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Strategies and beliefs about conflict resolution: comparing children with language-learning disorders to children with typical language development

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STRATEGIES AND BELIEFS ABOUT CONFLICT RESOLUTION: COMPARING
CHILDREN WITH LANGUAGE-LEARNING DISORDERS TO CHILDREN WITH
TYPICAL LANGUAGE DEVELOPMENT

A Thesis

Submitted to the Graduate Faculty of the
Louisiana State University and
Agricultural and Mechanical College
in partial fulfillment of the
requirements for the degree of
Master of Arts

In

The Department of Communication Sciences and Disorders

by
Karmen Louise Porter
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ABSTRACT

The purpose of the current study was to compare the conflict resolution skills and beliefs of children with Language and Learning Disorders (LLD) to those with typically developing language (TDL). All of the participants were drawn from a rural middle school in southeastern Louisiana. The independent variable was linguistic ability and it included two groups of children, thirteen with LLD and a comparison group of eight controls with TDL. The children's conflict resolution skills and beliefs were collected by giving the children a hypothetical scenario of conflict and then asking them about resolution through an interview format. Conflict resolution measures from these interviews were: the number of strategies the children produced to resolve conflict, the complexity level of the strategies the children produced, and the cognitive level of the children's beliefs about conflict. Differences were not found in the number of strategies produced by children with LLD and the controls. However, the children with LLD produced a lower level of strategy to resolve conflict and a lower level of cognitive belief about conflict than did the controls, with the latter resulting in a statistically significant group difference.

CHAPTER 1 INTRODUCTION

Conflict is an inevitable part of any interpersonal relationship. It is defined by Wilmot and Hocker (2001) as “an expressed struggle between at least two interdependent parties who perceive incompatible goals, scarce resources, and interference from others in achieving their goals” (p. 41). Since conflict is a part of relationships, the process of dealing with conflict is a type of social interaction.

For any successful social interaction to occur, a certain level of social cognitive development is necessary. Shantz (1984) explains social cognition as understanding not only your own thoughts, intentions, emotions, point of view, and social role, but those of others as well. The ability to understand another individual’s perspective is referred to as possessing a “theory of mind”. Although children as young as 4 years of age (Cutting & Dunn, 1999) demonstrate a theory of mind, their ability to use this skill to resolve conflict is thought to grow and mature as the child ages. While lower level strategies such as physical behavior, bribing, threats, appeals to adults, complaints and sarcasm might be considered acceptable in a younger child, older children are expected to grow in social competence and exhibit higher-level resolution skills. Some of these higher-level skills include, but are not limited to, showing empathy, appeal for unity, mutual decision-making, and interpersonal negotiation (Abrahami, Selman, & Stone, 1981; Shantz & Shantz, 1985). All of these strategies require understanding the desires, thoughts, beliefs and emotions that drive another’s actions, thereby making one’s possession of a theory of mind crucial to a person’s ability to utilize higher-level conflict resolution skills.

Both children with language impairments and those with learning disorders have been described as poor interpersonal communicators who have difficulty interacting socially with their

peers (Craig, 1991; Pearl, Donahue, & Bryan, 1986). Rice (1993) suggests that young children with communication impairments may have trouble interacting with their peers and be socially rejected because of their communication problems. The social rejection may in turn lead to less exposure to language and fewer opportunities to refine conversation skills, thus compounding the problem. As articulated by Gallagher (1991, p. 13), “Peers provide opportunities for establishing and practicing language skills ...[N]aturally consequent feedback is a major source of information about language use”.

Though few studies have examined the conflict resolution behaviors of children with language impairments and children with learning disorders, several studies have focused on their language interaction abilities as compared to their typically developing peers. These studies further indicate that both of these group of children experience social interaction problems. Since conflict is one type of social interaction, it is logical to speculate that children with language impairments and those with learning disorders present limited abilities in conflict resolution.

Communication Competence and Social Interaction of Children with LLD

Ten studies that examined the communication competence and social interaction skills of children with language and or learning disorders will be reviewed in this section. Two different types of studies will be described. First, research that examined peer acceptance and likeability of children will be presented (Fujiki, Brinton, & Todd, 1996; Gertner, Rice, Hadely, 1994). Then several studies that examined the interaction skills of children in everyday situations will be reviewed (Brinton, & Fujiki, 1997; Brinton, Fujiki, & Higbee, 1998; Brinton, Fujiki, & Powell, 1997; Fujiki, Brinton, Isaacson, & Summers, 2001; Fujiki, Brinton, Morgan, & Hart, 1999; Kravetz, Faust, Lipshitz, & Shalhav, 1999; Olivia, & La Greca, 1988; Rice, Sell, &

Hadley, 1991). Given that some of the studies included children with a diagnosis of language impairment only, others included children with a diagnosis of learning disorders, and still other included children with a diagnosis of language and learning disorders, three different acronyms will be used to refer to the participants within these studies, children with language impairment (LI), children with learning disorders (LD), and children with language and learning disorders (LLD).

Gertner et al. (1994) examined peer acceptance and likeability of 31 children enrolled in a special language acquisition preschool at the University of Kansas. The children in the preschool were divided into three categories for the study: children with typical language, children with LI, and children learning English as a second language (ESL). Peer acceptance and likeability were examined through the collection of positive and negative nominations from classroom peers. Specifically, each child was presented with pictures of their classmates and asked to point to three children they would choose to play with and three children they would not choose. The positive nomination mean for the children in the typical language group was 4.22 out of a classroom of approximately 14 students. This average was significantly higher than the 2.33 mean for the children with LI and the 2.60 mean for children in the ESL group.

In a second study, Fujiki, Brinton, and Todd (1996) examined the social skills of 19 children with LI and 19 typically developing age-matched controls. Social skill was measured by asking teachers to answer questions from The Social Skills Rating System (SSRS). This scale had a 3-point likert scale for each question. Students with LI had an average raw score of 30.68 on social skills, while an average raw score of 46.16 was achieved by the typically developing controls. When asked how many social relationships they had, children with LI reported fewer peer relationships, on average only claiming to have 9.6 social contacts, while the controls

claimed an average of 12.95. Finally, in a measure used to estimate dissatisfaction with peer relationships, the average score of the children with LI was 21.63 out of 42 while the average score of the controls was 17.79. On this scale, a higher score indicated greater dissatisfaction with peer relationships than a lower score. Taken together, these findings indicate that children with LI present social interaction patterns that can lead to low peer acceptance and reduced satisfaction with peer relationships.

Research also indicates that children with LI present limited social inter-actional skills in every day situations. Rice et al. (1991) documented this in another study conducted with children enrolled in their preschool. The children in the preschool fit into four categories: children with normal language, children with LI, children with speech disorders and children with ESL. In this study the authors collected data over a four-month period while children participated in free play. Three parameters of interaction were explored; a child's willingness to initiate verbal interaction, the addressee of an initiation, and the use of verbal versus limited responses (nonverbal) to communicate to others. No significant difference was found between children with typical language and children with LI for the first parameter. A mean of 6.64 initiations per 5-minute segment was achieved by children with typical language and a mean of 6.68 initiations was achieved by children with LI. However, it is interesting to note that both children with typical language and children with LI initiated more often than children with ESL who only averaged 3.25 initiations. The second parameter, which looked at the addressee of an initiation, did show a significant difference. Children with typical language directed 51 % of their initiations to their peers while children in the three other groups (LI, speech disordered, ESL) directed only 36-37% of their initiations to peers. The rest of these children's initiations were directed towards adults. Finally, the third parameter which examined response length

indicated that the children with typical development used significantly more multi-word responses (65.7%) than the children with LI (56.6%), children with speech impairment (40.7%), and ESL children (47.6%).

In another study Fujiki, Brinton, Morgan et al.(1999) asked classroom teachers to rate the sociable behaviors of eighty-two children, half of which had LI. The largest reported difference in this study was in the amount of reticent behavior displayed by the children with LI, who had an overall mean of .46, as opposed to the overall mean of .11 for the typically developing children.

Children with LI may also have difficulty in establishing and maintaining topics. Brinton, Fujiki, and Powell (1997) documented this in their study of 30 elementary-aged children. Topics were presented in two manners, object-verbal (i.e. presenting an object and making a comment regarding the object) and verbal only (i.e. making verbal comments only). Regardless of the presentation format, the children with LI made more inappropriate comments when trying to discuss a topic introduced by the researcher (mean frequency of 4.3 verbal and .7 object-verbal) than their age-matched and language –matched peers (respective mean frequency of .2 and .3 verbal and .3 and .4 object verbal). Also, they appropriately maintained a topic only 70% of the time, as opposed to the 96% evidenced by both groups of typically developing controls.

In another study done by Fujiki, Brinton, Isaacson, et al. (2001), the social behaviors of eight children with LI and eight typically developing controls were examined on the playground. While the children with typical language spent an average of 80% of their time interacting with peers, those with LI spent only an average of 54% of their time in this manner. Moreover, they spent an average of 42% of their time engaged in withdrawn behaviors, a significant difference

from the 17% of time spent in withdrawn behavior by their typically developing peers.

Finally, Brinton and Fujiki (1997) and Brinton, Fujiki, and Higbee (1998) compared the interaction skills of six children with LI to those of 12 controls. Peer participation and collaboration in a cooperative learning task were examined. On both measures, children with LI performed more poorly than both groups of controls. For example, only three of the children with LI were able to successfully enter the group's interaction, whereas all of the age-matched and language-matched peers successfully did this. Also, the children with LI participated less in the collaborative activity, participating within the activity only 53% of the time as opposed to the respective 90% and 86% of the age-matched and language-matched controls.

Children with learning disabilities (LD) have also been shown to demonstrate poor interpersonal skills. Kravetz, et al. (1999) compared the interpersonal understanding of 22 elementary-age boys with LD to the interpersonal understanding of 22 elementary-age boys without LD. A short social dilemma was read to each participant, and then 11 open-ended questions were asked. The questions were based on Selman's (1980) semi-structured clinical interview, and asked each participant to discuss how the story's protagonist could respond to the problem. Answers were rated from 0 to 5 with 0 being the lowest level of understanding and 5 being the highest. The boys with LD demonstrated significantly lower interpersonal understanding, with an average rating of 1.10 compared to the average rating of 2.1 received by the controls. Furthermore, there was a positive .70 correlation between the interpersonal understanding ratings of the children with and without LD to the teachers rating of socially adaptive behavior.

Oliva et al. (1988) examined the strategies and goals formulated in interpersonal situations by four groups of children; older LD, younger LD, older controls, and younger

controls. Each participant was presented with 4 hypothetical situations and then asked questions designed to elicit each individual's strategies and goals. The questions were asked in two forms; open-ended and multiple choice. The responses were rated on a 4-point scale, with 4 being the optimum response. Analysis revealed that the open-ended responses of the children with LD were significantly less sophisticated than the responses of the controls; older and younger LD; 25.47 and 22.13, older and younger controls; 27.13 and 23.87. However, there was no significant difference between the groups when comparing the responses given in the multiple choice format; older LD 27.00, younger LD 25.87, older NLD 27.53, younger NLD 26.20. Olivia and Greca interpreted this finding as demonstrating that the children with LD were able to select more appropriate strategies when presented with a set to choose from.

Selman's Developmental Model

Selman (1980) provides a developmental model of conflict resolution based upon conflict conceptions and conflict resolution strategies. He describes five different cognitive levels of conflict resolution between friends. At the first level, Level 0, conflict resolution strategies are momentary and physical in nature. The important characteristic added at the next cognitive level, Level 1, is the recognition of the subjective and psychological effects of conflict. However, this understanding is still only unilateral, or only applicable to one individual. At Level 2, cooperative solutions are employed, showing an understanding that both parties must agree to a resolution. However, mutual problem solving does not occur until Level 3. At level 3, which is usually not found until adolescence (Shantz, 1985), conflict resolution strategies require that both individuals are truly and equally satisfied with the resolution. There is also recognition of the idea of internal conflict and its effects on interpersonal conflict. Finally, the last level, Level 4, concentrates on the interdependence in relationships and in symbolic and nonverbal

methods to resolve conflict. The development of this level usually occurs in adulthood (Shantz, 1985).

Two recently published studies focus on the problem solving abilities of children with LI, and draw on Selman's research in social cognitive development. In the first study Brinton, Fujiki, and McKee (1998) examined the negotiation abilities of six children with LI in a task with two same-age peers. Subjects were divided into eighteen triads, each triad consisted of one target child and two partners. The target children for the study were 6 children with LI and 12 typically developing controls.

The problem-solving task consisted of purchasing a treat from a snack shop. Each child received three poker chips, but in order to buy an item, they had to come to consensus as a group. All of the participants' utterances were transcribed and analyzed for negotiation strategies. The children with LI produced a significantly smaller percentage of the negotiation strategies within their triads, producing only an average of 16% of the strategies. Furthermore, the strategies they did employ were developmentally lower than either of the two partners in their group, an average of 12% of these strategies being at Level 1 (lowest) and an average of 4% at Level 2. The two partners for each group produced an average 65% of the strategies with an average of 16% of them being at Level 3 (highest). Overall, the results of the study suggest that the children with LI were unable to use their verbal skills in important social tasks at a level equal to their same age peers.

Another study by Stevens and Bliss (1995) explored the conflict resolution abilities of 30 children with LI and 30 children with typical language. The age of the children ranged from 8 to 12 years. In order to investigate the types of conflict resolution strategies used, two measures were used: hypothetical situations and role enactment. The situations consisted of five short

hypothetical conflicts, which were followed by questions designed to elicit conflict resolution strategies. The conflict role enactment involved dyads of children who were of the same age and language ability.

Responses to the conflict situation and dialogues from the role-plays were coded and categorized based on type of resolution strategies employed by the children. Results revealed a significant group difference between the children with LI and the typical controls when comparing their model level of strategy (i.e., the level that each child used the most across five hypothetical stories). The younger and older controls had higher developmental levels ($M=1.80$) than the younger and older children with LI ($M=1.27$ and 1.67 respectively). Four specific strategy categories which were determined to be used significantly more by controls were: information questions, persuasion and explanation, interpersonal negotiations, and level 3 processes.

In the role enactment task, there were no significant differences between the two groups of children in the number of strategy types they each used. However, in both tasks, the children with LI used reasoning and moral persuasion strategies less than their peers (LI: 14 times vs. NL 22 times) and made fewer request for information or explanations to clarify the tasks (LI: 15 times vs. NL: 25 times). The findings from this study suggest that children with LI can use several verbal strategies to solve conflicts, but they infrequently employ strategies that are considered high level.

Purpose of Research

The purpose of this study is to expand on the research that has been done by comparing the conflict resolution skills of children with LLD to children with typical language development (TLD). The following questions guided the research.

1. Do children with LLD and those with TLD differ in the number of strategies they provide to resolve conflicts?
2. Do children with LLD and those with TLD differ in the complexity level of strategies they provide to resolve conflicts?
3. Do children with LLD and those with TLD differ in their complexity of cognitive beliefs about conflict resolution.

CHAPTER 2 METHODS

Design

The study followed a group comparison design. The independent variable was linguistic ability and included two groups of children, a group of children with LLD and a comparison group of children with TLD. The three dependent variables were: the number of strategies offered to resolve conflict, the complexity level of strategies, and the cognitive level of the children's beliefs about conflict.

Participants

1. All participants for the study were drawn from a middle school population of 5th, 6th, 7th, and 8th graders. The middle school was located in a rural parish in southeastern Louisiana. All children participating in the study used English as their primary spoken language. Middle school children with LLD were identified by the school speech language pathologist using the following criteria:
2. Regular elementary classroom placement with enrollment in special education services and a primary educational classification of LI and/or LD.
3. Normal audiological status, as indicated by passing an audiometric screening at 20 dB HL.
4. No psychological assessment indicating mental retardation as a primary diagnosis, as obtained from school records.

As demonstrated in Table 1, most of the children were classified as LD (n=8), but three of these children were also classified as LI. An additional four children were classified as LI, but two of these children were also receiving services for emotional and/or behavioral disorders. During the data analysis phase, the audio tapes of two of the children (KEG907, CHH807) were inaudible. This left thirteen children in the LLD group. Language test information was

unavailable for several of the children. Results of the Iowa Test of Basic Skills (IOWA) indicated that all but four achieved composite scores above the 25 percentile. Reading and Language totals were also reported, with eight participants scoring above the 25 percentile on the reading test, and thirteen participants scoring above the 25 percentile on the language test.

Table 1. Participant characteristics: Children with LLD.

| Subject | Age | Sex | Grade | Disorder | Standardized Language Test | IOWA c | IOWA Reading | IOWA Language |
|---------|-------|-----|-----------------|--------------|-------------------------------|--------|-----------------|------------------|
| 1 | 11,6 | F | 5th | LD | | 59% | 37 | 74 |
| 2 | 12,3 | F | 5th | LD | | 38% | 20 | 63 |
| 3 | 13,6 | F | 5 th | LI/Emotion | 73 (Word) ^a | 35% | 28 | 37 |
| 4 | 13, 8 | M | 6th | LI | 71 ^b | 34% | 18 | 43 |
| 5 | 15,0 | F | 6 th | LD | | 8% | 4 | 12 |
| 6 | 12,7 | M | 6 th | LD | | 75% | 56 | 65 |
| 7 | 12,7 | M | 6 th | LD | | 46% | 51 | 35 |
| 8 | 14,4 | F | 6 th | LD and LI | 72 ^a | 25% | 12 | 31 |
| 9 | 13,9 | F | 6 th | LD and LI | 65 ^a | 26% | 13 | 46 |
| 10 | 14,4 | M | 6 th | LI/ Behavior | 65 ^a | 40% | 44 | 61 |
| 11 | 14,8 | M | 7 th | LD | | 22% | 50 | 50 |
| 12 | 13,9 | F | 7 th | LD | | 47% | 34 | 51 |
| 13 | 15,0 | F | 7th | LI | 71 ^a | 9% | 28 | 23 |
| 14 | 14,4 | F | 7 th | LD | | 59% | 15 | 37 |
| 15 | 16,2 | M | 8th | LD and LI | 71 ^b | 33% | 19 | 30 |

a Clinical Evaluation of Language Fundamentals – 3rd Mean= 100, SD= 15

b Test of Language Competence - Expanded Edition Mean= 100, SD= 15

c Iowa Test of Basic Skills= National percentile ranks reported

Middle school children with typical language development were chosen based on the following criteria:

1. Regular elementary classroom placement in grades 5, 6, 7 or 8.
2. No history of communication, academic, behavioral, social, or emotional problems requiring special services as obtained from school records.
3. Normal audiological status, as indicated by passing an audiometric screening at 20 dB HL.

The eight controls with typically developing language are described in Table 2. All of the controls performed above the 25th percentile on the IOWA, and six scored above the 90th percentile

Table 2. Participant characteristics: Children with TLD.

| Subject | Age | Sex | Grade | IOWA a |
|---------|-------|-----|-------|--------|
| 1 | 11,4 | F | 5th | 99% |
| 2 | 11,3 | F | 5th | 99% |
| 3 | 10,10 | F | 5th | 97% |
| 4 | 11,9 | F | 6th | 97% |
| 5 | 12,3 | F | 6th | 43% |
| 6 | 14,9 | M | 8th | 98% |
| 7 | 14,10 | F | 8th | 96% |
| 8 | 13,9 | F | 8th | 69% |

a Iowa Tests of Basic Skills= National percentile ranks reported

Table 3. Means and standard deviations for age, grade and IOWA.

| | | Age | Grade | IOWA |
|-----|---|-----------------|---------------|------------------|
| LLD | 6 | 13.65 (1.26) | 6.08 (.86) | 40.38 (17.29) |
| TLD | 1 | 12.56 (1.62) | 6.38 (1.4) | 72.88 (28.66) |

Materials

Conflict resolution strategies and concepts were examined using a modified version of Selman's "The Friends Dilemma" (1980) along with adjoining questions about conflict resolution (See appendix A & B). The story was modified to include age-appropriate syntax and vocabulary, and was matched for gender for each participant. Using the Microsoft Word readability tool, the passage was determined to have a Flesch-Kincaid Grade Level of 4.1. The

participants' responses were categorized based on Selman's stage model (1980) of interpersonal understanding and conflict resolution.

Procedure

Parental permission for study participants was sought for all the children who were identified by the school speech language pathologist. Each participant was also asked to give written consent to participate in the study. Individual interviews with the participants were conducted in the Language Literacy Lab at the school during the regular day schedule. A tape recorder was used to audiotape all sessions.

The author began by giving the participants the following instructions, "I want to know more about how arguments or conflicts are settled between good friends and the effect that arguments have on friendship. I'm going to read you a story about something that might happen between you and a good friend. Then I'm going to ask you some questions about the story and about having arguments with friends". Then the author read the modified story to each participant. The participant also had a copy of the story in front of them. Immediately following the presentation of the story, each participant was asked to retell the story in his or her own words. The story retell helped the researcher confirm each child's comprehension of the story. Then a series of open-ended questions were asked (See Appendix A & B). The questions attempted to elicit each child's strategies for resolving conflict between friends and each child's beliefs about the effect of conflict between friends. Two questions (1 & 4) focused on what strategies the individual would use to solve the conflict situation, while three of the questions (2, 3, & 5) focused on the cognitive beliefs held by the participant.

In addition, the parents of each child received a voluntary questionnaire (See Appendix E) which asked them to rate their child's behavior in various situations on a scale from one to

five. However, only five questionnaires were returned, one from a child with LLD and four from children with TLD. Due to the lack of responses, the parent questionnaire did not provide usable data for this study.

Data Coding

All participant responses were examined for either conflict strategies (#1 & 4) or beliefs about conflict (#2, 3, & 5). For each participant, the total number of suggested strategies produced in response to questions 1 and 4 was tallied. Then each individual strategy was assigned to one of five levels to form a developmental measure of conflict resolution ability based on Selman's (1980) stage model. In addition, the complexity of the participants' cognitive beliefs about conflict resolution was examined by assigning the participants' responses to questions 2, 3, and 5 to one of five levels. The five levels are as follows:

Level 0 is characterized by momentary and physical solutions. Conflict is viewed as one party not getting what they want. There is no recognition of the effect that a strategy may have on feelings, motives, or attitudes of either individual. The two main themes of conflict resolution are:

1. Non-interaction; separating oneself from the conflict in hopes that it will go away
2. Direct physical intervention; throwing the first punch.

An example of a level 0 strategy would be this student's response to how he settled a conflict with his friend "“we just argued about it till one of us won [by beating the other at kickball].”

Level 1 is characterized by one way or unilateral solutions. The psychological effects of conflict are recognized at this level, but only for one individual in the conflict. Conflict is felt by one party, but caused by another. There is no concern for matching feelings to actions. The three main themes of conflict resolution are:

1. The problem action should be stopped to appeases the offended individual
2. A positive action should be performed to negate the problem action and make the hurt individual feel better.
3. The only person who can resolve the conflict is the person who started it.

An example of a level 1 strategy would be this student's response when asked how he would respond to the provided hypothetical situation, "Well, one of us could buy a ticket to the circus since Tim's already bought two tickets and we could go to the circus and see the movie next weekend".

Level 2 is characterized by an understanding that both parties are actively participating in the conflict, so both must be involved in the resolution. At this level the cause and the resolution are seen as purely external in nature. The three main themes of conflict resolution are:

1. Satisfactory resolution requires an appeal to each individual's desires, but not necessarily a mutual consensus.
2. An apology must be sincere to be effective, not simply a meaningless tactic employed to end conflict.
3. A distinction between words and feelings brings understanding that words can be spoken in anger, and not really meant.
4. "Getting away" as a tactic to calm down and think things through, so that conflict can be solved peacefully and positively.
5. Appealing to the other individual's perspective in order to convince them to accept your point of view.

An example of a level 2 strategy would be this student's response to solving conflict, "I think we should all sit down and discuss the problem and try to solve it as best we can without hurting anybody's feelings".

Level 3 is characterized by an understanding that some conflict resides within the relationship itself, in the interaction between the two individuals, rather than in external, individual annoyances. Active interpersonal communication is an important part of resolution. The main themes of conflict resolution are:

1. Mutual satisfaction is necessary to truly resolve conflict.
2. Conflict can result from personality, therefore resolution might require a change in personality.
3. Some conflict can strengthen relationships, and develop true friendships.
4. Both individuals need to "talk out" or "work out" the conflict between themselves. The mutual commitment this involves can strengthen friendships.
5. The bond of friendship itself can be a means of resolution.

An example of a level 3 strategy would be this student's response to solving conflict, "We talk about why we got in a fight".

Level 4 is characterized by a move towards autonomous interdependence and symbolic actions as an important part of resolving a conflict. The mutuality of level three is viewed as detrimental to individual growth and development, however, total independence is also recognized as destructive. Therefore, the balance between independence and dependence play an important role in conflict resolution. This level is usually only found in adults. The main themes of conflict resolution are:

1. Repair of the relationship is essential and can often be achieved nonverbally through symbolic actions.
2. Conflict can occur within an individual and then be a factor in conflicts between that person and a friend.
3. It is important to keep the established lines of communication open, in other words, keep in touch with your feelings, your friend's feelings, and communicate these feelings with one another in a consistent manner.

Reliability

A second investigator was trained to code the participant's responses using Selman's scoring system. This investigator independently coded 20% of the children's typed transcripts and her results were then compared with the author's results. Agreement between the two sets of results was 80%.

CHAPTER 3 RESULTS

Number and Complexity of Strategies to Resolve Conflict

The number of strategies each child produced, the average level of the strategies each child produced, and the highest-level strategy each child produced was examined first. As demonstrated in Table 4, the mean number of strategies each child produced across all the grades for the participants with LLD ranged from two to five, while the mean number of strategies produced by the participants with TLD ranged from 2.3 to 3.5.

Table 4. Means and standard deviations for strategy use as a function of group and grade.

| Group | Grade | Number of Strategies | Average Level of Strategies | Highest-level Strategy |
|-------|-----------------|----------------------|-----------------------------|------------------------|
| LLD | 5 th | | | |
| | N=3 | 3.33 (.58) | 1.33 (.33) | 1.67 (.58) |
| | 6 th | | | |
| | N=7 | 2.57 (1.4) | 1.13 (.62) | 1.43 (.79) |
| | 7 th | | | |
| | N=2 | 2 (0) | 1.75 (1.1) | 2 (1.4) |
| TLD | 8 th | | | |
| | N=1 | 5 (-) | 1.6 (-) | 3 (-) |
| | 5 th | | | |
| | N=3 | 2.67 (.58) | 1.5 (.17) | 2.00 (.00) |
| | 6 th | | | |
| | N=2 | 3.5 (.71) | 1.58 (.12) | 2.50 (.71) |
| | 8 th | | | |
| | N=3 | 2.33 (.58) | 2.0 (.00) | 2.67 (.58) |

Visual inspection of the data as a function of the children's grade indicated that being in a higher grade did not lead to a higher number or a higher level of strategies.

Pearson's correlations were run to further look for an association between the children's ages and grades and the dependent variables of interest. As demonstrated in Table 5, results indicated that there was not a significant relationship between the study variables, so age and grade were not used as co-variants during the analysis.

Table 5. Correlations of strategy use with age and grade.

| | Number of Strategies | Average Level of Strategies | Highest-level Strategy |
|-------|----------------------|-----------------------------|------------------------|
| Age | -.096 | .055 | .179 |
| Grade | -.053 | .088 | .414 |

Table 6 presents the number of strategies the children produced, the average level of their strategies, and the highest-level of their strategies as a function of their group membership.

When comparing the means of the children with LLD to those with TLD, the children with LLD demonstrated a slightly higher mean number of strategies, however the overall complexity of their strategies was lower than what was produced by those with TLD.

Table 6. Means and standard deviations for strategy use as a function of group

| Group | Total | Number of Strategies | Average Level of Strategies | Highest-level Strategy |
|-------|-------|----------------------|-----------------------------|------------------------|
| LLD | N= 13 | 2.85 (1.28) | 1.3 (.60) | 1.70 (.85) |
| TLD | N= 8 | 2.75 (.71) | 1.71 (.26) | 2.40 (.52) |

Three one-way analyses of variances (ANOVAS) were completed to examine differences between the groups. Group differences were not found for the number of strategies, $F(1,20) = .038$, $p = .848$, or the average level of strategies, $F(1,20) = .038$, $p = .093$. However, for the

highest-level strategy produced, a difference between the groups approached significance, $F(1,20) = .038, p = .057$.

Cognitive Complexity of Beliefs about Conflict

Next, the cognitive complexity levels of the children's responses were examined. Recall that three questions (#2, #3, #5) were designed to elicit the children's beliefs about conflict resolution. Table 7 lists the means and standard deviations for each question, as well as the means and standard deviations for the average of all three questions as a function of group and grade. Like before, visual inspection of the data suggested that grade did not play a role in the level of cognitive complexity demonstrated for each question.

Table 7 Means and standard deviations for cognitive complexity of children's beliefs about conflict as a function of group and grade.

| Group | Grade | Question 2 | Question 3 | Question 5 | Questions Combined |
|-------|------------------------|----------------|----------------|----------------|--------------------|
| LLD | 5 th N=3 | 3 (0) | 1.67 (1.53) | 2 (0) | 2.22 (.51) |
| | 6 th N=7 | 2 (1.29) | 1.29 (1.25) | 1.71 (.76) | 1.67 (.79) |
| | 7 th N=2 | 2 (1.41) | 2 (0) | 2.5 (.71) | 2.17 (.24) |
| | 8 th N=1 | 3 (-) | 3 (-) | 2 (-) | 2.67 (-) |
| | | | | | |
| | | | | | |
| TLD | 5 th N=3 | 2.33 (1.15) | 3 (0) | 2.33 (.578) | 2.56 (.51) |
| | 6 th N=2 | 3 (0) | 3 (0) | 2 (1.41) | 2.67 (.47) |
| | 8 th N=3 | 3 (0) | 3 (0) | 2 (0) | 2.67 (0) |
| | | | | | |

As shown in Table 8, the mean level of complexity for each question, as well as the cognitive average for the participants with TLD is higher than the level displayed by the participants with LLD. A marked difference can also be observed between the level of complexity for each of the three cognitive questions, with cognitive question 2 having the highest level, question 5 having the second highest level and question 3 having the lowest level.

Table 8 Means and standard deviations for cognitive complexity of children's beliefs about conflict as a function of group.

| Group | Total | Question 2 | Question 3 | Question 5 | Questions Combined |
|-------|-------|----------------|----------------|---------------|--------------------|
| LLD | N= 13 | 2.30 (1.10) | 1.61 (1.19) | 1.92 (.64) | 1.95 (.69) |
| TLD | N= 8 | 2.75 (.71) | 3.00 (0) | 2.13 (.64) | 2.62 (.33) |

Four one-way analyses of variances (ANOVAS) were completed to examine differences between the groups. Group differences were not found for question 2, $F(1,20) = .038$, $p = .328$, or question 5, $F(1,20) = .038$, $p = .492$. However, for question 3 and the questions combined, a significant difference between the groups was found, 3 $F(1,20) = .038$, $p = .004$, combined $F(1,20) = .038$, $p = .019$.

CHAPTER 4 DISCUSSION

In this study, the conflict resolution strategies and beliefs of children with LLD were compared to those of children with TLD. Hypothetical scenarios about conflict and interview questions were used to measure three aspects of conflict resolution: the number of strategies produced, the complexity of the strategies produced, and the cognitive beliefs of conflict demonstrated by each child. The following chapter is divided into four sections. The first section is a discussion of the results as they relate to the three research questions presented in the Introduction. In the second section, implications of the research findings are presented. The third and fourth sections discuss the limitations of the study and present suggestions for future research.

Interpretation of the Results as They Relate to the Research Questions

The research was guided by the three questions presented in the Introduction. The first question focused on the overall number of resolution strategies provided to resolve a conflict. As shown in Chapter Three, there was no significant difference between the groups in the number of strategies they produced. Each participant provided an average of two to three possible strategies regardless of their group membership. However, it is interesting that the children with TLD were more likely to provide additional information in their responses as well as to seek clarification from the examiner as compared to those with LLD. This can be seen in comparing two of the transcripts from the children. As shown in Appendixes F and G, the child with TLD provided longer and more descriptive utterances in his (or her) response and asks a question to the examiner. This type of response is in sharp contrast to the short, vague response provided by the child with LLD.

The second research question examined the level of complexity in the children's strategies. Results suggested that while there was no significant group difference for complexity level, the highest level of complexity was consistently demonstrated by the children with TLD. The difference between groups for the highest level strategy was approaching significance, with a p value of .057. Considering the visible difference in the means between the two groups, it seems likely that a greater number of participants would have led to statistically significant group differences for this dependent variable.

Finally, the third question focused on the complexity of the children's cognitive beliefs about conflict resolution. This question was examined by looking at the participants' answers to three different questions. As noted in Chapter Three, the three questions generated different levels of beliefs from children. Differences were also seen when comparing the means of the two groups. Recall that although the mean level of complexity for responses to questions 1 and 3 were not significant, a significant group difference was found for the mean level of complexity demonstrated in response to question 2 and the mean level of complexity demonstrate when all three questions were combined.

Implications of the Research Findings

The results of this study suggest that there are differences between the way children with LLD and children with TLD handle and view conflict. In particular, significant differences were found in the cognitive understanding displayed by the two groups. Furthermore, even though children with LLD appeared to use the same number of strategies as the children with TLD, they produced lower-level strategies than the controls at a level that was marginally significant. Overall, the results of this study encourage further research into the conflict resolution strategies

and beliefs held by children with LLD. Research is also needed to investigate possible training or therapy methods that may help children with LLD better understand and resolve conflict.

Limitations of the Study

Several limitations may have affected the results of this study. First, the study was limited in the number of children who participated. Also, minimal controls were placed on the level of impairment demonstrated by the children in the LLD group. Rather than being a homogeneous sample, the children in the LLD group consisted of those with two different primary diagnosis, language impairment and learning disabled, as well as including one child with an emotional disorder and one with a history of behavioral concerns. Additionally, noncompliance on the part of the parents to return the parent surveys made it impossible to examine the children's social behavior patterns outside of the experimental lab setting. Fourthly, there may also have been limitations in the context of the interview. Several of the children with LLD expressed confusion regarding the first person nature of the story presented. Fifthly, while every effort was made to make the children feel comfortable and willing to talk about conflict between friends, it may have been an uncomfortable subject for some, thereby limiting their responses. Finally, it is important to acknowledge that the children in the LLD group received unique services from the Language Literacy Lab they attended, and these services may have distinguished them from the general population of children with LLD.

Suggestions For Future Research

Further investigation of children's conflict resolution skills and beliefs could take many directions. One suggestion for future researchers is to attempt to study a more homogeneous group. Since it can be difficult to find several children with a language only diagnosis in a single school, it may be necessary to obtain participants from several different schools in the future.

Having a larger group to draw from may also make it easier to match subjects for age and language ability. Another suggestion would be to obtain more information about each participant's social behavior. This may be accomplished most easily though giving surveys to both teachers and parents. As was noted earlier, parent surveys were attempted in this study, but were not able to be used due to the lack of returns. In the future, it is recommended that surveys be given to teachers, or be given to parents when they are attending a parent-teacher conference. Another possibility would be to phone parents and ask them to answer the survey questions over the phone.

Other suggestions for future research include adding more scenarios that relate to possible conflicts that a typical middle-school student might face. Since children with LLD have trouble relating to events in which they are not part of, it may be a good idea to talk with several children before hand to learn about what recent conflicts they have faced. Finally, some additional changes may include videotaping the children's responses for additional non-verbal information, as well as interviewing more than one child at a time. The children with LLD had a tendency to be shy and on guard when they were on their own. It is possible that if they were interviewed in groups of two or three, they might be more willing to discuss the proposed questions among themselves and in more detail.

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APPENDIX A

THE FRIENDS DILEMMA (MODIFIED CHILDREN'S VERSION/ FEMALE) (Selman, 1980)

You and Becky have been best friends for years. You've always gone to the same school, and you live on the same street. Every weekend, you and Becky try to do something together, you go to the movies, the store, or just have fun at home. You always have a good time together.

One day, a new girl, Sara, moves into the neighborhood. When you and Becky meet her, you get along with Sara right away. Becky does not like Sara though. She thinks Sara is a showoff, and that you are giving her way too much attention.

When you and Becky are alone, you talk about Sara. Becky says, "What did you think of Sara? I thought she was kind of pushy." You say, "She's new in town and just trying to make friends. We should be nice to her." Becky replies, "I know she's new, but that does not mean we have to be friends with her."

Then you and Becky talk about what you want to do that Saturday? Both of you decide that you want to see the new movie at the theatre, and agree to meet tomorrow at your home.

Later that evening, you get a phone call from Sara. She has tickets for the circus, and wants you to come with her. It will be the last show before it leaves town. You really want to go, but the circus starts at the same time as the movie you promised to go to with Becky. You are not sure what to do, should you go to the circus with Sara and leave your best friend alone, or stay with your best friend and miss a good time.

Questions

1. If you and Becky have a big argument over this problem, how could the two of you work things out so that you and Becky stay good friends?
2. Could your friendship actually become better from having this argument? Can arguments ever help friendship?
3. Can people be friends even if they are having arguments? How is that possible?
4. How should arguments be settled between good friends?
5. What kinds of things do good friends sometimes fight or argue about?

APPENDIX B

THE FRIENDS DILEMMA (MODIFIED CHILDREN'S VERSION/ MALE) (Selman, 1980)

You and Charles have been best friends for years. You've always gone to the same school, and you live on the same street. Every weekend, you and Charles try to do something together, you go to the movies, the store, or just have fun at home. You always have a good time together.

One day, a new guy, Tim, moves into the neighborhood. When you and Charles meet him, you get along with Tim right away. Charles does not like Tim though. He thinks Tim is a showoff, and that you are giving him way too much attention.

When you and Charles are alone, you talk about Tim. Charles says, "What did you think of Tim? I thought he was kind of pushy." You say, "He's new in town and just trying to make friends. We should be nice to him." Charles replies, "I know he's new, but that does not mean we have to be friends with him."

Then you and Charles talk about what you want to do that Saturday? Both of you decide that you want to see the new movie at the theatre, and agree to meet tomorrow at your home.

Later that evening, you get a phone call from Tim. He has tickets for the circus, and wants you to come with him. It will be the last show before it leaves town. You really want to go, but the circus starts at the same time as the movie you promised to go to with Charles. You are not sure what to do, should you go to the circus with Tim and leave your best friend alone, or stay with your best friend and miss a good time.

Questions

1. If you and Charles have a big argument over this problem, how could the two of you work things out so that you and Charles stay good friends?
2. Could your friendship actually become better from having this argument? Can arguments ever help friendship?
3. Can people be friends even if they are having arguments? How is that possible?
4. How should arguments be settled between good friends?
5. What kinds of things do good friends sometimes fight or argue about?

APPENDIX C

PARENTAL CONSENT FORM

Study Title: Strategies and Beliefs about Conflict Resolution: Comparing Children with Specific Language Impairment and Children with Normal Language

Performance Sites: Galvez Middle School

Contacts: Karmen Porter
225-765-7593
kporte3@lsu.edu

Purpose of the Study:

The purpose of this research project is to see how children's language abilities affect the way they react to and deal with a conflict situation.

Subjects:

A. Inclusion Criteria

Children at Galvez Middle school who receive either regular education or special education services in speech language pathology.

B. Exclusion Criteria

Children who have been retained more than once, have a hearing loss, or a history of medical, or psychological dysfunction.

C. Maximum number of subjects: 30

Study Procedures:

Karmen Porter, a graduate student at LSU, will interview each participant individually during a 30- to 60-minute session at a time that is convenient to the teacher, speech language pathologist, and child. Each participant will be given the following instructions; "I want to know more about how arguments or conflicts are settled between good friends and the effect that arguments have on friendship. So I'm going to read you a story about something that might happen between you and a good friend, then I'm going to ask you some questions about the story and about having arguments with friends." The investigator will read the story and ask each participant to retell the story in their own words. Then a series of open-ended questions will be asked. The questions will attempt to elicit their strategies for resolving conflict between friends and their concepts about the effect of conflict between friends. Each session will be audio and videotaped so that the child's responses can be analyzed.

Benefits: This research is not intended to benefit your child directly. It may benefit future school-age children and society in general by helping us learn more about the role of language in children's ability to resolve conflict.

Risks/Discomforts: There are no significant risks associated with your child's participation in this study.

Right to Refuse: Participation is voluntary, and a child will become part of the study only if both child and parent agree to the child's participation. At any time, either the subject may withdraw from the study or the subject's parent may withdraw the subject from the study without penalty or loss of any benefit to which they might otherwise be entitled.

Privacy: Your child's identity will remain confidential unless disclosure is required by law. Your child will be assigned a number and only that number will appear on data sheets. Your child's identity will never be revealed in a research publication or presentation.

Financial Information: There is no cost for participation in the study, nor is there any compensation to the subjects for participation.

Withdrawal: You may choose for your child not to participate or to withdraw from the study at any time with no jeopardy to the services provided by the Galvez Middle School Language Lab or other penalty at the present time or in the future.

Removal: We reserve the right to discontinue your child's participation in the study if you share with us any information which indicates that your child does not meet the inclusive/exclusive criteria for research participants listed above.

Signatures: The study has been discussed with me and all my questions have been answered. I may direct additional questions regarding study specifics to the investigator. If I have questions about subjects' rights or other concerns, I can contact Robert C. Mathews, Chairman, Institutional Review Board, (225) 578-8692. I will allow my child to participate in the study described above and acknowledge the investigator's obligation to provide me with a signed copy of this consent form.

Parent's Signature

Date

OR

The study subject has indicated to me that he/she is unable to read. I certify that I have read this consent form to the subject and explained that by completing the signature line above, the subject has agreed to participate."

Signature of Reader

Date

Primary Care Giver's Name _____

Child's Name _____

APPENDIX D

CHILD ASSENT FORM

I, _____, agree to be in this study, to listen to the story, and to answer questions about how I think conflicts should be settled between good friends, and what can happen to a friendship when there is conflict.

Child's Signature

Age

Date

Witness

Date

APPENDIX E

VOLUNTARY PARENT QUESTIONNAIRE

Please read each item below carefully and rate the child's behavioral status in relation to it. If you have not observed the child displaying a particular skill or behavioral competency defined by an item, check 1, indicating Never. If child exhibits the skill at a high rate of occurrence, circle 5, for Frequently. If the child's frequency rate is in between these two extremes, please circle 2, 3, or 4, indicating your best estimate of its rate of occurrence. Please answer each item. **DO NOT MARK BETWEEN THE NUMBERS ON THE RATING SCALE.** Circle one of the number from 1-5 to indicate your frequency estimate.

| | Never | Sometimes | Frequently | | |
|--|-------|-----------|------------|---|---|
| Changes activities with peers to permit continued interaction. | 1 | 2 | 3 | 4 | 5 |
| Asks questions that request information about someone or something. | 1 | 2 | 3 | 4 | 5 |
| Compromises with peers when situation calls for it. | 1 | 2 | 3 | 4 | 5 |
| Accepts constructive criticism from peers without becoming angry. | 1 | 2 | 3 | 4 | 5 |
| Initiates conversation(s) with peers in informal situations | 1 | 2 | 3 | 4 | 5 |
| Expresses anger appropriately, e.g., reacts to situation without becoming violent or destructive. | 1 | 2 | 3 | 4 | 5 |
| Responds to teasing or name calling by ignoring, changing the subject, or some other constructive means. | 1 | 2 | 3 | 4 | 5 |
| Appropriately copes with aggression from others, e.g., tries to avoid a fight, walks away, seeks assistance, defends self. | 1 | 2 | 3 | 4 | 5 |
| Cooperates with peers in group activities | 1 | 2 | 3 | 4 | 5 |
| Interacts with a number of different peers | 1 | 2 | 3 | 4 | 5 |
| Compliments others regarding personal attributes, e.g., appearance, special skills, etc. | 1 | 2 | 3 | 4 | 5 |
| Is socially perceptive, e.g., "reads" social situations accurately. | 1 | 2 | 3 | 4 | 5 |

| | | | | | |
|---|---|---|---|---|---|
| Keeps conversation with peers going. | 1 | 2 | 3 | 4 | 5 |
| Is considerate of the feeling of others. | 1 | 2 | 3 | 4 | 5 |
| Accepts suggestions and assistance form peers | 1 | 2 | 3 | 4 | 5 |

APPENDIX F

SAMPLE PARTICIPANT RESPONSE: CHILD WITH LLD

Clinician: If you and Becky were to have a big argument over this problem, how could the two of you work things out so that you and Becky stay good friends?

Student: Ask her if she wants to come with us [Level 1].

Clinician: Anything else?

Student: Go with Becky because she had asked first [Level 1].

Clinician: So if you're having a big argument, how could work it out?

Student: Talk about it [Level 2].

Clinician: Could your friendship actually become better from having this argument?

Student: Yes [Level 3].

Clinician: Can people be friends even if they are having arguments?

Student: Yes.

Clinician: How is that possible?

Student: I have no idea [Level 0].

Clinician: You have no idea...if you think they can be friends you have some idea. Think about a friend you have, how could you still be friends with her if you had an argument?

Student: I never argue with my friends.

Clinician: How should arguments be settled between good friends?

Student: Um, they could talk about it [Level 2].

Clinician: Talk about it, what else could they do?

Student: No idea.

Clinician: What kinds of things do good friends sometimes fight or argue about?

Student: One girl likes one person but the other doesn't, and about what they want to do on the weekend [Level 1].

APPENDIX G

SAMPLE PARTICIPANT RESPONSE: CHILD WITH TLD

- Clinician: If you and Becky have a big argument over this problem, how could the two of you work things out so that you and Becky stay good friends?
- Student: Um, I would...I would see if Becky might want to go to the circus with us and if she does, then try to get a ticket for her or something like that [Level 2], or see if Sara would rather go to the movies [Level 2]and if not then just...I probably would go with Becky cause that's my best friend and I know that I can rely on her, and Sara has just moved in and she's nice and good friends with me but I haven't really known her for a long time.
- Clinician: Could your friendship actually become better from having this argument?
- Student: Yes.
- Clinician: How?
- Student: Is it my friend ship with Sara or with Becky?
- Clinician: How about with Becky.
- Student: Well, if I would have to, if we would go to the circus and Becky would understand that like yes you are my friend and I do respect that and I like you to be a part of all the fun that I have, but if we go to the movies, and Sara couldn't go then she would know I picked you over Sara because I know you're my best friend and I can rely on you and trust, and count on you [Level 3].
- Clinician: Can people be friends even if they are having arguments?
- Student: Kind of, yeah, I guess.
- Clinician: How is that possible?
- Student: Well if you, some people have arguments over their differences and their likes and stuffs, and if you just see like what you all both like to do instead of what you all don't like to do, you can still be friends [Level 3].
- Clinician: How should arguments be settled between good friends?
- Student: I think like, if I would get into a fight with my friend, then I mean I would talk to her [Level 2] real nice, like "what's the matter, why don't like you like me" or whatever [Level 1], whatever the case is, and then like talk to her, if she still

doesn't want to be my friend then I'll like leave her alone and like go hang out with my other friends.

Clinician: Anything else you could do to try to settle that argument?

Student: Not really, just talk to her and try to understand like, [Level 2] what's the matter, what she feels and what's making her so aggravated

Clinician: What kinds of things do good friends sometimes fight or argue about.

Student: Um, well sometimes, I had two friends and they were fighting over a boy that they liked and me and all my friends we dance, so we'll argue like, cause we don't go to the same dance studio, so we'll argue like who's is best and well get in fights over that and then we'll get in fights because our attitudes like we'll we might like snap at somebody and they'll snap back and we get into a big argument. [Level 3]

Clinician: Anything else?

Student: I know like...I know some people probably get in fights because the grades that they make, like they get in fights because they're dumb and somebody is smarter, some people get in fights because their better, they think their the best and nobody's as good as them and if you don't like them then your no good. [Level 3]

VITA

Karmen Porter graduated from Abilene Christian University in May 2002 with a Bachelor of Science degree in communication disorders. Following the completion of her undergraduate studies, Mrs. Porter moved to Baton Rouge, Louisiana, where she began graduate work at Louisiana State University in the Department of Communication Sciences and Disorders. While attending graduate school, Mrs. Porter spent a year working as a student clinician in the Language Literacy Lab at Galvez Middle School in Ascension Parish, Louisiana, with Susan Fauchaux, M.A., CCCSLP and at Galvez Primary School in Ascension Parish, Louisiana, with Fran Kershaw, B.A. Mrs. Porter expects to receive her Master of Arts in communication disorders in May 2005.