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Abstract

This study examined a cumulative model of vulnerability and protective factors at the individual level (children's attachment relationships with father and children's sense of coherence) and at the family level as manifested by fathers' coping resources (fathers' sense of coherence, fathers' active and avoidant coping strategies) in helping to explain differences in socioemotional and behavioral adjustment among children at the age 8 to 12 years with learning disabilities (LD) and or with typical development. The sample included 205 father-child dyads: 107 fathers and their children having LD and 98 fathers and their children with typical development, from the same public elementary schools. Preliminary analyses indicated significant group differences on all the children's measures as well as on fathers' avoidant coping strategies. Path analysis examined the multidimensional risk model for the LD and non-LD groups. The study found a high fit between the theoretical model and the empirical findings as well as a different pattern of relationship between the model's components for the two populations studied. Discussion focuses on understanding the unique value of vulnerability and protective factors at the individual and family levels on children's well-adjusted functioning.

Keywords

learning disabilities, fathers, attachment, socio-emotional, coping

The study of learning disabilities (LD) has grown widely during the last decades, bringing major developments in understanding the etiology, features, diagnosis, and treatment of this disorder. Beyond documenting the effects of LD on academic functioning, studies also indicated these children's diverse socioemotional difficulties such as higher peer rejection and loneliness, lower sense of coherence, higher depression and anxiety, and more withdrawn behaviors than typically developing children (Al-Yagon, 2007; Estell et al., 2008; Lackaye & Margalit, 2006).

In analyzing the factors that contribute to the socioemotional adjustment of children with development problems, Luthar and Cicchetti (2000) described vulnerability factors and protective factors at the individual, family, and community levels. Most studies on children with LD have emphasized children's individual-level characteristics. Such studies suggested that internal neurological factors (e.g., information-processing disorder, impulsivity, performance and production deficits), which affect these children's academic skills, may also affect their social and emotional perceptions and interpretations which, in turn, may impair their social, emotional, and behavioral skills (e.g., Bender & Wall, 1994; Culbertson, 1998).

Studies that examined family-level vulnerability and protective factors underscored parental and familial characteristics that may affect parents' capacity to provide optimal care such as family rigidity or disorganization, family cohesion, parenting behaviors, and parents' psychopathology (Campbell, 2003; Greenberg, Speltz, & DeKlyen, 1993). These aspects of familial and parental characteristics have been linked with children's adjustment in early childhood, middle childhood, and adolescence among a variety of low-risk and high-risk samples (Belsky & Barends, 2002; Cummings, Davies, & Campbell, 2000). However, relatively few studies have examined these characteristics among parents and families of children with LD.

Moreover, most research that investigated the family level has specifically highlighted mothers' personal resources (e.g., Yeung, Duncan, & Hill, 2000). On the basis of the recent

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upsurge of interest in fathers' important role for children's development and later adjustment (Marsiglio, Amato, Day, & Lamb, 2000; Parke, 2004; Verschueren & Marcoen, 2005), fathers will comprise the focus of the current study.

Cumulative Risk Models

Previous research studies on multiple risk factors have reported that an increase in the quantity of risk factors experienced by children dramatically increases their adjustment problems (see Greenberg, Speltz, DeKlyen, & Jones, 2001, for a review). Such studies emphasized that children's developmental outcomes are better predicted by a combination of risk factors at different ecological levels than by individual factors alone (Greenberg et al., 2001; Trentacosta et al., 2008). Likewise, research studies also suggested the possible "dual risk" that may arise when vulnerable individuals (risk 1) are affected by a negative environment (risk 2; Belsky, Bakermans-Kranenburg, & van Ijzendoorn, 2007; Belsky & Pluess, 2009).

In line with this approach, the current study investigated both individual-level and family-level vulnerability and protective factors as contributors to well-adjusted functioning among children with LD. (The community level is beyond the scope of the present study.) Examination of fathers' coping resources as possible contributors to these children's socioemotional adjustment may promote a fuller understanding of the vulnerability and protective factors related to LD. Moreover, this study also aimed to scrutinize the role of children's individual-level resources—attachment with fathers and their own coping resources (i.e., sense of coherence)—as mediator variables in explaining their own adjustment.

Fathers' Coping Resources

As mentioned earlier, previous studies supported the prediction that parents' personal resources directly influence child-rearing quality and, through parenting, child development (Belsky, 1984; Belsky & Barends, 2002; Parke, 2004). Data from these studies suggested that to provide optimal care, parents must possess sufficient personal resources, manifested in their abilities to take others' perspectives, regulate impulses, and so on (Belsky & Barends, 2002; Campbell, 2003).

Most research on fathers' roles in developmental outcomes of children with special needs has focused mainly on fathers of children with severe developmental disabilities like autism, mental retardation, and Down syndrome (Hastings, 2003; Hastings et al., 2005; Lamb & Billings, 1997; Saloviita, Itälina, & Leinonen, 2003). Studies have emphasized the role of coping strategies and coping resources as central mediators of potential stress-related responses that affect well-being, behavior, and adjustment (Lazarus, 1999). In light of the relevance of fathers' characteristics for explaining variations in socioemotional adjustment among at-risk individuals

and the paucity of research on children with LD in this domain, the current study investigated the role of three coping resources among fathers of children with LD: sense of coherence and active/avoidant coping strategies. These resources serve as the exogenous, independent variables in the current multidimensional risk model (presented in the left column of Figure 1).

Coping Strategies

Coping strategies refer to both cognitive and behavioral efforts used to manage specific external and internal demands that tax an individual's resources (Folkman & Moskowitz, 2004; Lazarus, 1999). Two major types of coping strategies have been underscored: (a) active coping methods such as information seeking and problem solving, and (b) avoidant coping strategies such as efforts to deny or escape the stressful situation. Although both active and avoidant coping measures correlated with adaptive functioning, the active coping strategy failed to discriminate between individuals (e.g., Al-Yagon, 2007; Holahan & Moos, 1985).

Several research studies on parents of children with LD have investigated the stressful effect of children's disabilities on parental coping resources and affect (Al-Yagon, 2007; Margalit, Raviv, & Ankonina, 1992). Such parents reported higher levels of avoidant coping compared to parents of typically developing children (Al-Yagon, 2007; Margalit et al., 1992). Studies on these coping strategies' effect mainly focused on parental well-being or adjustment and rarely examined offspring's adjustment. However, one recent study showed that mothers' low use of avoidant coping strategies moderated the effect of their children's LD on the children's level of loneliness (Al-Yagon, 2007).

Sense of Coherence

The term "sense of coherence" (SOC) was coined by Antonovsky (1979, 1987) and comprises the core variable within his health model, which he termed salutogenesis in contrast to pathogenesis. This approach derives from the assumption that the human environment produces stressors that emerge from various sources such as genetic, microbiological, personal, economic, social, cultural, or geopolitical. Antonovsky (1987) defined the construct of SOC as a global orientation or enduring tendency to see the world as more or less comprehensible, manageable, and meaningful.

This personal resource is assumed to hold unique importance for understanding individuals' coping with stressors (Margalit, 1994). In addition, SOC is considered to be an indicator of resilience and personal strength, with unique value at times of crisis and distress (Greeff & Van Der Merwe, 2004; Lindstrom & Eriksson, 2005). Studies have also suggested that parents' SOC may hold unique importance for

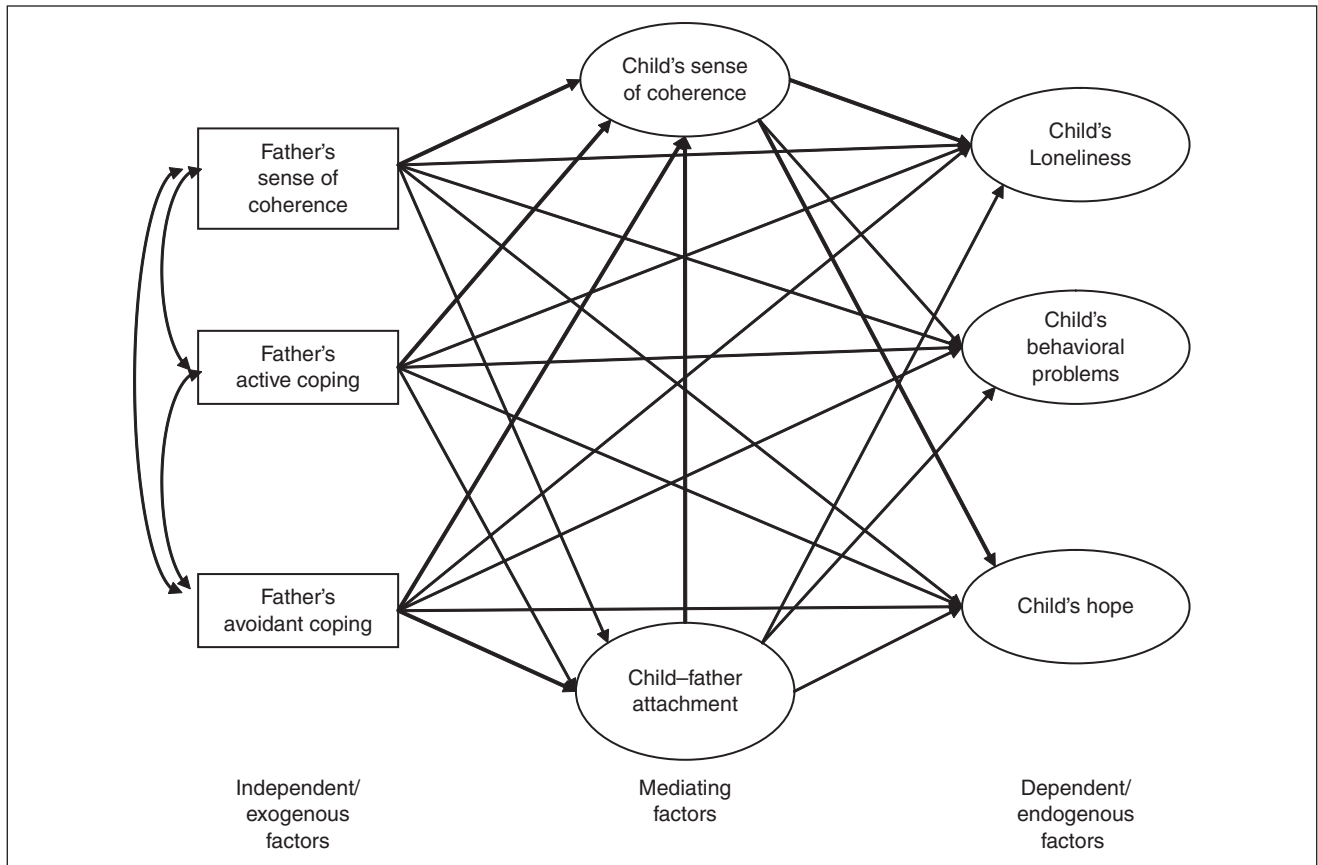


Figure 1. Fathers' coping resources: Base model

Exogenous factors (i.e., independent variables) are presented within rectangles in the left column. Endogenous/latent factors (i.e., dependent variables, in the right column) and mediating factors (in the center column) are presented within ovals.

understanding their coping with stressors (Oelofsen & Richardson, 2006).

The empirical examination of SOC levels among parents of children with disabilities has demonstrated inconsistent findings, calling for additional investigation. Whereas several studies reported a lower SOC level among parents of children with disabilities compared to parents of nondisabled children (Al-Yagon, 2003; Olsson & Hwang, 2002), others revealed no significant differences (Al-Yagon & Cinamon, 2008).

Taken together, studies among children with LD rarely investigated the role of these parental characteristics in explaining children's socioemotional and behavioral adjustment. Moreover, the paucity of research on the contribution of fathers' personal resources to children's adjustment calls for specific exploration.

Children's Resources

This section focuses on two of the children's individual resources—children's attachment relations with fathers and children's SOC—which were conceptualized as mediator

variables in the current study (presented in the central column of the model on Figure 1). The first mediating resource, attachment, was included in the study due to previous findings regarding the possible mediating contribution of children's attachment representations to a variety of their adjustment measures (Al-Yagon & Mikulincer, 2004b). The second mediating resource—children's SOC (CSOC)—was included in line with previous research indicating that (a) maternal resources, especially mothers' SOC, predict children's CSOC as well as other children's adjustment measures (Al-Yagon, 2008); and (b) SOC levels predict adjustment and well-being variables at a wide range of ages (e.g., Al-Yagon, 2008; Lindstrom & Eriksson, 2005).

Child-Reported Father–Child Attachment Security

Over the last decades, a large number of studies connected parent–child quality of relationships with developmental outcomes (e.g., K. E. Grossmann, Grossmann, & Waters, 2006). These studies considered Bowlby's (1969/1982, 1973) attachment theory as a highly relevant framework for

explaining individual variations in adjustment across the lifespan (Mikulincer & Shaver, 2007).

Briefly, Bowlby's attachment theory (1969/1982, 1973) highlights the role that interactions with others significantly play in personality and socioemotional development. Thus, many studies have examined the association between attachment relationships and socioemotional adjustment. For example, K. E. Grossmann et al. (2006) found that among low-risk samples, securely attached children clearly revealed better mental health and higher levels of psychological well-being and socioemotional adjustment compared to individuals with an avoidant or anxious style. The rare studies existing on children with LD indicated lower reports of secure attachment with the mother than among non-LD peers (Al-Yagon, 2007; Al-Yagon & Mikulincer, 2004a, 2004b; Murray & Greenberg, 2001). These studies also emphasized the role of these children's insecure attachment as a risk factor in increasing maladjustment in the social and emotional domains.

Much less is known about children's patterns of attachment to fathers. However, past studies on infants and toddlers clearly revealed evidence of protest separation from both parents at 7 to 9 months, as well as at 18 months (for a review, see Lamb, 2002). Nevertheless, studies show that especially between the ages of 10 to 20 months, mothers were the preferred attachment figures and appeared to be more reliable sources of security than fathers, whereas fathers were more desirable partners for playful interaction (e.g., Clarke-Stewart, 1978; Lamb, 2002).

Research on the contribution of father-child attachment quality to children's socioemotional functioning has revealed inconsistent findings. Several studies reported that secure attachment with fathers was linked to children's positive interactions with friends, whereas others failed to find this association (see Parke et al., 2004, for a review). As argued by K. Grossmann and her colleagues (2002), attachment relations with the father and the mother derived from different sets of early social experiences. Mothers function as a secure base in times of distress, whereas fathers function as a challenging but reassuring play partner. Data from several studies supported these assumptions and also the unique role of children's attachment to their fathers (e.g., Lamb, 2002; Verschueren & Marcoen, 2005).

Children's Sense of Coherence (CSOC)

As described above for the fathers' SOC, the CSOC measure provided an index of children's coping resources and personal strength (Greeff & Van Der Merwe, 2004; Lindstrom & Eriksson, 2005; Margalit, 1994) and was also assumed to explain differences in individuals' well-adjusted functioning (e.g., Antonovsky, 1987). Research revealed that children with LD reported lower SOC compared to nondisabled children (Al-Yagon & Mikulincer, 2004b; Margalit, 2006; Margalit & Efrati, 1995).

Children's Socioemotional and Behavioral Adjustment

This section focuses on children's socioemotional adjustment measures that were conceptualized as the endogenous/latent measures in the study (i.e., dependent variables, presented in the right column of the model in Figure 1).

Loneliness

This socioemotional measure may be considered a global indicator of dissatisfaction from the quality and/or the quantity of individuals' social interrelations (Asher, Parkhurst, Hymel, & Williams, 1990). As emphasized by past studies (e.g., Margalit, 1994), loneliness comprises unpleasant feelings that occur when individuals perceive a discrepancy between their desired and existing patterns of social networks.

Hope and Effort

As presented by Snyder (2002, 2006), the construct of hope is a cognitive set consisting of pathway thinking—the perceived capacity to generate strategies for attaining goals—and agency thinking—perceptions involving one's capacity to initiate and sustain movement along the chosen pathways. Effort refers to the individual child's level of investment, intensity, and persistence in task accomplishment (Lackaye & Margalit, 2006; Meltzer et al., 2004; Yeo & Neal, 2004). Previous studies indicated that children and adolescents with LD reported lower appraisals of hope and effort compared to their nondisabled peers (Al-Yagon, 2007; Lackaye & Margalit, 2006; Meltzer et al., 2004).

Externalizing and Internalizing Behavioral Problems

General consensus from large numbers of studies suggests that maladaptive functioning in childhood falls into two categories of disorders (Achenbach, 1991). Internalizing maladjustment includes loneliness, anxiety, and social withdrawal, whereas externalizing maladjustment includes hyperactivity, aggression, and antisocial disorders.

The Current Study

Altogether, the theoretical background presented here raises some important questions calling for additional exploration of the role of fathers' personal resources in explaining children's adjustment. Taken together, as described above, studies on children with LD indicated that these children evidence diverse socioemotional difficulties (e.g., Al-Yagon, 2007; Al-Yagon & Mikulincer, 2004a; Dyson, 2003; Estell et al., 2008). However, these studies focused on the possible role

of children's internal neurological factors and rarely examined the possible contribution of fathers' factors. Thus, in accordance with multiple or cumulative risk models (Greenberg et al., 2001), the present study examined the contribution of vulnerability and protective factors at both the individual level (children's attachment and CSOC) and the family level (fathers' coping resources), in explaining socioemotional functioning in children with LD.

Corresponding with these objectives, the present study sampled a group of school-age Israeli children with LD who attended regular classes and a comparison group of typically developing children to test the following three empirical hypotheses: (1) In line with the principles of cumulative models (Greenberg et al., 2001), children's well-adjusted functioning will be better predicted by cumulative risk and protective factors—combining child and father factors—than by individual factors alone. (2) In line with past research suggesting that fathering tends to be more sensitive to contextual factors such as children's characteristics (e.g., NICHD Early Child Care Research Network, 2000), the contribution of fathers' coping resources will differ between the two groups. (3) Children's attachment with fathers and children's own CSOC will mediate the association between fathers' resources and children's well-adjusted functioning. This hypothesis was based on previous research concerning the mediating role of children's attachment with mothers (Al-Yagon & Mikulincer, 2004b; Murray & Greenberg, 2001), as well as on previous studies underscoring the association between children's CSOC and well-adjusted functioning (Al-Yagon & Mikulincer, 2004a, 2004b). To be noted, no specific predictions were formulated for fathers versus mothers due to the exploratory nature of this initial study on an infrequently studied set of questions concerning paternally related predictors of differential response to the risk associated with having a learning disability.

The current assessment of children's socioemotional adjustment attempted to integrate multiple variables and information sources. Thus, children's adjustment was examined through self-report measures and parental evaluations, in line with previous studies indicated the higher reliability found for children's self-reports than parental ratings on internalizing characteristics and the opposite outcomes for externalizing characteristics (Ronen, 1997).

Method

Participants

This sample was part of a larger study that also collected data from mothers. The current sample consisted of 205 father-child dyads: 107 fathers and their children with LD (52 girls, 55 boys) and 98 fathers and their typically developing children (56 girls, 42 boys). Children's ages ranging from 8 to 12 years

($M = 9.98$, $SD = 1.08$). These children attended seven public elementary schools in urban areas of Israel.

Children's Characteristics.

LD group. All 107 children had been diagnosed with LD through previous psycho-educational evaluations. Parents reported on: (a) the kinds of diagnostic evaluations their child underwent (e.g., neuropsychological, psychodidactic), (b) the testing accommodations that the child consequently received from the school psycho-educational team, and (c) the specific interventions that the child received from school psycho-educational staff and from out-of-school resources. In line with the educational policy of the Israeli Ministry of Education, similar to the diagnostic features suggested by the *Diagnostic and Statistical Manual of Mental Disorders* (4th ed., Text Revision; *DSM-IV-TR*; American Psychiatric Association, 2000), all children receiving this diagnosis: had previous psycho-educational evaluations; manifested an average IQ level; and demonstrated substantially lower achievements on standardized tests (in reading, writing, and/or mathematics) than expected for age, schooling, and level of intelligence. Regarding additional interventions, 57 children (53.3%) received educational treatment outside school, 14 children (13.1%) received psychological treatment, 36 children (33.6%) received pharmacological treatment like methylphenidate, and 4 children (3.7%) received linguistic-communication intervention.

Comparison group. Parents of children in the comparison group confirmed that their children (a) had typical development; (b) had no difficulties in academic functioning, specifically in reading, writing, or mathematics; (c) had no special social, behavioral, or emotional difficulties; and (d) had received no diagnostic evaluation or special assistance from school staff or other professionals (including medical treatments).

Fathers' Characteristics. Fathers reported on their own demographic characteristics (e.g., age, marital status, years of education) and also provided information regarding their own disabilities in reading, writing, mathematics, attention, and/or hyperactivity-impulsivity.

Fathers of children with LD. Regarding marital status, 101 of these fathers were married and 6 were divorced. Fathers' ages were 34 to 72 years ($M = 41.09$, $SD = 5.84$), with 9 to 25 years of education ($M = 14.57$, $SD = 2.84$). Regarding fathers' work status, 96 worked full-time, 4 worked part-time, and 7 did not work outside the home. Regarding fathers' own disabilities, 8 (7.5%) reported reading difficulties, 8 (7.5%) reported writing difficulties, 3 (2.8%) reported mathematical difficulties, and 8 (7.5%) reported inattention/hyperactivity-impulsivity difficulties.

Fathers of children without disabilities. Regarding marital status, 94 of these fathers were married and 4 were divorced. Fathers' ages were 32 to 69 years ($M = 42.44$, $SD = 5.82$), with 9 to 25 years of education ($M = 15.37$, $SD = 2.84$).

Regarding fathers' work status, 89 worked full-time, 4 worked part-time, and 5 did not work outside the home. Regarding fathers' own disabilities, 2 fathers (2%) each reported both reading and writing difficulties, 7 fathers (7.1%) reported mathematical difficulties, and 3 (3%) fathers reported inattention and/or hyperactivity-impulsivity difficulties.

A set of *t*-test analyses as well as chi-square tests revealed no significant differences between the LD and non-LD groups regarding children's age and gender or regarding fathers' age, education, marital status, or fathers' own disabilities.

Instruments

Children's Self-Report Instruments.

1. *Children's Sense of Coherence Scale* (CSOC; Margalit & Efrati, 1995). This scale included 16 items tapping three dimensions of children's SOC in the world—comprehensibility, manageability, and meaningfulness (e.g., "I feel that I don't understand what to do in class", "I have trouble with most of the things I try to do"), rated on a 4-point scale from 1 = *Never* to 4 = *Always*. Per Antonovsky (1987), computation of a single total score tapped global CSOC (current Cronbach's alpha was $\alpha = .84$).
2. *Loneliness and Social Dissatisfaction Questionnaire* (Asher et al., 1990). This questionnaire (Hebrew adaptation: Margalit, 1991) included 16 primary items tapping a child's feelings of loneliness (e.g., "I have nobody to talk to in my class," "I am lonely") rated on a 5-point scale from 1 = *Never* to 5 = *Always*. Per Asher et al. (1990), computation of a single score tapped global sense of loneliness (current $\alpha = .92$).
3. *Attachment security style* (Kerns, Klepac, & Cole, 1996). This 15-item Hebrew adaptation (Granot & Maysless, 2001) assessed children's perceptions of security in parent-child relationships using Harter's (1982) 4-point "Some kids . . . other kids" format ($\alpha = .71$). Scores ranging from 15 to 60, with a categorical cutoff point of 45 distinguishing secure from insecure child-parent attachment (Kerns et al., 1996); current $\alpha = .79$.
4. *Children's Hope and Effort Scales* (ages 8–16; Hope: Snyder et al., 1997; Effort: Lackaye & Margalit, 2006). These scales assessing hope and effort (Hebrew adaptation: Lackaye & Margalit, 2006) included 3 agency items referring to goal-directed energy (e.g., "I meet the goals that I set for myself"), 3 pathway items referring to planning to meet goals (e.g., "I can think of many ways to get the things in life that are important to me"), and 4 items tapping children's investment and effort levels (e.g., "I don't give up even when it is difficult

for me"), rated on a 6-point scale from 1 = *None of the time* to 6 = *All of the time*; current $\alpha = .90$.

Instruments Completed by Fathers.

1. *Coping Scale* (Moos, Cronkite, Billings, & Finney, 1987). The Hebrew adaptation of this scale (Margalit et al., 1992) reflected the fathers' view of their coping strategies and consisted of 20 items on a 4-point Likert-type scale ranging from 1 = *Not appropriate* to 4 = *Yes, fairly often*. The scale comprised two factors: avoidant coping, with 9 items such as "Tried to reduce tension by eating more," and active coping, with 11 items such as "Made a plan of action and followed it" (current $\alpha = .81$ for active coping and $.60$ for avoidant coping). Higher scores reflected a higher perceived use of the particular pattern of coping strategies.
2. *Sense of Coherence Scale* (SOC; Antonovsky, 1987). The short version of the self-reported SOC scale consisted of 13 statements on a 7-point Likert-type scale customized for the various items and ranging from 1 = *Never* to 7 = *Always*. For example, parents rated the statement "Doing the things you do every day is . . ." along a scale from *A source of pain and boredom* (1) to *A source of deep pleasure and satisfaction* (7). The parental SOC score was obtained by summing the 13 items, where higher scores indicated a higher level of coherence. Confirmatory factor analyses indicated a single factor model for this scale (Hittner, 2007); current $\alpha = .90$.
3. *Child Behavior Checklist* (CBCL; Achenbach, 1991). This standardized instrument for rating children's behavior (Hebrew adaptation; Zilber, Auerbach, & Lerner, 1994) included 112 behavioral items scored by fathers on a 3-point scale from 0 = *Not true* to 2 = *Very/Often true*. Achenbach's (1991) principal components analyses yielded eight narrow-band syndrome scales and two broad-band syndrome scales (i.e., *internalizing* and *externalizing* syndromes); current $\alpha = .90$ for internalizing and $.92$ for externalizing.

Procedure

After obtaining approval from the Israeli Ministry of Education and the school principals, research team members entered each classroom, gave the children a short explanation about the research, and distributed letters describing the study to all the students in the class to take home to their parents. Parents who agreed that their families would volunteer to participate in the study were then contacted by the research team to coordinate data collection. To match the two groups

Table 1. Means, Standard Deviations, and *F* Scores of Child and Father Variables According to Study Group

	Children with learning disabilities		Children with typical development		<i>F</i> (1, 204)	η^2
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Child measures						
Sense of coherence	47.20	6.33	52.10	5.68	32.76**	.14
Child-father attachment	45.20	7.81	48.83	6.04	12.53**	.07
Loneliness	34.00	14.28	26.53	9.97	18.60**	.09
Hope and effort	40.86	9.53	47.96	6.57	40.28**	.17
Externalizing behavior	9.51	9.81	5.84	7.37	8.40*	.08
Internalizing behavior	5.95	5.21	3.36	6.21	16.87**	.09
Father measures						
Sense of coherence	69.10	12.95	70.37	12.31	0.50	.00
Avoidant coping	15.74	4.38	14.08	3.37	8.80*	.04
Active coping	28.73	7.12	28.44	6.62	0.07	.00

* $p < .01$. ** $p < .001$.

as closely as possible, after obtaining parental consent, the research team collected data from all the children with LD but only from families of children with typical development who matched the children with LD on age and gender.

Graduate students in educational counseling underwent training to enter the schools during recruitment and to administer the test battery during home visits. First, children completed the set of five questionnaires alone in a quiet room. The examiner read sample items for each questionnaire to ensure children's understanding and provided additional help if necessary to children with LD. Second, the examiner explained each of the instruments to the fathers, who completed them separately in a quiet room.

Experimental Design and Statistical Analysis. This study first examined a preliminary set of analyses that focused on group differences (children with LD vs. without LD; fathers of children with LD vs. without LD).

Second, analyses were conducted through the structural equation modeling (SEM) method (AMOS program). These analyses comprised the estimation of the cumulative model examined in the current study (father coping resources), simultaneously for the two groups: children with and without LD. This multigroup SEM approach (MSEM) measures the contribution of the interaction between the group and the model's components. Variable fitness to the base model simultaneously considers the relations between the correlation and the existence of two groups (Kline, 1998; Scott-Lennox & Lennox, 1995). In addition, the current analyses also examined the role of the mediator variables through the Bootstrap procedure (Byrne, 2001) within the framework of SEM (Zhu, 1997). Thus, the Bootstrap technique enables the creation of multiple subsamples from an original database. The importance of this action is the possibility it offers for

examining parameter disturbances relative to each of these spawned samples.

Results

Preliminary Analysis

To decrease the chance of Type 1 errors, a multivariate analysis of variance (MANOVA) was conducted on group differences (children with/without LD \times gender), with the following 10 dependent variables: all 7 of the children's measures (self-rated loneliness, CSOC, hope and effort, and attachment toward father; and parent-rated externalizing/internalizing child behavior) and the 3 fathers' coping resources (SOC, active and avoidant coping subscales). The MANOVA yielded a significant main effect for study group, $F(9, 193) = 6.70$, $p < .001$, $\eta^2 = .24$. Neither the main effect for gender nor the interaction between study group and gender was statistically significant.

Table 1 presents the means, standard deviations, and *F* scores for the univariate ANOVAs of all the child and father measures for the two study groups: children with and without LD. Significant intergroup differences emerged on all of the children's socioemotional and behavioral measures. As a group, the children with LD reported higher loneliness, a lower CSOC, and lower hope and effort compared to their typically developing peers. Similarly, children with LD were rated by their parents as having a significantly higher level of externalizing and internalizing problems than were children with typical development. In addition, children with LD reported less attachment security toward the father than their typically developing peers.

Regarding the fathers' outcomes, Table 1 demonstrates significant group differences only on the fathers' avoidant

Table 2. Correlation Matrix of the Fathers' and Children' Variables for the Two Groups

	1	2	3	4	5	6	7	8
Children with typical development ^a								
1. Father's SOC	—	-.22*	-.34***	.30**	.18	-.16	.00	-.43***
2. Father's active coping	-.09	—	.24*	-.26**	.02	-.09	-.14	.14
3. Father's avoidant coping	-.29**	.21*	—	-.10	-.22*	-.17	.09	.17
4. Child's SOC	.10	-.01	-.13	—	.38***	-.46***	.63***	-.18
5. Child's attachment with father	.06	-.15	-.19*	.60***	—	-.32***	.22*	-.19
6. Child's loneliness	-.13	-.00	.17	-.75***	-.49***	—	-.31**	.08
7. Child's hope and effort	-.17	.07	-.14	.67***	.47***	-.47***	—	-.09
8. Child's behavior problems	-.31**	.07	.21*	-.10	-.14	.17	.10	—
Children with learning disabilities ^b								

^a*n* = 98.^b*n* = 107.**p* < .05. ***p* < .01. ****p* < .001.

coping measure. Fathers of children with LD reported a higher level of avoidant coping compared to fathers of children with typical development.

Estimations of the Model

This section describes the estimations of the cumulative model tested in the current study through the SEM and MSEM approaches, which measure the contribution of the interaction between the group and the model's components. Examination of the data fitness to the base model takes into account the relationship between the correlation and the existence of two groups (Scott-Lennox & Lennox, 1995).

Scott-Lennox and Lennox (1995) recommended the employment of the MSEM approach when a mediating relationship among predictors of outcomes is theorized as varying by population subgroups. Due to the sensitivity of this approach to group differences, in lieu of incorporating the categorical factor (i.e., children's disability status) as a variable in the base model, the MSEM tests simultaneously for its applicability to the two groups of children. The correlation matrices, means, and standard deviations of all the measured variables used in the analysis are presented in Tables 1 and 2.

In moving from a theoretical to statistical model, the MSEM approach first classifies the entire construct into dependent (i.e., caused, resultant, endogenous) and independent (i.e., causal, explanatory, exogenous) constructs (Jöreskog, 1993). Second, for each dependent construct, the theory specifies on which of the other constructs it is hypothesized as depending. Testing of the current models were conducted in four steps of estimation: (1) the multidimensional base model, (2) modified models consisting of the significant pathways that emerged in the first step, (3) group comparisons, and (4) mediator variables.

In examining the possible contribution of the current study's mediator variables—children's CSOC and children's

attachment with father—to differences in children's socioemotional measures, a preliminary set of MANOVAs was conducted. These analyses yielded significant group differences between children with high/low CSOC for children's socioemotional and behavioral measures in both groups: children with LD, $F(4, 103) = 16.26, p < .001, \eta^2 = .39$, and children with typical development, $F(4, 94) = 12.14, p < .001, \eta^2 = .34$. Similar findings emerged for children's attachment with fathers: Significant group differences between children reporting secure/insecure attachment with father emerged for children's socioemotional measures in both groups: children with LD, $F(4, 103) = 4.33, p = .003, \eta^2 = .15$, and children with typical development, $F(4, 94) = 4.91, p = .002, \eta^2 = .17$.

The next section elaborates the results revealed in the SEM analyses.

Step 1: Estimation of the Base Model. The first step of analysis attempted to estimate the base model simultaneously for the two groups: children with LD and children with typical development (Byrne, 2001; Kline, 1998). This multigroup SEM approach (MSEM) measures the contribution of the interaction between the group and the model's components. Variable fitness to the base model simultaneously considers the relationship between the correlation and the existence of two groups and is therefore reported once (Kline, 1998; Scott-Lennox & Lennox, 1995).

This base model assumed that the exogenous variables of fathers' factors (i.e., independent, causal, explanatory variables; see left column of Figure 1) contributed to each of the endogenous socioemotional variables (i.e., dependent, caused variables; see figure's right column) and also to each of the mediator variables in the model (see central column). Likewise, the model assumed a relationship between the three exogenous variables themselves (i.e., among fathers' sense of coherence, active, and avoidant coping). In addition, these base models assumed that each of the three exogenous variables

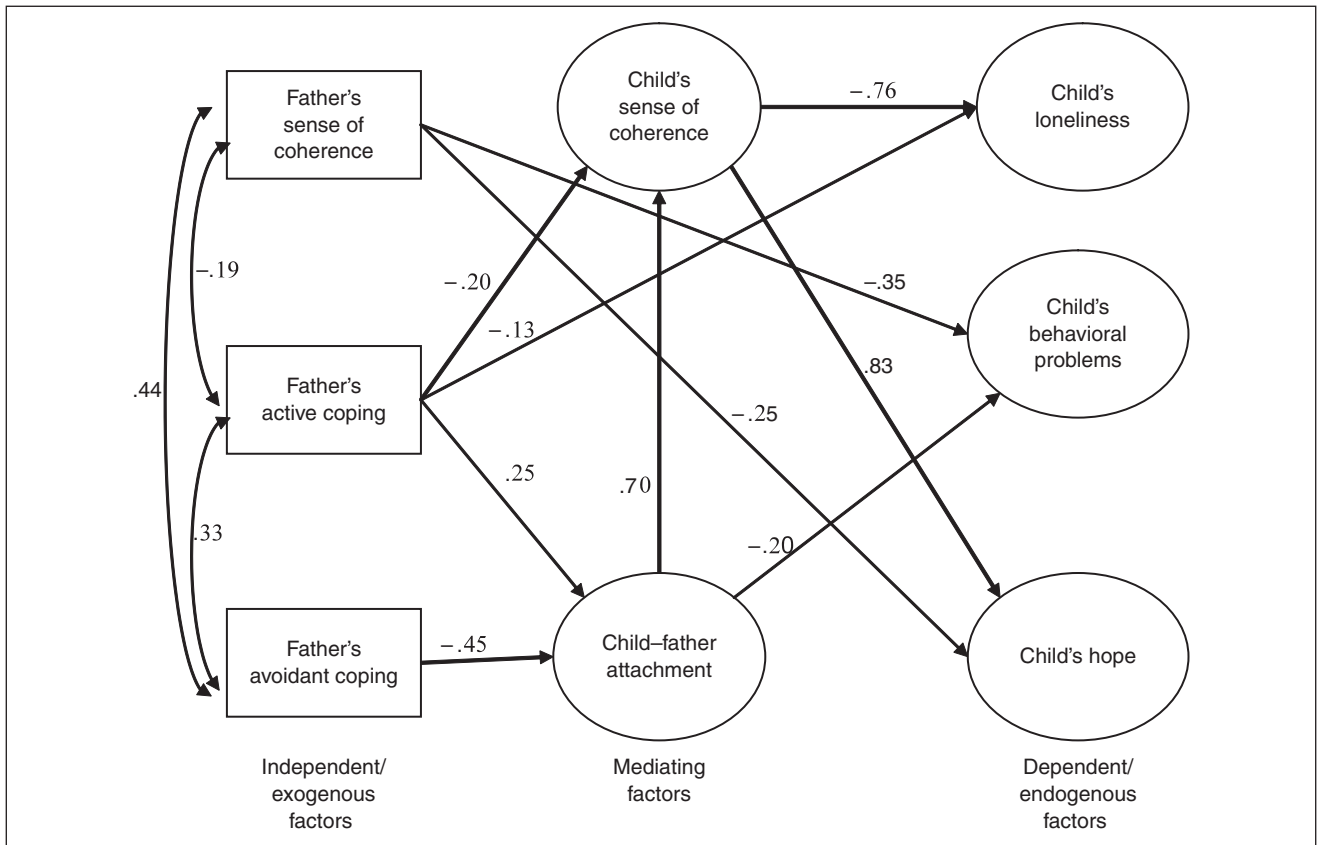


Figure 2. Fathers' coping resources: Modified model for both groups
 Exogenous factors (i.e., independent variables) are presented within rectangles in the left column. Endogenous/latent factors (i.e., dependent variables, in the right column) and mediating factors (in the center column) are presented within ovals.
 NFI = 0.966, CFI = 0.998, GFI = .982, RMSEA = 0.01.

and the two mediator variables (i.e., children's attachment toward mother/father and CSOC) would contribute to each of the three child adaptation measures (i.e., feelings of loneliness, feelings of hope and effort, and a composite score consisting of the children's parent-rated externalizing and internalizing problems). Due to the high correlation found between children's externalizing and internalizing behaviors ($r = .70, p < .001$), the latent variable of behavioral problems was combined for these two subscales.

The examination of the base model demonstrated a good fit, shown by the nonsignificant chi-square test, $\chi^2(3, 205) = 3.20, p > .05$, and by the high indices-of-fit values: NFI = 0.994, CFI = 1.00, GFI = 0.997, and RMSEA = 0.018. Thus, the first step of analysis revealed a high fit between the theoretical model of fathers' coping resources and the empirical data (see Figure 1).

Step 2: Estimation of the Modified Models. To design more parsimonious models for the empirical data, only paths (relationship) with significance higher than $t > |2.00|$ were considered (Byrne, 2001; Jöreskog, 1993; Kline, 1998). Thus,

several nonsignificant paths were omitted from the modified model such as the paths between fathers' SOC and child's attachment, between fathers' active coping and child's behavioral problems, and between fathers' avoidance coping and child's loneliness. The current outcome of the chi-square test was nonsignificant, $\chi^2(19, 205) = 17.74, p > .05$, and the indices-of-fit values demonstrated a high fit: NFI = 0.966, CFI = 1.0, GFI = .982, and RMSEA = 0.0. This step indicated a high fit between the modified model for fathers in both groups and the empirical findings (see Figure 2).

Step 3: Group Comparisons. In this step, a group comparison was conducted to estimate the contribution of the interaction between the two groups and the model's components. This analysis showed significant group differences between the modified model for the children with LD versus the modified model for the children with typical development: CMIN = 24.80, $p = 0.01$. Thus, to design a higher fit between the modified model for fathers' coping resources and the empirical data of the two different groups (children with LD vs. children with typical development), two paths (relationship) with

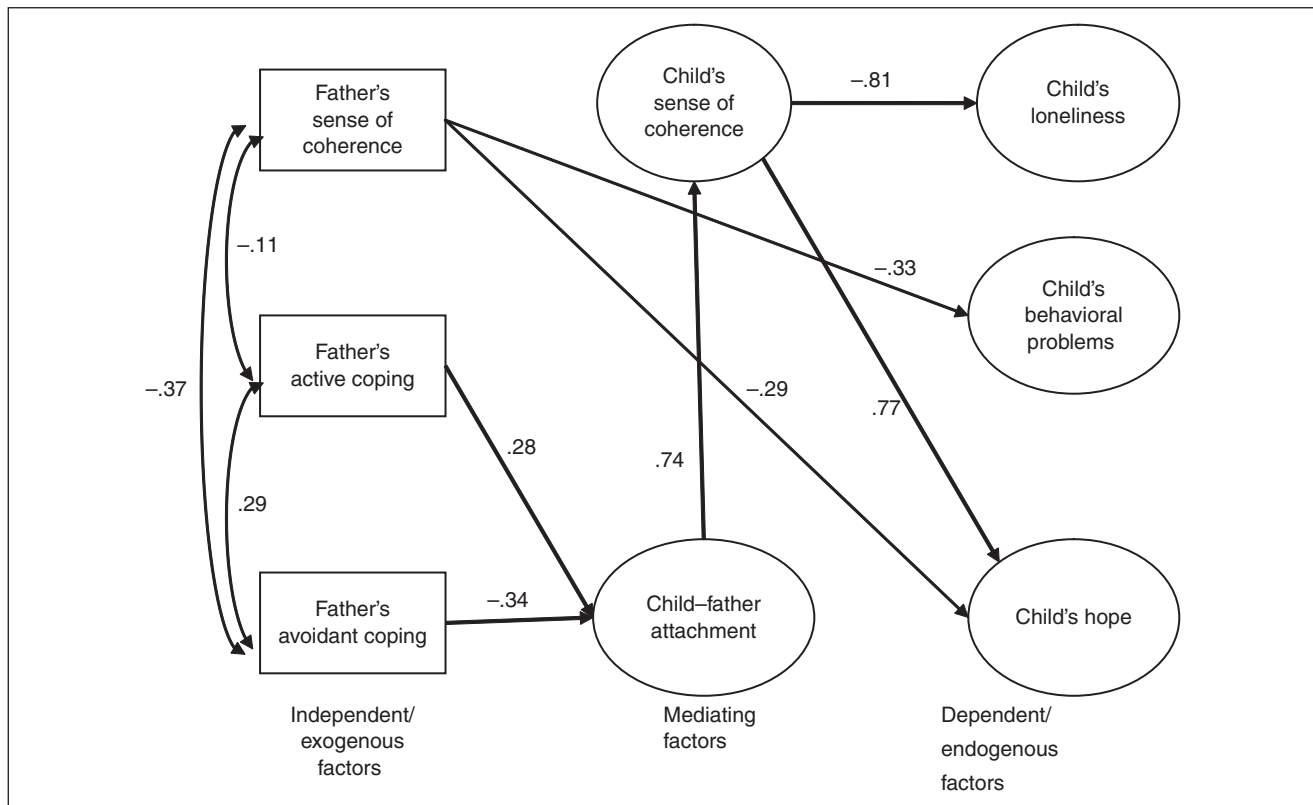


Figure 3. Model 1.1—Fathers' coping resources: Modified model for children with LD

Exogenous factors (i.e., independent variables) are presented within rectangles in the left column. Endogenous/latent factors (i.e., dependent variables, in the right column) and mediating factors (in the center column) are presented within ovals.

significance higher than $t > |2.00|$ were added, as follows: (a) the path between fathers' avoidant coping and children's CSOC (for the typical group) and (b) the path between fathers' SOC and children's CSOC (for the typical group). In addition, one path was omitted: the path between children's attachment toward the father and children's behavioral problems (for both groups).

The outcome of the chi-square test was nonsignificant, $\chi^2(34, 205) = 31.83$, $p > .05$, and the indices-of-fit values demonstrated a high fit: NFI = 0.935, CFI = 1.00, GFI = 0.968, and RMSEA = 0.00. Figure 3 presents the modified model for the children with LD, and Figure 4 presents the modified model for the children with typical development.

Contribution of Exogenous Variables to Mediating Factors.

Modified model for children with LD. The model modified for the children with LD showed that two exogenous variables—avoidance coping ($B = -.34$) and active coping ($B = .28$) as seen in Figure 3—together significantly explained 14% of the variance in the children's attachment toward the father. Children with LD whose fathers reported a higher level of active coping and a lower level of avoidant coping felt more

securely attached to the father than did children whose fathers reported a lower level of active coping and a higher level of avoidant coping. None of the exogenous variables significantly contributed to CSOC.

Modified model for children without LD. As seen in Figure 4, a different pattern of relations emerged for children with typical development than in the one modified for children with LD. All three of the exogenous variables significantly contributed to the CSOC of children with typical development. The exogenous variables—avoidant coping ($B = .76$), active coping ($B = -.57$), and fathers' SOC ($B = .48$)—together significantly explained 66% of the variance in the CSOC. Typically developing children whose fathers reported a higher level of SOC, lower active coping, and a higher level of avoidant coping reported higher CSOC scores compared to children whose fathers reported a lower level of SOC, higher active coping, and a lower level of avoidant coping. In addition, the exogenous variable of avoidant coping ($B = -.56$) significantly explained 24% of the variance in the children's attachment toward the father. Children whose fathers reported a lower level of avoidant coping felt more securely attached to the father than did children whose fathers reported a higher level of avoidant coping.

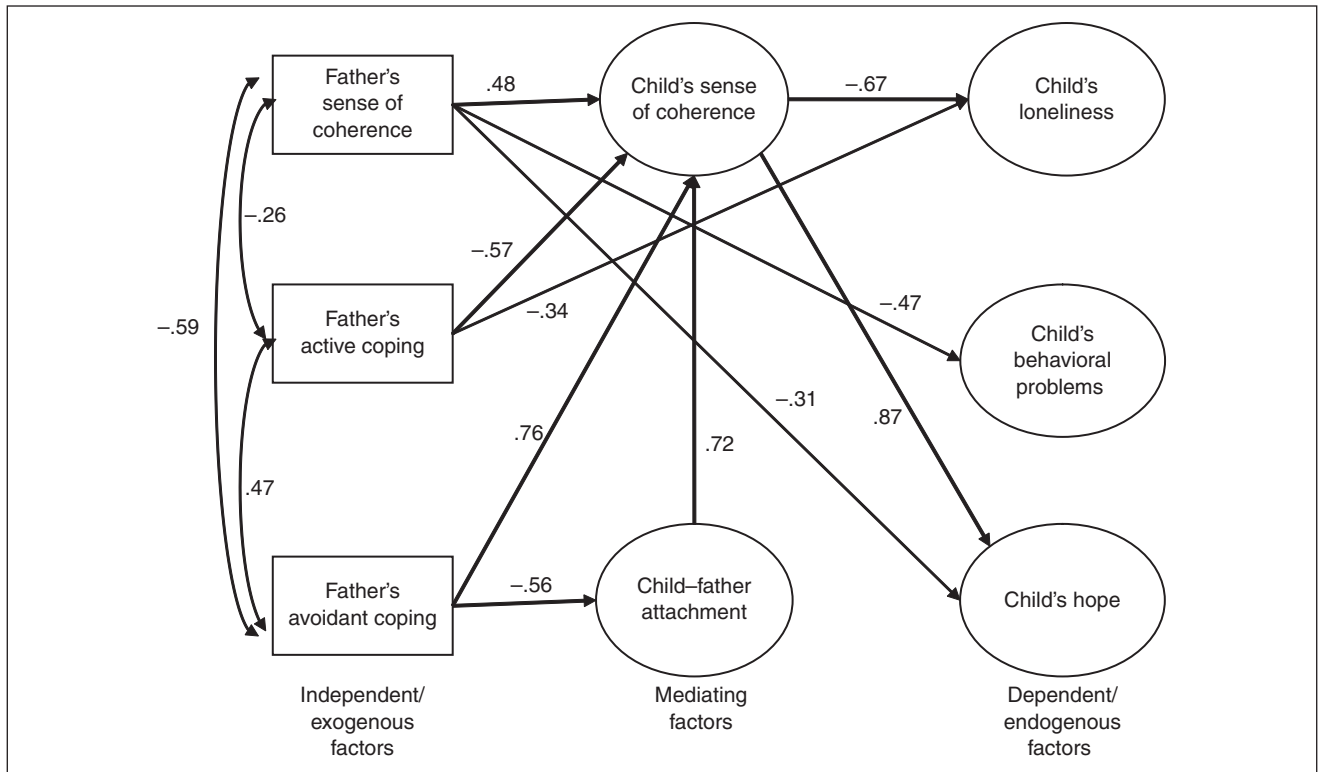


Figure 4. Model 1.2—Fathers' coping resources: Modified model for children with typical development

Exogenous factors (i.e., independent variables) are presented within rectangles in the left column. Endogenous/latent factors (i.e., dependent variables, in the right column) and mediating factors (in the center column) are presented within ovals.

Contribution of Exogenous and Mediator Variables to Endogenous Variables.

Modified model for children with LD. As seen in Figure 3, in the model modified for the children with LD, the exogenous variables had no significant contribution to the explanation of variance for the endogenous variable of children's loneliness feelings. The exogenous variable of fathers' SOC significantly contributed to the explanation of children's behavior problems ($B = -.33$), explaining 11% of the variance. Children whose fathers reported higher levels of SOC were evaluated by their parents as manifesting a lower level of externalizing and internalizing behavior problems compared to children whose fathers reported lower SOC.

In addition, fathers' SOC ($B = -.29$) and children's CSOC ($B = .77$) together significantly explained 61% of the variance in the children's feeling of hope and effort. Children whose fathers reported higher SOC and who themselves reported higher CSOC were those who reported higher levels of hope and effort, compared to children whose fathers reported lower SOC and who themselves reported lower CSOC.

Modified model for children with typical development. In the model modified for the children with typical development (seen in Figure 4), the exogenous variable of fathers' active coping ($B = -.34$) and the children's mediating variable of

CSOC ($B = -.67$) together explained 41% of the variance for the endogenous variable of children's loneliness. In addition, the exogenous variable of fathers' SOC ($B = -.47$) significantly explained 22% of the variance in the children's behavior problems. Children whose fathers reported higher levels of SOC were evaluated by their parents as manifesting a lower level of behavioral problems, compared to children whose fathers reported lower SOC.

Moreover, fathers' SOC ($B = -.31$) and children's CSOC ($B = .87$) together significantly explained 66% of the variance in children's hope and effort. Children whose fathers reported lower SOC and who themselves reported higher CSOC were those with a higher level of hope and effort, compared to children whose fathers reported higher SOC and who themselves reported lower CSOC.

Step 4: Estimation of the Mediator Variables. In examining the role that CSOC and attachment with the father may play in mediating the association between fathers' coping resources and children's socioemotional adjustment, the current study conducted the analytical steps of the Bootstrap procedure (Byrne, 2001; Zhu, 1997). The current Bootstrap findings supported the hypotheses concerning the role of the two mediator variables for the model. Analyses showed that

CSOC mediated the association between children's attachment toward the father and children's hope and effort, with a significant indirect effect ($B = .69, p < .01$), a nonsignificant direct effect ($B = -.16, p > .05$), and a significant total effect ($B = .54, p < .05$). Children's CSOC also mediated the association between children's attachment and children's loneliness, with a significant indirect effect ($B = -.51, p < .05$), a nonsignificant direct effect ($B = -.10, p > .05$), and a significant total effect ($B = -.61, p < .01$).

In addition, the present outcomes also indicated that children's attachment mediated the association between fathers' avoidant coping and CSOC, with a significant indirect effect ($B = -.34, p < .01$), a nonsignificant direct effect ($B = .14, p > .05$), and a nonsignificant total effect ($B = -.20, p > .05$). Furthermore, a partial mediating effect also found for children's attachment in explaining the association between fathers' avoidant coping and children's CSOC, with a significant indirect effect ($B = .19, p < .01$), a significant direct effect ($B = -.24, p < .05$), and a nonsignificant total effect ($B = -.05, p > .05$).

Discussion. The present study supported the hypotheses concerning the strength of the proposed cumulative model of vulnerability and protective factors for explaining the socioemotional and behavioral adjustment of children with LD. The study demonstrated a high fit between the theoretical models and the empirical findings as well as a different pattern of relationship between the models' components for the two populations studied. These findings also provided important information about the effects of fathers' personal resources. Furthermore, the present results supported the study's assumption regarding the role of children's attachment to the father and the role of CSOC, as mediating the associations between fathers' coping resources and children's socioemotional and behavioral adjustment. Before addressing the results of the SEM analyses, the following section first briefly discusses the findings yielded by the preliminary set of analyses.

Preliminary Analysis

LD Versus Typical Development Groups. Overall, unsurprisingly, children with LD manifested more socioemotional and behavioral difficulties than did their typically developing peers. These outcomes emerged both on self-report measures and on parental evaluations. Similarly to previous research on children with LD, these children reported higher loneliness, lower CSOC, and lower feelings of hope and effort levels compared with their typically developing peers (Al-Yagon & Mikulincer, 2004a; Lackaye & Margalit, 2006; Pavri & Monda-Amaya, 2000). In addition, similar to previous studies, the current outcomes also revealed that parents evaluated their children with LD as manifesting a higher level of both externalizing and internalizing problem behaviors, compared

to parents' evaluations of their typically developing children (e.g., Al-Yagon, 2007; Culbertson, 1998; Dyson, 2003; Estell et al., 2008).

These preliminary findings also indicated that children with LD reported lower attachment security toward their fathers as compared to their typically developing peers. On the basis of previous studies emphasizing the role of these children's insecure attachment as a factor increasing the risk of maladjustment in the social and emotional domains (Al-Yagon & Mikulincer, 2004a, 2004b; Murray & Greenberg, 2001), as well as the current study's outcomes indicating significant differences in children's socioemotional measures between children with secure versus insecure attachment with fathers, the present results may expand knowledge regarding the nature and the role of these children's interpersonal relationships with fathers, calling for additional exploration.

Beyond documenting the effects of children's disabilities on their own adjustment and attachment relationships, the current findings also revealed the significant association between children's disabilities and fathers' coping strategies. However, in contrast to the current study assumptions, group differences emerged only on fathers' avoidant coping strategies such as efforts to deny or escape the stressful situation. As in previous studies comparing mothers of children with and without LD, these fathers of children with LD reported a higher level of avoidant coping than fathers of children with typical development (Al-Yagon, 2007; Margalit et al., 1992).

Unexpectedly, the current study also showed nonsignificant differences between the two groups of fathers' level of SOC. However, it should be noted that, although several previous studies reported that as a group, parents of children with disabilities manifested a lower level of SOC compared to parents of nondisabled children (e.g., Al-Yagon, 2003; Olsson & Hwang, 2002), others revealed no significant differences between mothers of children with LD compared to mothers of typically developing children (Al-Yagon & Cinamon, 2008). These inconsistent findings call for additional investigation regarding these groups of fathers and raise some important questions regarding the possible effect of mediator variables such as the level of social support provided to fathers and their accessibility to professional counseling and interventions.

Estimation of the Model

A. The Mediating Role of Children's Resources. The current results clearly revealed the role of children's attachment toward fathers and children's CSOC, in mediating the association between fathers' coping resources and their children's socioemotional and behavioral adjustment.

Regarding the first mediator variable—children's attachment toward the father—the current findings highlighted the relevance and validity of attachment theory for explaining the association between fathers' resources and children's

socioemotional adjustment. Data from this model showed that, for example, children's attachment toward the father significantly mediated the association between fathers' avoidant coping and CSOC. Thus, the current findings suggest the merit of adding attachment-based explanations to the well-documented association between learning disorders and maladjustment problems (Al-Yagon, 2007; Murray & Greenberg, 2001).

Although growing awareness has emerged regarding the important contribution of attachment factors to socioemotional adjustment across the lifespan (e.g., K. E. Grossmann et al., 2006), fewer studies examined the possible mediator role of these relationships in explaining the association between parental personal resources and children's adjustment, especially the possible mediation effect of children's attachment toward the father. On the basis of the present preliminary findings demonstrating that children with LD reported lower attachment security toward their fathers as compared to their typically developing peers, as well as previous studies emphasizing the role of insecure attachment as a risk factor in increasing the maladjustment of children with LD in the social and emotional domains (Al-Yagon & Mikulincer, 2004b; Murray & Greenberg, 2001), additional exploration would do well to focus on the possible implications of these results, such as the need for attachment-based interventional programs (Diamond, Siqueland, & Diamond, 2003).

With regard to the second mediator variable—CSOC—this measure provided an index of children's coping resources and resilience (Antonovsky, 1987; Greeff & Van Der Merwe, 2004; Lindstrom & Eriksson, 2005). The current results suggested the potential effect of this coping resource for children as mediating the association between fathers' personal resources and children's adjustment. For example, CSOC mediated the association between children's attachment, loneliness, and level of hope and effort.

The significantly lower level of CSOC shown by the children with LD in the present study suggests that this coping resource may play an important role in mediating the detrimental effects of learning disorders on these children's socioemotional adjustment, calling for further examination to plan appropriate interventions.

B. Fathers' Coping Resources.

Coping strategies. The current study demonstrated the significant role of the two major types of coping strategies (Folkman & Moskowitz, 2004; Lazarus, 1999) in explaining differences in children's mediator and endogenous variables. However, in contrast to past findings indicating the important role of avoidant coping in discriminating between individuals according to adjustment level (Holahan & Moos, 1985; Margalit et al., 1992) as well as the role of maternal level of avoidant coping in moderating the effect of children's disabilities on their socioemotional adjustment (Al-Yagon, 2007),

the current results indicated the role of both paternal coping strategies.

Specifically, the current findings supported, in part, the current study hypotheses concerning the important role of fathers' coping strategies for the socioemotional adjustment of children with LD, indicating that these two types of coping strategies contributed only to children's attachment relationships with their fathers. Specifically, fathers' higher level of active coping (e.g., more information seeking and problem solving) and lower level of avoidant coping (e.g., less denial or escape through food, drugs, etc.) contributed to these children's more secure attachment (e.g., children's belief that the father was responsive and available in times of stress), which, in turn, played a mediating role for children's socioemotional adjustment, as discussed earlier.

With regard to the model modified for children with typical development, the findings regarding fathers' coping strategies were complex. Whereas several of the paths supported the current study's assumptions (i.e., significant paths between fathers' avoidant coping and children's attachment, and between fathers' active coping and children's loneliness), others were unexpectedly at odds with the hypotheses (i.e., nonsignificant paths between fathers' active coping or avoidant coping and children's CSOC). Altogether, these findings raise some important questions calling for additional qualitative exploration. For example, is it possible that among this group of nondisabled children, fathers' higher use of active coping strategies was appraised by their children as intrusive and less sensitive parenting? Were fathers who more frequently used active coping strategies appraised by their children as more assertive and aggressive, which, in turn, modeled less effective coping and influenced children's level of externalizing behavior and even children's own coping resources such as their CSOC? Many such questions emerge from the database produced in the current study.

SOC. As mentioned above, this personal resource is assumed to hold unique importance for understanding individuals' coping with stressors, resilience, and personal strength (Antonovsky, 1987; Greeff & Van Der Merwe, 2004; Lindstrom & Eriksson, 2005). However, most studies on adults' SOC have focused on the association between high coherence levels and many aspects of the adults' own well-being and coping with stressors, whereas the current findings clearly revealed that parents' high SOC contributed to their children's well-being, manifested as a lower level of behavioral problems, more secure attachment, and a higher level of SOC.

Presumably, parents with high coherence levels, who tend to perceive stressful situations as less threatening and as more manageable, may provide their children with a more secure, consistent, and calm environment and also may model effective strategies for coping with stressors (Al-Yagon, 2008). Similarly, the current examinations also show that fathers' high level of SOC was associated with children's lower levels

of behavioral problems and children's higher level of CSOC. However, unexpectedly, the current examinations also showed that fathers' high SOC was associated with children's lower levels of hope and effort. Studies focusing on children's hope are few; therefore, additional examination is needed to further explore this unique association.

Limitations and Directions for Future Study

To facilitate validation and generalization of these cumulative models of vulnerability and protective factors, as well as to promote greater understanding of the possibly unique role of fathers' coping resources for the socioemotional adjustment of children with LD, follow-up research should examine children with LD in several other age groups such as adolescence and kindergarten. Furthermore, future studies should examine the longevity of such perceptions over time and utilize qualitative interview methods to elaborate on these children's and fathers' structured self-reports.

Several limitations of this study call for further research. First, regarding the endogenous variable of children's loneliness, most of the exogenous variables did not significantly contribute to explaining its variance. This finding raises important questions regarding the possible different sources for children's loneliness feelings, as well as methodological questions regarding the specific instrument utilized here to measure children's feelings of loneliness. Based on many previous studies investigating children's loneliness, the current study utilized the well-known and well-validated Asher et al. (1990) scale comprising a unitary construct. However, the current results may possibly underscore the need for separate assessment of loneliness subtypes due to the emotional/social differentiation in loneliness (Qualter & Munn, 2002; Weiss, 1973) as well as the distinction between peer group and dyadic peer relationships (Hoza, Bukowski, & Beery, 2000), especially to further unravel the differential effects of attachment to mothers and fathers on children's socioemotional adjustment (Verschueren & Marcoen, 2005). Such distinctions could help to further unravel the differential effects of attachment to mothers and fathers on children's socioemotional adjustment; for example, Verschueren and Marcoen (2005) reported that security felt with mothers may be especially predictive of children's functioning in intimate small groups or dyadic interactions, whereas secure attachment to fathers may be predictive of peer acceptance.

Second, the Coping Scale (Moos et al., 1987) measuring parents' view of their own coping strategies, although used widely in the literature, showed relatively low reliability in the avoidant coping subscale, calling for further exploration of its external validity. Third, the present sample size did not allow for an exploration of the multiple personal and interpersonal factors that may contribute to children and fathers.

Thus, it must be noted that this study did not examine the contribution of additional risk factors involving family characteristics (e.g., chronic illness, unemployment, siblings' disabilities), regarding children's and parents' functioning. In this context, future studies should also focus on the individual characteristics of children with LD such as their specific LD (e.g., reading, writing, and math) and their perceptual, attention, and linguistic skills.

In addition, conceptual matters also deserve words of caution despite the interesting direction of the current findings. First, attachment research has underscored several factors as contributing to individual differences in attachment patterns, such as the child's characteristics, the caregiver's quality of care, their distress, and more (Al-Yagon, 2003, 2007; K. E. Grossmann et al., 2006). Thus, it must be noted that this study, which focused mainly on the possible role of fathers' resources in explaining children's attachment relations, did not examine the possible contribution of additional risk factors like children's temperament or impulsivity. Second, the present sample showed a high incidence of intact families due to the current sampling procedure that aimed to avoid multiple methodological problems that would arise in families where fathers lived separately from the child. Thus, the present outcomes should be interpreted with caution, both to avoid overestimating the predictive role of paternal resources due to possible shared variance with maternal resources and to avoid generalizing the findings to divorced or separated families. In this regard, future studies should examine nonintact families as well as other familial factors such as marital conflict and family climate. Finally, the current results indicated a strong predictive path between children's CSOC and their hope and effort, which calls for further empirical scrutiny of their relationship. These two constructs are similar yet differ in several aspects; CSOC taps global cognitive, emotional, and behavioral responses to various types of stressful situations, whereas the hope and effort scale taps a cognitive set only, focusing on selecting, initiating, and sustaining movement along chosen pathways toward specific goals.

Implications

The current study's practical and educational implications concern further directions for intervention among children with LD in light of the current findings for fathers' resources as well as for children's mediator variables, especially when these outcomes are validated by further research. Focusing on the contribution of fathers' coping resources (coping strategies and SOC) to children's adjustment found in the current study, interventions could be developed to target fathers of school-age children with LD who manifest low scores on socioemotional adjustment measures, and to enhance these fathers' coping resources, specifically those related to the concept of SOC (Antonovsky, 1987). Such intervention may

focus on enhancing fathers' levels of comprehensibility, manageability, and meaningfulness in stressful situations as well as increasing fathers' awareness regarding the possible potential risks of their own resources and strategies for their children's adjustment. In addition, to enhance the quality of father-child attachment relations, interventions may include strategies for empowering parents to establish a secure base for children with LD (Diamond et al., 2003).

Furthermore, although the mediating role of CSOC emerged for both groups in the association between fathers' resources and children's well-adjusted functioning, the significantly lower CSOC level exhibited by children with LD in the current study compared to their typically developing peers may emphasize the uniqueness of this coping resource for children facing difficulties in the learning domain. Thus, to increase these children's level of CSOC, such educational interventions may do well to focus on their coping resources and skills.

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