

Group Therapy with Adolescents Who Have Learning Disabilities and Social/Emotional Problems

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This paper presents group therapy with adolescents who have learning disabilities and social/emotional problems. First, the paper reviews the literature on psychosocial development and interventions offered to these adolescents. There is agreement in the literature that group therapy is beneficial for adolescents. Learning disabled adolescents meet the criteria for receiving this intervention. Despite this, review of the literature suggests that this population is not generally offered group therapy. Two case examples are presented. The group approach described combines principles derived from psychodynamic group theory with adjustments to accommodate the learning disabilities. These examples illustrate issues that can be addressed in group with learning disabled adolescents.

KEY WORDS: learning disabilities; adolescents; group therapy.

INTRODUCTION

A growing body of literature suggests that children and adolescents who have learning disabilities are at greater risk to experience social and emotional difficulties, with considerable problems relating to peers (Amerikaner & Summerlin, 1982; Offord et al., 1990; Pearl et al., 1986). A characteristic feature of learning disabled adolescents is their inability to comprehend social cues and use feedback to adjust their behaviour. These youth may become isolated, withdraw from peers and become or remain

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dependent upon adults. Alternatively, they may show poor social judgement, requiring coercive adult involvement.

Grunebaum and Solomon (1980, 1982) underscore the importance and influence of peer relationships upon social development. In the literature on learning disabled children and adolescents, there is a preponderance of articles and studies related to the topic of social competence. The articles suggest that this population's social competence and social status is inferior to children and adolescents who do not have learning disabilities. Social status is defined as peer acceptance and popularity.

Typically, learning disabled children and adolescents are provided social skills training/teaching (McIntosh et al., 1991) to improve their social functioning. Most writers assume that social skills training is the appropriate intervention to enhance the social functioning of learning disabled children and adolescents (Feigin & Meisgeier, 1987; Furman & Robbins, 1985; Hops & Finch, 1985; Jackson et al., 1987; Perlmutter, 1986; Schumaker & Ellis, 1982). They base this on the presumption that learning disabled children and adolescents have social skills deficits that interfere with their ability to learn these skills naturally. The work with this population began in the education system and was adjusted from purely academic remediation to interventions that target learning disabled youth's social functioning.

There appears to be consensus that teaching social skills to this population is the intervention of choice; however, there is inconclusive evidence of the efficacy of social skills training and/or teaching (Amerikaner & Summerlin, 1982; Furman & Robbins, 1985; Jackson et al., 1987; McIntosh et al., 1991; Maheady & Sainato, 1986; Pearl et al., 1986; Perlmutter, 1986; Schumaker & Ellis, 1982; Serafica, 1986).

There is agreement that group therapy is beneficial for adolescents, especially those deficient in social skills or suffering from low self-esteem (Azima & Dies, 1989; Berkovitz & Sugar, 1976; MacLennan & Felsenfeld, 1968; Raubolt, 1983; Scheidlinger & Aronson, 1991). Berkovitz and Sugar (1986) concur that there are few contraindications for an adolescent taking part in group therapy. They write that a significant factor in the decision is the availability of an appropriate group. Rutan and Stone (1984) contend that group therapy is an optimal format as it "offers the hope of relatedness in the context of appropriate limits, an opportunity to gain autonomy through intimacy, not at the expense of intimacy" (p. 81).

There is very little in the literature to suggest that learning disabled adolescents receive group therapy. The documented group therapy with learning disabled adolescents is sparse. It tends either to take place in an academic setting (Coché & Fisher, 1989) or is not offered solely for learning disabled adolescents (Pickar, 1988). There is agreement, however, that while the cognitive deficits of these adolescents may have been primary,

social, interpersonal and emotional difficulties have likely become intertwined with their personality and coping styles (Cohen, 1986; Kronick, 1980; Palombo & Feigon, 1984; Rutter, 1977; Searcy, 1988). Several authors (Hiebert, Wong, & Hunter, 1982; Hooper & Willis, 1989; Hops & Finch, 1985; Jackson, 1987; Pearl et al., 1986; Schumaker & Ellis, 1982) conclude that a comprehensive view of the cognitive, emotional and social factors affecting the child or adolescent would enhance treatment, citing the impossibility of isolating factors.

In this paper we will describe psychodynamically informed group therapy designed for adolescents who have learning disabilities and related social/emotional problems. This is an atypical intervention with this population. We modify the groups according to the specific problems and needs of the learning disabled adolescents.

LITERATURE REVIEW

Psychosocial Development and Learning Disabilities

Several authors (Amerikaner & Summerlin, 1982; Kronick, 1980; Pearl et al., 1986) discuss the concurrent emotional and interpersonal problems that children and adolescents with learning disabilities frequently exhibit. This population is predisposed to problems with self-esteem (Hiebert, Wong & Hunter, 1982; Searcy, 1988); and to depression, anxiety and poor motivation (Bruck, 1986; Licht & Kistner, 1986; Pearl et al. 1986; Perlmutter, 1986). Further, learning disabled adolescents often exhibit inadequate interpersonal skills resulting in lack of popularity and social rejection (McIntosh et al., 1991; Maheady & Sainato, 1986; Pearl et al., 1986; Wiener, 1987); and to displaying external locus of control (Omizo & Omizo, 1987; Pickar, 1986; Rosenthal, 1992). Investigators have shown that children and adolescents with learning disabilities comprehend nonverbal communication less accurately than non learning-disabled youth (Axelrod, 1982; Bryan, 1977; Holder & Kirkpatrick, 1991; Jackson et al., 1987). Offord, Boyle, & Racine (1990) found that children who did poorly in school were twice as likely to have a psychiatric disorder compared to children who did not have school difficulties.

Several writers note that emotional or behavioural problems may initially be secondary to cognitive deficits. Due to maladaptive coping over time, these problems become embedded in the adolescent's personality structure and manner of approaching the world (Bergman, 1987; Feigin & Meisgeier, 1987; Palombo & Feigon, 1984; Pickar, 1986; Pine, 1985).

Maheady and Sainato (1985) conclude that there is little support for teaching nonverbal sensitivity. They cite both the lack of empirical evidence

and how little lab approximates life in this form of intervention. McIntosh et al. (1991) reviewed social skills training programs carried out with learning disabled students between the ages of five and nineteen. The programs' goals included "elevation of peer acceptance or acquisition of interpersonal social skills" (p. 451). The authors note that ten of the fourteen studies that used components of social skills teaching/training reported positive intervention effects. However, the authors express concern that despite the positive effects in controlled settings, the behaviour changes frequently did not generalize to natural settings. They state that "because the goal of most social skills intervention programs is to increase target students' social acceptance and social functioning, the finding that few interventions have successfully accomplished this goal is cause for concern" (p. 458).

Some writers (Licht & Kistner, 1986; Perlmutter, 1986; Schumaker et al., 1986) critique social skills training with learning disabled adolescents. They write that teaching learning disabled adolescents social skills within contrived circumstances, and without regard to the social environment and cues, could be detrimental, especially if it is attempted without encouraging active participation in the learning process. This view is consistent with the view that underlies the group therapy approach to be presented in this paper. Our approach recognizes that learning disabled adolescents are frequently quite dependent upon and compliant with adults. In our view, teaching or training such children how to behave can unintentionally reinforce their dependence upon adults. This may further diminish their motivation, sense of efficacy and ability to initiate social relationships without adult guidance.

After evaluating and reviewing social skills training programs, writers and investigators conclude that current interventions do not foster generalization of skills (Pearl et al., 1986), are targeting the wrong area (Perlmutter, 1986) or are limited to one aspect of the learning disabled child and adolescent's self (Amerikaner & Summerlin, 1982). This has led various authors to suggest changes to the current intervention training (Schumaker & Ellis, 1982); training to decode the environment (Perlmutter, 1986); adding content to the programs (Furman & Robbins, 1985); including a more comprehensive view of factors which contribute to social competence (Hops & Finch, 1985) and increasing the opportunities for learning disabled adolescents to practice in the natural environment (Feigin & Meisgeier, 1987; Jackson et al., 1987).

Adolescent Group Therapy

There is agreement that group therapy is beneficial for adolescents (Azima & Dies, 1989; Berkovitz & Sugar, 1976; MacLennan & Felsenfeld,

1968; Raubolt, 1983; Sheidlinger & Aronson, 1991). These authors agree that group therapy aids peers in assisting and confronting one another; provides a mirror to stimulate new concepts of self; enables the adolescent members to feel less isolated; and facilitates increased self-esteem both through being accepted by the group and by helping others. A group experience allows the adolescents to express rebellion and conflict, to become more independent and to identify with the leaders (Azima & Dies, 1989; Azima & Richmond, 1989; Berkovitz & Sugar, 1986; MacLennan & Felsenfeld, 1968; Scheidlinger & Aronson, 1991). Peer support in therapy groups facilitates a working alliance despite the adolescent's frequent opposition to attending the group (Raubolt, 1983).

These authors emphasize that the developmental stage adolescents are in—which includes separation from parents—makes group particularly effective for adolescents. The peer group is central, important and powerful for adolescents; it facilitates identification, direction and aids in the task of differentiation/separation.

A study of curative factors in adolescent group psychotherapy (Corder et al., 1981) cited the most helpful factors to be cohesion, universality, catharsis and interpersonal learning, with insight and direct interpretation perceived as the least helpful. These findings were similar to a previous study with adults (Yalom, 1975).

Group Therapy with Adolescents who have Learning Disabilities

There is a paucity of literature on group therapy with adolescents who have learning disabilities (Berg & Wages, 1982; Coché & Fisher, 1989; Pickar, 1988). Berg & Wages (1982) review the literature on group counselling and guidance activities with learning disabled adolescents. They contend that despite ambiguous results in a limited number of studies, "in a general sense, a case can be made for the use of group work with LD students similar to that made for more traditional populations" (p. 277).

Berg and Wages highlight group's approximation to real life relationships, which they believe represents an important benefit for learning disabled adolescents. This proximity permits group members to repeat issues in the group, with one another, in the here-and-now. This is considered central to group's power and effectiveness. Issues and conflicts that arise, such as self-esteem, behaviour control, socialization problems, motivation and academic achievement, can be addressed within a group counselling mode. A criticism of social skills training is that this real life facet is lacking, as it is largely a didactic intervention.

Coché and Fisher (1989) discuss particular difficulties learning disabled adolescents encounter which interfere with their ability to talk about their feelings. They recommend the provision of a peer group in which there can be discussion of emotional issues. Pickar (1988) reviews the rationale for providing group therapy for adolescents, some of whom may have learning disabilities. Pickar emphasizes that "for a child who is forever misperceiving the social cues of others or has little sense of the impact of his/her behaviour on others, the group provides a supportive reality-testing environment where such difficulties can be exposed, confronted, and worked on, with the group leader attempting to minimize the anxiety that might typically result from fear of ridicule or rejection" (pp. 765-766).

There are numerous indicators to suggest that group is the treatment of choice for adolescents, especially those lacking in social skills or confidence (Scheidlinger & Aronson, 1991). Group therapy provides a peer group that is essential for progressive adolescent development. Relevant peer group contact is often lacking for youth who have learning disabilities and related social/emotional problems. Despite the consensus that group psychotherapy with adolescents is strongly indicated, it is not widely practiced and is underrepresented in the general therapeutic literature (Scheidlinger, 1985; Siepker, 1985). The lack of literature on group therapy with learning disabled adolescents suggests that this intervention has not been used significantly with this population (Pickar, 1988).

PROGRAM DESCRIPTION

Integra is a Children's Mental Health Centre that serves children and adolescents who have learning disabilities and related social/emotional problems. Adolescents and their families may receive a range of services including individual, family and group counselling. Groups are an integral part of the adolescents' treatment and individuals may participate in several different groups over the course of their involvement with the agency. The groups occur within the context of an overall treatment plan.

The cognitive deficits that learning disabled adolescents experience, combined with their chronic academic and social failures, may interfere with emotional and social development. This understanding underlies the model of group therapy used in the Integra programs. The groups combine principles derived from psychodynamic group theory, with techniques in which the leaders actively facilitate group process to accommodate the teenagers' learning disabilities.

The groups aim to improve the adolescents' social and emotional functioning. Relationships within the group provide the context for growth

and change. The goals and objectives for all the members include: (i) greater ability to express themselves and to verbalize their feelings; (ii) increased self-esteem and ability to take risks; (iii) increased social competence, which includes the ability to understand and relate to others, to perceive verbal and nonverbal cues and to be less socially isolated; and (iv) greater ability to initiate social interaction, assume responsibility, and, in a beginning way, deal with issues of independence.

The group-as-a-whole tasks include finding commonalities and developing a sense of trust. In light of the absence of appropriate social skills among this population, the groups must deal with silly or inappropriate behaviours which are exacerbated by the learning disabilities. The leaders help the adolescents deal with problematic interactions by encouraging them to support and challenge one another. A key objective is to enable the members to assume greater responsibility for the group's functioning over time, and thereby reduce their dependency upon the leaders.

We make adjustments to accommodate particular learning disabilities and levels of social functioning. Leaders assess and respond to the needs of individual group members. In doing so, a leader might clarify verbal statements and nonverbal cues; monitor group discussions to ensure that members follow the conversations and recall what others have said; offer connections between inappropriate behaviours and underlying feelings; and provide active direction and assistance to enable members to acknowledge and talk to each other. Further adjustments due to the adolescents' learning disabilities and social isolation include having contact with parents while the adolescents are involved in groups, and encouraging members to socialize with one another outside the group.

The groups can be understood along a continuum of social functioning. At one end are adolescents who need help to make basic social contacts; at the other end are adolescents who display some social competence but need help to develop self-awareness and internalized coping strategies. The extent to which leaders intervene in each group varies along this continuum. With members who need help in making basic social contacts, the leaders actively direct, guide and provide structure for the group members. With those who need help in developing self-awareness, the leaders offer non-directive facilitation and interpretation. Parental involvement also varies according to where the groups fall along the continuum of social competence, decreasing as the adolescents' competence increases. For example, in groups where socialization is just beginning and the adolescents are less able to speak for themselves, contact with parents can enhance the adolescents' participation. Parents can suggest relevant issues for the adolescents to deal with in group, can encourage reluctant adolescents to attend group and can assist adolescents to socialize outside the group.

In this paper, we will provide two case examples. These examples highlight interactions that occur in group and demonstrate issues that can be addressed in a group with adolescents who have learning disabilities. The two examples exemplify different places along the continuum of social/emotional competence.

Group Example #1

This example reflects a group that falls towards the end of the continuum where socialization is at an early stage. This was an 8-week group, which met weekly for 1 1/2 hour sessions. It was composed of seven adolescent boys ranging in age from 13 to 16, all of whom had severe learning disabilities. Their language and communication disabilities contributed to their social isolation and dependence upon their parents. The boys had long histories of being teased and victimized by peers due to unusual mannerisms and behaviours. Most were withdrawn and afraid to initiate interactions with peers. Two females co-led the group.

In the sixth session, the leaders gave the boys two soft sponge playing balls during the group break. One boy, Martin, sat apart from the group and tossed a ball into the air. The rest of the boys excitedly threw the second ball to one another, while Martin watched. One boy, Alan, playfully tried to grab Martin's ball, but Martin prevented him. After several attempts, Alan walked away. At the end of group, Alan told the boys that he had wanted to play with Martin. Another boy added that he too felt disappointed that Martin had not played with them. In response, Martin declared that he did not want to play with the others. As it was time to end, the leaders suggested that they could continue this discussion in the next group.

At the beginning of the following meeting, Martin brought up the previous week's issue and told the group that he preferred to play by himself. Alan responded by telling Martin that he thought that was a problem and added that he wanted to play with Martin. A third boy, Charlie, suggested that Alan wanted to be Martin's friend. He said he understood Martin because in the past he too wanted to play alone, but that he now liked playing with others and having friends. Alan agreed that he did want to be Martin's friend to which Martin reiterated that he wanted to play alone.

During the break, Martin again tossed one ball up in the air and Alan once more tried to engage him by grabbing the ball. Martin held the ball tightly against his body. Alan playfully hit Martin with a cushion, to which Martin responded by laughing and dodging Alan. After the break,

Martin declared that he still preferred playing alone, but during the wrap-up of the group, he admitted that "break was exciting."

Discussion

As a result of these adolescents' language and communication difficulties and fear of rejection, they required a great deal of active direction from the leaders. The leaders encouraged the boys to speak loud enough to be heard, to respond to others, to stop perseverating and to speak directly to each other.

This example marked a dramatic shift in Martin's behaviour and in the group members' abilities to reach out and interact with each other. The group's challenge of one another allowed individual members to reach new levels of social interaction.

Martin is a gifted nonverbal learning disabled adolescent who has a severe social disability and displays unusual physical and verbal mannerisms. He stood out, even in this group of socially disabled peers. Martin's behaviour in the sixth session represented the way his behaviour alienates him from peers in the group and in other contexts. Due to his intense anxiety, dread of relating to others and his expectation of rejection, Martin has developed maladaptive but effective ways to keep others away. For example, Martin uses his superior vocabulary to insult and intimidate others, in addition to odd behaviours, such as turning around in circles. Unfortunately, these behaviours not only kept others from talking to him, but also set him up as a victim. Martin's use of his superior verbal skills to put down and confuse others likely developed due to both his learning and social deficits, and emotional issues. Despite his behaviour, the group did not reject Martin, unlike the reaction he constantly experiences in his life.

The leaders' feedback helped Martin to realize that his comments and behaviours offended others. He learned to recognize that he had an impact on the boys and that group members could hurt each other.

By raising the issue of the balls, Martin showed his emerging awareness of others and his ability to participate in the group. He had reflected on the other members' feedback about the playing ball incident and wished to resolve it. Martin's comment to the group that he preferred to play by himself was his way of establishing his needs in a nondestructive way. It was significant that he modified his language by speaking clearly and simply, using words that enabled him to communicate to the other boys.

The feedback he received from leaders over the course of the group and the group's acceptance of him allowed Martin to feel safe enough to express his feelings. This example showed that Martin had become some-

what aware of his impact on others and of their feelings. His desire not to hurt them and to not be misunderstood by them suggested the increasing importance of group to Martin.

It was essential that the group members accept Martin for his preference to play alone. Once the others accepted him but still sought him out, he showed a more active interest in their play. Thus, the group's acceptance of his difference allowed Martin to risk joining in their play.

This group dealt with issues of inclusion and trust. The example shows the importance of group members feeling accepted before taking risks. This was a group of boys who initially were not able to engage in spontaneous social encounters. The boys needed the leaders to facilitate their interactions to enhance their ability to relate to another.

Martin provided a significant challenge to the other group members. In response, they made dramatic shifts in their interactions. One boy took a risk by initiating social contact and one boy displayed empathy for another by recalling that he too had similar feelings. The boys in the group enacted their desires to connect, play and have fun. They also expressed their feelings and needs. They understood Martin's desire to play on his own and could recall when they were like that. They identified new needs and the changes they had made in their desire to socialize with others.

By the end of the group, the boys established enough comfort to talk, joke, roughhouse, plan a party and see each other outside group. Several months after the group ended, most of the boys were talking on the phone and making plans to see one another.

Group Example #2

The following describes a group that was at a more advanced point along the continuum than the previous example. This 17-week group met weekly for 1 1/2 hour sessions. It was composed of eight adolescent girls, ranging in age from 13 to 15. The group was for girls who were ready and able to talk about their learning disabilities and social and emotional issues. They contracted to share their thoughts and feelings, give feedback and try to support one another. The girls fell within the low-average to mid-average range of intelligence. Language was a significant area of learning disability for seven of the girls, whereas one had a nonverbal learning disability. The girls were socially isolated, experienced chronic conflict and/or rejection from peers, with some struggling to become less dependant on their parents. Two females co-led the group.

In the fourth session, the group members were discussing verbally abusive phone calls from peers. Some girls shared stories of being harassed

and expressed the pain they felt. Lana, who has a nonverbal learning disability, told the group her problem: her "only friend in the world" would phone her and after five minutes ask to speak to her younger sister. Typical of these adolescents' situations, her sister was socially and academically successful. Lana asked for advice to get her sister to stop talking to her friend. Although the girls offered her advice, she was not comforted and continued asking them what to do. Finally, the girls questioned whether the girl was indeed a good friend. Lana initially defended her "friend", but the girls pursued in their challenge. The leaders suggested that perhaps Lana excused the friend and blamed her sister out of fear of being alone. Lana agreed and said that she was afraid she would be lonely and friendless. In response to Lana expressing vulnerability, the other girls reached out and told her that she could turn to them. Although it was difficult, Lana eventually was able to hear and think about the girls' feedback.

A significant issue in this group was the manner in which Lana expressed her issue by sitting forward in her chair and focused exclusively on the leaders. She did not make eye contact with the group members. Not long after she began talking, the girls stopped paying attention, became restless, whispered to one another and looked to the leaders for direction. Lana did not notice what was taking place, despite the obvious distractibility of the group members. Eventually, one of the leaders stopped Lana and asked the group how they could help her talk to them rather than just to the leaders. The girls immediately told Lana to try to look at them when she spoke. She did so, but needed several reminders to continue talking to the group. The leaders gave the first two reminders after which the girls spontaneously prompted her.

Discussion

In this group, Lana shared one problem and enacted another with the group and received feedback about her relationships and behaviour. The other group members challenged her to look at the problem differently, helping her to evaluate her friend's behaviour more objectively. In the discussion that followed, it emerged that Lana was afraid of being alone. Leaders linked this fear to her tendency to protect the friend and blame her sister. As a result of the girls' feedback, Lana began to view her situation differently. After Lana expressed loneliness, the girls felt empathy and reached out to her, whereas previously they were frustrated with her apparent obliviousness to them.

Lana's behaviour in this group was due to several factors such as her anxiety and lack of ability to socialize as a result of her learning disability.

Due to her poor perception of social cues, Lana was unaware of the group's response to her. The group was frustrated and anxious in response to Lana. The leaders' interventions helped the group deal with this difficult situation and showed the members how to be direct with Lana. As the group used the interventions, Lana received feedback on her behaviours. As well, Lana was helped to identify her feelings and to talk to others in a way that enabled them to listen to her. The group helped Lana to become aware of others' responses to her and to modify inappropriate behaviour. As a result, Lana was less annoying and was ultimately not rejected during this group.

A group member raised a significant issue in this group. The problems talked about and enacted by one member were applicable to the other girls as well. The other members experienced the feedback, challenge and emotional support provided for one girl as helpful to them as well.

Members in this group learned adaptive ways of dealing with their frustrations. They took initiative, spoke directly and had an impact on each other. One girl shared her insight about Lana's problem. Despite severe attention and language difficulties, another girl spontaneously told Lana to talk to the group. This girl's ability to follow and model the leaders' interventions was a major step for her.

SUMMARY

In this paper, we reviewed interventions offered to adolescents with learning disabilities and related social/emotional problems. Based on the literature review, it is reasonable to conclude that group psychotherapy is not offered significantly for adolescents who have learning disabilities. There is agreement, however, that the social, interpersonal and emotional difficulties of these adolescents have likely become intertwined with their personality and coping styles despite the primary factor having been cognitive deficits. Several writers point out that children with neurocognitive deficits are at risk of coming into chronic conflict with the environment (Cohen, 1986; Palombo & Feigon, 1984; Rutter, 1977). The Ontario Child Health Study (Offord et al., 1990) found that children with language delay were among the populations more at risk of developing a psychiatric disturbance.

The findings regarding the efficacy of social skills training/teaching with learning disabled youth are inconclusive. Various studies have found that social skills training/teaching interventions are limited to specific domains and that the gains do not generalize outside of the programs to natural settings. Despite this critique, many writers do not question the

suitability of social skills training/teaching as the intervention of choice with learning disabled adolescents.

The literature points to group therapy as a promising treatment modality for learning disabled adolescents with related social/emotional problems. The rationale for group treatment for adolescents applies equally to group treatment of adolescents with learning disabilities. Most obviously, these adolescents have difficulty relating to peers. Group therapy provides a peer group that is essential for development and is usually lacking for this clinical population.

Although modifications or parameters may be required due to their cognitive deficits and discrepancies, adolescents with learning disabilities and psychosocial problems fit the criteria for group therapy. Despite this, there is very little in the literature to suggest that they receive this form of treatment.

In this paper, we have described group therapy for adolescents with learning disabilities and social/emotional problems. Through two examples, we have shown the kinds of issues that group therapy with this population can address. We illustrated how modifications are implemented according to the level of social competence displayed by group members. These accommodations make group therapy viable for adolescents with learning disabilities.

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