The Effects Of Alcohol Abuse, Coping Resources And Psychosocial Development On Learning Disabled And Non-Learning Disabled College Students

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THE EFFECTS OF ALCOHOL ABUSE, COPING RESOURCES
AND PSYCHOSOCIAL DEVELOPMENT ON LEARNING DISABLED AND
NON-LEARNING DISABLED COLLEGE STUDENTS

By

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Submitted in partial fulfillment of the requirements of the Degree of
Doctor of Philosophy

Seton Hall University

2004
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Dedication

This dissertation is dedicated to my family; the family that was there for me when I began this process and the family I created in the midst of this process.

To my husband, Tom Hagerty, I want to thank you for your support and understanding through this process. Your faith in me has been a Godsend. You never stopped believing that this was a worthwhile goal or that if I set my mind to it I could accomplish anything. You never begrudged me library hours, computer time or tuition payments, you have been a fountain of patience. I will love you forever.

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Abstract

This research investigated the relationships of alcohol abuse, coping resources, and psychosocial development in learning disabled and non-learning disabled college students. The data were gathered from 217 college students in New Jersey and New York. Each student completed the Michigan Alcohol Screening Test (MAST), the Coping Resources Inventory (CRI), the Modified Erikson Psychosocial Stage Inventory (MEPSI) and a demographic questionnaire.

Hypothesis testing and data analyses were completed with SPSS 9.0 using the General Linear Model. The results for hypothesis one (alcohol abuse) were not significant at the .05 level set for this research. Hypothesis two (coping resources) was significant at the .001 level and hypothesis three (psychosocial development) was significant at the .001 level.

The need for further research is apparent especially in the areas of coping resources and psychosocial development in learning disabled college students.
Chapter I

INTRODUCTION

Background of the Problem

High school graduation and college admission is certainly not a rite of passage for every adolescent in this country. There are many factors that prevent high school graduates from pursuing higher education. However, according to Vogel, Leonard et al (1998) there has been a surge in the last 10 years of learning disabled students applying and entering colleges and universities. They found that the number of percent of learning disabled students enrolling as a full time college student tripled between the years of 1985 and 1994. They anticipated that this number would double again by 2004. They also determined that a number of factors contributed to this increased number. However, they cited that the regulations in Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act served as a springboard for accommodations being implemented for students with disabilities.

The Rehabilitation Act of 1973 Section 504 has allowed many learning-disabled college students to pursue higher education and the
responsibility of providing the accommodations to their educational program has been levied on the colleges and universities. However, the specific needs of learning disabled college students outside of the classroom, specifically programs for those with alcohol problems, coping problems and psychosocial development have only been addressed on a limited basis. Elmquist, Morgan and Bolds (1992); Gress and Boss (1996); Molina and Pelham (2001); Snow, Wallace, and Munro (2001) do address studies on alcohol and learning disabled students yet do not reserve their samples to college students. Wolf (2001) in a recent text addressed the issues of learning disabled students on college campuses and discussed multiple interventions regarding this population.

The college student is typically in the late adolescent, early adulthood stage of development. This segment of development has been the focus of many studies and has given cause to the development of many theories regarding this age group. According to Erikson (1968) the primary developmental task of later adolescence is establishing autonomy from parents and developing independence. According to Hogan and Smither (2001) and Newman and Newman (1991) the major task of early adulthood is the exploration of life roles. Separating from parents while exploring life roles through education is part of the college student's developmental task.
Arbona, Jackson, McCoy and Blakely (1999) noted that adolescent developmental tasks include expanding cognitive abilities, increased need for peer approval and establishing a sense of identity. In the later years of adolescents, there are also the beginnings of career and vocation exploration. However, these developmental tasks and stages do not necessarily address an adolescent’s or young adult’s learning disability.

According to the New Jersey Department of Education (2003) in 1994, the year the students in this study were was in grades nine through twelve, the four most common handicapping conditions recognized in the State of New Jersey were Perceptually Impaired (PI), Neurologically Impaired (NI), Emotionally Disturbed (ED), and Multiply Handicapped (MH). The New Jersey Department of Education (2003) described the conditions for these students accounting for 128,422 students or approximately 90% of the classified students in the State of New Jersey excluding students receiving only speech services. The students within these four classifications, although primarily mainstreamed into regular public school settings, were referred to as classified students or students having a learning disability. Students who were classified by a New Jersey Child Study Team by the fall of 1994 were likely to be college freshmen by the fall of 1998. The American Council on Education has
cited that in recent years learning disabilities is the fastest growing disability identified by college students (More disabled students in college, 2000).

The term learning disabled first entered the professional literature in the early 1960's. Prior to this time, the terms minimal brain damage, brain injury, perceptual disorders and dyslexia were used to describe students with learning problems. The term learning disabled has become widely accepted and part of the common nomenclature and in fact is used presently in the classification process. Learning disabilities and special education today primarily uses the definitions set forth by The Americans with Disabilities Act enacted by Congress in 1990, the Individuals with Disabilities Education Act of 1975, and Section 504 of the Rehabilitation Act of 1973. These three federal laws all outline special education services for students with disabilities.

However, in order to understand the current status of learning disabilities, it is necessary to look at the history of learning disabilities prior to the 1960s. Most of the early research in this area came from nineteenth century German researchers. Their scientific contribution came from investigations and studies, which integrated mind over body functions. The goal of research in that century was to identify and conceptualize clinical data. Historically Opp (1994) documented
prolific research in the area of neuropsychological dysfunction. Opp (1994) noted that Wernicke, Lichtheim, Berlin, Goldscheider, and Liepmann pioneered research in the areas of aphasia, apraxia, temporal spatial sequencing, dyslexia, and other neuro-anatomic disorders. This era of research was the infancy of learning disabilities research.

Another force that shaped the field of learning disabilities was the National Committee on Handicapped Children (NACHC). They submitted their definition of learning disabilities through the Learning Disabilities Act of 1969. According to Algozzine, Forgone, and Mercer, (1979) this definition of learning disabilities served as the first guideline for many state codes, including New Jersey, which in turn developed guidelines and provisions for special education. The defining federal codes for students with learning disabilities can be found in The Americans with Disabilities Act enacted by Congress in 1990, Section 504 of the Rehabilitation Act of 1973 and the Individuals with Disabilities Education Act of 1975. Jones and Menchetti (2001) noted these landmark pieces of legislation serve as the basis for all current policies and procedures in Special Education.

Thus learning disabled college students are different from learning disabled elementary and secondary students because they are no longer classified by the State of New Jersey. Despite this it
must be noted that disabilities are permanent and do not cease after high school graduation and continue to effect their educational performance.

A student in the state of New Jersey is classified in order to provide him/her a free and appropriate public education. However graduation from a New Jersey high school closes a student's classified status. Learning disabled college students approaching college entrance have the option of deciding whether or not to disclose to the college or university his/her former classified status. The college application process may or may not include questions regarding learning disabilities. However, if a student discloses he/she would be eligible for services through section 504 of the Handicapped Persons Act of 1973. According to McGuire, Madaus, Litt, and Ramirez (1996) and Thomas (2000) colleges and universities are required to comply with section 504 of the Handicapped Persons Act of 1973 and the Americans with Disabilities Act of 1990.

To be eligible for services at the college level, a student must satisfy the definition of disability as established by Title III of the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973. Section 504 defines disability as a condition which substantially limits one or more major life activities such as walking, seeing, hearing, breathing, caring for oneself,
learning, and working. In the case of learning disabled college students the life activity that would be impacted is learning. However, a diagnosis alone does not warrant consideration for services and accommodations. The college or university in conjunction with the student determines services and accommodations that will be provided. The disability or diagnosis is usually substantiated by submission of medical or educational documentation. This is to say that the student would provide the college or university with his/her Child Study Team records as well as any additional records that would substantiate the request for consideration of services.

A college student might consider identifying his/her learning disabling condition in order to receive one or more accommodations in his/her college program of studies. The appropriate documentation of a disability must be received by the college or university in order for the student to receive accommodating services from the college or university. These services might include modifications such as a reader or a note taker. Other modifications might include substitutions or waivers of certain courses. The college or university may allow extra time to complete exams; permit examinations to be individually proctored, read orally, dictated, or typed; or increase the frequency of tests or examinations. Other testing modifications could
Include a change in the test format (e.g., from multiple choice to essay) or the use of alternative forms for students to demonstrate course mastery (e.g., a narrative tape instead of a written journal). McGuire, Madaus, Litt, and Ramirez (1996) revealed that colleges and universities may also permit the use of computer software programs or other technology assisted devices in order to improve test-taking and study skills among learning disabled students. Sparks, Phillips and Javorsky (2002) noted that with the development of the 504 Act and the case of Guckenberger versus Boston University there may also be course substitution as an accommodation.

In the last 20 years there have been remarkable changes in how 504 accommodations are handled on college campuses. In the 1980s, Vogel (1982) colleges were just beginning to identify ways to accommodate students, educate staff and make the necessary changes on their campus. According to Elswit, Geetter, and Goldberg, (1999) and Wollinsky and Whelan, (1999), the Guckenberger versus Boston University case, supplied students with more information on what accommodations they may be entitled to and made college campuses and college admissions more sensitive to the needs of learning disabled students.

Officially the ruling on the case was handed down on August 15, 1997, by the US District Court. This was a class action suit
against Boston University citing that learning disabling students were not having their rights me by virtue of The Rehabilitation Act of 1973 Section 504 and the Americans with Disabilities Act of 1990. The decision in the case of Guckenberger vs. Boston University (C.A. No, 96-11426-PBS) rules that if a foreign language requirement is not part of the fundamental nature of the student's program, then students with requisite documentation of specific learning disabilities would be able to substitute another course for the foreign language.

The changes and additions of these accommodations may encourage more students to identify themselves as learning disabled as part of their college application process. Starting college for any freshman can be a stressful and daunting process. For the learning disabled student this stress is increased by the presence of the learning disabled condition coupled with the new experiences of college. The new freedoms of college life allow students to engage in many new opportunities, make independent decisions and explore new experiences.

The use of alcohol has been part of the American landscape since the days of our founding fathers. This is evidenced by the fact that alcohol consumption in America can be traced back to the landing of the Mayflower in 1620. John Smith (1620), in his account of what each person needed to bring on the Mayflower, stated that
each person needed to bring 1 gallon of Aqua-Vitae. McGovern and Devito (1991) described Aqua-Vitae as the equivalent of brandy or whiskey. In the new settlement, alcohol was part of religious rituals, social occasions and holiday celebrations. However, there were also historical references to placing people in stocks and paying fines due to public drunkenness.

The New World continued its controversy over alcohol use into the eighteenth century. According to Boyer, Clark, Kett, Salisbury, Sitkoff and Woloch (1996) the rate of alcohol use at that time had grown to six gallons annually per capita. This is nearly double the rate of today's consumption. This growing concern over alcohol and the negative impact on the family fueled the Temperance Movement that began in 1918. Alcohol consumption in our society has been an extremely noteworthy subject. According to Williams, Stinson, Sanchez, Dufour (1998), consumption of alcohol averages about 2.19 gallons per person annually. Furthermore, Baer, Kivlahan, Blume, McKnight, and Marlatt (2001) stated that alcohol consumption often reaches its highest level during the late high school and college years.

Webb (1999) stated that the temperance movement established itself as one of the most comprehensive social reforms in the United States. Noring (2000) stated that the temperance
movement led to the passage of the Eighteenth Amendment in 1919 and influenced a wide segment of American life over its 14 years. Alcohol use and abuse remained throughout prohibition and continues to be a much-debated issue as we begin the 21st century.

According to Fuller and Hiller-Sturmhoefel (1999), alcohol abuse has been recognized as a major health problem in this country for the past 40 years. Health problems associated with alcohol use have been in existence over a long period of time but have received more attention since the latter half of the twentieth century and now into the twenty-first century. According to Kinney and Leaton (1991) alcohol problems have been ongoing health concerns, even though during Prohibition there was a slight decrease in alcoholism, which was "only noted, by the decrease in deaths by cirrhosis of the liver" (p.13). The study of health problems associated with alcohol use became a primary task of the National Institute of Alcohol Abuse and Alcoholism in 1971 and continues to be a heavily investigated area (Chou, Grant, & Dawson, 1996; Fuller & Hiller-Sturmhoefel, 1999; O'Neill, Parra, & Sherr, 2001; Williams, Stinson, Sanchez, & Dufour, 1998). Additionally, according to Cherpitel (1999) treatment related to alcohol problems is done primarily on an outpatient basis. These settings are described as outpatient treatment centers for alcohol use, outpatient hospital settings, and emergency room services.
Both Kaminer (1999) and Malsto, Connors, and Zywiak (2000) stated that the treatment of alcohol abuse is also not limited solely to adults. Young adults and adolescents are being treated for alcohol use and abuse as well.

Alcohol plays a major economic role in today's society. Rice (1993) found that revenues produced by alcohol sales and consumption nears $65 billion annually. Additionally, Rice (1993) estimated that in 1990 about $148 billion was spent on the problems related to alcohol use, an increase of $12 billion in a 10-year period. These problems included the loss of productivity at work and home, motor vehicle accidents, crime, illness, and Fetal Alcohol Syndrome among other related problems. Clark (2002) and Rice (1993) estimated that the cost to the public will eventually surpass $175 billion. Ruhm and Black (2002), in a recent article on economic stress and alcohol use, suggested that alcohol use increases with stress more so than with economic factors.

Although the alcohol industry is politically powerful, the current social tide has also impacted alcohol use and abuse. In the past decade, Americans have seen the evolution of groups such as Mothers Against Drunk Driving, M.A.D.D.; Students Against Driving Drunk, S.A.D.D., and the return of a national drinking age to 21 years of age. M.A.D.D. and S.A.D.D. evolved to educate the
American public about the dangers of drinking and driving. Members of these organizations have spearheaded legislation that has created more stringent penalties for those who drink alcohol and drive. Kinney and Leaton (1991) noted that the legal liability of the host serving intoxicated guests and allowing them to drive a motor vehicle has also increased. The liability of the corporation as well as the individual remains an issue. According to recent surveys conducted by Wagenaar, Denk, Hannan, Chen, and Harwood (2001) those that serve underage drinkers are viewed as more liable than those serving individuals of legal age. The national trend to stiffen the drinking and driving laws has also impacted the State of New Jersey. In New Jersey, surcharges and points are automatically added to the driver’s license of an individual who is convicted of driving under the influence of alcohol. Minors, those individuals under the age of 18, can have their driving privilege revoked prior to their seventeenth birthday, the legal age in which to obtain a driver’s license, if they are convicted of using alcohol.

The use and abuse of alcohol has been the subject of considerable study in regard to many individual characteristics including: ethnicity and race, age and gender, socioeconomic status, family history, abuse and neglect as well as familial alcohol use, abuse and addiction. Alcohol abuse has also been studied in regard
to how it varies in identified groups. This study explored alcohol abuse in students who had been classified as eligible for special education by a New Jersey Child Study Team in the public schools.

The New Jersey Administrative Code (2001) states that a classified student is found to be eligible for special education when there is a discrepancy between ability and educational performance or when there is an emotional disturbance preventing the student from learning. All students eligible for special education may not have a discrepancy between ability and performance. The discrepancy is found with perceptually impaired (specific learning disability), neurologically impaired (traumatic brain injury) but not necessarily with emotionally disturbed classification.

Additionally, according to New Jersey Administrative Code (2001), a student classified in the state of New Jersey prior to July 6, 1998 was usually given a classification of neurologically impaired, perceptually impaired, and/or emotionally disturbed. After that time, the administrative code of New Jersey was revised and the categories of classification were amended. The new category for neurologically impaired is traumatic brain injury, and specific learning disability corresponds with the classification formerly known as perceptually impaired. The term emotionally disturbed has remained constant in the administrative code amendments although the
procedures no longer mandate a psychiatric evaluation. The New Jersey Administrative Code (2001) consistently states, both prior to the revisions and after the revisions, that the eligibility determination of the student being classified cannot be the result of the effects of environmental, cultural or economic disadvantage.

Hammer and Marting (1987) defined coping resources as “those capacities possessed by individuals that enable them to handle stressors more effectively, to experience fewer or less intense symptoms upon exposure to a stressor, or to recover faster from such exposure” (p. 2). Sussman, Brannon, Dent, Hansen, Johnson and Flay (1993) noted that coping has also been described as attitudes and behaviors intended to facilitate the handling of the external and intrapsychic demands of life.

Investigators have also overlooked the effect of substance use on the development of coping strategies among learning disabled students. Hall (1997) investigated coping resources of college students where there were familial drinking problems but the study did not take into account learning disabled college students. The research concerning substance use and abuse among the learning disabled college population is scarce. The present investigation contributes to the sparse body of research in this area. Kuo, Adlaf, and Lee (2002); Read, Wood, and Kahler (2003); Simpson and
Arroyo (1998) and Wechsler, Lee, Kuo, and Lee (2002) thoroughly documented the research on alcohol and college students. However, these research studies do not usually take into consideration learning disabled college students and this population of students present a unique and growing number in colleges and universities.

For some college students, experimentation, and the use and abuse of alcohol is a new experience. Gose (2000) documented that the use and abuse of alcohol among college students is well researched. The present investigation is designed, in part, to examine the problem of alcohol use and abuse, coping resources and psychosocial development among learning disabled students of college age. LaGreca and Stone (1990) and Raviv and Stone (1991) both considered the relationship between self-esteem and learning disabilities. Mokros, Poznanski and Merrick (1989); Weinberg, McLean, Snider, Nucklos (1989) and Wright-Strawdeman and Watson (1992) investigated depression and learning disabilities while Larson (1988) and Waldie and Spreen (1993) considered delinquency among learning disabled students. The populations used in these studies were limited to students of elementary and secondary school age.

Scott and Gregg (2000) reported recent research on college students and learning disabilities including success in college. Oflesh
and McAfee (2000) investigated accommodations by faculty and staff evaluation practices while Wachelka and Katz (1999) studied test anxiety among learning disabled college students.


Although these factors impact the college experience and the stress associated with being a learning disabled college students, the variables of coping resources, psychosocial development and alcohol abuse have yet to be fully explored.

The variables of alcohol abuse, coping resources and psychosocial development have been investigated in numerous studies. However, the predictive studies that include alcohol abuse, coping resources and psychosocial development among learning disabled college students are limited. Recklis and Noam (1999) investigated psychosocial development and coping skills in an adolescent psychiatric sample. Their research noted that problem solving skills and coping strategies were associated with a greater
level of development. Their research however did not include alcohol abuse nor did it specifically address learning disabilities or college students. Their research did note that further investigation was warranted to comprehend any relationship among coping, psychosocial development and behavior. Unger, Sussman and Dent (2003) found in their research that adolescents with coping skills for resisting a conflict had a lower level of risk for alcohol abuse use than those who did not possess these resources.

Alcohol use and abuse and learning disabilities have been heavily researched. Yu and Shacket (2001) investigated whether alcohol use in high school would predict alcohol related problems in college. Although they found their hypothesis to be significant, they did not specifically predict alcohol use and lower levels of psychosocial development and coping resources. Nor did their study differentiate between learning disabled and non learning disabled college students. Borowsky and Resnick (1998) found that learning disabled students are more often exposed to conditions such as family substance abuse and other abuse, emotional difficulties and single parent families. They did not however predict whether these conditions would impact the learning disabled college student.

The research on learning disabled college students has focused heavily on academic success, intervention and accommodations. The
variables of alcohol abuse, coping resources and psychosocial
development in learning disabled college students heeds further
Investigation.

Statement of the Problem

The purpose of the study was to investigate the variables of
alcohol use and abuse, coping resources and psychosocial
development among learning disabled students. This study
specifically examined the student’s coping resources, the student’s
management of developmental tasks of young adulthood, and the use
of alcohol. This study also sought to determine whether learning
disabled college students’ developmental stage, coping resources and
alcohol use is different than that of a non-learning disabled college
student. The study used a demographic questionnaire and three
instruments designed to look at the variables of alcohol use and
abuse, coping resources and psychosocial development. The
instrument used to examine alcohol use and abuse was the Michigan
Alcohol Screening Test (Selzer, 1971). The Coping Resources
Inventory Form D (Hammer & Marting, 1987) and the Modified
Erikson Psychosocial Stages Inventory (Darling-Fischer & Kline Leidy,
1988) were employed to examine psychosocial development.
Research Questions

The basic research question in this study is what are the differences between the alcohol abuse, the coping resources and psychosocial development of learning disabled versus non-learning disabled college students. The specific research questions posed in this study included the following:

1. Is there a difference in alcohol abuse between learning disabled college students and non-learning disabled college students?
2. Is there a difference between the coping resources of learning disabled college students and non-learning disabled college students?
3. Is there a difference between the psychosocial development level of learning disabled college students and non-learning college disabled students?

The other factors that were considered with these three independent questions were gender, year in college, parents' marital status, any history of alcohol abuse or addiction disorders, parental alcohol abuse or addiction disorders, college discipline problems, discipline problems related to alcohol use, age, grade point average and siblings. These factors were addressed in the Demographic Questionnaire. All data on the Demographic Questionnaire were self-reported by the participants of this study.
Hypotheses

The hypotheses reflect the same points as the research questions. The hypothesis statements were posed in the form of directional hypotheses. The statements are the following:

1. There will be a greater amount of alcohol use in learning disabled college students than in non-learning disabled college students.

2. There will be a lesser frequency of coping resources in learning disabled college students than in non-learning disabled college students.

3. There will be a lesser achievement of psychosocial development in learning disabled college students than in non-learning disabled college students.

Definition of Terms

In this study the definition of terms includes the operational definitions as well as the conceptual definitions of the major terms. These terms include Learning Disabled Student, Alcohol Abuse, Coping Resources and Psychosocial Development. The definitions from the demographic questionnaire are also defined. These terms include age, siblings, grade point average, parent marital status,
parent alcohol abuse, self described alcohol abuse, self described
discipline problems, gender and year in college.

Learning Disabled Student

The New Jersey Statutes, Title 6, Chapter 28, details
classifications for students eligible for special education. There are
four prominent disabilities defined within this code. These four
disabilities receive their distinction solely due to the number of
students classified within these categories. Each category has a
number of specific criteria that have to be met before a classification
can be made. The criteria, by New Jersey law, have to be met before
a classification can be made. The following four categories are
summaries of the disabilities included in the New Jersey
Administrative Code (1996):

1. "Neurologically impaired means impairment in the ability to
   process information due to physiological, organizational, or
   integrational dysfunction which is not due to the result of any
   educationally disabling condition or environmental, cultural or
   economic disadvantage.

2. Perceptually impaired means a specific learning disability
   manifested by a severe discrepancy between the pupil's current
achievement and intellectual ability in one or more of the following areas:

a: Basic reading skills  
b: Reading comprehension  
c: Oral expression  
d: Listening comprehension  
e: Mathematical computation  
f: Mathematical reasoning; and  
g: Written expression.

3. Emotionally Disturbed means the exhibiting of seriously disordered behavior over an extended period of time which adversely affects educational performance and shall be evaluated by a psychiatrist experienced in working with children. It is also characterized by an inability to build or maintain satisfactory interpersonal relationships and behaviors inappropriate to the circumstances, a general or pervasive mood or depression or the development of physical symptoms or irrational fears.

4. Multiply Handicapped means the presence of two or more educationally disabling conditions which interact in such a manner that programs designed for the separate disabling conditions will not meet the pupil's educational needs." This would include two or more of the above handicapping conditions that specifically impact a
student's learning. The impact usually indicates a discrepancy between ability and performance for the learning disabled student.

As mentioned above these titles were revised in July, 1998. The definitions are now titled specific learning disability, traumatic brain injury, multiply disabled and emotionally disturbed (NJAC, 2001). The subjects in this study were classified when in high school with the classification categories used prior to July, 1998 and therefore the inclusion of the former classification titles is necessary.

Alcohol Abuse

The definition of alcohol abuse is not limited to a specific number of drinks per person nor is it exactly defined by identical symptoms in each individual. However, The National Institute on Alcohol Abuse and Alcoholism in the Seventh Special Report to the U.S. Congress on Alcohol and Health (1998) identified that approximately 7.2 million American adults are considered alcohol abusers. These abusers however are not displaying signs and symptoms of alcohol dependence. Sobell and Sobell (1993) reported that alcohol dependence is identified by increased tolerance of alcohol, physical impairment, lack of control over alcohol use, and inability to regulate drinking or remaining abstinent. However, the
signs and symptoms of alcohol abuse including those described by the American Psychiatric Association are not always consistent.

In the past 15 years, the American Psychiatric Association has revised its definition of alcohol abuse in the Diagnostic and Statistical Manual of Mental Disorders (DSM). In the American Psychiatric Association third edition (1980), there are specific criteria describing alcohol abuse. Included in these criteria are a "need for daily use of alcohol, inability to cut down, repeated efforts to reduce consumption through episodic abstinence and consumption of a fifth of spirits or its equivalent in beer or wine (p. 169). In the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV), alcohol abuse remains a separate diagnosis, however the diagnostic criteria for alcohol abuse is combined with other substances under the category of substance abuse (American Psychiatric Association, 1994).

Substance abuse, including alcohol, is defined as a failure to fulfill major role obligations such as work, school and home; the creation of physical hazards and legal problems, and the persistence or recurrence of social or interpersonal problems (American Psychiatric Association, 1994). The alcohol abuse diagnosis additionally specifies criteria such as use in physically hazardous circumstances, legal difficulties and use of alcohol despite the knowledge that continued use presents a significant threat to social

A number of behavioral additional symptoms have also been included in the description of alcohol abuse. Fox and Forbring (1991) identified the following symptoms of alcohol abuse. They include symptoms of withdrawn behavior, memory losses, concentration and attention deficits, motor and physical extremes, poor coordination, mood swings, poor academic performance, inappropriate social skills, low self-esteem, poor appearance, explosiveness, attention getting behaviors, negative attitude, disregard for rules, and delayed maturation. Hodgins, el-Guebaly, Armstrong, and Dufour (1999) also included symptoms of absenteeism from work because of drinking, finding it hard to stop drinking, feeling angry about drinking, neglecting personal hygiene, and irritability, violence and mood swings.

Scores on Selzer’s (1971) Michigan Alcohol Screening Test define alcohol abuse in this study. This instrument will be discussed in depth in Chapter III Design and Methodology.

Coping Resources

Wade and Tavris (1996) introduced coping resources as the cognitive and behavioral responses to stressful events in the
environment. According to Folkman and Lazarus' (1985) coping framework, "stress is defined as a relationship between the person and the environment that is appraised by the person as relevant to his or her well being and in which the person's resources are taxed or exceeded" (p. 152). Hammer and Marting (1987) describe coping resources in a three pronged definition: They include in the definition the innate ability to handle stress, the ability to have reduced numbers of symptoms when faced with stress and the ability to recover more rapidly when exposed to stress. With that, the scores measured on Hammer and Marting's (1987) Coping Resources Inventory served as the coping resources for this study. This instrument will be discussed further in Chapter III.

Psychosocial Development

The term Psychosocial Development evolved from Erik Erikson's research on lifespan development. Cavanaugh (1996) described Erikson's theory on psychosocial development as from the idea that people evolve from both psychological and social drives. Cavanaugh (1996) also described Erikson's eight stages of psychosocial development spanning from birth to old age. Psychosocial development for this study will be defined by the measured responses
the Modified Erikson Psychosocial Stage Inventory. This instrument will be discussed further in Chapter III.

Demographic Questionnaire terms

The ten questions of the demographic questionnaire were all self-report responses. The ages of participants are by the reported chronological age of the participant. Siblings are defined as the number of brothers and sisters of the participant. Grade Point Average, also known as G.P.A., is the 4.0 scale in which colleges assign grades. Parent marital status is the self-reported marital status of the parents of the participant. The response to the question concerning parental alcohol abuse and addiction is the participants' perception of their parents' alcohol use and addiction. Self-described alcohol abuse and addiction is the participants' evaluation of his or her own alcohol use. Self-described discipline problems are those problems that the participant has experienced while a college student. Alcohol abuse and discipline problems are the discipline problems experienced by the college student while under the influence of alcohol. Gender is simply defined as male or female. Year in college is freshman, sophomore, junior or senior as reported by the participant.
New Jersey Administrative Code (2001) makes a determination of eligibility for classification of special education students in the State of New Jersey by expressly stating that the classification statuses are not the result of the effects of environmental, cultural, or economic disadvantage. It is for this reason that the ethnicity and socio-economic status were not included in the demographic questionnaire.

Significance of the Study

The significance of this study is predicated upon the increase in the number of learning disabled students entering college. Beilke and Yssel (1999) estimated that between seven to seventeen percent of the nation's elementary and secondary school students have been classified with specific learning disabilities during their educational career, which in turn has led colleges and universities around the country to admit learning disabled students to their ranks. Although the amount of research regarding college students is ever increasing, there does not appear to be any specific profile distinctions among college freshmen, sophomores, juniors, and seniors with and without learning disabilities.

The purpose of this study was to examine and discuss the effects of alcohol abuse, coping resources and the psychosocial
developmental stages of later adolescence and early adulthood in a population of learning disabled college students and non-learning disabled college students. In previous research Valas (1999) suggested that classified students are more likely to have lower self-esteem; Heath and Ross (2000), Huntington and Bender (1993) and Valas (1999) noted higher levels of depression. Fleener (1999), Greenham (1999) and Waldie and Spreen (1993) noted that there was an added possibility of juvenile delinquency issues in student with learning disabilities than those without learning disabilities. However, the research literature remains unremarkable as to whether development, coping resources, and/or alcohol abuse impact this population.

Based on this, the significance of these results will have implications for educators and counselors on many levels. It will give the public schools the opportunity to assess their curriculum on alcohol abuse prevention. It will also permit them the opportunity to provide coping resource training for educationally classified students. This type of training could be incorporated into the Individual Education Plan. The Individual Education Plan is a required document for all educationally classified students in the State of New Jersey. The implications of this research for colleges and universities would also include material that would allow them to review their policies
and procedures for alcohol use on campus. Colleges and universities with a specific program for learning disabled students would also have the opportunity to implement training on coping resources and psychosocial development.

Limitations of the Generalizability of the Research

The generalizability of the results are limited to learning disabled college freshman, sophomore, junior, senior students with economic resources that permit them to attend college. It is also limited to learning disabled students who were previously classified under the New Jersey Administrative Code, Title 6, Chapter 28. In addition, this research is limited to students enrolled in colleges that have a specific program in place which is meant to provide support services during their college years.
Chapter II

Review of the related literature

In order to have a more thorough understanding of the variables being investigated in this study, it is necessary to review the related literature. This literature would include areas affiliated with learning disabilities, alcohol use, abuse and addiction, coping theories and psychosocial development theories. The areas that will be addressed in this review consist of both theoretical and historical aspects of the variable as well as a review of related empirical studies.

Learning Disabilities

Historically research on learning disabilities has employed a variety of topical labels. The nomenclature has not been consistent over the past century. According to Lerner (1981), the early terms of learning disabilities included minimal brain dysfunction, central processing dysfunctions, organic disabilities and neurological dysfunction. Learning disabilities can be defined from various perspectives. The definitions most commonly emerge from the medical, legal, educational and practical frameworks. To that end, the definitions of learning disabilities have not always been consistent or
specific. Chalfant (1989) and the National Joint Committee on Learning Disabilities (1998) describe a more current definition of learning disabled students, which includes both academic disabilities and developmental disabilities. These disabilities are in the areas of reading, writing, arithmetic, and spelling difficulties as well as attention, perceptual, and memory problems. The current learning disabilities definitions use federal laws as a guide. The federal codes for students with learning disabilities can be found in The Americans with Disabilities Act enacted by Congress in 1990, Section 504 of the Rehabilitation Act of 1973 and the Individuals with Disabilities Education Act of 1975. Jones and Mechetti (2001) stated that these landmark decisions serve as the basis for all current policies and procedures in Special Education.

According to Thurlow, House, Scott and Ysseldyke (2000), approximately five million K-12 students in the United States receive special education services. In New Jersey, according to the State Department of Education (2002) approximately 125,000 students are classified. Learning disabled students have been identified and formally classified through a rather complicated and arduous process. A team evaluation during the preschool, primary or secondary school years works to identify the special need of each student. This team includes a school psychologist, a school social worker, a learning
consultant and a speech and language specialist. Classification categories are broadly based and are used for developing teaching strategies and Individual Education Plans for the specific classification.

For the purpose of this study, the operational definition of a learning disabled student is a student who has been classified by a New Jersey Child Study Team prior to July, 1998. The classification titles included in this study are perceptually impaired, neurologically impaired, emotionally disturbed, and multiply handicapped. Although emotionally disturbed and multiply handicapped may not have a specific learning disability, New Jersey Administrative Code (2001) describes their disability as an inability to learn that cannot be explained by intellectual, sensory or health factors.

The classification of a perceptually impaired student is the likely result of a developmental lag or several other developmental factors. There may be a problem with organizing complex visual stimuli and making sense of what is seen or a problem with eye-hand coordination. Students with this disorder may experience the following symptoms: poor reading ability, low frustration tolerance, disorganization and forgetfulness.

Specifically the neurologically impaired student has suffered an assault to the nervous system through pre-natal cause, post-natal
injury or disease. Students possessing a neurological impairment may experience one of the following symptoms: poor gross coordination, poor small muscle coordination, high impulsivity, distractibility, short attention span, emotional outbursts, poor retention, or disorganization.

The emotionally disturbed student is defined as a student who is operating on an affective level such that it distracts him/her from academic performance. Interpersonal relationships are usually conflicted, and require the supervision of an authority figure. Other symptoms may include: emotional blocks to learning, a negative attitude, underlying insecurity, excessive reactions to common stimuli and a general dissatisfaction with school.

Public Law 94-142 and the Individuals with Disabilities Education Act describe a learning disability as "a disorder in one or more of the basic psychological processes involved in understanding or using language, spoken or written, which may manifest itself in an implicit ability to listen, think, speak, read, write, spell, or do mathematical calculations. The term includes such conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not include children who have learning problems which are primarily the result of visual, hearing, or motor handicaps, of mental retardation, of
The regulations presented in the Individuals with Disabilities Act (IDEA) and Section 504 of the Rehabilitation Act are fairly similar. (1998) noted that the Department of Education administers IDEA and Section 504 of the Rehabilitation Act is monitored by both the Department of Health and Human Services and the Department of Education. Section 504 assigns the responsibility of identifying and acknowledging any disabilities on the part of the student. The student must also work with the college or university in developing an accommodation plan. Accommodation plans are different at each
without accommodations but learning disabled students have arrived on college campuses across the country. Research studies are beginning to surface regarding this segment of the college age population.

The current literature regarding learning disabilities among the college age population has focused more heavily on areas outside of alcohol abuse, coping resources, and psychosocial development. Current research has focused on genetic and medical reasons for learning disabilities among college students. Keim (1995) looked beyond the typical variables associated with learning disabilities. Although family history, head injuries and birth complications are commonly linked with the causes of learning disabilities, his research encouraged the study of additional variables and learning disabilities.

Dickinson and Verbeek (2002) investigated learning disabled college students and wage earnings and found an unexplained discrepancy between the wage earnings of learning disabled college graduates versus non learning disabled college graduates. The research was inconclusive as to whether the discrepancy was a direct result of discrimination or other unexplained factors. Blake and Rust (2002) and Wachelka and Katz (1999) investigated self-esteem and college age learning disabled and non-learning disabled students. Blake and Rust (2002) found that there was few differences in the
self esteem of learning disabled and non learning disabled college students. They accounted for this by hypothesizing that students are imbedded in the general school population. The study however only surveys 44 students and the sample may be too small to determine any great effects. Wachelka and Katz 1999 focused more heavily on academic self esteem in their study. However, they too had a very small sample of students (n=27).

Clark and Parette (2002) investigated the needs of learning disabled student athletes. Specifically they address four areas unique to student athletes: adjustment to competition in college, stereotyping of student athletes, support services in place for student athletes and coping with their learning disability. They reviewed the programs that currently provide student services for athletes. They concluded that universities must take particular care in providing services and accommodations for learning disabled student athletes.

Wolinsky and Whelan (1999) focused on the federal laws and recent cases regarding learning disabilities. More specifically they reviewed the Guckenberger versus Boston University case. They viewed the disposition on the case as just, however they believed that many factors could have been settled out of court.

Gregg and Scott (2000) addressed the concerns of faculty members instructing learning disabled college students. After
reviewing federal law and case law they concluded that colleges and universities must address the needs of the students and the accommodations made on their campuses. The issues must be addressed from a three perspective. Services must be reviewed at the individual faculty level, the institutional level and from a disciplinary level. Sparks, Philips, and Javorsky (2002) focused their research on the legal implications for college campuses where learning disabled students are studying. They conducted a study of 158 students who had received course substitution due to a learning disability. They found that half of the population requesting foreign language exemption had not been classified prior to entering college and demonstrated few academic problems. They concluded their study with many recommendations for colleges and universities to review and modify the accommodation regarding foreign language courses.

These studies address areas specific to learning disabled students. In some instances the areas of study overlap. There is considerable research regarding accommodations on college campuses. Recent court cases have tested the strength of some accommodations and going beyond what is reasonable for a college or university to implement.
Alcohol Use and Abuse

Gassman, Demone, and Wechsler (1999); Haemmerlie, Montgomery and Cowell (1999); O'Hare and Sherrer (2000); Plueddemann, Theron and Steel (1999); and Wechsler and Kuo (2000) thoroughly documented the research on alcohol use and abuse among college students. The studies investigated many variables regarding college students and alcohol abuse. The empirical studies including alcohol as a variable are also numerous and thoroughly researched. Low and Gendaszek (2002) investigated alcohol and psycho stimulants on college campuses. Kuo, Adlaf and Lee (2002) compared the alcohol use on college campuses in the United States and Canada. Wood, Sher, and Bartholow (2002) studied alcohol use among college students and cognitive abilities.

The Wechsler and Kuo (2000) study used the Harvard School of Public Health College Alcohol Study results to assess students' definition of binge drinking on campus. They specifically looked at students who underestimated binge drinking, overestimated binge drinking and were accurate with the rate of binge drinking on their campus. The Wechsler and Kuo (2000) study was a large college alcohol study. They examined binge drinking on college campuses, attitudes towards binge alcohol consumption and problems on campus. This was a replication study that included over 100 colleges
from 40 states, which included a random sample of over 14,000 students. The results of this investigation found that students have a gender specific definition of binge drinking. They found that women who consumed five drinks in a row were considered a binge drinker whereas her male counterpart needed to consume six drinks in a row to be considered a binge drinker. This study also reported that alcohol problems on campuses were viewed in relationship to an individual's own level of alcohol consumption.

A cautionary note in regard to this study is the fact that the data was retrieved from self-report questionnaires. However self-report studies in regard to alcohol use have demonstrated validity according to the study, Fisher and Katz (2000) state that social desirability may be a factor in self-report studies.

Although this study did differentiate between male and female students, those that abstain and drinkers, student participating in fraternities and sororities and athlete students, the authors did not address the area of learning disabled or non learning disabled. They also felt their results warranted future study in the area of binge drinking with the students who overestimated the amount of binge drinking on campus. The investigation by Plueddemann, Theron and Steel (1999) assessed the relationship alcohol use and self-consciousness among college students.
Haemmerlie, Montgomery and Cowell (1999) examined alcohol abuse and sociomoral reasoning. O'Hare and Sherrer (2000) investigated the relationship between stress and alcohol abuse in college students. The studies of Haemmerlie, Montgomery and Cowell, (1999) and O'Hare and Sherrer, (2000) were of particular interest to the present investigation because of the variables they included in their studies were similar in nature to the variables of psychosocial development and coping resources. The Haemmerlie, Montgomery and Cowell (1999) study used a sample of nearly 600 volunteer students to determine whether reasoning regarding alcohol use was any different in college students than in elementary or high school students. Although the authors found that drinking behavior was viewed by college students to be a personal choice and not a sociomoral decision, the study was not without its problems. The Social Values Questionnaire used in this study was amended such that it was possible that the scales used to measure these variables were confusing and not consistent with the original intent of the instrument.

The O'Hare and Sherrer (2000) study examined stress factors and alcohol abuse. The stress levels of substance abusers may be a similar factor related to coping resources and therefore may show some similarities to the present study. The O'Hare and Sherrer
(2000) study examined the effects of stress and gender in college students. The authors used a sample of 315 students who had violated the campus drug and alcohol policy. The measurement tools used in this investigation were the South Shore Problem Inventory-Revised and the Alcohol Change Index. The results of this study did determine that stress and alcohol abuse were concurrent factors especially in females. However, the authors did not thoroughly address the validity and reliability of their instruments nor did they address the possibility of learning disabled college students or previous coping resources when measuring the student stress levels.

Although there are multiple studies on alcohol abuse and college students, the reasons for and causes of alcohol use, abuse and addiction remain numerous and conflicting. Because of these conflicting thoughts, a variety of theoretical models have been developed. In order to understand more thoroughly the current research, it is necessary to explore these theories and definitions of alcohol abuse. The theories are primarily scientific and have implications for both the clinical and research aspects of psychology.

Theories of alcohol abuse and alcoholism have been in the popular literature and the popular mind set for at least the past two decades. The general belief was that if your father was alcoholic then you were likely to be a risk for alcoholism. Clayton, Leukefeld,
Donohew, Bardo, et al. (1995) concluded this type of research seems to indicate that there are biopsychosocial aspects to the alcohol abuse and alcoholism. Goodwin (1982) presented a genetic theory states that the genotype that was produced from each set of parental genes in the individual holds the link to potential alcohol abuse. Belknap (1980); Hill, Shen, Lowers and Locke (2000); Ho, Tsai, and KISSLIN (1975) LOVINGER (1997) and Noble (1987) reviewed a number of neurobiological studies, including animal studies stating that the effect of ethanol on the biological system impacts the ongoing consumption of alcohol.

In neurobehavioral theory, Alterman and Tarter (1983); Jones (1971) and McCord and McCord (1960) infer that if behavioral disturbances have been historically present in childhood and adolescence than these behaviors will impact adult drinking behaviors.

In more current research Deas, Riggs, Langenbucher, Goldman and Brown (2000) and Noble (1991) suggest that even if adults and adolescents drink the same amount, adolescents are more likely to demonstrate mood disorders and compulsivity. These symptoms may also be leading to earlier diagnoses of alcohol abuse and alcohol dependence. These biologically based theories have been more heavily researched from medical and biological perspectives, however
there continues to be significant research on the psychological theories of alcohol abuse.

The research on alcohol abuse and addiction is presented from many different theoretical frameworks. The theories discussed in this research study are from psychoanalytic, behavioral, and social learning frameworks. Psychoanalytic theorists have asserted that alcohol use is from three specific elements. According to Barry (1988) alcohol users are "seeking sensuous satisfaction, conflict among components of the self and fixation in the infantile past" (p. 104). These three components are very complimentary to Freud's drive theory. Freud identified unconscious motives as determinants of behavior. He also noted that excessive gratification could lead to an adult fixation. And, although Freud did not state that immediate gratification is specifically related to alcohol abuse, there appears to be a possible connection. In fact, Freud rarely discussed alcohol use, abuse, and addiction, yet many of Freud's concepts can be applied to alcohol abuse and addiction and are in current use by psychoanalytic therapists today.

Freud's theory identified the libido as the primary drive and the id as the force behind meeting the needs of this drive. The id seeks pleasure, relief and satisfaction. Alcohol use can serve to meet the needs of the id; to provide relief from stress and anxiety. In turn,
the ego would serve as the moderator of alcohol use; disallowing ongoing alcohol intoxication. The superego functions as the conscience in the model. The superego would be concerned with the laws surrounding alcohol consumption as well as the ethical responsibility of the person drinking. Initially, Blum (1967) noted that psychoanalysts’ success rate with this type of therapy with alcoholics was limited. However, according to Barry (1988); Carroll (1999) and Finlay (2000) in more recent studies, psychodynamic therapists are likely to include Alcoholics Anonymous as part of the therapeutic process.

Behavioral psychology developed as a reaction to dissatisfaction with the traditional psychodynamic model. With that in mind, it is expected that behavioral theory have a different view of alcohol abuse. In behavioral psychology there is the theory of classical conditioning. Classical conditioning stems from the work of Russian scientist, Ivan Pavlov. Rescoria (1972) stated that basically Pavlov associated two stimuli that were not formerly paired hence creating a conditioned response. The specific concepts of classical conditioning include an unconditioned stimulus, an unconditioned response, a conditioned stimulus and a conditioned response. Baker and Tiffany (1985); Clements, Glaudier, Stolerman, White and Taylor (1996); Higgins (1997) and Stewart, deWit, and Eikelboom (1984) noted that
although classical conditioning is traditionally associated with meat powder, dogs and bells, there has been considerable research in the addiction field using a classical conditioning model. According to Sherman, Jorenby and Baker (1988), Pavlov investigated similar events with morphine use. He noted that the administration of the morphine was the conditioned stimulus, the morphine itself, the unconditioned stimulus, morphine’s effects the unconditioned response and the conditioned response was the acquired response to the conditioned stimulus.

It can be theorized that alcohol abuse and alcohol addiction are related to classical conditioning. The unconditioned stimulus is the alcohol, the unconditioned response is the consumption of the alcohol, the method in which the alcohol is consumed is the conditioned stimulus and lastly the conditioned response is the learned effect of alcohol consumption. A behavioral example of classical conditioning with alcohol use is when alcohol is used in an abusive manner. The abuse is the conditioned stimulus and the learned effect or conditioned response is the intoxicated feelings.

Another psychological theory that has addressed alcohol abuse is the Social Learning Theory. Social Learning theory has formulated a perspective on alcohol abuse and addiction. Social learning theory took departure from traditional object relations theory and moved to
more of a subject interpretation perspective. It received its roots from such psychologists as Rotter, Bandura and Mischel. The fundamental tenet of social learning theory is that observation and imitation of others impact one's behavior. Based on this theory, it is evident how social learning could impact alcohol abuse and further more by the lack of learned coping skills.

However, according to Bandura (1982), behavior is not solely based on observant learning but that a component of self-regulating behavior that also exists. This is to say that every behavior is not based on external influence but that internal processes impact on behavior decisions. According to Terry (1988) Bandura defined the components of self-regulating behavior into self-observation, judgmental process and self-response. Problems within the self-regulating process could in fact lead to alcohol abuse. If a person were unable to fully define the performance and dimensions of his behavior then that might in turn impact the judgmental process and the overall response of the individual. Bandura also took aim at the psychodynamic model and aversion theory of treating alcohol abuse. Bandura (1969) believed that people with different personality traits could learn to drink alcohol either heavily or in moderation.
Coping Resources

The term coping skills began to appear in the psychological literature in the past 50 years. According to Lazarus and Folkman (1984), coping has appeared in both the experimental psychological literature, specifically with animals, and in the psychoanalytic ego psychology literature. Experimental research defines stress as it relates to the sympathetic nervous system and the cardiovascular system. Psychoanalytic ego psychology identifies coping through the individuals' thoughts and behaviors. Lazarus and Folkman (1984) noted that the specific thoughts and behaviors that are examined in the literature are those related to problem solving and stress reduction. Stress appeared in the psychological literature in approximately 1944. The Index of Psychological Abstracts (1944) was first publication to list the word stress. According to Lazarus and Folkman (1984) the historical references to the word stress traditionally referred to hardship, difficulty or some affliction.

The research of Selye and Fortier (1950) highlighted the concept of stress, as it relates to coping and the term became more familiar in the literature. He also introduced the General Adaptation Syndrome which described the physiological reactions to stress.

Psychological references often exchange the word stress for anxiety. Freudian Theory often described anxiety in similar terms to
that of stress. As stress was being related to the biological and physiological sciences, coping too was related to similar biological and physical processes. According to Lazarus and Folkman (1984) the ability to manage stress is the act of coping.

Dollard and Miller (1950) expressed anxiety reduction in terms of what is currently expressed as coping. In fact, Lazarus and Folkman (1984) believed that the similarities between anxiety and stress as well as anxiety reduction and coping are undeniable and have held a prominent place in the psychological literature for the past century.

Traits differ from coping styles in that traits have a finer point in their description whereas coping styles appear to have a more broad-brush approach in their description. Moos (1974) reviewed traits that are often identified with coping to more specifically delineate the two terms.

Vaillant (1977) used a psychoanalytic model as the backdrop for his work on coping styles. He described levels of ego functioning in a hierarchical fashion, some of which are psychotic and dysfunctional in nature and some of which are functional in their structure. It is only these higher order functions that are labeled coping skills.
Lazarus and Folkman (1984, 1980) were pioneers in their research on coping as it relates to stress and appraisal. They defined coping as the "constantly changing cognitive and behavioral efforts to manage specific external and / or internal demands that are appraised as taxing or exceeding the resources of the person" (p. 141). The focus of their work has been on the relationship between coping strategies and cognitive appraisal. Their goal is to understand the correlation among appraisal, coping and adaptation. Hammer and Marting (1987) used the work of Lazarus and Folkman as part of their research in developing the Coping Resources Inventory.

The Coping Resources Inventory has been used as an instrument in a number of studies. A study investigating workplace stress (Horan, 2002) using the Coping Resources Inventory was able to determine that using inspirational messages assisted subjects in the overall ability to cope at work. More specifically, Horan (2002) addressed workplace stress in a study using the Chicken Soup™ Workplace Groups. She measure coping using the Coping Resources Inventory. The study found that coping resources improved in the experimental group. The pre and post test use of the Coping Resources Inventory were found to be significant. The study however only had a total sample of 84 volunteers, predominantly
Caucasian, female, and married with children and a mean age of 45. The generalizability of this study may be somewhat limited.

Hall (1997), in a study pairing coping resources and parental alcohol problems among college students, found that those students' who identified their parents as having no alcohol problem scored higher on the Coping Resources Inventory than their counterparts who identified their parents as having an alcohol problem or unsure of parents' alcohol problems. This study had a sample of nearly 1000 students from a northeastern university. The results of the study determined that the coping resources as measured by the Coping Resources Inventory were greater in the students with parents who were not alcohol abusing than in students with parents who were alcohol abusing. The study had merit in its application of the Coping Resources Inventory but it was not without its limitations. The sample was predominantly Caucasian and may not be generalizable to minority groups. The study did not consider learning disabilities or other possibilities for the lack of coping resources other than parental alcohol abuse.

Spirito, Stark, Grace and Stamoulis (1991) noted that the coping resources of learning disabled students began to be more rigorously investigated within the past 10 years. Maisto, Pollock, and Lynch (2001) in more recent studies on coping resources studies
found that coping resources were being addressed after drug and alcohol treatment had been completed. Mak and Mueller (2000) and Matheny, Gfroerer, and Harris (2000) explored coping resources and the employment market. Coping resources and life satisfaction were investigated by Hamarat, Thompson, and Steele (2002). Buelow, Lyddan and Johnson (20020 researched coping resources and client attachment.

In a recent article Simons, Aysan, and Thompson (2002) specifically addressed coping resources and college students in an investigation with Turkish college students. This study found that as coping resources increased so did the students' overall outlook on life satisfaction. This study did not however specifically delineate whether learning disabled students were included in the study. Other researchers who have discussed coping skills among children, adolescents and adults have also neglected to mention any commonalities or significant differences between learning disabled and non-learning disabled individuals.

Lewis and Frydenberg (2002) investigated coping among adolescents. They used a large sample of Australian adolescents and found that students using emotionally based coping strategies were meeting with considerably less success than those use less emotionally based strategies. Particularly noteworthy to the present
study is the author's reference to psychosocial issues and coping resources. Lewis and Frydenberg also noted that adolescent issues such as poor academic performance, health concerns, depression and anxiety might impede coping resources. They also note the high frequency in which coping and stress are investigated and the disproportionately low amount of progress that has been achieved in this field. The results of their study suggest that additional training and research in problem focused coping strategies as well as emotion based coping strategies must be completed. Although this study contributes widely to the coping and stress literature it does fail to consider disabilities as a factor in coping.

Hops, Tildesley, Lichtenstein, Ary and Sherman (1990) conducted a study with college students that discussed problem solving and coping as factors in drug use but did not consider learning disabilities as a factor. Durm (1999) examined the variable of coping resources among college students with the dependent variables of marriage. McCarthy, Liu, Ghormley, Brack, et al (1997) conducted research regarding mood and coping resources and Brown and Cross (1997) conducted research involving coping resources and family environment but none of these studies considered the learning disabled sample in their studies. As written in Herman and Lane (1995); Massarelli (1999) and Williams (1991) learning disabled
adolescents and coping skills are beginning to be addressed in the current literature but rarely have college students been included in the subject sample.

Moller, McCarthy and Fouladi (2002) recently studied coping resources and college students. They investigated the relationship between coping resources and stress symptoms among college students following the break up of a relationship. Additionally in an earlier study conducted by McCarthy, Moller and Fouladi (2001) college students were the subjects of a study on coping resources and parental attachment. Both of these studies thoroughly investigated coping resources among the college age population, however neither of these studies examined the factor of learning disabilities.

Psychosocial Development

Psychosocial development research encompasses many aspects of human development. Much of the research that has been reviewed for this study comes from a historical, stage theory perspective. There are many stage theories of development. It is significant to review some of the historical roots of these stage theories to appreciate how they impact this study. Gilligan (1982); Gould (1978); Levinson (1978) and Marcia (1966) note that Erikson’s
psychosocial stages are related to their own theories as well as a forum for comparison to their own stage development theory.

Theorists that have researched the area of psychosocial development are briefly described below. Each of these developmental theorists has added tremendously to the body of research that encompasses psychosocial development. The theories of Erik Erikson, James Marcia, Robert Gould, Daniel Levinson and Carol Gilligan are briefly described below and are more fully explored in the review of the literature.

Erik H. Erikson (1968), in his theory of psychosocial development, identified eight sequential stages. In each stage, he described developmental tasks and psychosocial crises that correspond to a level of development. Erikson (1950) posed that as individuals go through life, they pass through eight different stages, each of which challenges them with a specific developmental task to be resolved. He believed that the positive or negative resolution of each developmental task influenced the successive stages of psychological growth and contributed to the individual's integrated sense of identity.

Erikson (1968) postulated that the major developmental task of late adolescence, early adulthood, is identity development. The
psychological crises that Erikson identified in these stages are identity versus identity confusion and intimacy versus isolation.

James E. Marcia (1980) expanded on Erikson's theory to include four styles that created the framework by which Marcia assessed identity. These four identity descriptors include identity diffusion, moratorium, identity achievement and foreclosure and Marcia theorized that these identity types were significant for adolescents in their decision making processes.

Daniel Levinson's (1978) view of late adolescent, early adulthood development included the concepts of life structures and transitions. He believed that life structures comprise the values and beliefs that people live by which people live. The early adult transition phase includes reviewing the values and beliefs from childhood and adolescence.

According to Levinson, Darrow, Kline, Levinson and McKee, (1978) in Levinson's developmental theory, he identified the college age student as being in an early adult transition phase. Levinson (1978) discussed structures, values, ideas and beliefs, which were developed during childhood and adolescence are reviewed and amended during the transition time of early adulthood. According to Levinson, development alternates from stability to transition cycles, allowing for the individual to experience his life structures, values,
ideas and beliefs during the stable cycles and review and expand these principles during the transitory stages.

Robert Gould (1978) described the stages of adult development from a psychoanalytic perspective. He viewed adult development from ages 16 to 60. In the first stage of adult development, which occurs from ages 16 - 22, he focused on the task of creating autonomy from one's parents. According to Gould, the goal for this stage is for the adolescent to resolve the necessity for autonomy and their desire to feel safe and secure.

Carol Gilligan (1982), a student of Lawrence Kohlberg, recognized that much of the theoretical framework for psychosocial development was flawed due to the overwhelming subject sampling from a western European, male population. Gilligan's (1982) research explored the different approaches females take to moral and ethical problem solving and decision making. Gilligan does not describe her development research from a stage model but more from a perspective that examined gender differences within development.

Erikson (1968), Marcia (1980), Levinson (1978), Gould (1978), and Gilligan (1982) each examined the developmental process across the life span. They each bring a unique perspective to the field of psychological development. These works help provide a descriptive
profile of development for the age group that ranges from 18-22. The writings of these five theorists have also allowed for the identification of characteristics of an adolescent / young adult college student. Their collective body of work does not differentiate between learning disabled and non learning disabled individuals and they do not remark on any disabilities and psychosocial development. Carol Gilligan was the first to incorporate gender differences as a major factor in psychosocial development. According to Newman and Newman (1991) these theories review the developmental tasks appropriate for this age group which include autonomy from parents, sex-role identity, internalized morality, career exploration, mutuality among peers, selection of partner, and readiness to marry.

The psychosocial stages of development as a theory emerged from Freudian (1933/1965), psychoanalytic theory and therefore a thorough understanding of Freud's stages and psychoanalytic theory needs to be addressed before further research in psychosocial theory is reviewed. Psychoanalytic theory of development is best known by Freud's psychosexual stages of development. His stages are focused primarily in childhood and do not have a life span approach even though the genital stage begins at age 12 and continues through death.
According to Freud (1933/1965), the development stages are psychosexual and include the oral, anal, phallic, latent, and genital phases. The oral stage incorporates birth through age one. The primary goal of this stage is the satisfaction of the infants' needs for the nurturance and gratification. The second stage, or the anal stage, is from age one through three. During this stage the focus is on control and independence. The third stage, which includes ages three through six, is the phallic stage in which the central point of the conflict is the unconscious incestuous desire the child has for the parent of the opposite gender. The fourth stage or latency phase, from ages six through twelve allows the child to develop socialization skills and removes the focus from sexual desires. The last stage of development, which begins at age twelve, is the genital stage. This stage lasts through life and focuses once again on the themes of sexual energy and desires.

Erikson

Erikson (1950/1963/1982) believed that as individuals progressed through life, they encounter eight different stages of development. He believed that each of these stages had a specific crisis as well as particular developmental tasks that needed to be resolved in order to successfully advance through the stages.
According to Corey (1996) Erikson described the crisis similar to that of a turning point or milestone in the individual's development. Erikson suggested that whether the individual passed through and resolved the stage and developmental tasks negatively or positively, the resolution impacted on the next successive stage. In turn, he believed that the psychological growth and the integrated sense of identity of the individual is determined by their stage resolution. Erikson (1950/1964) saw beyond the focus of development as solely sexually based and suggested development across the life-span was based on psychosocial skills. Erikson proposed eight stages across the life span. Erikson believed that each stage of development has a task and a crisis to be resolved.

Newman and Newman (1991) thoroughly described the facets of Erikson’s Psychosocial Stage Theory. The central process is basically the connection between the individual’s crisis and the environment. They noted that Erikson’s first stage of psychosocial development is trust versus mistrust which occurs between birth and two years. The basic task for the individual is to trust the environment and caregiver. The central process for the stage is mutuality with the caregiver. The second developmental stage is autonomy versus self doubt and shame. This stage lasts from approximately 2 years to 3 years old.
The crisis resolution for the child is to begin asserting his autonomy. The central process for the stage is imitation. Erikson's third stage occurs during the early school age years and focuses on initiative versus guilt. The central process is identification. The fourth stage of psychosocial development according to Erikson is industry versus inferiority. This stage lasts between ages six and twelve and the central process for the individual is education. The stages of identity versus confusion and intimacy versus isolation (Erikson, 1950) will be discussed in greater detail below as these stages pertain to the young adult or the college age student.

Newman and Newman (1991) described the final two stages of Erikson's theory. The seventh stage is generativity versus stagnation which occurs during middle adulthood and has the crisis resolution task as the assessment of productivity in the individual's life. The central process is based on the person-environment interaction and creativity. The last stage of Erikson's psychosocial development is integrity versus despair. In this stage of life the crisis to be resolved is based on evaluating one's contributions to the world. The central process is based on the individual's ability to be introspective.

As stated above, Freud's (1933/1965) theory of development, focused on the four psychosexual stages. He believed these stages of development directly affected the personality. Unsuccessful
progress through a particular stage could result in fixation at that stage and would effect the development of subsequent age. According to his theory, Freud asserted that during each stage the pleasure-seeking impulses influenced the activities of the particular age group.

Erikson (1950/1964) converted and expanded Freud's theory of psychosexual development into his own theory of psychosocial stages of development. He described identity development within the context of the cultural setting in which people live. Whereas Freud's stage theory includes only research on early childhood, Erikson developed his research theory into a perspective that included the entire life span.

According to Erikson (1950/1964), the developmental task of adolescence concerns the establishment of identity and the avoidance of the role and identity diffusion. As written by Newman and Newman (1991), the effective maneuvering of this task involves the successful resolution of several sub-crisis. These sub-crisis include autonomy from parents, sex-role identity, internalized morality, career choice, role experimentation, and male and female identity formation.

Also in Erikson's stage theory (1950/1964) is the description of the psychological crisis in early adulthood. This crisis is that of
intimacy versus isolation. Again, Newman and Newman (1991) described the Eriksonian developmental tasks that occur during intimacy versus isolation as marriage or single lifestyle, work, and children.

Like the entire ongoing process of identity development, Erikson conceived of these sub-crises as ongoing, interactive, and interdependent throughout these developmental periods.

Marcia

James Marcia (1980) theorized that adolescents had four different identity statuses. Each of these statuses contained both a crisis and a method that the individual experiences a relationship. These four identity statuses are identity diffusion, moratorium, identity achievement and foreclosure. Marcia's Model of Ego Identity (1966) expanded Erikson's concept of personal identity by enhancing the concept of the developmental crisis or task as well as adding the idea of commitment. Marcia theorized four ego-identity states that varied by crisis and commitment. According to Knoff (1966) crisis is the experimentation and decision making phase prior to making a commitment (Knoff, 1986).

According to Marcia (1966), crisis refers to the moments when an adolescent must choose between meaningful alternatives,
commitment refers to the degree of personal investment an adolescent demonstrates in a vocation or ideology.

The crisis in identity diffusion is the inability to discern a personal direction that an individual would want to proceed. This self-doubt may lead to low self-esteem, withdrawal from adults and even strained relationships with friends. In the moratorium stage the crisis revolves around not being able to commit to an ideology or vocation. Self-esteem is relatively intact but relationships may be unstable. In the identity achievement stage, any crisis that the individual may have experienced is resolved. Relationships are positive as is self-esteem. The foreclosure stage is a stage more of resolution and assignment. The individual does not necessarily experience a crisis and accepts whatever views those around him are stating. This individual has considerably low self-esteem. Marcia identified these stages as identity-diffusion, foreclosure, moratorium, and identity-achieved.

The significance of Marcia's contribution to the study of identity development lies in the operational nature of his identity states. His model built upon Erikson's stage perspective of adolescent identity development and offered researchers a means of empirically validating the theory.
Marcia (2002) continues to research stage theory of development. His recent works delineate psychosocial development and identity. Marcia has also written about adolescents being in identity statuses. These statuses continue to use the stages of his previous works. The stages are identity achievement, moratorium, foreclosure, or identity diffusion. As noted by MacKinnon and Marcia (2002) Marcia has not only updated his theory, he has also investigated attachment and identity among mothers of preschool children.

Levinson

Daniel Levinson’s (1978/1986/1990) model of development includes the concepts of stability and transition. Transition is defined as a time when the individual is struggling with inner questions. Stability refers to the time when the individual works to solidify previously formulated goals. According to Levinson (1978/1986/1990), this is the cycle that adults transition through across the life span.

One of Levinson’s (1978/1986/1990) central concepts is the notion of life structures. Life structures are the values, priorities and beliefs by which the individual lives. The structures are built during the stability cycles and are reformulated during the transition cycle.
Newman and Newman (1991) described Levinson's theory as it related to Erikson's theory in that Levinson's focus on transition and stability is similar to the crisis and resolution phases of Erikson's work. Erikson believed that crises lead to change whereas Levinson attributes transition to change.

The Levinson stages that parallel Erikson's theory are early adult transition, ages 17-22 and entering the adult world, ages 22-28. The early adult transition can be described as the initial formation of the adult self along with choices that will impact early adulthood. The early adult transition is the time for the individual to explore what some of life options are and how these choices will create life structures. Levinson considers this to the novice time of development (Smolak, 1993).

Gould

Roger Gould's (1978) theory has a psychoanalytic and life span perspective. He likened each stage within his theory to a myth. The role of the individual processing through Gould's stages is the rejection of the myth associated with each stage. Gould (1978) also asserted that the goal of advancing through the stages is to move away from biological defenselessness and immaturity. The
purpose of leaving this immature state is based on the assumption that the individual will mature and move towards adult status.

Cavanaugh (1996) described Gould’s stage for the 16 through 22 age group. The myth that needs to be rejected is the sentiment that one will always belong to his/her parents and believe in their worldview. The obvious task in the age group is separation from parents and the development of the individual’s own beliefs and values. The struggle seems to be one of creating autonomy from parents as well as finding independence and security.

Cavanaugh (1996) goes on to describe the 22 through 28 age group. This includes the rejection or acceptance of the myth that if one does things the way his/her parents’ did then he/she will surely have better results and if the individual becomes too frustrated or tired or simply unable to cope, then his/her parents will step in and direct him/her in the correct direction.

Gilligan

Carol Gilligan, a former student of Lawrence Kohlberg, a moral developmental theorist, focuses her research on the developmental theories that were believed to be gender neutral. Gilligan’s (1982) research considers differences between males and females. She recognizes that both moral development and psychosocial
development do not manifest the same way in males and females. She credits Erikson with acknowledging women in his stage theory but also critiques his theory as continuing to follow the male model. Gilligan (1982) especially identifies the stages of identity and intimacy as being locked into the framework of male thinking and operating. Although Gilligan is critical of the dominance of male subjects in developmental research, the thrust of her own research focused on the moral development of females and how it differs from that of males. According to Tong (1998) she focused on the work of Lawrence Kohlberg, her former Harvard professor, and explored the specific differences in moral reasoning between men and women.

Gilligan gave to the field of psychosocial development an intrinsically valuable gift. She did not develop a stage theory as many of her male predecessors; however she did investigate what she called the female paradox. Gilligan reiterates in Dobrin’s (1993) text on development that research regarding women’s development is non-linear. She found that for women the goal of development is not necessarily separation, autonomy and individuation but rather attachment and relationship. Gilligan’s view of development speaks to a more cyclical motion with attachment and autonomy being valuable throughout a person’s development.
The theories of Erikson, Marcia, Levinson, Gould and Gilligan have given a perspective of what a late adolescent early adult may be experiencing. The criticism by Gilligan and others is a strong conclusion. The developmental theories of her predecessors may be too gender sensitive to accurately represent the development of young women. Although Gilligan's research is focused primarily on moral development, the psychosocial development of young women is likely to be completed in a different fashion than that of boys.

The theoretical literature is one section of the review of psychosocial development. The other area to be reviewed includes psychosocial development in empirical studies.

Peetsma (2001) conducted a study on psychosocial development and learning. This was a large scale, international study focusing on three different research questions. These questions looked academic performance, internal differentiation in the classroom and what accounted for the diverse development in academic performance and psychosocial development.

Peetsma did not find any significant differences in psychosocial development in learning disabled student in regular education or special education classes. The second hypothesis was not proven to be significant. There did not appear to be any differences between regular education and special education students on internal
differentiation. The testing of the third hypothesis did note that students in special education classes make better progress in psychosocial development than those learning disabled students in regular education classes. A limitation to this study is the application of the results to other educational systems throughout the world.

The Portes, Sandhu, and Longwell-Grice (2002) study examined psychosocial development within the context of suicidal behavior. This study also examines suicidal behavior from an Eriksonian model. This research was able to examine behavioral differences among gender, those vulnerable to suicide as well as how gender differences and firearms were part of suicidal behaviors. The goal of this study was to review how the resolution of Erikson's stages played a part in suicidal behavior. Although this study does not directly relate the present investigation, the study does give some insight into using psychosocial development as a predictor of types of behaviors.

The literature review of learning disabilities, alcohol abuse, coping resources and psychosocial development provided a clearer understanding of the historical development of each of these issues as well as lend relevance to the present study. This review also noted operational definitions of the variables as well as current research related to these variables.
Chapter III
Design and Methodology

This chapter describes the participants, procedures, and instruments used in the design and methodology of this study. The participants' section describes the characteristics of the participants as well as the number of participants in the study. The procedures section of this chapter describes how the data were collected and handled in this study. The instruments section describes the three instruments, Michigan Alcohol Screening Test (MAST), Coping Resources Inventory (CRI), and the Modified Erikson Psychosocial Stage Inventory (MEPSI), used in the study. The validity and reliability of each instrument is also reviewed.

Participants

Two hundred seventeen college freshmen, sophomores, juniors, and seniors, learning disabled and non-learning disabled were included in the study. Among the 217 students one hundred six were learning disabled and one hundred eleven were non-learning disabled students. For the purpose of this investigation a learning disabled college student is one who previously had been classified as having a learning disability by a New Jersey Child Study Team, and was
attending a two or four year college or university. Classification as learning disabled was in compliance with both Public Law 42-142 (U.S. Office Education, 1977) and New Jersey Administrative Code, Title 6, Special Education Chapter 28 guidelines (New Jersey Administrative Code, 1994). Students at colleges and universities enrolled in learning disabilities support classes comprised the learning disabled participant pool.

For the purpose of this study, the students had to verify that they were enrolled in a learning disabilities support program and that the classification they received was completed by a New Jersey State Department of Education Child Study Team. The one hundred eleven non-learning disabled students were selected from the remaining student bodies of the colleges and universities and self-reported that they had never been classified by a New Jersey State Department of Education Child Study Team as learning disabled. This verification question was included in the demographic questionnaire in Appendix A.

Procedures

The participants were gathered from regional colleges and universities. The colleges and universities, at the time of data collection, included one public university and one private university
both with approximately 10,000 undergraduate students and three colleges. The three colleges that participated in this study included a traditionally all female college with approximately 500 undergraduate students; a private college in New York with approximately 2000 students and a community college awarding only associate’s degrees with approximately 9000 students.

All participants voluntarily agreed to participate in this research. The non-learning disabled students were administered the packets in various elective classes. These elective classes included Introduction to Psychology, Western Civilization, Introduction to Philosophy and Religion, Communication and Abnormal Psychology. The learning disabled students were administered the research packets in a Support Services class specific to learning disabled students as well as elective classes.

Both groups were given the same instructions. Each person was given a cover letter (Appendix A) briefly describing the research and what their participation would entail. The subjects also received a Subject Consent Form (Appendix B) stating the confidentiality associated with participating in this research as well as a contact source at the Seton Hall University Institutional Review Board. No participant, learning disabled or non-learning disabled, received extra credit for participating in this research. The average time to
complete the packet was 30 to 40 minutes. 217 students received a packet and 217 packets were completed and collected.

The sample included 120 female students, 65 non-learning disabled and 55 learning disabled and 97 male students, 46 non-learning disabled and 51 learning disabled. Colleges and universities were contacted in the Spring semester for permission to gather data in the Fall semester in 1998. The investigator sought student participants by consulting with the college and university officials involved with the specific Learning Disabilities Programs. A letter explaining the research study and consent forms were given to each of the students enrolled in the learning disabilities program in the designated colleges and universities requesting their participation in the study.

Non-learning disabled students were volunteer students taking elective courses with a variety of major concentrations. The same letters and explanations were provided to the non-learning disabled student sample. The non-learning disabled college students were also given a letter describing the research along with a consent form (Appendix A and B).

The investigator administered to both groups the Michigan Alcohol Screening Test, (MAST), the Coping Resources Inventory, (CRI), the Modified Erikson Psychosocial Stage Inventory, (MEPSI),
as well as the demographic questionnaire. The investigator scored all three instruments.

Instruments

The following instruments were selected to measure the dependent variables: (a) Michigan Alcohol Screening Test (Selzer, 1971); (b) Coping Resources Inventory - Form D (Hammer & Martin, 1987); and (c) Modified Erikson Psychosocial Stage Inventory (Darling-Fisher, C. & Kline Leidy, 1988) and the demographic questionnaire.

Michigan Alcohol Screening Test

The Michigan Alcohol Screening Test (MAST) was published by Selzer in 1971. According to Selzer (1971) the MAST is a 25 question inventory designed to examine behaviors related to alcohol use, alcoholism and problem drinking. The subjects responded to each question in a yes and no format. Selzer (1971) stated that the instrument was initially given to five different groups. These groups included hospitalized alcoholics, a control group, persons convicted of drunk driving, persons convicted of drunk and disorderly conduct, and drivers whose licenses had been suspended, revoked, or reviewed. The scoring on this instrument is 0 – 3 no alcohol
problems, 4 – 9 suggest alcohol problems and 10 or more is considered diagnostic criteria for an alcohol dependence problem. An aggregate score was determined for student taking the MAST.

Skinner and Sheu (1982) stated that the MAST had high internal consistency reflected in an alpha of .85 and test-retest reliability with a .84. However, a more recent test-retest reliability was conducted with a psychiatric population revealed an r=.95. Teitelbaum and Carey (2000) offer the MAST user a sufficient level of test-retest reliability.

Selzer (1971) tested the MAST's validity by comparing the scores on the instrument with medical and legal records to determine if there was additional information pointing to the subject's alcohol use, abuse or alcoholism. Thurber, Snow, and Lewis (2001) in a recent review of the MAST's homogeneity revealed that there was a high degree of internal consistency. This study however factored out item number 18 and the items having to do with drug related legal incidents. They factored out item 18 because it specifically dealt with liver functioning and they found it to have relatively low correlation to other MAST questions.

Teitelbaum and Mullen (2000) stated that The Michigan Alcohol Screening Test (MAST) has been used in a large number of studies since its inception. Knight and Mjelde-Mossey (1995) revised its use
with geriatric patients. Knight and Mjelde-Mossey (1995) used a specific version of the MAST for a geriatric population. This study demonstrated more validity and reliability than the original version with this population.

Nochajski and Wieczorek (1998) used the MAST to study convicted drunk drivers and recidivist drunk drivers. Sheridan, Johnson, Michels, Marlon, and Fuller (1995) use the MAST as an assessment tool of first year medical students to determine actuarial information over an eight-year period. Knight and Mjelde-Mossey (1995) and Hans-Juergen, Ulfert, Andreas, and Ullrich (1997) also have used the MAST many times in clinical and hospital settings. Buelow and Buelow (1995) used the MAST with a college age population. Their study investigated college age students and gender role development. The MAST in this study was used to determine the level of alcohol abuse.

Coping Resources Inventory

The Coping Resources Inventory was designed for both the clinical and educational setting. One of its potential uses as noted by Hammer and Marting (1987) was "as a research instrument to investigate coping resources in various populations and to provide a standardized measure in coping research" (p.2). Form D is a 60-Item
instrument that investigates coping within the areas of cognitive, social, emotional, spiritual/philosophical and physical functioning. Cognitive coping is defined as the subjects' overall positive sense of self worth and outlook on life. Social coping refers to the subjects' interaction and reliance on their social network. Emotional coping is the subjects' ability to understand and articulate a variety of affective states. The spiritual and philosophical coping is the level in which values, tradition and religiousness impact on coping. And lastly, physical coping is the area defined by the subjects' level of healthy living and lifestyle.

The Coping Resources Inventory is a 4 point Likert scale type questionnaire. The subject answers the 60 item scale with a response of never or rarely, sometimes, often or always or almost always based on the last six months of his or her behavior. According to Hammer and Marting (1987) this inventory was specifically designed to assess a subject's "resources and competencies" (p.1) rather than weaknesses or deficits. Individual norms for adult males and females are provided for as well as male and female college students.

Hammer and Marting (1987) include five domains in the Coping Resources Inventory. These domains are Cognitive, Social, Emotional, Spiritual/Philosophical and Physical. Hammer and Marting
include the following psychometric data in their manual. They report a Cronbach Alpha values ranging from .71 to .84 in the college student sample and .91 Total Resources score.

The Coping Resources Inventory has been used in a variety of settings. Recently Pollack, Cramer and Varner (2000) used the Coping Resources Inventory as part of a study that was assessed psychosocial functioning of people with substance abuse and bipolar disorders. This was a particularly interesting study in light of the fact that it combined psychosocial factors, substance use disorders and coping resources. The outcome suggested that patients with substance use disorders and bipolar disorders have more psychosocial difficulties than the control group. Durm (1999) used the Coping Resources Inventory in part to measure stress and coping among female college students. This study compared the stress levels of married and unmarried female college students. The research findings did not discover significant differences between the two groups.

The Coping Resources Inventory has also been cited in recent dissertations. Reid (1999) included it in a study on the relationships among personality type, coping resources, and burnout in female elementary teachers and Horton (1999) used the Coping Resources
Inventory was also part of a study that was investigating religiosity and spiritual maturity.

In this study an aggregate score was determined for each individual completing the research packet. The responses were scored using numerical scores for each response and six questions required reverse scoring. The higher the score equals a greater amount of coping resources while a lower score indicates lesser coping resources.

**Modified Erikson Psychosocial State Inventory**

According to Erikson there are eight stages that describe development and crises across the life span. These stages and crises of Erikson's stages include trust versus mistrust, autonomy versus self-doubt, initiative versus guilt, competence versus inferiority, identity versus role confusion, intimacy versus isolation and generativity versus stagnation. Considerable research has been devoted to the first six stages of Eriksonian development but few have evaluated all eight stages of adult development. Rosental, Gurney and Moore (1981) constructed the Erikson Psychosocial Stage Inventory. This inventory addresses the successful or unsuccessful resolution of the first six stages.
Leidy and Darling-Fisher (1995) designed the Modified Erikson Psychosocial Stage Inventory (MEPSI) to measure the psychosocial characteristics that are manifested during progression through Erikson's eight stages of development. The Modified Erikson Psychosocial Stage Inventory is an 80-item instrument. Subjects rate statements about themselves on a 5-point scale ranging from 1, hardly ever true to 5, almost always true. The eight sub-scales of development are implanted in the measure. This is to say that questions are composed so that each of the eight stages of Erikson's developmental theory are investigated. According to Leidy and Darling-Fisher (1995) there are 10 items corresponding to each stage of development.

Leidy and Darling-Fisher's (1995) most recent study also provided data that indicated an overall reliability of .95. They also found that the sub-scale reliability (the reliability evaluating each of the age cohort being investigated) was .70. According to Darling-Fisher and Leidy (1985) in all sub-scale psychometric evaluations of the MEPSI, Identity and Intimacy had .75 or above reliability. Construct validity was noted by a positive correlation between MEPSI scores and chronological age and attributes associated with adulthood.
Although sub-scales for each of the eight stages could have been calculated, an aggregate score was determined for each student completing the research packet.

Demographic Questionnaire

The investigator constructed the demographic questionnaire in order to obtain pertinent information about each research participant. The questionnaire inquired about the participant's age, gender, year in college and whether or not the participant had been classified by a New Jersey State Department of Education Child Study Team.

The demographic questionnaire also inquired about parents' marital status, number of siblings, overall college grade point average and whether there has ever been alcohol abuse within the immediate family or by the participant. This information was self reported by the participant and did not require a medical diagnosis. (Appendix C). As previously noted, the demographic questionnaire did not include socio-economic status or ethnicity. These factors are addressed in the eligibility requirements for classification. As noted in the New Jersey Administrative Code (2001) a student in the state of New Jersey cannot be found eligible for special education as the result of environmental, cultural, or economic disadvantage.
This chapter provided information on the design and methodology that was used in this study. The 217 participants were drawn from colleges and universities in the New Jersey and New York area. These colleges and universities included two year and four year colleges. The colleges and universities comprised of community colleges, single sex colleges, as well as medium and large universities. These colleges and universities were both public and private. No subject was denied participation based on any ethnic, social or religious grounds.
Chapter IV

Results

The results chapter of this study describes the analysis of the data. The results are described and discussed in the areas of data description, participants, descriptive statistics, frequency statistics, hypothesis testing and a summary. The statistical package used to examine the data from this study was the Statistical Package for the Social Sciences 9.0. More specifically, from SPSS the General Linear Model procedure was used to analyze the variables. The General Linear Model Analysis of Variance was used because of its ability to test multiple dependent variables. Three Univariate ANOVAs were completed for this research.

These dependent variables are The Michigan Alcohol Screening Test, (MAST), the Coping Resources Inventory, (CRI), and the Modified Erikson Psychological Stage Inventory, (MEPSI). The Michigan Alcohol Screening Test scores, Coping Resources Inventory scores the Modified Erikson Psychological Stage Inventory had a significant impact in predicting differences in learning disabled and non-learning disabled college students. Tabachnick and Fidell (2001) suggested that in order to meet the goal of the analysis a specific method must be determined. In this study it was necessary to
examine their decision tree as presented in their text. In determining the significance of group differences with multiple dependent variables and one independent variable three Univariate ANOVA was used.

Data Description

At the suggestion of Tabachnick and Fidell (2001), a screening of all data was completed and the accuracy of the data input was determined to be correct. The research questions examined the different effects of alcohol use, coping resources and psychosocial development between the two groups. The multiple dependent variables were alcohol abuse, coping resources and psychosocial development. There was one dichotomous independent variable. The independent variable was the absence or presence of learning disabilities in the college student sample. The analytic strategy based on this information suggested using three Univariate ANOVA or Hotellings $T^2$. Tabachnick and Fidell (2001) recommended that these methods of analysis demonstrated the ability to meet the goal of analysis. They suggested the goal of analysis was to "create a linear combination of dependent variables to maximize mean group differences" (p. 27).
There were four types of data collected for this study. The data includes alcohol use which was measured by the Michigan Alcohol Screening Test (MAST; Selzer, 1971); coping resources which was measured by the Coping Resources Inventory (CRI; Hammer and Marting, 1987); psychosocial development which was measured by the Modified Erikson Psychosocial Stage Inventory (MEPSI; Darling-Fisher and Leidy, 1988); and demographic data. The demographic data are described below as part of the frequency data; however the only demographic data specifically used as a variable was learning disabled college students and non-learning disabled college students.

This study included 217 college students - 106 learning disabled and 111 non-learning disabled who were attending college during the fall semester of 1998. The variables for this study were learning disabled college students and non-learning disabled college students as independent variables and alcohol abuse, coping resources and psychosocial development as dependent variables.

Participants

The participants for this study were two hundred seventeen college freshmen, sophomores, juniors, and seniors, learning disabled and non-learning disabled. Lipsey (1990) recommended that it be determined whether this sample size was sufficient to identify a
medium effect size (.50) at a .05 alpha level. A power analysis was completed using Lipsey's (1990) power charts. The power analysis suggested that 100 subjects were sufficient for a medium effect size at the .05 alpha level. The learning disabled subject sample had 106 subjects and the non-learning disabled subject sample had 111 subjects.

Among the 217 students one hundred six (49%) were learning disabled and one hundred eleven (51%) were non-learning disabled students. For the purpose of this investigation a learning disabled college student is one who had been previously classified as having a learning disability by a New Jersey Child Study Team, and was attending a two or four year college or university. Classification as learning disabled was in compliance with both Public Law 42-142 (U.S. Office Education, 1977) and New Jersey Administrative Code, Title 6, Special Education Chapter 28 guidelines (New Jersey Statutes Annotated, 2001). Students at colleges and universities that have learning disabilities support classes in place comprised the participant pool for the learning disabled students. The mean age of the students was 19.82 years (SD = 1.61). At the time of data collection all of the participants were enrolled in a two or four year college or university.
Descriptive Statistics

The 106 learning disabled college students had been classified by a New Jersey Child Study Team prior to attending college. The students were from colleges and universities in New Jersey and New York. The learning disabled students were all attending colleges and universities in the state of New Jersey.

The subject pool, at the time of data collection, was attending five different colleges and universities. The universities included one public university with approximately 10,000 undergraduate students and one private university with approximately 10,000 undergraduate students, 4,000 of which were on the campus used in this study. There were three colleges used in this study. One of the colleges is a traditionally all female college with approximately 500 undergraduate students; one of the colleges is a private college in New York with approximately 2000 students and one of the colleges is a community college awarding only associate’s degrees with approximately 9000 students.

All of the participants volunteered to be part of this study. There was no remuneration provided to the participant for their completion of the research materials.

The participant’s year in college ranged from freshman to senior. All of the colleges and universities were on a two-semester
schedule. The mode year of the participants was freshman year. This may be a result of the classes in which the data was collected. The Frequency Distribution of the participant's year in college is noted in Table 1.

Table 1

<table>
<thead>
<tr>
<th>Year in College</th>
<th>Data from Question 2 in Demographic Questionnaire</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Freshman</td>
</tr>
<tr>
<td>LD(^a)</td>
<td>48</td>
</tr>
<tr>
<td>NLD(^b)</td>
<td>46</td>
</tr>
<tr>
<td>Total</td>
<td>94</td>
</tr>
</tbody>
</table>

\(^a\)LD = Number of Learning Disabled Students. \(^b\)LD = Number of Non-Learning Disabled Students.

Tabachnick and Fidell (2001) recommend that the criteria variables be tested to determine whether they were normally distributed. They also recommend that the variables be evaluated for skewness and kurtosis and peak of the distribution respectively. All
factors appeared to be unaffected by a few outliers in the areas of age and Grade Point Average (G.P.A.) therefore it was determined to be unnecessary to remove them from the study. The factors of age and G. P. A. were not directly related to the hypotheses tested and the data from the 217 subjects were utilized in this study.

Means and Standard Deviations

Means and standard deviations were computed for each independent variable with each dependent variable. These analyses were calculated in order to determine if any difference exists. The mean scores and the standard deviations for the Learning Disabled College Students and the MAST scores; Learning Disabled College Students and Coping Resources Inventory scores; and the Learning Disabled College Students and Modified Erikson Psychosocial Inventory scores were recorded. The differences obtained in the mean scores for Learning Disabled College Students and Non-learning Disabled College Students is 1.03 on the Michigan Alcohol Screening Test 9.41 on the Coping Resources Inventory, and .20 on the Modified Erikson Psychosocial Inventory. Further analyses investigated these differences and the results are discussed and reported later in the study.
Table 2 depicts the mean score and the standard deviation for the Learning Disabled College Students and Non-Learning Disabled College students. The variables that are described are the scores for the tests of the three dependent variables and the independent variable.
Table 2

Mean Scores and Standard Deviations of the Variables

<table>
<thead>
<tr>
<th>Variable</th>
<th>N</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAST&lt;sup&gt;a&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LD&lt;sup&gt;d&lt;/sup&gt;</td>
<td>106</td>
<td>2.85</td>
<td>5.04</td>
</tr>
<tr>
<td>NLD&lt;sup&gt;e&lt;/sup&gt;</td>
<td>111</td>
<td>1.83</td>
<td>2.86</td>
</tr>
<tr>
<td>Total</td>
<td>217</td>
<td>2.34</td>
<td>4.10</td>
</tr>
<tr>
<td>CRI&lt;sup&gt;b&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LD</td>
<td>106</td>
<td>178.01</td>
<td>18.63</td>
</tr>
<tr>
<td>NLD</td>
<td>111</td>
<td>187.42</td>
<td>14.83</td>
</tr>
<tr>
<td>Total</td>
<td>217</td>
<td>182.82</td>
<td>17.40</td>
</tr>
<tr>
<td>MEPSI&lt;sup&gt;c&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LD</td>
<td>106</td>
<td>3.63</td>
<td>0.43</td>
</tr>
<tr>
<td>NLD</td>
<td>111</td>
<td>3.83</td>
<td>0.45</td>
</tr>
<tr>
<td>Total</td>
<td>217</td>
<td>3.73</td>
<td>0.45</td>
</tr>
</tbody>
</table>

<sup>a</sup>MAST = Michigan Alcohol Screening Test.  <sup>b</sup>CRI = Coping Resources Inventory.  <sup>c</sup>Mepsi = Modified Erikson Psychosocial Stage Inventory.

<sup>d</sup>LD = Learning Disabled.  <sup>e</sup>NLD = Non-Learning Disabled.

In Table 3 demographic information is presented. The demographic information of the study included age, number of
brothers and sisters, and Grade Point Average. As its name states, the demographic information was ascertained in order to have an accurate picture of the demographics of the participants studied. The demographic data were self-reported by the subjects. The specific data were not used in relation to the independent and dependent variables. Further research may use the demographic data as predictive variables to determine whether number of brothers and sisters, or Grade Point Average impacts the investigated variables of alcohol abuse, coping resources and psychosocial development. These possible hypotheses will be discussed in chapter 5 as a suggestion for further research as well as a brief discussion of what research has occurred with these variables.
Table 3

**Demographic Statistics** - Data from questions 8-10 of Demographic Questionnaire

<table>
<thead>
<tr>
<th>Variable</th>
<th>Age</th>
<th>Sisters</th>
<th>Brothers</th>
<th>G.P.A.(^a)</th>
</tr>
</thead>
<tbody>
<tr>
<td>LD (^b)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>19.88</td>
<td>.79</td>
<td>.91</td>
<td>2.88</td>
</tr>
<tr>
<td>N</td>
<td>106</td>
<td>106</td>
<td>106</td>
<td>106</td>
</tr>
<tr>
<td>S.D.</td>
<td>1.50</td>
<td>.89</td>
<td>1.02</td>
<td>.67</td>
</tr>
<tr>
<td>NLD (^c)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>19.77</td>
<td>.82</td>
<td>.92</td>
<td>3.17</td>
</tr>
<tr>
<td>N</td>
<td>111</td>
<td>111</td>
<td>.111</td>
<td>111</td>
</tr>
<tr>
<td>S. D.</td>
<td>1.72</td>
<td>.84</td>
<td>1.05</td>
<td>.46</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>19.82</td>
<td>.81</td>
<td>.92</td>
<td>3.03</td>
</tr>
<tr>
<td>N</td>
<td>217</td>
<td>217</td>
<td>217</td>
<td>217</td>
</tr>
<tr>
<td>S. D.</td>
<td>1.61</td>
<td>.87</td>
<td>1.03</td>
<td>.59</td>
</tr>
</tbody>
</table>

\(^a\)G.P.A. = Grade Point Average was a cumulative average up to and including the Fall Semester, 1998. \(^b\)LD = Learning Disabled. \(^c\)NLD = Non-Learning Disabled
Frequency Statistics

The remaining data from the demographic questionnaire has been put into tables in order to get a better picture of the frequency of the responses to the questions asked in the demographic questionnaire. The frequency data will also be discussed in chapter 5 as part of future research. The data that are reported in the frequency statistics tables is alcohol abuse and discipline issues, parent marital status and gender. All of the responses to these questions was reported by the participant in the demographic questionnaire. The respondents did not have to have a medical diagnosis to identify themselves or their parents as alcohol abusing. Discipline issues reported in this study were discipline issues that the participant had while attending college. The question did not specifically take into account incidents on or off campus.

Table 4 depicts the frequency of alcohol abuse and discipline problems. Of the 217 participants, 34 stated that they were from parents that they identified as abusing alcohol. Of the non-learning disabled participants, 14 responded that they were from alcohol abusing parents and 7 reported that they were alcohol abusing. Within the learning disabled participants 20 stated that they were from alcohol abusing parents and 11 stated they were alcohol abusing. Based on the participants’ response, approximately 16% of
parents were identified as alcohol abusing and approximately 8% of the participants identified themselves as alcohol abusing.

Approximately 10% of the students identified that they experienced discipline problems while attending college and 5% of the participants acknowledged that they had discipline problems in conjunction with alcohol abuse. Again, the participants in both the learning disabled and non-learning disabled samples did the identification of their own discipline problems.

Table 4

**Alcohol Abuse and Discipline Problems in Students**—Data gathered from questions 4–6 on the Demographic Questionnaire

<table>
<thead>
<tr>
<th>Demographic Question</th>
<th>LD&lt;sup&gt;a&lt;/sup&gt;</th>
<th>NLD&lt;sup&gt;b&lt;/sup&gt;</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student View of Parent Alcohol Abuse</td>
<td>20</td>
<td>14</td>
<td>34</td>
</tr>
<tr>
<td>Self Described Alcohol Abuse</td>
<td>11</td>
<td>7</td>
<td>18</td>
</tr>
<tr>
<td>Self Described Discipline Problems</td>
<td>10</td>
<td>10</td>
<td>20</td>
</tr>
<tr>
<td>Alcohol use associated with Self Described Discipline Problems</td>
<td>3</td>
<td>7</td>
<td>10</td>
</tr>
</tbody>
</table>

<sup>a</sup>LD = Number of Learning Disabled Students. <sup>b</sup>NLD = Number of Non-Learning Disabled Students.
Table 5 depicts the frequency distribution of parental marital status. Of the 217 participants 150 were from married parents and 44 were from divorced parents. There were minimal differences between the two groups on parent marital status.

Table 5

Parent Marital Status -- Frequency Distribution data gathered from question 3 of the Demographic Questionnaire

<table>
<thead>
<tr>
<th>Variable</th>
<th>LD\textsuperscript{a}</th>
<th>NLD\textsuperscript{b}</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>72</td>
<td>78</td>
<td>150</td>
</tr>
<tr>
<td>Separated</td>
<td>6</td>
<td>7</td>
<td>13</td>
</tr>
<tr>
<td>Divorced</td>
<td>23</td>
<td>21</td>
<td>44</td>
</tr>
<tr>
<td>Widowed</td>
<td>4</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>SNM\textsuperscript{c}</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>106</td>
<td>111</td>
<td>217</td>
</tr>
</tbody>
</table>

\textsuperscript{a}LD = Number of Learning Disabled Students. \textsuperscript{b}NLD = Number of Non-Learning Disabled Students. \textsuperscript{c}SNM = Single Never Married.
In Table 6, the gender of the participants is described. Gender was one of the questions on the demographic questionnaire. The equal distribution of males and females in the learning disabled group is not fully understood. Learning disabled males traditionally out number females. This distribution may be related to the distribution of males and females scheduled by the colleges and universities or perhaps more females attend college in the New York / New Jersey Metropolitan area or due to an unknown factor.

Table 6

<table>
<thead>
<tr>
<th>Gender of Student Participants</th>
<th>-- Data gathered from question one of the Demographic Questionnaire</th>
</tr>
</thead>
<tbody>
<tr>
<td>Variable</td>
<td>Female</td>
</tr>
<tr>
<td>Learning Disabled Students</td>
<td>n=55</td>
</tr>
<tr>
<td>Non-Learning Disabled</td>
<td>n=65</td>
</tr>
<tr>
<td>Total</td>
<td>n=120</td>
</tr>
</tbody>
</table>
Hypothesis Testing

This section is the statistical analyses of the hypotheses. There were three hypothesis statements. The hypotheses are:

1. There will be a greater amount of alcohol use in learning disabled college students than in non-learning disabled college students.

2. There will be a lesser frequency of coping resources in learning disabled college students than in non-learning disabled college students.

3. There will be a lesser achievement of psychosocial development in learning disabled college students than in non-learning disabled college students.

Tabachnick and Fidell (2001) suggested that a decision tree be used to determine the specific method of analysis. The research questions examined the differences between groups. There were three dependent variables; alcohol abuse, coping resources and psychosocial development and one independent variable; learning disabled. Reviewing the analytic strategies available based on this information suggested it was determined that a Univariate ANOVAs and Bivariate Correlation were best suited to analyze the data.

Hypothesis one states that there will be a greater amount of alcohol use in learning disabled college students than in non-learning
disabled college students. Using a single predictor variable, learning disabled, it was predicted that the learning disabled college students would be more alcohol abusing than non-learning disabled college students. The test of between groups effect found that there was no significant difference at the .05 level (r= .067).

Hypothesis two stated that there is a lesser frequency of coping resources in learning disabled college students than non-learning disabled college students. Using the same predictor variable of learning disabled, it was predicted that learning disabled college students would have fewer coping resources. The test of between groups effect was significant at the .001 level.

Hypothesis three stated that there is a lesser achievement of psychosocial development level in learning disabled college students than non-learning disabled college students. It was predicted that non-learning disabled college students would have more psychosocial development. The overall test of between subjects was significant at the .001 level.

Two of the three hypotheses proved to be significant. There were no significant differences between the alcohol abuse of learning disabled college students and non-learning disabled college students. The hypothesis that stated there would be amount of alcohol abuse in the learning disabled college students than the non-learning disabled
college students and the research and data analysis was able to suggest otherwise. Although the first hypothesis did not meet the criterion level, the other two hypotheses did prove to be significant.

Table 7 depicts the Univariate ANOVA tests and the bivariate correlations of the variables. The Statistical Package for the Social Sciences 9.0 suggests that when investigating the relationship between a set of interrelated dependent variables and a grouping variable that the investigator consider using the General Linear Model (SPSS, 1999). For this investigation the interrelated dependent variables were alcohol abuse, coping resources and psychosocial development. The group variable in this investigation was being classified learning disabled.

After careful consideration, both Pillai’s Trace and Wilks’ Lambda were utilized in this research. These tools are used to assess the significance of main effects and interactions of the research. Tabachnick and Fidell suggest that although there are some similar properties between Pillai’s criterion and Wilks’ Lambda there is value in assessing and evaluating both tools. However they state that if only one of these tools can be chosen, they would suggest Wilks’ Lambda.
The data in the Bivariate Correlation corroborated the results of the General Linear Model. The hypotheses had the same results at the .001 level in both tests.

Table 7
General Linear Model Test of the Hypotheses

Univariate ANOVA Tests

<table>
<thead>
<tr>
<th>Effect</th>
<th>Value</th>
<th>F</th>
<th>Hypothesis df</th>
<th>Error df</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intercept</td>
<td>.995</td>
<td>14929.534</td>
<td>3.000</td>
<td>213.000</td>
<td>.001*</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LD</td>
<td>.100</td>
<td>7.886</td>
<td>3.000</td>
<td>213.000</td>
<td>.001*</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Tests of Equality of Group Means

<table>
<thead>
<tr>
<th>Wilks' Lambda</th>
<th>F</th>
<th>df</th>
<th>df</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAST</td>
<td>.984</td>
<td>3.398</td>
<td>1.000</td>
<td>215.000</td>
</tr>
<tr>
<td>CRI</td>
<td>.927</td>
<td>17.040</td>
<td>1.000</td>
<td>215.000</td>
</tr>
<tr>
<td>MEPSI</td>
<td>.952</td>
<td>10.870</td>
<td>1.000</td>
<td>215.000</td>
</tr>
</tbody>
</table>
### Tests of Between-Subjects Effects

<table>
<thead>
<tr>
<th>Source</th>
<th>DV</th>
<th>Type III Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>LD</td>
<td>MAST</td>
<td>56.44</td>
<td>1</td>
<td>56.44</td>
<td>3.40</td>
<td>.067</td>
</tr>
<tr>
<td></td>
<td>CRI</td>
<td>4805.26</td>
<td>1</td>
<td>4805.26</td>
<td>17.04</td>
<td>.001*</td>
</tr>
<tr>
<td></td>
<td>MEPSI</td>
<td>2.13</td>
<td>1</td>
<td>2.13</td>
<td>10.87</td>
<td>.001*</td>
</tr>
</tbody>
</table>

a. \( R^2 \) Squared = .016 (Adjusted \( R^2 \) Squared = .011)
b. \( R^2 \) Squared = .073 (Adjusted \( R^2 \) Squared = .069)
c. \( R^2 \) Squared = .048 (Adjusted \( R^2 \) Squared = .044)

### Correlations Between All Pairs of Variables

<table>
<thead>
<tr>
<th></th>
<th>MAST</th>
<th>CRI</th>
<th>MEPSI</th>
<th>LD</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAST</td>
<td>1.000</td>
<td>-.420</td>
<td>-.268</td>
<td>-.125</td>
</tr>
<tr>
<td></td>
<td>.000</td>
<td>.000</td>
<td>.000</td>
<td>.067</td>
</tr>
<tr>
<td>CRI</td>
<td>-.420</td>
<td>1.000</td>
<td>.229</td>
<td>.271</td>
</tr>
<tr>
<td></td>
<td>.000</td>
<td>.001</td>
<td>.001*</td>
<td></td>
</tr>
<tr>
<td>MEPSI</td>
<td>-.268</td>
<td>.229</td>
<td>1.000</td>
<td>.219</td>
</tr>
<tr>
<td></td>
<td>.000</td>
<td>.001</td>
<td>.001</td>
<td></td>
</tr>
<tr>
<td>LD</td>
<td>-.125</td>
<td>.271</td>
<td>.219</td>
<td>1.000</td>
</tr>
<tr>
<td></td>
<td>.067</td>
<td>.001</td>
<td>.001</td>
<td></td>
</tr>
</tbody>
</table>

* Correlation is significant at the 0.01 level.
Summary

The General Linear Model allows multiple dependent variables to be analyzed with one factor variable. In this case the multiple dependent variables are alcohol abuse as measured by Michigan Alcohol Screening Test scores, coping resources as measured by the Coping Resources Inventory, and psychosocial development as measured by the Modified Erikson Psychosocial Stage Inventory were measured with the factor learning disabled college student. The General Linear Model of SPSS 9.0 succinctly analyzed the data and determined that there were significance in two of the three hypotheses tested. The null hypothesis that suggested that there would no difference between the alcohol abuse of learning disabled and non learning disabled college students was correct. The data were not able to support any differences at the .05 level of testing. The other two hypotheses found differences between the learning disabled and non learning disabled groups at the .01 level of significance.

The results of the Bivariate Correlation suggested the same results as the General Linear Model. At the .05 level of significance, the data did not support the hypothesis addressing alcohol abuse. However the second hypothesis regarding coping resources and third
hypothesis investigating psychosocial development did prove significant at the .05 level of significance.

The results section of this research were analyzed and evaluated in regard to the hypotheses. The results also provided information that may be used in further research in this critical area. The next section of this research will discuss and recommend application for these results.
Chapter V

Summary, Limitations and Applications

This chapter summarizes the previous research in the areas of alcohol abuse, coping resources and psychosocial development in conjunction with learning disabled college students. The research presented in this study attempted to explain the differences between learning disabled and non-learning disabled college students. The study focused specifically on three areas: coping skills, psychosocial development, and alcohol abuse. The hypothesis statements used in the study are as follows:

1. There will be a greater amount of alcohol use in learning disabled college students than in non-learning disabled college students.

2. There will be a lesser frequency of coping resources in learning disabled college students than in non-learning disabled college students.

3. There will be a lesser achievement of psychosocial development in learning disabled college students than in non-learning disabled college students.

The second and third hypotheses stated that learning disabled college students would demonstrate lesser coping resources on the
Coping Resources Inventory (CRI) and that the same sample of learning disabled college students would have lower achievement levels of psychosocial development as measured by the Modified Eriksonian Psychosocial Stage Inventory. In contraindication, the measured alcohol use as determined by the Michigan Alcohol Screening Test (MAST) was hypothesized to be greater in the learning disabled college students. However, the hypothesis of alcohol use differences between the non-learning disabled college students and learning disabled college students did not meet the analysis criterion. The inability to meet the analysis criterion may be the result of an insufficient numbers of students the sample with any alcohol stated alcohol problems. There also may be a undetected self-report bias issue.

Hypothesis One

Hypothesis one stated that there will a greater amount of alcohol abuse in learning disabled college students than non learning disabled college students. This hypothesis was not significant, \( r = .67, p < .05 \). Only 8% of the overall sample identified themselves as alcohol abusing. This may not have given enough power to measure alcohol abuse. This percentage may also be under representative of the typical alcohol use patterns on college campuses. This may
account for lack of strength in this hypothesis. However, the Rhodes and Jasinski (1990) findings are contrary to this investigation. In their study alcoholic men were interviewed regarding their alcohol used and educational history. It was found that 40% of the subjects that they studied had a history of special education, remedial services or repeated academic classes. However in a later study, Molina and Pelham (2001) followed 109 children from childhood into adolescents and found no significant difference in alcohol use and other substances between learning disabled and non learning disabled students. Park and Levenson (2002) in another study found that among college students however, it was found that drinking was used as a resource to cope with stress. It was not determined in this study whether being learning disabled was a factor.

Parental alcohol abuse was identified by 19% of the learning disabled sample and 13% of the non-learning disabled sample. And although parental alcohol abuse was identified only within the demographic data this may have impacted student alcohol use. Students, whether learning disabled or non-learning disabled may have different attitudes and behaviors in regard to alcohol use because of their parents' alcohol use. Hall (1997) found that the coping resources of students who did not have parents with drinking
problems was greater than those students who described their parents as abusing alcohol.

According to Young (1987) the alcohol abusing and non-alcohol abusing parent contribute to addictive thinking, feelings and behavior. The non alcohol-abusing parent can be portrayed as a parent whose main emphasis is on controlling the behavior of the alcohol-abusing parent. The alcohol abusing parent may have directed more attention to alcohol abuse in the family and therefore impacted both groups equally.

Hypothesis Two

Hypothesis two stated that there would be a lesser frequency of coping resources in learning disabled college students than non learning disabled college students. The hypothesis was verified at the .01 level r=.001. Although the less significant amount of coping skills among learning disabled college students did not give reason for much consternation, the literature was somewhat limited in its description of studies on coping skills and learning disabled college students.

However, research conducted by Boyd, Bland, Herman, Mestler, Murr and Potts (2002) concerning coping resources has recently revealed that samples of rural women with alcohol and other drug...
disorders demonstrated few coping resources than their counterparts without alcohol and other drug disorders. Coping resources are also being explored in other samples. Cunningham, Brandon and Frydenberg (2002) pointed to pre-adolescent students who participated in a school-based training program were found to have better measurable coping skills.

Limited research was obtained which described specific studies that delineated specific skills which would enhance coping resources. However Monti, Kadden, Rohsenow, Cooney and Abrams (2002) in a recent text describing the treatment of alcohol dependence included a coping skills training program which appeared to have noticeable effects on the subjects. As stated earlier, Lazarus and Folkman (1984) were pioneers of coping research as it related to stress and appraisal. They viewed coping as the ability to make cognitive changes and behaviorally respond to external and internal stress which may be tapping the resources of the individual. If these cues are being subjugated by the students' learning disability, this may account for the lesser coping resources. According to Zeidner and Hammer (1990), studies on coping resources and students did reveal that coping resources could serve as a predictive factor in measuring coping and stress. Jackson and Finney (2002) investigated overall distress in students and found that negative peer relations had a
relationship upon distress. It indicated that younger students had more difficulty coping than older students. Interestingly enough, this research identified younger college students as more likely to react with anger toward difficult and even unpleasant life experiences.

Lewis and Frydenberg (2002) suggested that failure to cope is related to repetitive use of non-productive coping strategies. Jackson and Finney (2002) suggested that younger college students not only reacted with anger and hostility, but they also were more likely to use inappropriate coping strategies when under pressure. The ages of the younger students in this study are comparable to the age of the students in the present investigation. Age of student will be discussed further in the limitations of the study section of this chapter. Possibly their immaturity accounted for their lack of effective psychological resources.

These studies along with the findings of this study add to the hope that skill building and training programs for learning disabled students will include a program of coping resources.
Hypothesis Three

Hypothesis three stated that there would be a lesser achievement of psychosocial development in learning disabled college students than non-learning disabled college students. Erikson (1968) developed his stage theory of psychosocial development as a sequential process. He stated that each stage serves as a building block to the next stage. Erikson may not have fully accounted for differences in cognitive abilities when assessing an individual’s ability to negotiate and navigate through the stages of development. The process of development may simply have been interrupted or unsuccessfully managed due to a student’s learning disability rather than the inability to reach full psychosocial development and successful achievement of the crises that occurs at each stage of development. Peetsma, Vergeer, Roeleveld and Karsten (2001) conducted a longitudinal international study over 4 years and found that psychosocial development was greater in the non-learning disabled group than the learning and behavior disability group.

Dorsey and Forehand (2003) published an empirical study investigating psychosocial adjustment among children and adolescents. More specifically, the authors noted differences in residential neighborhoods. The results spoke of the relationship of
psychosocial development, positive parenting and the level of neighborhood danger. However, results did not point to any direct correlations. Again with the results of this study along with the present investigation, if would appear beneficial to extend this type of research to include college age students, particularly those with learning disabilities.

The increasing number of learning disabled students applying to college is growing at a fast pace. The ability to make accommodations for these students is the responsibility of the colleges and universities of this country. Students are protected under Federal Law 504 which states that accommodations must be made for individuals with learning disabilities. Guckenberger versus Boston University, one of the most famous cases heard on behalf of learning disabled college students, handed down a decision that learning disabled students and academic accommodations. The court decision also suggested that testing for learning disabled students must occur every 3 years. According to Wolinsky and Whelan (1999) an evaluation to determine the presence of a learning disability must be conducted by a licensed psychologist or physician and documentation from high school regarding disability and a foreign language requirement must be included.
Colleges and universities are resistant to changes in their programs for these learning disabled students. There is also a vast difference of what are acceptable practices and protocols and what are the minimal services. Guckenberger versus Boston University also highlighted the necessity of having truly qualified people completing the evaluations and making the determinations. Such services are needed and their provisions are required to be provided under federal law.

Limitations

There are certain features of the current experimental sample that precluded generalization to all learning-disabled college students and the greater population of learning disabled students. The State of New Jersey's Department of Education's procedure for classifying the learning disabled continues to evolve. There are amended mandates and added procedures each school year that decide whether a student is eligible for the various programs of special education.

When the data for this present study were collected, New Jersey Administrative Code used the classifications perceptually impaired, neurologically impaired, multiply handicapped and emotionally disturbed. Currently New Jersey Administrative Code is
using the following classifications: specific learning disability which correlates to perceptually impaired; traumatic brain injury which supplants the neurologically impaired category; and multiply disabled which occurs in place of multiply handicapped. The term emotionally disturbed remained consistent through code revisions (NJAC, 2001). Additional educational classifications obviously exist, however these classifications were not pertinent to this study.

The college students in this study were not classified as learning disabled in the same fashion as the current public school students. With the change in classification nomenclature especially in the category of perceptually impaired, now known as specific learning disability, students with Attention Deficit Hyperactivity Disorder are now eligible for classification. This factor is a limitation that needs to be addressed in future studies. Also, the State of New Jersey has different procedures and policies for educational classification than those of the other 49 states; that is to say there are no national standards other than to follow the laws specified in the Individuals with Disabilities Education Act (I.D.E.A.) and section 504 of the Disabilities Act.

Other limitations in this study may be the use of instruments that rely on self-report. Kurtzman (2000) state that self report data often holds merit but the reliability of the results needs to be
addressed because of the sensitive nature of the data being collected is reporting information regarding health behaviors. However Fisher and Katz (2000) and Harrison (1995) found that social desirability may be a factor in self report when the issue is substance use. Subject bias may arise as a result of self report as well.

Another limitation in the generalizability of this study is that the students in both groups (learning disabled and non-learning disabled) attended college in the New York and New Jersey metropolitan area during the data collection process. Learning disabled college students in other areas of the country may or may not have received similar services as to what is traditionally provided to students who have been classified as learning disabled by a New Jersey Child Study Team.

Implications for Counseling

Since the presented data in this study are significant, the practical implication of putting this information into practice is noteworthy. In the area of counseling psychology, this is particularly true. It appears that help in the development of coping resources and psychosocial skills development would be beneficial to the learning-disabled college student. Research and application is beginning to surface in school based programs. Elbaum and Vaughn,
(2001) recently completed meta-analysis, it was determined from their study that counseling services were effective with middle and high school students in raising their self concept. Although this meta-analysis and the present research study are not suggesting that the enhancement of alcohol refusal skills, coping skills and psychosocial development will in any way change the underlying learning disability, it may, however give credence to educators to include skill building in these areas. This may enable the learning disabled student demonstrate outcomes similar to their non-learning disabled peers.

University counseling centers need to begin or perhaps continue to address the area of coping resources. The implication of this study suggest that specifically learning disabled students are in need of additional coping resources skills in order to reach the same level as their non-learning disabled counterparts. Teaching students to utilize productive coping resources, although beneficial at the college level, may also need to be incorporated at the elementary and high school levels when students are developing their ability to use a variety of coping styles.

Buelow, Lyddon and Johnson (2002) recently conducted study on client attachment and coping resources. They found that greater coping resources were associated with secure adult attachment,
higher parental care and lower parental overprotection. This study also lends itself to developing these coping skills for lifetime use. As noteworthy as coping resources are on college campuses and for the college student, it is important to remember that coping in the post college and employment settings is an equally important issue for counseling psychology.

The transition period between the college years of the learning disabled student and their entry into the workforce can be a source of considerable stress. A study by McCarthy and Lambert (1999) on coping and the workforce suggest that counseling and skills training for coping resources development during this transition time could be well served by counseling psychology.

Training and development in psychosocial skills is also an important area to consider. Implications for counseling psychology with the specific area of psychosocial development can be identified. Erikson's stages of psychosocial development have recently been used as a construct for examining development. Portes, Sandhu, and Longwell-Grice (2002) investigated adolescent suicidal behavior was investigated in relationship to the stages of development. Additional research in the application of counseling psychology to the area of psychosocial development may prove beneficial. Eaker and Walters (2002) suggest that family ritual and psychosocial development may
have some degree of correlation. These studies and the present investigation together point to the need of the inclusion of psychosocial development within the realm of counseling psychology.

The field of learning disabilities is hardly in its infancy. The recognition of learning differences has spanned two centuries. The importance of continued research cannot be stressed enough. There are opportunities to enhance the skills of learning disabled students and this opportunity must not be ignored. Special education in itself will provide the needed academic support but the inclusion of learning skills also needs to be considered. Only with such skill building practices will learning disabled students benefit fully from their opportunities in education.

Implications for further research

The results of this study suggest that a replication study would be beneficial for future study about the alcohol use, coping resources and psychosocial development between learning disabled and non learning disabled college students. Further research would allow for the demographic questions to be thoroughly studied. Although the reliability and validity of the instruments in this study were tested, other instruments that might better serve the variables in future studies. According to Knight, Sherritt, and Harris (2003) the Alcohol
Use Disorders Identification Test (AUDIT) or the Problem Oriented Screening Instrument for Teenagers (POSIT) are instruments that measure alcohol abuse in late adolescent and young adults. In measuring psychosocial development other possible tools to consider would be Cattell’s (1993) 16PF 5th edition or Cattell, Cattell, Cattell and Kelly’s (1999) 16PF Select which is a shortened version of the original. Loevinger (1985) also used the Washington University Sentence Completion Test for Measuring Ego Development—Revised to measure development. The Coping Resources Inventory for Stress (CRIS) according to Matheny, Curlette, Aycock, Pugh and Taylor (1987) is well documented in the literature and might serve as another instrument to investigate these variables.

Each disability outlined by the State of New Jersey’s Department of Education would have impact on psychosocial development. However, the exact nature of these impacts is not specifically described. The manner in which the disability impacted development would benefit from further study.

Another area of consideration for future study would be the inclusion of other sections of the country in order to determine whether these research factors had any bias in the New Jersey New York metropolitan area. These research questions could also be used with adolescents in both middle and high school. The mean age of
the students in this study were 19.82 – almost two full years under the legal drinking age. It may be helpful to determine whether students even more removed from the legal drinking age are impacted in this type of research.

Research in the areas of learning disabled college students are growing. The variables in this study only touched the surface of the many areas that need further investigation. As the law continues to support the learning disabled student’s attendance in college more research must be conducted. Learning disabled students continue to be identified by the educational systems in this country. More and more classified students may be attending college in the future. This research needs to serve as an impetus for further development and understanding of different variables among learning disabled students.

The research in this study proved to be valuable not only to the field of counseling psychology but it also contributed to the existing research in learning disabilities. The results determined in this study suggest that further research and replication in this area is certainly warranted.
Appendix A: Cover Letter

Dear Potential Research Participant:

My name is Maryalice Thomas. I am investigating the differences between alcohol abuse, coping resources and psychosocial development among learning and non-learning disabled college students. I am looking for potential research participants who have been classified as learning disabled by a New Jersey Child Study Team and are current college students. I will also be looking for potential research participants who have not been classified as learning disabled but who are currently college students. This research is part of my doctoral dissertation being conducted at Seton Hall University under the supervision of Professor John Smith, Ed.D.

Participation in this research would involve answering written questions about your background. Questionnaires will be used to assess your alcohol use, coping resources, and psychosocial development. All information that you give will be kept strictly confidential. You will only be required to sign your name on the Informed Consent sheet, which is kept separate from the questionnaires; your name will not be attached to your answers. Completion of the research packet will take 30 to 45 minutes.

If you choose to participate in this research, you will be given the opportunity while you are on campus.

You may contact me at 973-989-7166 with any questions regarding your potential participation.

Sincerely yours,

Maryalice Thomas, M.S.
Appendix B: Participant Consent Form

The following study is designed to investigate the differences between alcohol abuse, coping resources and psychosocial development among learning disabled and non-learning disabled college students. This research is part of a doctoral dissertation being conducted by Maryalice Thomas, M.S. under the supervision of John Smith, Ed.D. at Seton Hall University.

Participation in this research would involve answering written questions about your background. Questionnaires will be used to assess your alcohol use, coping resources, and psychosocial development. All information that you give will be kept strictly confidential. You will only be required to sign your name on the Informed Consent sheet, which is kept separate from the questionnaires; your name will not be attached to your answers. Completion of the research packet will take 30 to 45 minutes.

Your participation in this research is very much appreciated. If you wish to withdraw from participation in this research you may do so at any time. If you choose not to participate or to withdraw once participation has begun any current or future services from the college or university will not be jeopardized. You can be confident that none of your personal responses will be released to anyone and will be used solely for the purpose of this study.

This project has been reviewed and approved by the Seton Hall University Institutional Review Board for Human Subjects Research. The IRB believes that the research procedures adequately safeguard the subject’s privacy, welfare, civil liberties, and rights. The Chairperson of the IRB may be reached through the Office of Grants and Research Services. The telephone number of the Office is (973) 275-2974.

I have read the material above, and any questions I asked have been answered to my satisfaction. I agree to participate in this activity, realizing that I may withdraw without prejudice at any time.

Signed_________________________________ Date________________

This sheet will be kept separate from your responses to assure you of confidentiality.
Appendix C: Demographic Questionnaire

Please Circle Response

1. Gender
   Male            Female

2. Year in College
   Freshman  Sophomore  Junior  Senior

3. Parents marital status:
   Married  Separated  Divorced  Widowed

4. Do you have an alcohol abuse or addiction disorder?
   Yes  No

5. Does either one of your parents have an alcohol or addiction disorder?
   Yes  No

6. Have you had any school related discipline problems while attending college?
   Yes  No

   If yes, was alcohol related to this event?
   Yes  No

7. Have you ever been diagnosed with a learning disability by a New Jersey State Department of Education Child Study Team? (This classification would have occurred while attending a New Jersey Public School during grades K-12.)
   Yes  No

Please fill in response

8. Age: ________

9. Number of sisters:     Number of brothers:     

10. Grade Point Average:   _____
May 5, 1998

Seton Hall University
Institutional Review Board
c/o Office of Grants and Research Services
457 Centre Street
South Orange, NJ 07079

To Whom It May Concern:

My name is Maryalice Thomas and I am a doctoral student in the Counseling Psychology program at Seton Hall University. As part of my doctoral studies I am investigating the differences between alcohol abuse, coping resources, and psychosocial development among learning disabled and non-learning disabled college students. This research is for my doctoral dissertation and is being completed under the supervision of John Smith, Ed.D. at Seton Hall University.

This investigation requires participants to volunteer to complete four questionnaires. If they choose to participate in this research, it will be necessary to answer written questions about their personal background as well as three published questionnaires that will be used to assess their alcohol use, coping resources, and psychosocial development.

All information that is collected will be kept strictly confidential. It will only require participants to sign their name to the informed consent sheet, which will be kept separate from their questionnaires, names will not be attached to their answers. The completion of the research packet will take the participants approximately 30 - 45 minutes.

Thank you for reviewing my materials.

Sincerely,

Maryalice Thomas
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