. As well, this section unveils how the project was culmination of four years of excellent schooling thanks to compassionate, knowledgeable, and helpful staff.

**Implications to Theory**

One notable theory that emerged from the study was the power of self-image concerning students with learning disabilities. How a student with learning disabilities sees him or herself plays a significant role in both academic achievement and overall happiness. According to Weinstein and Strambler (2004), the “risk for negative self-fulfilling prophecies is heightened in ability-prominent environments” (p. 513). Schools are environments in which academic ability levels are both prominent and celebrated. Thus, due to students with learning disabilities lacking academic prowess, schools can be catalysts for student grief. As previously discussed in the research, students with learning disabilities often carry a lower sense of self, which in turn leads to unwanted social and even self-harming behaviors. It is important to note that negative self-reflections can be self-fulfilling prophecy with students with learning disabilities. When a student believes something to be true or inevitable, then that “truth” begins to manifest itself in real-life.

The manual strives to serve as a tool for students to build their self-esteem through increased knowledge concerning learning disabilities and normalizing negative feelings. There are numerous examples in the manual of how students with learning disabilities experiences are not unique and that many people love them. A student with a learning disability should never feel alone or ashamed, and it is the purpose of this manual to empower students with learning disabilities to rise above their grief.
It is important for all educational stakeholders to encourage learning support students academically, but also emotionally. Educators must understand that students with learning disabilities are inheritably susceptible to peer-pressure and self-doubt. The idea of helping the whole-student with learning disabilities by strengthening the lines of communication between pupils and educators is one of the marquee notions of the Crossroads manual. The manual also serves as a discussion point and support tool to help students with their grief, and provides trustworthy educators a research-based instrument to assist their students. When an educator takes an interest in their students’ lives and builds positive rapport, those students will grow academically and as productive citizens. Donohoo and Katz (2017) mirror this notion sharing, “when teachers share the belief that, together, they can positively influence student learning over and above other factors and make an educational difference in the lives of students, they actually do” (p. 21).

The literature also confirmed the notion that students with learning disabilities are more prone to struggle with communication and overall social interactions. According to Thorp, Stedmon, and Lloyd (2018), the “experience of emotions for people with learning disabilities is likely to be as overwhelming as it can be for the general population; however, with limited emotional expression and communication the intensity is likely to be heightened” (p. 51). In the event students are uncomfortable sharing their private thoughts with parents and teachers, the manual also functions as a tool of self-exploration. The intentional design of the manual includes simple and enlarged font to accommodate students with impaired vision or lower reading comprehension aptitudes. In addition, the manual has an online version that includes narration of the handbook. The informal tone and inflection in the online audio version of the manual was intentional in order to speak directly to students with learning disabilities. The
conception of the audio option was based upon the experience of the researcher, noticing that some students with learning disabilities give up when challenged with what they perceive to be too much reading. The design of the manual provides a reference for students with learning disabilities to use as a platform to voice concerns and communicate with trusted mentors the grief and stress they are experiencing.

Another important theory that emerged from the study was the significant role that poverty plays in the likelihood and perpetuation of learning disabilities. As the literature shared, areas of lower economic status are breeding grounds for learning disabilities. As such, poverty itself may be as much as a detriment to the learning process as learning disabilities themselves. The manual offers students with resources to mitigate the dire effects of poverty with helpful websites and other resources to locate permanent housing and nourishment. With that said, the manual is ill equipped to solve the systemic issue of poverty, but perhaps it may lead families in the right direction to alleviate some aspect of poverty and thus mitigate grief. It is the hope of the researcher that the manual opens dialogue concerning the negative effects of the poverty on the overall process of learning and motivate educational stakeholders to fund afterschool and pre-k programs.

Another important notion unveiled by the research is how students with learning disabilities struggle to adjust to change. This is especially important when considering the implementation timetable for the manual. Although the manual would be beneficial for students from 6th grade and above, it would be especially important to have the resource available during the transitional time from middle school to high school. The social jump between elementary to middle school and middle school to high school is stressful to many students. Letrello and Miles (2003) agree, sharing “the move to high school by eighth grade students can be a traumatic
experience, especially for students with learning disabilities (p. 212). It would be beneficial for students to recognize how their learning disability may add to feelings of grief.

**Implications to Practice**

This section makes recommendations for all educational stakeholders to take an active role in understanding, preparing, and reacting to the grief present in many students with learning disabilities. Furthermore, this portion addresses the need for early education programs to curb the cycle of learning disabilities in lower socio-economic environments based upon the findings from the research. Lastly, this section explains how the manual will add to the practice of teaching students with learning disabilities.

Professional development sessions utilizing the manual would be helpful to inform or reeducate how teachers engage students with learning disabilities. It is important for educators to consider that some unwanted behaviors are manifestations of the students’ learning disabilities and not deviance. This is not to say that educators should hold students with learning disabilities to different standards and expectations academically or behaviorally, but they should be cognizant that students with learning disabilities are at a distinct disadvantage considering the likelihood of lower self-esteem and the inability to communicate their emotions in appropriate manners.

Educators and administrators should ensure effective professional development sessions utilizing the manual by discussing sensitive subjects like youth self-harm. When talking about student-centered grief professional development sessions, Zenere and Lazarus (2009) suggest, “training emphasizes to staff that students who commit suicide most often have predisposing mental health problems” (p. 191). This fact reemphasizes the importance of an educator knowing their specific student population in order to be vigilant to possible warning signs of
grief. When social bonds between teachers and students are strong, instruction will improve, as educators are more in touch with the needs of all of their students.

Another way that the manual will affect the field of Special Education is by raising awareness for early education programs in urban areas. Although social factors are not supposed to play a role in the determination of a learning disability, it is hard to ignore the effects that poverty has on the learning process. Fuller-Thomson et al. (2018) mirror this sentiment, sharing “people with SLDs come disproportionately from low income homes” (p. 284). In order to curb the dire effects of poverty on the learning process, ensuring the continuation of early education efforts may lower rates of learning disabilities later in students’ educational programming. An increased focus on basic literacy skills at an earlier age may help to curtail instances of youth grief as students will gain confidence to perform in the classroom.

Early education programs have proven successful in improving childhood literacy in urban environments. According to Cook (2017), “efforts targeting low-income children through Head Start, state and local pre-kindergarten programs, home visiting and other interventions… have had positive effects on children’s key school readiness skills” (p. 1). In recent years, early-education efforts have faced hard times due nationwide budget restraints. It seems that the value of early socialization and educational skills are not always valued when competing for funding. Interestingly, those same students who have learning disabilities will end costing all educational stakeholders through necessary services as they go through school. Based upon the research, it is imperative that early-education programs continue to provide necessary services to youths at early ages.

Overall, the manual will enhance the field of Special Education by assisting students, parents, educators, administrators, and all other educational stakeholders with universal tool
discussing a wide-array of causes of grief in students with learning disabilities. With the implementation of the Crossroads manual, students with learning disabilities struggling with grief would normalize their episodes of emotional pain and gain a variety of resources for assistance. Furthermore, the manual would educate youths about topics of special education, such as important terminology and legislation. This knowledge will be powerful in allowing students with learning disabilities experiencing grief to play a more active role in their own educational plan and path forward. The manual will also serve as a useful tool to assist educators in connecting with students with learning disabilities.

**Implications to Future Research**

When contemplating possible paths onward concerning the investigation into relationships between learning disabilities and youth grief, one should seriously consider more in-depth, first-hand studies directly interviewing and questioning youths. Throughout the current research, scholars often shied away from asking students their thoughts directly when investigating current levels of grief and thoughts of self-harm. In multiple studies, parents, teachers, and guidance counselors were the source of student data in lieu of direct student feedback. A large-scale qualitative study would provide a plethora of valuable information. Although a large-scale qualitative study would be costly and time-consuming to conduct and evaluate, the information obtained would provide a clearer picture of the causes of student grief and the frequency of self-harming thoughts.

Understandably, it is both necessary and ethically responsible when designing and conducting research to ensure that the test participants are both protected and unharmed. It would be a tragedy if a student exhibited self-harming behaviors following participation in a study exploring mental statuses and levels of grief. With that said, youth grief and self-harming
behaviors continue to increase. Stories of youth grief in the media are far too common and statistics support rises in youth self-harming behaviors. Additional data needs to be collected and shared to gain momentum for funding to further implement more effective support systems, ensuring that students in need are receiving proper support.

Too often, schools are reactive to instances of student grief instead of proactive. Only after the unspeakable occurs, schools have discussions and offer counseling to address youth suicide and grief. This approach seems antiquated and flawed as an abundance of research indicates youth suicide and grief are on the rise. Students are at school more waking hours than they are at home and it is time for a proactive approach to youth grief. All educational stakeholders need to address the increasing problem of youth grief and self-harm. This is an absolute call to action, as we can no longer stand idly by and be reactive instead of proactive with matter affecting our youths.

In addition to first-hand student research, additional studies investigating grief for students with learning disabilities specifically would be valuable as the current research is lacking. Some research did not clearly distinguish a difference between students with learning disabilities and those without when discussing youth grief. It is important for researchers to conduct research focusing on students with learning disabilities, as their emotional needs will likely differ. For example, their educational programming may need to include self-esteem or character education courses. It would be enlightening, and maybe scary, to see statistical and antidotal data concerning the percentage of students with learning disabilities experiencing grief or have contemplated some form of self-harm. As previously stated, researchers steered clear of investigating the students directly to uncover these difficult truths about youths with learning disabilities.
The current research becomes frustrating when investigating learning disabilities in areas of poverty due to conflicting data. The data offered contradictory data points, citing an increase in the propensity of urban youths to be identified with a learning disability and the same population being under-identified. If the research is correct on both accounts, than socioeconomic conditions may be the biggest influence on learning disabilities. It would be beneficial for further research to determine the accuracy of these findings. If the research determines that there is a strong correlation between both increases and the under-identification of learning disabilities in poverty-stricken areas, then more attention and funding could be allocated schools in areas of poverty. Especially, because much research supported how poverty can be a multi-faceted catalyst for student grief.

The Epilogue

When I began this research project, I wanted to learn more about what scholars had written pertaining to the topic of youth grief. Specifically, I wanted to explore the effects of grief on students with learning disabilities. After performing some preliminary research, I realized that the literature was sparse concerning youth grief and learning disabilities. To complicate matters, student-focused resources that delved directly into youth grief coupled with learning disabilities was all but nonexistent. This gap inspired my drive to devise an informative student-centered manual that addressed connections between youth grief and learning disabilities.

Throughout my research, I found common areas of concern for youths with learning disabilities. These areas included lower self-esteem, self-doubt, experiences as both the victim and the perpetrator of bullying, greater difficulties with social changes, and even increases in the frequency of poverty. Though I am no longer a student experiencing these types of social and
emotional hurdles, this project reminded me just how difficult it is to be a student with a learning
disability in our world of instant communication and results-driven society.

While researching and uncovering the connections between learning disabilities and
causes of youth grief, I recalled many memories of my youth. I now know that I displayed
common symptoms of a learning disability in the areas of reading fluency and comprehension.
To this day, I struggle to spell words correctly. Ironically enough, I also struggled with grief as
an adolescent. I often acted out in negative ways to avoid tasks that involved reading and
accepted that I was not going to be anything more than an average student. While learning more
about the effects of learning disabilities on youth grief, I felt like I was rediscovering and
validating many of the negative feelings I had as a youth. This entire experience was very
therapeutic and I hope that the manual offers some assistance to both diagnosed and undiagnosed
youths experiencing grief.

Words cannot express how grateful I am for the supportive staff at Messiah College.
Collectively, they surely taught more than what their course objectives signaled. During the time
of this project, I personally struggled with my own time of grief. There were instances when I
felt like my personal, professional, and educational responsibilities were insurmountable and I
arrived at my breaking point. However, the loving and understanding staff was always available
and willing to guide me forward (even on a Friday night). Words cannot express the debt of
gratitude I owe Messiah College as I prepare for commencement and my journey beyond. Into
the future, I will carry the lesson of compassion as I encounter students struggling with their own
grief and be a guiding force in helping them find some form of peace. I will most definitely
remember and utilize the lessons I gathered throughout this project moving forward teaching
urban youths with learning disabilities.
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