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School-Based Group
Treatment for Students
with Learning Disabilities:
A Collaborative Approach

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It is well documented that children and adolescents with learning disabilities are vulnerable to social, emotional, and behavioral difficulties (Lewandowski & Barlow, 2000; Palombo, 2001; Pearl & Bay, 1999). Cognitive deficits, inherent to learning disabilities, may lead to poor school performance and failure (Kavale & Forness, 1995; Pearl & Bay). Children who do poorly in school are twice as likely to be diagnosed with a psychiatric disorder than children without school difficulties (Offord, Boyle, & Racine, 1990). Children and adolescents with learning disabilities also are more likely to be rejected or neglected by peers (Greenham, 1999; Kuhne & Wiener, 2000; Nabuzoka & Smith, 1993; Wiener, 2002).

Traditional service delivery for children and youths with psychosocial problems has been the direct model, whereby a professional provides assessment and treatment. However, direct service provides mental health and social services to only a small percentage of children and youths in need and cannot address the many factors affecting these children (Meyers, Parsons, & Martin, 1990; Offord et al., 1990).

The authors describe a collaborative project that brought together children's mental health and education professionals to provide an intervention in schools for at-risk students with learning disabilities. Recognizing that the school environment is a target of change, the project used a direct intervention consisting of school-based group treatment for students with learning disabilities and psychosocial problems and indirect interventions consisting of consultation for teachers and education of parents and peers of children with learning disabilities. The goals were to improve the students' psychosocial functioning and increase their understanding of their learning disabilities; improve school personnel's, students', and parents' understanding of students with learning disabilities; and enhance school-based social workers' skills in working with students who have learning disabilities. An evaluation found that the group members made gains in their psychosocial functioning and that the indirect interventions led to greater understanding of learning disabilities among parents, teachers, and school-based social workers. Implications for practice are presented.

Key words: adolescents; children; collaborative interventions; learning disabilities; school-based interventions

An ecological approach to intervention begins with the assumption that people are embedded in social and environmental contexts. Individual characteristics, interactions, and ecological and cultural conditions invariably contribute to psychosocial patterns and problems and interact

reciprocally (Cairns & Cairns, 1991; DeMar, 1997; Germain & Bloom, 1999). These multiple factors must be addressed to improve the psychosocial functioning of children and youths, enhance protective factors, and offset risk factors (DeMar; Dwyer, Osher, & Hoffman, 2000; Morrison & Cosden, 1997). An ecological approach uses indirect models such as collaborative community interventions and consultation, which complement direct services (Meyers et al., 1990). An advantage of indirect approaches is that mental health professionals may impart their knowledge and skills to colleagues rather than exclusively provide direct services, which results in a "multiplier effect" and "increases the number of children who will eventually benefit" (Steinhauer, 1994, Foreword).

This article describes a collaborative project that brought together two sectors—children's mental health and education—to provide services in schools for at-risk students with learning disabilities. Recognizing that the entire school environment is a target of change, the project used both direct services consisting of school-based group treatment for students with learning disabilities and psychosocial problems and indirect interventions such as staff development and consultation.

Psychosocial Adjustment Associated with Learning Disabilities

It is estimated that 40 percent of individuals with learning disabilities develop social, emotional, and behavioral problems (Dane, 1990; Kavale & Forness, 1996). Children and adolescents with learning disabilities are more likely to report symptoms of depression and anxiety than are their peers without a disability (Hernandez-Halton, Hodges, Miller,

& Simpson, 2000; Svetaz, Ireland, & Blum, 2000) and to experience loneliness (Margalit, 1991; Sabornie, 1994). This population is at greater risk of peer victimization (Nabuzoka & Smith, 1993; Whitney, Smith, & Thompson, 1994). Compared with the general population, a much greater proportion of young offenders has learning disabilities (Brier, 1989; Crealock, 1991). Learning disabilities may impede development across the life span. The school dropout rate is greater among students with learning disabilities, putting them at risk of social and economic disadvantage (Lichtenstein, 1993; Morrison & Cosden, 1997).

Support in families and schools and realistic expectations protect children and youths with learning disabilities from negative school and peer experiences (DeMar, 1997; Morrison & Cosden, 1997; Svetaz et al., 2000). Other protective factors include self-esteem, self-awareness, understanding his or her disability, suitable academic support, attachment to teachers, good peer relationships, and high school graduation (Morrison & Cosden). Conversely, poor social skills and competence; noncompliant, aggressive, or disruptive behavior; poor academic achievement; and concurrent language impairment increase the risk that a child or adolescent with a learning disability will experience psychosocial problems (Greenham, 1999; Knoff, 1983; Nabuzoka & Smith, 1993). In promoting well-being, the emphasis must be on addressing individual and environmental factors that affect a student, such as school pedagogy and climate, rather than accentuating the deficits of the child and family (Brown, D'Emidio-Cason, & Benard, 2001).

Another factor to consider is the stigma associated with a learning

disability. So great are the detrimental effects of peers' negative attitudes that "to some degree, the social problems of students with learning disabilities may be due as much to the biases of other children as to their own behavior" (Pearl & Bay, 1999, p. 455). Children generally have more negative attitudes toward peers with disabilities than those without disabilities (Harper, 1999; Roberts & Smith, 1999). Research shows that negative peer attitudes may have an enormous impact on children with disabilities (Rose & Smith, 1993; Waddell, 1984).

The individual and social models are the two main conceptual approaches to disability (Barnes, Mercer, & Shakespeare, 1999; Marks, 1997). The individual model, which dates back to the early 20th century and is based on the medical model, attributes disability to a deficit in the individual and focuses on diagnosis and treatment of the "abnormality" (Baker & Donnelly, 2001; Barnes et al.; Marks). The social model considers disability in its social context and focuses on external obstacles and social exclusion that hold back individuals with disabilities (Barnes et al.; Davis, 1997; Marks). Consistent with this approach, Mitchener and Schmidt (1998) advocated challenging practices that schools use that marginalize students. Mitchener and Schmidt observed growing momentum among educators for an approach more tailored to students' needs, driven by a critique of practices that rely on "categorizing differences as deficits or dysfunctional" (p. 338).

Direct Intervention: Group Treatment for Children and Adolescents with Learning Disabilities

The significance of peer relations makes group treatment a natural and

effective intervention for children and adolescents (Berkovitz & Sugar, 1986; Brook, 2001; MacLennan, 1994; Malekoff, 1997). Group treatment provides a peer group for alienated children and youths and helps develop assertiveness, altruistic behavior, and other social competences (Berkovitz & Sugar; Hoag & Burlingame, 1997). Benefits include the opportunity to experience support, acceptance, and safety among peers and a miniature real-life situation through which group members can change their behavior (Berkovitz & Sugar; Malekoff; Mishna, 1996a,b; Mishna, Kaiman, Little, & Tarshis, 1994; Scheidlinger & Aronson, 1991). Meta-analyses of outcome research provide evidence that group therapy is beneficial regardless of age (Hoag & Burlingame, 1997; Weisz, Weiss, Han, Granger, & Morton, 1995). Although modifications are required because of their cognitive deficits, students with learning disabilities fit the criteria for group treatment (Mishna, 1996a; Mishna et al.).

Increasingly, group interventions such as education and task-oriented and counselling groups that address problem areas are provided for children and adolescents in schools (Akos, 2000; Berkovitz, 1989; DeLucia-Waack, 2000). Berkovitz maintained that, "the use of group counselling in the schools represents one of the important preventive mental health measures for children and adolescents" (p. 119). Because schools are the primary setting for social development, school-based interventions conveniently reach students who may not otherwise obtain services or who are likely to drop out (Berkovitz; Meyer & Farrell, 1998; Meyers et al., 1990; Weist, Nabors, Myers, & Armbruster, 2000). Berkovitz reviewed advantages attributable to the

ongoing contact that occurs among group members and leaders in school-based interventions. These include the opportunity to clarify issues, reassure members about problems that emerge in group sessions, and use information known about members in a helpful way, including commenting on their positive change.

Indirect Services: Collaboration, Education, and Consultation

The prevailing view in community agencies and school systems is that indirect interventions such as collaboration, education, and consultation are needed along with direct service (Meyers et al., 1990). Using both models ensures that interventions help schools change to better suit the students (Meyers et al.). It is recognized that change is needed in the system as well as in the student, a stance that corresponds with an ecological perspective. Collaboration among community practitioners and school-based social workers and educators is required for ecologically oriented approaches (Caplan, Caplan, & Erchul, 1995; DeMar, 1997; Lopez, Torres, & Norwood, 1998; Mitchener & Schmidt, 1998). The challenges inherent in collaboration include managing different procedures and philosophies; dealing with legal, funding, and confidentiality issues; and obtaining support at multiple levels (Anderson, 2000; Mitchener & Schmidt; Tapper, Kleinman, & Nakashian, 1997). Schools are considered ideal for such interventions because, in addition to the reasons cited earlier, children can remain in their natural environment, which minimizes disruption to their lives (McConaughy, Kay, & Fitzgerald, 2000; Newton-Lodgeson & Armstrong, 1993). The goals of school-based interventions are to increase school staff's sensitiv-

ity to the circumstances of particular students and to the generic factors associated with mental health and to improve school staff's behavior-management skills (Meyers et al.; Newton-Lodgeson & Armstrong).

By enhancing the skills and knowledge of colleagues, mental health consultation makes it possible for a small number of consultants to have a more pervasive effect than is possible through direct treatment alone (Caplan, 1963; Steinhauer, 1994). *Consultation* is an interaction between two professionals, in which the consultee asks for help from the consultant regarding a work problem involving clients or programs (Caplan). Regardless of the level to which it is directed, consultation may affect several levels in an organization (Broder & McDermott, 1994; Martin, 1994; West & Idol, 1987).

Program Description

The project was a collaboration between a publicly funded children's mental health agency with a mandate to serve children and adolescents with learning disabilities and psychosocial problems and a large urban school board in Canada. An experienced agency staff member was project coordinator and was supervised by the agency supervisor. The structure of the school board was such that social work supervisors managed a significant number of school-based social workers. The program consisted of direct and indirect services to achieve the project's four goals. The first two goals were to improve the psychosocial functioning of high-risk students with learning disabilities and psychosocial problems and to increase understanding of their learning disability. This was addressed through school-based group treatment, co-led by the project coordinator and

school-based social workers. The third goal was to increase understanding and acceptance of students with learning disabilities. This was carried out through indirect services to complement the group and consisted of workshops on the psychosocial aspects of learning disabilities for school personnel, parents, and students. The fourth goal was to enhance the skills of school-based social workers in working with students who have a learning disability and consisted of training on group treatment for students with learning disabilities; and peer consultation was provided for school-based social workers who led groups for students with learning disabilities. The project coordinator and four school-based social workers coled four groups for participants. The coordinator had 10 years of experience in group treatment with students who have learning disabilities. The school-based social workers had between five and 20 years of experience in school social work, but not specifically in group treatment for students with learning disabilities.

Method

Direct Intervention

Using input from vice principals and principals, the children's special education and mainstream teachers referred students identified with learning disabilities whom they considered at risk and in need of social, emotional, and behavioral support. School personnel provided parents of potential group members with information on the project. With parental consent, the selected students were told about the project and invited to participate in the group treatment.

Group members presented with various social, emotional, and behavioral problems and shared common

characteristics and problems. They described fighting with peers and were depicted by teachers and parents as lacking social competence. Most had few, if any, friends and were isolated. The members talked about the hardships associated with their learning disability, such as feeling frustrated with schoolwork, feeling "stupid," and being bullied by their peers.

The four groups had a total of 21 members. There were two all-boys groups, one girls group, and one group with both boys and girls. In three of the groups, the children ranged in age from 10 to 14 years and were in grades 5 to 8. One boys group and the girls group each consisted of six members and ran for 13 sessions. The mixed-gender group had four members and ran for eight sessions. The fourth group, held in a secondary school, had five members between ages 14 and 17 who were in grades 9 to 11, and ran for 15 sessions. A discussion format was used with the fourth group, whereas a mixture of activities and discussion was used with the three groups for the younger children. Discussion and activity formats were implemented to address the group members' problems with self-regulation and interpersonal dynamics. All four groups had good attendance.

The group treatment combined interpersonal group treatment and mutual aid (Gitterman & Shulman, 1994; Shulman, 1999; Yalom, 1995). Learning disabilities was a central topic, woven into discussions. An interpersonal perspective presumes that the prime therapeutic factor occurs through interactions among members. Repeated episodes in the group, it is thought, allow members to learn about their maladaptive interpersonal responses and perceptions, which evoke negative and unwanted reactions from

others (Rutan & Stone, 1984; Yalom). Mutual aid refers to a process in which members need and help one another (Shulman). In the first group session the leaders commented that the members all had a learning disability and other problems. The leaders' identification of the commonalities among members was intended to foster a sense of connection. The leaders encouraged members to share their concerns and experiences and raise issues that emerged in the discussion or the activities and helped members give each other feedback in supportive ways. This provided actual rather than hypothetical examples, to which the leaders could make links with the members' learning disabilities. Leaders also used techniques to accommodate the learning disability and foster the group process (Mishna, 1996a, b; Mishna et al., 1994). For instance, they clarified verbal and nonverbal messages and monitored discussions to ensure that members followed conversations and understood instructions. The leaders also wrote information on a flip chart, to which they repeatedly referred. In both the activity and discussion groups, members talked about their painful academic and social experiences. Support for this approach was demonstrated in a qualitative study with a similar population (Mishna, 1996a, b). As Berkovitz (1989) maintained, the members' outside contact in the school was advantageous. For instance, the group members knew each other by "reputation" for their academic and social problems, which seemed to allow them to quickly bond and open up to each other about their difficulties and pain.

Indirect Intervention

The indirect intervention consisted of three elements.

1. Agency staff provided training in group treatment to school board social workers using a blend of didactic and discussion modalities and analysis of videotapes of agency groups for children and youths with learning disabilities. Nine hours of training for 47 school board practitioners took place over three sessions before the project began.
2. Throughout the project, the coordinator facilitated group peer consultation for school-based practitioners leading groups for students with learning disabilities, which met every third week.
3. The project coordinator presented a workshop in each school on the psychosocial effects of learning disabilities to school personnel, including social workers, mainstream and special education teachers, guidance counselors, vice principals, and principals. This workshop was also offered to parents of all students, with adaptations made for parents from other cultures and language groups. A modified version was presented to peers of the group members. The workshop goal was to increase participants' knowledge of learning disabilities and their sensitivity to individuals with learning disabilities. This was carried out using didactic and experiential components. Strategies were adapted for each audience to help them apply the information to their interactions with individuals who have learning disabilities.

Procedure

Quantitative and qualitative methods were used. Before and after group

treatment, parents and teachers completed the Child Behavior Checklist (CBCL) (Achenbach & Edelbrock, 1983) and the Teacher Report Form (TRF) (Achenbach & Edelbrock, 1991), respectively, which are well-established measures. Achenbach and Edelbrock (1983) reported excellent test-retest reliability. They also reported significant correlations between CBCL factor scores and corresponding scores on such measures as the Conners Rating Scale (Conners, 1994) and the Diagnostic Interview Schedule for Children (Shaffer et al., 1996), indicating concurrent validity. The CBCL is standardized on normative and clinical samples and for males and females in three age ranges, including the age range of the participants in the present project. The CBCL and TRF produce nine syndrome scales (Withdrawn, Somatic Complaints, Anxious/Depressed, Social Problems, Thought Problems, Attention Problems, Delinquent Behavior, Aggressive Behavior, and Sex Problems), two broadband scales (Externalizing and Internalizing), and a Total Problem Scale. Scores on the scales are reported as total scores having a mean of 50 and a standard deviation of 10. Age-appropriate clinical norms were used to convert the raw scores to total scores. For the syndrome scales, total scores between 67 and 70 are in the borderline clinical range and total scores above 70 are in the clinical range. For the broadband scales and the Total Problem Scale, total scores from 60 to 63 are in the borderline range and total scores above 63 are in the clinical range.

Group members completed the self-report School Self-Perception Questionnaire (SSPQ) examining their self-concept, interpersonal relationships, and school attitude (Eadie & Campbell, 1998). Developed for

use with children and youths with learning disabilities, this questionnaire requires respondents to rate a series of statements on a five-point scale from strongly disagree to strongly agree. Scores are provided on the subscales of Peer Relationships, Perceived Adult Support, Academic Self-Concept, and Personal Sense of Agency. Individual interviews were conducted with group members to obtain in-depth information on their group involvement and understanding of their learning disability.

Twenty-five social workers who attended the group treatment training completed pretest questionnaires, and 18 completed posttest questionnaires. Participants in the workshops on learning disabilities filled out evaluations. A research assistant conducted semi-structured interviews with the 10 social workers in the peer consultation, the school-based group leaders, the project coordinator, and the agency and school board social work supervisors to obtain their views of the project and the overall collaboration. The agency and school board staff involved in the project bring many years of clinical practice and research with children who have learning disabilities, and thus bring perspective and caution to the research, which enhances the credibility of the qualitative findings. The full range of participants was interviewed to obtain multiple perspectives, including those of group members, students without a learning disability, parents, teachers, school-based social workers, and project staff (Lincoln & Guba, 1985).

A series of paired *t* tests were completed to compare pre- and postgroup responses on the three broadband measures of the CBCL (internalizing, externalizing, and total problems), the three broadband measures

of the TRF (internalizing, externalizing, and total problems) and the four subscales of the SSPQ (Peer Relations, Adult Support, Agency, and Academic Self-Concept) (Eadie & Campbell, 1998). One-tailed tests were used (see Table 1 for descriptive outcome of matched groups).

Results

Of the 21 group participants, 13 parents and children completed questionnaires; 16 teachers completed them. According to parental reports on the CBCL, children displayed significantly less externalizing problem behavior ($p = 0.011$) and total problem behavior ($p = 0.05$) after participating in the group treatment. Effect sizes for significant findings were moderate, between .5 and .7 (see Table 1). No other significant pre- to postgroup effects based on parental reports were found. Responses on the TRF indicated an absence of significant pre- to postgroup differences for this measure of externalizing, internalizing, or total problem behaviors. Child responses on the SSPQ

showed a significant increase in agency ($p = 0.05$) after the group intervention. Personal sense of agency in the SSPQ was made up of items measuring the child's awareness of his or her learning disability and its impact and perceived control over the environment.

During the qualitative interviews, many participants stated that the group increased their confidence in approaching peers and helped them get along better with others. Participants found it useful to discuss problems and express their feelings. Several group members explained that they learned strategies that helped them manage their anger more effectively. Participants found that being with peers who had similar problems helped them feel that they were not alone in struggling with learning disabilities.

Group members took part in individual pregroup interviews. Although having a learning disability was a criterion for participation in the project, when asked about their learning disability, half of the members either

Table 1

Paired *t* Tests on Child Measures Pre- and Postgroup Treatment

Variable	<i>N</i>	Pre group <i>M</i> (<i>SD</i>)	Post group <i>M</i> (<i>SD</i>)	<i>t</i> (1)	Cohen's <i>d</i>
CBCL externalizing problems	13	56.00 (11.02)	48.23 (9.74)	2.98**	.75
CBCL internalizing problems	13	54.92 (11.00)	50.31 (12.34)	1.27	.39
CBCL total problems	13	57.92 (9.42)	52.23 (11.70)	1.85*	.54
TRF externalizing problems	16	57.75 (13.50)	59.19 (10.40)	-0.58	-.12
TRF internalizing problems	16	56.25 (9.37)	54.44 (10.44)	0.90	.18
TRF total problems	16	60.38 (10.10)	59.88 (8.81)	0.30	.05
SSPQ peer relations	13	3.15 (0.37)	3.31 (0.37)	-1.23	-.42
SSPQ adult support	13	2.92 (0.47)	3.07 (0.36)	-0.80	-.36
SSPQ agency	13	2.83 (0.50)	3.11 (0.47)	-1.93*	-.57
SSPQ academic self-concept	13	2.72 (0.62)	2.89 (0.42)	-1.07	-.32

NOTES: CBCL = Child Behavior Checklist (*t* scores) (Achenbach & Edelbrock, 1983). TRF = Teacher Report Form (*t* scores) (Achenbach & Edelbrock, 1991). SSPQ = School Self-Perception Questionnaire (total subscale scores) (Eadie & Campbell, 1998). * $p < .05$. ** $p < .01$.

did not know whether they had one or did not believe that they did. The group seemed to facilitate members' understanding of their learning disabilities, and, at posttest, most participants not only reported that they have a learning disability but clearly described the effects on their learning and schoolwork.

On the post-workshop evaluation forms, parents reported that they increased their understanding of learning disabilities. Several related changing their views of their child; they saw them less as "lazy" or "unmotivated" and recognized the disability more. Some parents felt that the workshop helped them appreciate the difficulties faced by individuals with learning disabilities and their legitimate need for help. Teachers found that the workshop increased their awareness of how a learning disability affects students not only academically, but also socially at home and in the community.

The school supervisors, project coordinator, group leaders, and social workers who attended peer consultation were positive about the project, describing it as a "wonderful program"; many wanted to continue the collaboration. The respondents thought that the organizations worked well and as "equal partners," each with things to learn and skills to offer. Challenges included working in a system undergoing change and organizational differences regarding expectations and roles. The respondents attributed the success to the commitment of those involved and stressed the need for this degree of dedication.

Adapting the learning disability workshop to each school, for instance translation into other languages, enhanced the agency's work with clients from diverse backgrounds. The school board supervisors observed

that the school-based social workers gained understanding of learning disabilities (for example, its pervasiveness in a student's life and the need to take the learning disability into account in treatment). The supervisors added that the social workers incorporated this knowledge in discussions with parents and teachers. The supervisors and principals observed a positive change in how administrators, teachers, and parents discussed students with learning disabilities.

Respondents found that the project consolidated and expanded the group work skills of the school-based social workers. Consistent with the supervisors' perceptions, group leaders and peer consultation participants emphasized their greater understanding of the effects of a learning disability on a child, increasingly took it into account in treatment, and conveyed this knowledge to teachers. Agency and school-based practitioners gained appreciation for the lack of consistent support, understanding, and accommodation available to students with learning disabilities.

Discussion

An ecological perspective has at its core the assumption that improved individual functioning requires an environment that fosters and sustains change (Germain & Bloom, 1999). Although the project's aim was to improve the psychosocial functioning of students with learning disabilities, it was also necessary to address environmental and interactional factors. Indirect interventions were incorporated to augment the direct interventions and enhance their effectiveness. Although the workshops on learning disabilities were directed to educators, parents, and other students, a key goal was to enhance protective factors for the students. We

stroke, for instance, to increase support in families and school, improve peer relationships, and reduce barriers such as the stigma of a learning disability. Although direct, the group treatment also had goals that reflected indirect interventions. For instance, through training, consultation, and co-leading groups, school-based social workers improved their skills, which signified a multiplier effect.

It is notable that parents reported significantly less externalizing and total problem behavior among the children. The parents who attended the learning disability workshops reported greater understanding of learning disabilities and the legitimacy of their child's learning disability and that they changed how they viewed their children. A key question is how much their perceptions were caused by the children's behavioral changes and how much were influenced by the parents' understanding. It is likely that the parents and children both influenced and were influenced by each other because of their respective gains as a result of the interventions in which they participated, which may have then led to more changes for both. This is a critical area for further research. It is notable that teachers did not report changes in the children's behavior. It is important to determine what contributed to the differences between the parents and teachers' perceptions. In the interviews, some teachers noted changes in the children that they attributed to involvement in the group; for example, a teacher found one child more responsive and another calmer. This indicates the need to augment quantitative methods with qualitative information for all project components.

Among lessons that Farrell and colleagues (1996) learned through school-based interventions was that

"the success of a school-based project depends on the level of support it has at multiple levels from the school administration to the level of individual classroom teachers" (p. 19). In the current project, the agency consultants and social work supervisors underscored the need for school principals' commitment early in the project and for administrative backing with a clear message of support across all system levels. Despite obstacles that affected the delivery of services, the respondents remained committed and unequivocally viewed the project as valuable.

Limitations of the Study

Farrell and colleagues (1996) argued that "formative evaluation including process observation is essential to revising a program" (p. 19), which may strengthen the evaluation. Similarly, this evaluation revealed key issues to consider for future programs. A limitation of this study was the small number of participants in the group treatment, which was further diminished because evaluation information was missing on eight participants. Other limitations included diversity among the groups with respect to age, gender, and locale and the absence of a control group. Unforeseen administrative changes and labor unrest within the school board affected delivery of the project (for instance, causing delays or cancellation of some intervention sessions. It was not possible to determine whether the indirect interventions that targeted the environment, such as the workshops, contributed to the children's improvement. Although workshops on learning disabilities were provided to students without learning disabilities, we did not measure changes in their knowledge of learning disabilities. It is essential to conduct a study with a

control group to examine the effects of the different components and to implement pre- and posttest measures for each intervention. These limitations led to reconceptualizing the project as a pilot study. A research project that addresses these limitations is under development.

Implications for Practice

This project provides further evidence that school-based group treatment is effective for students with learning disabilities. Parents reported that children who participated in the group treatment made significant improvements in their externalizing and total behavioral problems. The participants conveyed an increased sense of agency and other gains. An implication for practice is that group leaders need to include learning disabilities as an integral topic in group treatment for children and youths with learning disabilities and make links between the learning disability and issues with which members struggle. This notion is consistent with the finding that an individual's understanding of his or her learning disability is a protective factor (Morrison & Cosden, 1997). It is important to examine whether there is an association between focussing on the learning disability and increased sense of agency among the participants. Aspects described by the children as particularly helpful correspond to curative factors noted in group treatment literature, such as being with others who had similar problems (Corder, Whiteside, & Haizlip, 1981; Mishna, 1996a, Yalom, 1995). Given the isolation common among children and adolescents with learning disabilities, this finding is especially promising.

There is increasing recognition in the literature that a range of inter-

ventions must be provided for students with learning disabilities to foster change in the students and in the environment (Meyers et al., 1990; Vaughn, Elbaum, & Boardman, 2001). Despite not being able to determine how much of the group members' gains was the result of group treatment and how much was the result of the indirect services, it is likely that the combination of group treatment and the interventions to increase the understanding of parents and teachers about learning disabilities was effective. A key practice implication is the need to supplement direct with indirect interventions. The project's success was attributed largely to collaboration among mental health and education professionals, which led to an exchange of expertise and knowledge. This partnership made it possible to provide services at school, which was ideal for reaching at-risk students and vital for promoting understanding, acceptance, and accommodation for students with learning disabilities among the broader school community.

In a collaborative school-based venture, it is necessary to anticipate challenges such as organizational differences and obtaining early commitment from the school administration. Inevitable obstacles such as labor unrest may occur despite thorough preparation. These hurdles must be responded to with flexibility and creativity.

Conclusion

This article has described a collaborative school-based intervention to support the psychosocial development of students with learning disabilities, using direct and indirect intervention models. The combination of these models promoted change in individual students and fostered

improved understanding of learning disabilities by these students, their parents, teachers, and school-based social workers. Group members described changes as a result of participating in group treatment, and parents reported a reduction in externalizing and total problems among participants.

Despite the limitations, the evaluation suggests that students in the group treatment improved their psychosocial functioning and understanding of their learning disability. Teachers and parents reported increased understanding and acceptance of students with learning disabilities after attending the workshops. Agency staff provided consultation to school-based social workers, thereby achieving a multiplier effect. Qualitative interviews indicated that the school-based social workers increased their

skills in working with students who have a learning disability. ■

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