

Group Counseling: Supporting Individuals with Diverse Needs

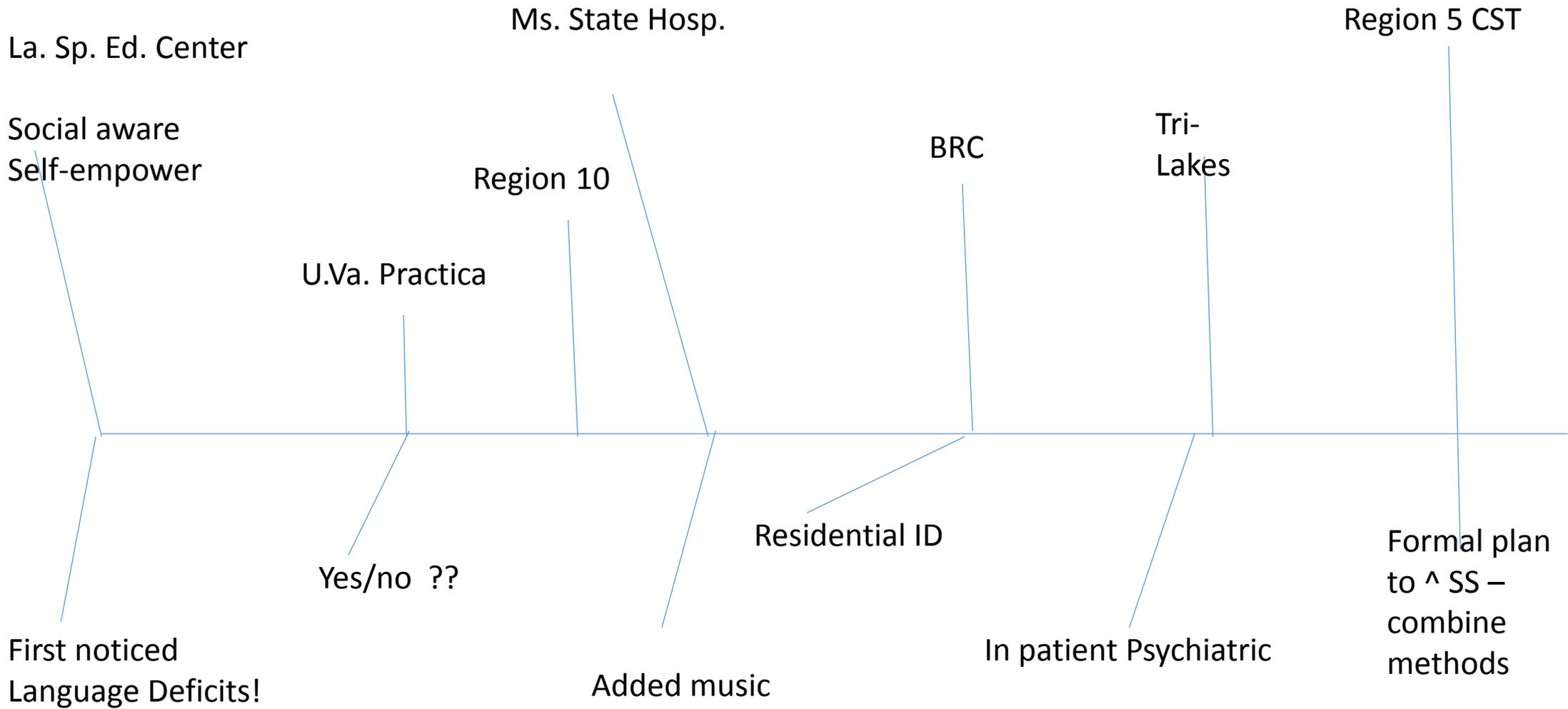
Lillian Frankart, Ph.D.

Psychologist, OCDD Region 5

Community Support Team

Introduction/Overview





Intellectual Disability Throughout History

- 1552 B C -Earliest Mention of what is Now Called Intellectual Disability in the Therapeutic Papyrus at Thebes

1425 AD term

“Mental Retardation”

1895

“Mentally
Slow”

U.K. Census

1901- “Feeble-
Minded”

Cretin = oldest term, comes from dialectal French word for Christian.

The implication= people with developmental disabilities

are ‘still human’ or ‘still Christian’ and deserve to be treated with basic human dignity.

20th and 21st Century Definitions

-Early 20th Century – “Idiot” Greatest Delay- < 2 years mental age

“Imbecile” less extreme= severe and moderate

“Moron” – defined by Goddard – 1910 – now mild

-One that continues to influence the defining of mental retardation was authored by the psychologist Edgar Doll (1941).

His pioneering definition included six elements that he considered essential to the concept of mental retardation:

“ 1) Social incompetence, (2) due to mental subnormality, (3) which has been developmentally arrested, (4) which obtains at maturity, (5) is of constitutional origin, and (6) is essentially incurable, (p. 215)

- In 1959 the AAMR, at that time called the American Association on Mental Deficiency, published a definition of mental retardation that read as follows:

“Mental retardation refers to subaverage general intellectual functioning which originates during the developmental period and is associated with impairment in adaptive behavior. (Heber, 1959)”

- The definition was revised in 1961

-Term Developmental Delay - popular today because delay suggests that the person is slowly reaching his or her full potential.

Intellectual Disability as Found in the DSM -5

I. Deficits in intellectual functioning

This includes various mental abilities of Reasoning, Problem solving, Planning, Abstract thinking, Judgment; Academic learning (ability to learn in school via traditional teaching methods); Experiential learning (the ability to learn through experience, trial and error, and observation).

II. Adaptive Functioning: Communication, Social Skills, Personal Independence, and School or Work Functioning

III. These limitations occur during the developmental period. This means problems with intellectual or adaptive functioning were evident during childhood or adolescence. If these problems began after this developmental period, the correct diagnosis would be neurocognitive disorder. For instance, a traumatic brain injury from a car accident could cause similar symptoms.

In addition:

- Folks with ID likely have frequent changes in direct care staff and thus make it difficult to form lasting relationships.
- Likely have co-occurring medical and/or psychiatric diagnoses: C.P., ASD, Depression, Schizophrenia
- May have been subject to physical/sexual abuse
- May need assistance with personal ADLs
- May have been raised in an environment that limited access to services/activities
- May take much longer to learn information – and may learn better by watching
- Problems with memory, attention, and impulsivity
- Problems with language which then can lead to:
 - Increased Behavioral Problems and increased Aggression.
 - Getting needs met in any way they can
 - An apparent lack of common sense.

So.....

- Lower IQ means increased difficulty and frustration in getting needs met
- Often results in long history of failure and rejection which creates lower self-esteem
- Low self-esteem then leads to increased acting out behavior and withdrawal, and lowers motivation
- In other words: Individuals with Intellectual Disabilities:
show Relationship between Poor Social Skills, Negative Attention and Inappropriate Behavior

Order of Presentation

I. What are 'Social Skills'? Why are they so important especially to those with Intellectual Disabilities? Why emphasize this?

II. Methods and techniques in this current study and why those. Activities most successful in bringing about positive change.

III. Graphic and Narrative examples of improvement in social skills.

Historical Assumptions: It was thought that

- Those with ID experience less psychiatric distress and do not need counseling
- Counseling requires verbal skills: most with ID do not possess
- Work with the ID is too time-consuming and slow
- Those with ID are unable to perform abstract thinking so are not likely to gain from counseling anyway
- Only persons with higher cognitive abilities and intelligence are interesting and challenging in therapy.

Early studies, however, provided wisdom and insight and showed that indeed, group therapy can bring about positive changes!

- I. **Axline (1949):** Study focused on play therapy used to increase IQ, but instead found: As therapy progressed, play changed from destructive as at first to more constructive and outgoing.

- II. **Leland, Walker, and Tabada (1959):** 8 boys – developmental age 3 ½ to 5 years: 4 aggressive and destructive and 4 withdrawn - 90 hours of play therapy - measures through pre- and post-tests = Social and emotional Immaturity found to be the problem not the ID

III. **Alvin (1959)** – measured responses in mild to severe kids – went to 6 short concerts featuring cellist and met performer and instrument - vocal and physical reactions – made noises, sung or whistled softly, moved hands and feet to beat. When asked to participate in making music on the cello, their self- control and confidence developed.

IV. **Leland and Smith (1962)** – emotionally disturbed and brain damaged

Used unstructured play materials to give child freedom to create, control, change, and develop play activity while being reinforced

Goals: -Recognition of self (Accepting responsibility for own behavior and thoughts)and understanding need to control impulses (enables child to behave in sublimated manner and ability to live within social boundaries (ability to respond to behavior of others)

Through the use of reinforcements – both positive and negative – Subjects learned that one could be in control of self and interaction with others.

Facilitator's shaping of behavior through reinforcement and punishment taught child that he was capable of creating and controlling materials and things

Advantages of Group Therapy for those with ID – Revealed in early studies. Compare to Advantages for the Typically Developing:

With ID:

- 1. Development of personal relationships and improved social skills
- 2. Group Provided some degree of social intimacy thereby diminishing feelings of isolation and insecurity.
- 3. Provides opportunity to give and receive supports.
- 4. Give individuals opportunity to see that they are not alone and thus gives chance to lessen tendency to assault self verbally.
- 5. Correct misconceptions and learn from others.
- 6. Provides controlled outlet for simultaneous release of anxiety and tension.
- 7. Provides a powerful force of peer influence in help them learn to cope with social situations.

No ID

- Aids in development of personal relationships and social skills
- Lessens feelings of isolation and insecurity
- Provides opportunity to give and receive support
- Provides chance to learn that they are not alone in their problems
- Chance to lessen tendency to assault self verbally
- Chance to correct own misconceptions and learn from others.
- Gives a controlled outlet for simultaneous release of anxiety and tension
- Provides powerful force of peer influence

Identification of Observable measurable behaviors that demonstrate appropriate social skills: Observational Assessment for Social/Conversational Skills
Each Item Rated on Leikert Scale from 5(always) to 1 (never)

1. Uses eye contact when listening/speaking.
2. Keeps head up when interacting with others.
3. Participates in 2-way conversation.
4. Stays on Topic During Conversations.
5. Uses Parallel Interaction (Play).
6. Shares Materials.
7. Takes turns.
8. Cooperates with game rules.
9. Recognizes basic emotions in Self.
10. Recognizes basic emotions in others.

General descriptions of those in groups

- Felt need to start groups here due to the apparent isolation clients were experiencing
- Some verbal, some very limited verbal skills
- Several with ASD, one with BiPolar, two with Depression
- Varied Cognitive Abilities.

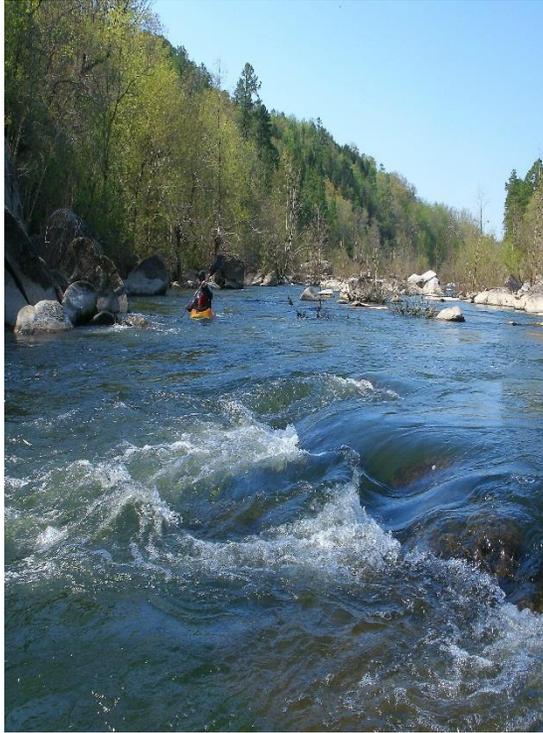
Part II: Current Techniques and Activities

- Teaching Facial Expressions
- Role Play
- Artistic Expressions
- Stories without words

The Moldau: A Symphonic Poem

Using Music to tell a story – express feelings- without using words at all







Everybody was successful

- Each group member experienced success in some ways!!
- All came to enjoy the group
- Made new friends

Qualities of Successful Group Intervention (from 40 years ago)

- Leader: well trained in therapeutic conditions of empathy and positive regard
- Broad knowledge and experience in working with ID (including medical, social and intellectual needs and resources)
- Sense of humor (able to withstand teasing and personal questions)
- Looked upon as sincere, warm, supportive, and understanding
- Must be exceptionally resourceful, flexible and tolerant
- Must be very active and able to bring members back to basic elements of group
- Use of simple words and phrases
- Being extra sensitive to nonverbal gestures and cues

In Summary:

- Incorporated elements of several systems:
 - School based training videos
 - Psychodrama/IBT
 - Social Stories
 - Reality Therapy
 - Music Therapy

Improvements in means of expression and nonverbal communication:

- Provided new, more appropriate ways to get needs met, which lowered frustration.
- Improved self-esteem through more effective ways to communicate
- Lessened withdrawal from the improved self-esteem
- Lowered need for negative attention
- Lessened feelings of isolation
- Increased motivation to participate socially

Improvement in Social Skills and ways to communicate choices led to better self-esteem led to less need for negative acting out.

Recommendations:

- We need to meet them where they are:
- Learn to communicate as they do.
- Be flexible!!!
- Offer Social Skills activities frequently.

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