

Social Group Work for Young Offenders with Learning Disabilities

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ABSTRACT. Despite the high incidence of learning disabilities among young offenders, research suggests that young offenders with learning disabilities do not receive interventions that address their learning disabilities. Group treatment approaches for young offenders typically utilize a cognitive-behavioral orientation. Cognitive behavioral techniques have been found to be effective with the young offender population by targeting their faulty thinking. However, cognitive behavioral treatment is less effective with youth who have academic delays. Individuals with learning disabilities may have difficulties with the cognitive tasks used in cognitive behavioral treatment. This paper describes a treatment group, with illustrations, adapted for young offenders with learning disabilities, combining cognitive-behavioral and mutual-aid principles. [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <getinfo@haworthpressinc.com> Website: <<http://www.HaworthPress.com>> © 2001 by The Haworth Press, Inc. All rights reserved.]

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INTRODUCTION

Research indicates that 30 to 50% of young offenders have learning disabilities (LD) (Brier, 1989; Crealock, 1991; Keilitz and Dunivant, 1987), compared to 3 to 4% of the general population (Gerber, 1984). Young offenders with LD are over-represented in recidivism rates and tend to commit more serious crimes on re-arrest (Keilitz and Dunivant, 1987; Larson, 1988). Generally, young offenders are a high risk and under-served population (Crealock, 1991). Due to the dramatic nature of much of their behavior, the LD tends to remain invisible and the services for young offenders typically relate solely to their actions. Consequently, youth who have LD do not typically receive the necessary supports that accompany an "exceptionality" label. There is a need for alternative interventions that address LD and their impact.

A collaborative treatment project for young offenders with LD was developed, in which expertise from children's mental health, corrections and education was integrated. The project consisted of a multi-modal intervention that addressed individual academic needs and social-emotional functioning, the family and probation staff members' understanding of LD, and the school climate. Psychoeducational assessments to screen participants for LD were conducted. Feedback on the assessment was given to the adolescents and their parents or guardians, after which a treatment plan was developed, consisting of advocacy, case management, and individual, family and/or group treatment. The participants were generally unaware that they had LD. Despite their nonchalant demeanor, most were excited to hear the feedback since it meant that they were 'smart,' and as one boy exclaimed, "I'm not a dummy." Participation was voluntary. The project comprised fifteen participants who received the intervention and fifteen matched controls who received usual services. Project goals ranged from individualized goals for participants to system wide aims. Evaluation utilized quantitative and qualitative methodologies.

Group methods for young offenders typically employ cognitive-behavioral principles. Findings show that the emphases on changing anti-social, pro-criminal attitudes and on improving problem-solving strategies are particularly effective with this population (Izzo and Ross, 1990; Ross and Fabiano, 1985). A separate body of literature suggests that children and youth with LD can benefit from group work (Brown and Papagno, 1991; Coché and Fisher, 1989; Mishna, 1996a, 1996b; Mishna, Kaiman, Little, and Tarshis, 1994; Pickar, 1988).

Only a brief summary of the overall project evaluation is presented here.¹ Although the participants' school attendance did not increase, teachers noted that they focussed more when they were present. There was a decrease in the severity and frequency of official charges and of self-reported delinquent activities for the study group, but not for the control group. Probation officers and teachers felt that they gained understanding of LD and its impact on the adolescents.

This paper discusses the group approach adapted for this project, which utilized a combination of cognitive-behavioral (Rose, 1998) and mutual-aid (Gitterman, 1989, Gitterman and Shulman, 1994; Shulman, 1999) approaches. As well, the members' LD are discussed as they are related to their difficulties. The literature on delinquency and LD, interventions for young offenders and group treatment for young offenders and for adolescents with LD is reviewed. The group adapted for this project, to be suitable for young offenders with LD, is described.

DELINQUENCY AND LEARNING DISABILITIES

Risk factors for delinquency have been identified. These include individual factors such as neurological impairment (Lewis, Shanock, Pincus, and Glaser, 1979), difficult temperament, a history of aggression and behavioral problems, anti-social values, psychopathology, and poor school performance (Andrews, Hoge, and Leschied, 1992; Brandt and Zlotnick, 1988; O'Donnell, Hawkins, and Abbott, 1995). Familial factors include family discord, ineffective discipline, lack of affection, and long-standing family of origin problems (Andrews et al., 1992; Fagan and Wexler, 1987; Scherer, Brondino, Henggeler, Melton, and Hanley, 1994). Relationship factors include antisocial companions and problematic interpersonal relationships (Patterson and Dishion, 1985). Finally, environmental factors include lower socioeconomic status, minority status, and lack of health care access (Andrews et al., 1992, Brandt and Zlotnick, 1988; Scherer et al., 1994).

LD is another risk factor for delinquency (Amster and Lazarus, 1984; Brier, 1989; Crealock, 1991; Keilitz and Dunivant, 1987; Winters, 1997). LD is defined as "a variety of disorders that affect the acquisition, retention, understanding, organization and/or use of verbal and non-verbal information" (Learning Disabilities Association of Ontario, 2001). Although LD is considered to be the result of "genetic, other congenital and/or acquired neuro-biological factors" (LDAO, 2001), development of the disorder impacts on an individual's emotional, fam-

ily, and social functioning (Dyson, 1996; Wiener, Harris and Shirer, 1990).

There is some controversy regarding the association of LD and delinquency. Some studies have indicated that there is not a clear connection (Klein and Mannuzza, 2000; Malmgren, Abbot, and Hawkins, 1999). They report that individuals with LD who report psychiatric symptoms and receive appropriate and timely educational interventions are not at higher risk for delinquency than the general population (Klein and Mannuzza, 2000; Malmgren et al., 1999). Others question the validity of these results (Campbell and Muskat, 2000; Dickman, 2000). In particular, they cite evidence that a high proportion of young offenders have unidentified LD, and therefore do not receive appropriate support or intervention (Amster and Lazarus, 1984).

INTERVENTIONS FOR YOUNG OFFENDERS

There are many approaches to working with young offenders (Andrews et al., 1992; Brandt and Zlotnick, 1988; Kazdin, 1997). Historically, intervention was based on the premise that punishment in restrictive settings would reduce re-offending (Andrews et al., 1992). In contrast, current interventions strive to rehabilitate youth. There is a range of programs for young offenders, in closed or open custody settings and in community-based supervision and support programs. These programs include: short-term behavioral family systems therapy; individual support provided by contract workers; probation supervision; diversion programs for low-risk young offenders; cognitive behavioral programs that teach prosocial skills; specialized academic or vocational programs; and milieu programs in custody settings. Specialized services are provided for sex offenders, substance abusers, and violent offenders (Andrews et al., 1992).

Interventions with this population have traditionally not been successful (Borduin et al., 1995; Henggeler, Cunningham, Pickrel, and Schoenwald, 1995; Kazdin, 1997). A meta-analysis of the treatment outcome literature with young offenders concluded that 40 to 80% of the better-controlled studies reported some positive treatment effects (Andrews et al., 1992). Despite established positive results, programs that address a single skill area such as anger management or social skills have been criticized for a lack of generalization and a lack of long term effects (Borduin, 1994; Gendreau and Ross, 1979).

Effective programs for young offenders must address the known risk factors for recidivism (Henggeler et al., 1995; Lodzinski, 1996; Scherer et al., 1994). Because delinquency is multi-determined, interventions must address the contributing factors. These include the youth, their families, peers, school and community (Andrews et al., 1992; Borduin et al., 1995; Henggeler, Melton, and Smith, 1992; Henggeler et al., 1995; Kazdin, 1997; Leschied and Cunningham 1998, 1999; Leschied, Cunningham, and Dick, 1998). Multi-Systemic Therapy (MST), in which diverse techniques are used as needed, has been found to effect change that was maintained over time (Kazdin, 1997). Other treatment variables associated with reduced re-offending include: longer and more meaningful treatment; provision of services outside of correctional settings; behavioral, skill-oriented and multi-modal treatment; treatment for higher risk individuals; and interventions that target family and peers.

In contrast to standard programs that focus on cognition (Rose, 1998), some programs for youth with conduct disorders draw on attachment theory principles with a corresponding priority placed on developing and maintaining relationships (Moretti, Holland and Peterson, 1994; Moore, Moretti, and Holland 1998). In these programs, troublesome behaviours are seen as a result of the adolescents' internal working models about themselves and others. It is believed that the youth's past experiences have taught them that aggression and violence are integral elements of close relationships. Proponents of these programs view harsh controls as undermining the development of an individual's internal sense of responsibility and control. Rather, treatment guided by attachment theory emphasizes acceptance of the youth by others along with building on strengths and developing a positive sense of self. These programs have shown a reduction in staff/youth mutual antagonism (Moretti et al., 1994; Moore et al., 1998).

Despite the high incidence of LD among young offenders, research suggests that they do not receive appropriate educational interventions when they are adjudicated (Winters, 1997). Abnormally high rates of recidivism and parole failure among young offenders with LD suggest the need for alternative interventions (Larson, 1988). Evaluations of interventions geared to the academic problems of young offenders with LD have produced positive results, which support the importance of the relationship. Keilitz and Dunivant (1987) provided intensive academic instruction to young offenders with LD and found significant reductions in the participants' subsequent offending behavior. Although the program's aim was to improve academic achievement, the authors con-

cluded that the relationship between the adolescent and teacher was a major reason for the program's success.

Brier (1994) targeted academic skills, psychosocial functioning and vocational training in a program for young offenders with LD. Academic remediation consisted of structured tasks in reading, arithmetic and communication skills. Biweekly group discussions focused on improving the youth's problem-solving, social and moral reasoning and their ability to evaluate their learning strengths and needs. Vocational training followed a curriculum that covered job search techniques, social skills, communication, and career decisions. Although there was no control group, only 12% of participants had been rearrested after twenty months, whereas 40% of the young offenders who dropped out of the program had been rearrested.

GROUP TREATMENT FOR ADOLESCENTS

The potential benefits of group work for adolescents are outlined in the literature (MacLennan and Felsenfeld, 1968; Malekoff, 1997; Scheidlinger and Aronson, 1991). Group treatment helps peers assist and confront one another, and provides a miniature real life situation from which to learn about and modify behavior (Berkovitz and Sugar, 1986; Malekoff, 1997). Groups improve adolescents' social skills, decrease their sense of isolation, and build their self-esteem through acceptance and helping others. Berkovitz and Sugar (1986) state that there are few contraindications for an adolescent taking part in group treatment. Meta-analyses of treatment outcome research provide evidence that psychotherapy, including group treatment, is beneficial for children, adolescents and adults (Bednar and Kaul, 1994; Weisz, Weiss, Han, Granger, and Morton, 1995).

Group Treatment Approaches with Young Offenders

Group treatment approaches for young offenders are generally between 8 and 12 weeks in length, with a cognitive-behavioral (CBT) orientation (Rose, 1998), in which the leaders determine and follow a curriculum. Homework is considered standard. The aims are to (1) change the members' cognitive distortions reflected in self-statements, perceptions and problem-solving skills, and (2) develop the members' prosocial skills (Kazdin, 1985, 1997; Miller, 1995; Spence and Marzillier, 1981), including expressing and regulating emotions

(Alexander Jr., 2000; Glick and Goldstein, 1987). Techniques involve teaching members strategies to identify internal and external triggers of physical cues that are signs of distress (Malekoff, 1997), strategies to remain calm, and methods to evaluate and praise oneself (Alexander Jr. 2000). Along with anger management, techniques are used to increase the members' sense of moral reasoning and justice.

Cognitive-behavioral group approaches have been found to significantly reduce anti-social behaviors, with gains being maintained until at least one year after termination (Kazdin, 1997). CBT approaches have been less successful with delinquent children and youth who have co-morbid diagnoses and academic delays, and whose families have significant dysfunction (Kazdin, 1997). Another concern about the exclusive use of CBT with young offenders is the insufficient application of mutual aid (Goodman, 1997), considered a central component in group work (Gitterman, 1989; Gitterman and Shulman, 1994; Shulman, 1999). Mutual aid in group work consists of a process in which group members need and help one another (Shulman, 1999).

A search of the literature revealed a lack of articles on group treatment for young offenders that utilized interactional mutual aid combined with cognitive-behavioral strategies (Goodman, 1997; Goodman, Getzel, and Ford, 1996; Malekoff, 1997). Goodman and colleagues (1996) describe a group for 16 to 20 year old young offenders on probation who are at high-risk of re-arrest. Over time, the coercive power of the members' mandated attendance was transformed into contractual and normative power, and the members came to identify with the leaders' values (Goodman et al., 1996). Malekoff (1997) discusses the value of mutual aid in work with adolescent groups, in which he emphasizes the importance of the relationship of the members with the worker and with other members. He provides an illustration in which group members help another member, with difficulty controlling his anger, to rehearse and plan for an anticipated situation that will likely provoke his anger. Malekoff also emphasizes the need for the group worker to be connected to the members' parents, school and community.

Despite the benefits of group treatment for adolescents, possible detrimental effects of bringing youth together must be considered. These include reinforcing anti-social behaviors by other group members, and fostering self-esteem and cohesion among anti-social peers without a reduction of anti-social thinking (Andrews et al., 1992). Some group members may be especially vulnerable to the peer influence in the group, which may lead to more deviant language, attitudes, and behavior (Dishion, McCord, and Poulin, 1999).

Group Treatment for Children and Adolescents with Learning Disabilities

Children and adolescents with LD are at risk to experience a wide range of psychosocial difficulties (Heath and Wiener, 1996; Kavale and Forness, 1996; McIntosh, Vaughn, and Zaragoza, 1991; Morrison and Cosden, 1997). There is literature on the benefits of group treatment for this population, which notes that modifications may be required to address the members' communication difficulties (Brown and Papagno, 1991; Coché and Fisher, 1989; Mishna, 1996a, 1996b; Mishna, Kaiman, Little, and Tarshis, 1994; Pickar, 1988).

GROUP IN COLLABORATIVE PROJECT

There is a gap in the literature with respect to young offenders who have LD. The group presented in this paper reflects recognition of the interaction of individual characteristics, such as thoughts, feelings and behaviors, group members' LD, history of erratic school attendance, and sense of disenfranchisement. The group combined CBT (Rose, 1998) and mutual aid (Gitterman, 1989; Gitterman and Shulman, 1994; Malekoff, 1997). This approach is based on the premise that members benefit by: (1) discussing their problems, beliefs and the behavioral consequences of their thinking; (2) developing a culture of mutual aid; and (3) identifying the impact of LD on members' psychosocial and academic functioning. Unlike many treatment groups for young offenders, homework was not utilized, out of appreciation for the members' difficulties with reading and/or writing and their negative associations with homework.

The group was one of two offered in the collaborative project, and was co-led by staff, male (Leader 1, 'high-risk' agency) and female (Leader 2, LD agency), from the participating agencies. One agency specialized in work with children and youth who have LD, and utilized a group treatment approach that emphasized interpersonal treatment, mutual aid and adaptations to the LD (Mishna, 1996a, 1996b; Mishna et al., 1994; Yalom, 1995). The other agency worked with "high-risk, hard-to-serve" youth and primarily used CBT in group work. For the groups in the project, the staff combined these two approaches.

The group met weekly at school during school hours. The members did not normally access mental health services voluntarily. Unlike many groups for young offenders this group was not mandated, which

meant that attendance could be a problem. However, school attendance was a probation term for participants and it was thought that holding the group at school might increase attendance (Muskat, 1996). Project goals were to improve the participants' school work and behavior and to help them stay out of trouble with the law.

The group was composed of eight adolescent boys who were adjudicated and under the supervision of probation services. The group members were between 14 and 16 years and were racially and culturally diverse. Most lived in single-parent families, either with their mothers, fathers, grandparents or aunts, and some did not live with their families.

The leaders began by clearly stating the purpose of the group and describing the framework. They spelled out antecedents, behaviors and consequences (ABC's) and explained that they would use this framework to examine the members' thoughts and actions in order to help them change their behaviors. Specifically, this meant helping the boys to think and reflect before they acted (Malekoff, 1997). The leaders added that they would make links between the members' difficulties and their LD.

Leader 1: "We are here to talk about what got you into trouble with the law, to find better ways of reacting in order to help you to stay out of trouble, and to help you stay in school."

Leader 2: "Another thing you all have in common are learning disabilities, which most of you didn't know until you met with the psychologist. Many of you probably don't know that having a learning disability means that you're smart, even though it makes school much tougher."

The leaders used a curriculum with a weekly agenda and topics, but emphasized that the discussions would be based on current problems and issues that the members raised (Malekoff, 1997). This provided actual rather than hypothetical examples, to which the leaders applied the curriculum topics. Topics included problems at school and with the law, members' plans for the future, their parents, and peer pressure. The leaders and members contracted regarding group rules—maintaining confidentiality and emotional and physical safety and not attending group under the influence of drugs or alcohol. The members were candid in disclosing their life circumstances and difficulties and in stating that involvement in the project was a 'last resort.'

The leaders' identification of the commonalities among the boys was intended to foster a sense of connection, to encourage members to talk about their problems and ultimately to cultivate an atmosphere of mutual aid. Mutual aid was encouraged in other ways for instance the leaders asked members to respond to individuals who were discussing particular dilemmas or problems. The leaders encouraged members to identify their faulty thinking and to consider the consequences of their behavior. They drew on members to help each other. For example:

Nick: "I was hanging with the boys and walking down the street. The police stopped us, frisked us, slammed us against a wall for no reason."

John: "Yeah that happens to me. Like when I'm with these two guys the police always stop us. I wasn't even doing nothing and they stop us. They think it scares us. We just get pissed off."

Nick: "They do it more to Black guys. If you or your boys are Black they stop you."

Leader 1: "Why do you think they stopped you?"

Nick: "Because they know me from my family and they hate my family. They are at our house a lot, hassling my family. And they know I'm from the family."

Al: "They don't like the way I look."

Paul: "You dress like a punk . . . you know the baggy pants, the hood over your head. They always stop you if you look like that, or if you wear a bandana or something."

Leader 1: "So what can you do? What do you guys think?"

Paul: "Watch what you wear. Otherwise you know they'll stop you."

Leader 1: "What else? What were you doing when they stopped you?"

Nick: "Standing around, smoking, nothing."

Leader 1: “What do you think the police were thinking?”

Nick: “We weren’t doing nothing. They always think we’re gonna do something.”

Leader 2: “Anybody have anything to say here, advice for Nick?”

Al: “Just smile, breathe deep and keep walking when you see them.”

The leaders recognized that it wasn’t as simple as “advice,” but saw these discussions as a means of conveying the notion that there were alternate choices that the boys could make.

As noted, a unique feature of the group consisted of modifications made to take the members’ LD into account. For example, along with communicating verbally, the leaders wrote information on a flip chart, to which they repeatedly referred.

DEFINING A PROBLEM BEHAVIOR

It was brought to the group leaders’ attention that some members were attending school sporadically. As attendance was considered a ‘behavior,’ the leaders raised this.

Leader 1: “We understand that a number of you have missed a lot of school. We want to figure out why you don’t come to school. This is important stuff because so many of you have said that you want to finish high school. And if you don’t attend school you breach probation.”

John: “School is boring.”

Al: “Yeah. It’s useless crap. What’s it got to do with my life?”

Leader 1: “So, why is school boring? Let’s talk a bit about school being ‘boring.’”

John: “Like, teachers talk about crap, like science. I don’t know what they’re talking about.”

Nick: (laughs) “And then you ah think like why did I come? I could be chilling someplace.”

Leader 1: “So school seems useless and boring. But you have a problem—you have to attend.”

Nick: “Yeah. But sitting in school I get all stressed, I feel like tense. Then I need to chill.”

Leader 1: “What happens when you chill? Isn’t that when you get into trouble?”

John: “Sometimes. But chilling with my boys is when I feel good.”

Leader 2: “So getting to school regularly is a problem. When you go to class you feel bored or stressed. Let’s write some of these things on the board.”

A leader drew columns on the board, for ‘antecedents,’ ‘behaviors,’ and ‘consequences.’ Under ‘behavior’ he wrote, “don’t attend school.” The leaders asked members to list things that made them not show up at school, to which the boys responded with a litany of points.

John: “I never liked school. When I was in grade one, or so, the teachers never liked me. They thought I was slow or stupid or something.”

Mike: “Yeah. My family had no money. We always moved, so I went to different schools. I didn’t know what was going on in school.”

Nick: “The same with me. I was all hyper and stuff . . . ran around and bugged other kids. They always wanted to send me to ‘special classes,’ you know, for ‘retards.’”

Mike: “Yeah or for ‘behaviour kids.’”

Nick: “I was always behind. I could never catch up.”

John: “Teachers never helped. They were always mad at me and all ‘cause I didn’t do work.”

Nick: “I didn’t know what was going on. I was pissed off because teachers yelled at me. I wanted to get kicked out. Once I threw a chair at a teacher—that got me kicked out for a while.”

The leader listed these points under “antecedents,” for instance “couldn’t keep up,” “teachers yelled at them,” “teachers thought they were stupid,” “mad at teachers,” “missed a lot of school.” One leader reminded the group that they were discussing the behavior “not attending school,” for which they had listed many reasons. The leaders guided the discussion to consequences as a result of not attending school, which were also written on the board, for instance “not receiving a high school diploma,” “not getting a good job,” “returning to jail.”

The leaders then asked the members if they had known when they were younger that they had LD, to which the members indicated that they had no idea. In fact, they had not considered the possibility that there might be a reason for their dislike of school and academic problems.

Leader 2: “Okay we know that each of you has a learning disability, which means that you have strengths and learning needs. When you were young, for whatever reason, nobody knew that you had a learning disability. First of all, you didn’t get the help you needed and second, teachers (and I’m sure others, like your parents), were mad at you.” The boys listened in silence.

Leader 2: “So no wonder you were frustrated. Your teachers, maybe your parents, and even you guys just thought that you didn’t care or try and were ‘bad’ or even worse, ‘stupid.’” Meanwhile you needed somebody to make some changes so that you could follow and do the work. But that didn’t happen, so you fell more behind and got madder and so did the teachers. And you concluded somewhere down the line that you didn’t care and that school wasn’t for you.”

Leader 1: “So here you are today. You still find school boring and stressful and think that your teachers want to get rid of you, and anyway you figure that you would rather be somewhere else. You do things that get you suspended. In the end, your behavior might just lead to you having to leave school. Even though you guys talk about not wanting to be at school, you all have said pretty clearly that you want to graduate. We think that there is another way to go,

different behaviors, that you might not have ever thought about, that might help you graduate.”

John: “Yeah, right. Like what?”

Leader 2: “Is it possible that it’s not that school is boring, but that it may feel boring because you have trouble understanding the work? If so, do any of you ever ask teachers to explain?”

Al: “If you ask for help or something, you look like a geek, you look stupid. The teacher, like says, what’s the matter with this guy.”

Nick: “If I ever tried to say something in class I’m sent to the office.”

Al: “Teachers think you’re ‘dissing’ them. They think, ‘get him out of here . . . go to the office.’”

John: “They say, ‘come see me after school.’ No way I’m staying after school.”

Al: “No way I’d stay after school.”

Leader 2: “So here is the possible problem. You might have trouble understanding, because of your learning disability. But the teacher doesn’t know this and you can’t or don’t ask for help.”

Al: “Sort of.”

John: “Maybe. I never . . .”

Leader 1: “My guess is that how you talk and act makes it seem to teachers that you don’t care.”

Leader 2: “Let’s look at the difficulty you have with school work as part of what makes you not attend. The bottom line is that have to go to school. We’re saying that there might be ways to make the work more understandable. And if that was so, we think you might go more often.”

The leaders stressed the need for academic accommodations and eventually obtained the boys' permission to speak to their teachers to ensure that they were placed in suitable programs. Such advocacy helped some members get transferred into more appropriate classes or programs.

The leaders broke down lack of attendance into a "behavior" that was in response to certain antecedents and that had serious consequences. While recognizing the multi-determined nature of the boys' troubles, the leaders linked the whole problem of school to the boys' LD, which encompassed their academic difficulties, behaviors and "attitudes" as well as the lack of LD identification and their teachers' responses. The group leaders listened to and empathized with the members' frustrations with school and teachers and encouraged them to share their experiences. At the same time, the leaders challenged the members regarding their behaviors, and reminded them of their stated desires to graduate. For the group members, viewing their problems with school and teachers as connected with their LD was totally new. The leaders made these links to help the boys begin to appreciate that their LD affected them both academically and behaviorally. If, for instance, the boys could see some of their school problems as due to LD rather than to being "bad" or "stupid," perhaps they could act differently, which could lead to potentially more positive outcomes.

One discussion focussed on the penalty for arriving late, which was a mandatory after-school detention that the members usually missed. This led to suspensions and thus more missed school. The leaders pointed out that the boys complained bitterly about school, attended sporadically, came late and missed detentions, all of which got them into more trouble and was something with which they needed help to change. The leaders stressed that this was well known about the boys. Here, the leaders were making a demand for work (Shulman, 1999). The leaders then said that they realized something else about the boys, which was not known. After listening to them describe their family problems and how hard it was to keep up with the work, the leaders thought that the fact that the members attended school as much as they did was kind of impressive and showed how much they actually did care. The boys were flabbergasted and thought the leaders were 'weird.' Then one boy said, "No one ever saw me like that." Here, the leaders validated the boys' academic difficulties and harsh life experiences and recognized their efforts, albeit sporadic and inconsistent. They re-framed the lack of attendance as persevering against the odds. Neither others nor the boys themselves had seen them as making ef-

forts—only as not trying or caring. The members seemed profoundly moved when they heard this response.

An example of mutual aid occurred during a discussion of experiences with the court system. Several boys described negative encounters with court appointed lawyers wherein the members felt not properly represented. This led to a lively discussion about rights. A number of members had charges pending. Others offered suggestions, including positive ways to handle oneself in court, and gave names of lawyers who members felt had best represented them. The boys who offered the tips seemed pleased to share their experiences and ‘wisdom’ with others.

DISCUSSION

Group treatment approaches for young offenders typically utilize a cognitive-behavioral orientation (Rose, 1998). Cognitive behavioral techniques have been found to be effective with the young offender population through targeting their faulty thinking patterns. However CBT has been less successful for youth with academic delays (Kazdin, 1997). One assumption of CBT is that participants can process verbal information and complete homework assignments, which they can then apply to their lives outside of group. However, many individuals with LD have difficulties with the cognitive tasks, such as processing verbal information, reading or writing, and they may not be able to naturally apply information from one setting to another.

Malekoff (1997) argues that regardless of the group approach one uses, it is essential to maintain the core values of group work. Therefore for instance, the use of cognitive behavioral therapy with adolescents “doesn’t preclude valuing the group members as helpers, fostering mutual aid” (Malekoff, 1997, p. 41). The group treatment model described in this paper utilized CBT (Rose, 1998), well documented as effective with young offenders, in combination with mutual aid (Gitterman, 1989; Gitterman and Shulman, 1994), and adaptations to address the LD. A cognitive behavioral approach was used in discussing the members’ life experiences. More than one modality was used as a way of communicating within the group. As well, leaders continually clarified discussion points, to ensure that members understood and to model the acceptability of seeking clarification in conversation. Mutual aid was encouraged and evident through the group members listening to, helping and challenging each other. Members learned that they were not the

only ones who struggled with both LD and criminal behavior. Linking problems with their LD, of which most had been unaware, provided the boys with the opportunity to consider the LD's impact. Their teachers reported that group members became noticeably more approachable and willing to talk about concerns, which the teachers attributed to their participation in the group.

Adapting group approaches and techniques to the members' needs exemplifies the social work principle of starting where the client is. It also reflects attention to variables considered vital in effective interventions for young offenders. First, through focussing on the members' LD, a factor associated with recidivism was addressed (Henggeler et al., 1995; Lodziński, 1996; Scherer et al., 1994). Second, in accordance with mutual aid, boys raised issues and discussed their lives, which made the treatment meaningful. Third, the group was offered in school rather than in a formal correctional setting. Fourth, by incorporating CBT techniques, the group was behaviorally and skill oriented and fifth, the members were considered high-risk. Sixth, discussion concerned members' interactions with others, such as family, teachers and peers, and the group was one component of a multi-modal intervention. Finally, with the members' consents, leaders advocated on behalf of individual members.

NOTE

1. For further information on the overall project, please contact the authors.

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