

Counselling Learning Disabled Students

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Abstract

Learning Disabled students have specific counselling needs which can be effectively met through practical techniques. The literature on LD has tended to focus upon identification and remediation. This article describes the nature of the required counselling as well as the techniques that a wide variety of authors have found to be effective.

Résumé

Les discussions récentes portant sur les troubles d'apprentissage ont été limitées surtout aux problèmes d'identification et de remédiation, négligeant la question des besoins en counseling des étudiants affectés. Cet article décrit la nature du counseling requis par ces étudiants ainsi que les techniques que plusieurs auteurs ont trouvé utiles.

In the twenty years since Samuel A. Kirk first defined the term "learning disabilities" (LD), there has been considerable interest in the nature of these difficulties in learning, and in the effects on the students who experience them. This interest is shown in the proliferation of articles in the educational literature, the many books published on the topic, the training programs for remedial teachers, and the remedial classes now available.

Two aspects of LD have received particular attention: diagnosis and remedial teaching. Other aspects of LD which have received attention include support groups for parents and information workshops for parents, teachers, or other interested people. In contrast, very little emphasis has been given to the specific counselling needs of learning disabled (LD) students, or their parents.

This article describes the role of the counsellor, emphasizing the specific functions and practical techniques that have been found useful in counselling LD students.

DEFINITION OF LEARNING DISABILITIES

The term "learning disabilities" was first defined twenty years ago, and was originally intended to group together a number of children who seemed to need special attention. The needs of these children were not being met by the programs then available for other children with special needs, such as blind or mentally retarded children. However, even after

twenty years the term remains ill-defined. LD is not a specific concept with a central and well accepted definition.

In this article, an LD student will be considered as a student of near average to above average intelligence who has not achieved average competence in at least one basic school-related skill. Psychoeducational assessment has indicated that the student has one or more of the Primary Learning Disabilities described by Kaluger and Kolson (1969, pp. 95-96). They state that these primary difficulties are probably not due to organic factors, and include deficits in auditory, visual, motor, language, and cognitive skills. The student may also have developed a number of secondary difficulties. Overall, the LD student has not achieved average competence despite participating in the classroom activities generally considered appropriate for a student of his or her age.

IDENTIFICATION OF THE LEARNING DISABLED STUDENT

Many authors find it easier to state who the LD students are not, rather than to briefly describe who they are. Ross (1977, Chapter 1) gives a concise description of those students who may be confused with the learning disabled. He describes children with below average intellectual function, with sensory handicaps, and with metabolic or neurological disorders. He states that the LD child is not primarily culturally disadvantaged, although cultural disadvantage will magnify the effect of the disability. Furthermore, the disability is not caused by an emotional problem, yet a child with a learning problem may first come to the attention of a counsellor when referred for anxiety, aggression or depression.

If a child sits in class and, despite his best efforts, is unable to learn and people blame him and reprimand him and punish him for not learning; when his parents show their concern and increasing irritation or anxiety; when he is taken from one expert to another in order to find out what is "wrong" with him; when younger brothers or sisters succeed where he is failing, one should not be surprised if such a child were to develop a negative attitude toward himself or school or studying; if he were to become jealous of successful siblings and peers and express this in aggressive outbursts; or if he showed signs of tension and anxiety, unhappiness or withdrawal. (Ross, 1977, p. 9)

Ross (1977) describes LD students as being neither damaged nor permanently impaired. "The disability is an inability to make use of the unspecialized instruction usually found in the typical classroom." He describes the problem as an educational problem, which will disappear if the child is given proper and specialized instruction.

Although in some cases LD may disappear in adulthood, as predicted by Ross, there are thousands of cases cited by other authors in which specialized education was only able to modify the learning difficulty, not overcome it. In fact, Kronick (1981) suggests that the life-long social

disabilities associated with LD are far more debilitating than the educational difficulties upon which interest is focused during school age.

Kaluger and Kolson (1969) clarify the situation somewhat by dividing learning disabilities into "primary" and "secondary" disabilities. They describe the primary disabilities as being "organic" and give 26 examples of skill deficits that may underlie learning difficulties. These "organic" factors may result from a diversity of causes including slow neurological maturation, metabolic dysfunction, or brain dysfunction. Primary learning disabilities may also be exacerbated by secondary factors such as brain damage, inadequate learning environment, family stresses, low levels of aspiration, or depression. Kaluger and Kolson include a much more detailed list of these factors and call them "secondary learning disabilities."

Mann, Goodman, and Wiederholt (1978) summarized the situation in stating that,

There seem to be two clearly defined approaches to identifying learning-disabled students. The first is a "strict-constructionalist" interpretation that conceives of learning disability as including little more than the "hard core," or classically defined types, especially dyslexics, dysphasics, and those with Strauss syndrome. The second, more liberal interpretation permits the inclusion of underachieving, unmotivated, and poorly taught students of the "soft core" variety. In practice, most educators probably attempt to implement programs that incorporate aspects of both approaches. (p. 33)

Thus it can be seen that there is enormous variety among the students who are labelled "learning disabled." Some students, described as LD by teachers, parents, social workers, or doctors, do not have any of the primary learning disabilities described by Kaluger and Kolson (1969), and it is wise to remember that learning disabilities are not the only reasons that students of average, or above average, intelligence fail to achieve average competence in school related tasks.

WHY IS COUNSELLING REQUIRED?

Although many learning disabilities appear to have an organic basis which cannot be altered by counselling, LD students often require counselling to help them cope with the secondary consequences of growing up with a learning problem which affects them daily in the school situation.

A considerable amount has been written about the secondary consequences of growing up with a physical handicap. Intellectual handicaps and learning disabilities are "invisible handicaps" which share many of the same secondary problems (Morris, 1980). LD students commonly suffer from depression, frustration, and low self-esteem (Eisenberg & Patterson, 1979), and they often exhibit behaviour problems in the classroom, such as aggression or low motivation (Kronick, 1981). The LD student needs more than accurate assessment and remedial teach-

ing, although both are essential. Supportive counselling is needed to help students to adjust to their situation, and to help them to overcome the secondary effects (Eisenberg & Patterson, 1979).

Counselling is further required by the parents of the LD student, who may need help in understanding the nature of the disability and advice on how best to support and help their child (Kozloff, 1979; Kronick, 1976; Eisenberg & Patterson, 1979).

WHAT ARE THE ROLES AND FUNCTIONS OF THE COUNSELLOR?

In counselling LD students a counsellor will fulfill a range of roles. These roles vary not only with the nature of the individual learning problem, but also with the student's age. A counsellor working with elementary children needs to be able to recognize an underlying learning problem, and to make an appropriate referral for a more detailed evaluation (Sapir & Wilson, 1978). A counsellor working with adult students may need to be able to provide appropriate information about college and university programs (Moss & Fox, 1980; Donn & Gysbers, 1979).

A central role is that of understanding friend and supporter, who helps the student seek solutions to his difficulties and cope with the things that cannot be changed (Sapir & Wilson, 1978; Eisenberg & Patterson, 1979). Such a counsellor encourages the student to build upon areas of competence and to participate in school programs where success will be experienced. This positive approach is outlined in detail by Marion Welton (1978) in her book, *Something is Right with this Child*.

Morris (1980) and Keat and Hatch (in Eisenberg & Patterson, 1979) describe an "advocate" role for the counsellor. Such a role includes representing the student within the school system, and joining the parents in their advocating for the student outside the school system (urging for appropriate services, or improved budgeting of existing services).

A counsellor should also be a source of general information for parents, teachers, and school administrators about the range and nature of disabilities, as well as specific information on learning aids or techniques that have been found helpful by parents and students in similar cases (Baren, Liebl, & Smith, 1978; Sapir & Wilson, 1978; Eisenberg & Patterson, 1979).

An elementary school counsellor has a special role in the early diagnosis of LD, as early identification and appropriate placement will minimize the development of many secondary problems. Ideally, LD will be recognized early, although many of those with less obvious primary disabilities or attention getting secondary disabilities will remain unrecognized and probably "mislabelled." Sapir and Wilson (1978) emphasize that a counsellor must be able to evaluate previous reports in order to decide whether they are useful, up-to-date, or

incomplete. Thus counsellors always have a role of initiating appropriate referrals for assessment, or re-assessment, when necessary.

After assessment has been completed the role of counsellor changes. The counsellor now plays a central role in co-ordinating the remedial services available for the student (Sapir & Wilson, 1978; Eisenberg & Patterson, 1970). Appropriate classroom placement may be required, or arrangements for remedial teaching outside the classroom may be made. Much will depend upon the remedial programs available, the age of the student, and the administrative policies of the school. Some schools offer separate remedial programs, others emphasize the "mainstreaming" of as many students as possible. In some cases, the counsellor may co-ordinate between the classroom teacher and the student's physician, especially when monitoring the behavioural effects of drug dosages (Eisenberg & Patterson, 1979).

Especially in schools which emphasize mainstreaming, the counsellor's role will include helping teachers. Teachers need information to help them recognize and understand LD, as well as explanations of the needs of specific students. Sapir and Wilson (1978) emphasize that the classroom teacher needs to use many "counselling" skills with the LD student, and that the trained counsellor has a role to play in sharing expertise and helping the teacher to feel comfortable and competent when counselling the student.

Another role of the counsellor is in working with the family of the LD student so that they understand the nature of the difficulties and are able to provide suitable support and encouragement (Sapir & Wilson, 1978; Eisenberg & Patterson, 1979). Many books describe the effects of family environment on LD students (Kozloff, 1979; Schumacher, 1977). An understanding and supportive family will minimize secondary learning difficulties whereas a disinterested or dysfunctional family will exacerbate the problems.

Thus the roles of the counsellor include recognizing and understanding learning disabilities, making appropriate referrals and classroom placements, helping teachers and parents to be more effective in their attempts to help the student, and providing extra information as needed by the student, teacher, or parent. The counsellor also has a central role in the coordination of the work of other professionals (psychologists, teachers, doctors, speech therapists, etc.) and in helping the student and his parents to fully utilize their help. Continuing throughout all interactions with the LD student is the basic counselling role of helping the student to cope and to build new strengths and confidence.

WHAT FORMS OF COUNSELLING ARE MOST EFFECTIVE?

Most of the counselling of LD students is in the traditional one-to-one format, and this will remain the most common form of counselling due to the range of learning problems and the need to individualize any

counselling or remedial program. Individual counselling is necessary for LD students of all ages, as there is a need for supportive counselling throughout the development years (Sapir & Wilson, 1978). Despite evidence that many LD students grow into adults whose career and life style choices are such that their disability is no longer a problem, it is precisely during the years of schooling that the greatest need for support and guidance exists.

Many LD adolescents have participated in counselling groups, and these are generally considered to be effective (Mann, Goodman, & Weiderholt, 1978). The aims of such groups include providing mutual support and understanding, sharing coping strategies, and improving the interpersonal skills of the student. These are well recognized needs among LD students (Bryan in Gottlieb & Strichart, 1981; Kronick, 1981) and are appropriately dealt with in a peer group situation. Some adult support groups have also been found effective in providing support and encouraging the sharing of coping skills.

All forms of counselling LD students must include the client in determining the goals of counselling (Sapir & Wilson, 1978; Eisenberg & Patterson, 1979). The student is the person who is most affected by the personal impact of the disability, yet a counsellor aware of the general problems stemming from a learning disability will be able to help the student better understand the effects of the disability, and choose appropriate goals for change.

The counselling needs of the student vary somewhat with age and with the nature and intensity of the disability. There is, however, a general pattern to the sequence of techniques used. Initially, the learning disabled student needs supportive counselling emphasizing understanding and empathy (Prescott & Hulnick, 1979; Hosie, 1979). Families of LD students have also found empathy to be the most important characteristic of the counsellor in the early counselling contacts (Eisenberg & Patterson, 1979; Sapir & Wilson, 1978). Once the disability has been accurately described and assessed, Behaviour Modification techniques will be useful to reinforce appropriate responses to difficulties, and to change specific behaviour problems which may have developed from the primary disabilities (Bradfield, 1971; Eisenberg & Patterson, 1979; Lahey, 1979).

Adolescents and adult students may require some of the more cognitive therapies, to confront them with the irrational nature of some of their assumptions about their disability and to provide alternative strategies of self-talk (Reid & Hresko, 1981; Eisenberg & Patterson, 1979).

Some authors emphasize a need for directive counselling and advice giving (Hinson, 1978; Button, Lovitt, & Rowland, 1977) as it is often necessary to encourage the student to try a new behaviour or coping skill rather than to use more abstract techniques based on interpretation of behaviours.

Keat and Hatch (in Eisenberg & Patterson, 1979) describe a multi-modal model for helping LD students. This model is based upon the acronym "HELPING" and emphasizes helping in seven areas (*Health, Emotions, Learning, Personal relationships, Imagination, Needs to know, Guidance of A, B, C's*). This is a comprehensive approach which can be started in any mode, wherever the primary concerns are. A counsellor using this model selects target problems in each mode, working on them in order of importance. A table is provided (p. 313) illustrating the "HELPING" model and showing the target problems in each mode for Chuck, an LD student in Grade 6. The range of treatments proposed for Chuck illustrate the range of techniques commonly used in counselling LD students.

Overall, whether counselling occurs individually or in groups, and whether it deals with specific behaviours or with attitudes, there will be a continuing need for supportive counselling which aims to increase self-esteem and build self-reliance, due to the invisible nature of the handicap.

WHAT ARE THE LIMITS OF THE COUNSELLING PROCEDURES IN AMELIORATING A LEARNING DISABILITY?

Some authors, such as Ross (1977), describe learning disabilities as being "educational disabilities" and feel that they will disappear when the student is taught by methods that are appropriate for the individual student. Other authors, such as Cruickshank, Morse, and Johns (1980) and Cruickshank and Silver (1981), describe learning disabilities as being so predominantly organic that they feel counselling will have little effect.

A central view is found in much of the LD literature and can be summarized as follows. Although the organic, or primary, learning problems do not respond to counselling (though they be averted by remedial techniques, or change slowly with maturation), secondary disabilities can be minimized by suitable counselling.

Kaluger and Kolson (1969, Appendix I) list many secondary learning disabilities, and other authors would add to their list such disabilities as the unattractive personality frequently developed by LD students (Mann, Goodman, & Wiederholt, 1978) and the frustration, lack of motivation, low self-esteem and poor skills of interpersonal communication which are a result of the primary disability (Eisenberg & Patterson, 1979).

CONCLUSION

Despite the wealth of books and articles on learning disabilities, there is relatively little practical and specific advice on how to counsel the LD student.

This paper has outlined some of the difficulties with the term “learning disabilities”, and has indicated how learning disabled students may be identified. Counselling is required to help the student to overcome the secondary difficulties that may arise from the learning disabilities themselves.

The roles of a counsellor include a central role of support and understanding of the student and his parents.

Counsellors are also responsible for making appropriate referrals or placements as needed. The counsellor should be a source of general information for parents, teachers, and school administrators about the range and nature of learning disabilities, as well as specific information on learning aids or techniques that have been found helpful by parents and students in similar cases. Lastly, the counsellor has a central role in coordinating the work of the other professionals working with the LD student.

Learning disabilities is a new field of study, and thus far efforts have focussed on diagnosis and remediation. The role of the counsellor in working with LD students will need to be further explored and evaluated in the future.

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