Group Work Matters:

Reducing Stigma in Special Education Students

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A case study submitted to the

School of Social Work

Rutgers, The State University of New Jersey

in partial fulfillment of the requirements

for the degree of

Doctor of Social Work

Graduate Program in Social Work

New Brunswick, New Jersey

October 2015

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Abstract

Generalizations about special education students are based upon societal constructs. These stigma-induced concepts define these students in terms of their disabilities, as opposed to the strengths, which make them unique. Their social-emotional issues are similar to their non-disabled counterparts with few distinctions. This case study discusses how group intervention with adolescent special education girls reduces stigma and promotes emotional stability in the school. When viewed through the lens of shared narratives, group intervention becomes an enriching experience for students and those working with them.

Meeting her for the first time was disconcerting. Certainly, her physical appearance would not have convinced me of the offenses ascribed to her. When our paths crossed that day, I had generalized what I expected her to be, which was in contrast to what I discovered about her. Jenene, a sixth grade student, was small in stature and dressed in the uniform required of all students in the low-income school district where I work as a school social worker. Her uniform was pristine in appearance. Her blouse was without wrinkles and her slacks had creases, which indicated that time and effort had been taken in preparing her clothes for school. Jenene had black piercing eyes and long, dark, wavy hair that was pulled back from her oval-shaped face. Could this unassuming-looking girl standing before me in the Vice Principal's office be known as having a reputation for being volatile and aggressive?

Just minutes before the first bell of the day rang, I could hear sounds down the hall from my office, sounds which were atypical of students gathering for school. These were not the usual sounds of voices, laughter, and doors opening and closing that were generally heard at the beginning of a new day. No. These were noises—the amplified expressions—of boys and girls cheering as if at a sporting event. The uproar was coming from the cafeteria. Security had been alerted and additional staff had converged on the scene. A fight had broken out in the cafeteria and Jenene was in the center of the commotion. She had become very angry when another student had insulted her brother, Mark, and she had become physically aggressive in an effort to defend him. The accusation against Mark could have been overlooked. After all, he was a bright student, and a quiet boy. But the incident had provoked an intense emotional response from Jenene and indicated her inability to cope with the normal incitement that sometimes comes with disagreements among students in school. She had taken this offense against Mark personally:

GEORGE: Are you slow or something? The line starts here!

MARK: (Appearing befuddled, he looked around to see from whom this accusation was coming) I am standing right here and you can't make me move!

GEORGE: You have to move or we won't get breakfast before the bell rings!

JENENE: (Jenene had been chatting with friends, but looked up just as she heard George's voice start to grow louder. He was yelling at Mark! She immediately left her friends, pushed through the crowd of other students and found George standing face to face with Mark) Leave him alone!

GEORGE: I think he's slow, just like you! He doesn't know what to do next (Laughing).

JENENE: He is not slow! Neither am I! (Jenene grabs George by the collar...but before the first punch, the administrator appears on the scene)

As a special education student, Jenene was not only defending Mark, she was also defending herself. George's embarrassing remarks had been as much of an attack upon her as they had been upon Mark.

In discussions about stigma, Heflinger and Hinshaw (2010) state that "stigmatization often produces a strong sense of shame" (p. 61). The author posits that it rarely lends itself favorably to opportunities that would benefit the person. More succinctly, I believe that stigma is a negative stance taken by people or groups of people against others, and unfair beliefs are maintained by society. Jenene's angry outbursts in the cafeteria resulted in stigmatized attitudes by students and staff. The stigma associated with being a special education student, being called "slow," her angry outburst, and the consequent escort by security to the Vice Principal's office, were all causes for shame and further humiliation. In other words, Jenene was in trouble.

I was summoned to attend an impromptu meeting on her behalf that morning and it was then that I learned Jenene had had similar outbursts in the past. These outbursts had resulted in defacing property, and included other incidents of verbal and physical aggression. After these incidences, Jenene typically refused to cooperate when approached by others to calm her. Other behaviors included her unwillingness to complete class assignments, and on occasion, she had to be removed from the classroom.

When we met in the Vice Principal's office, Jenene still appeared angry, exposed and defenseless. Tears were streaming down her cheeks—tears which might have served to wash away the humiliation and frustration, but did little to free her from her own web of confusion and fear. Adults surrounded her. She sat wringing her hands, and swinging her legs back and forth as she waited to hear the outcome of her behavior. Her eyes shifted from face to face and from object to object in the room as if looking for a way of escape. Counseling was mandated. The Vice Principal required her to talk to someone about her anger, which meant opening up to a stranger about the recent events. By this time, Jenene barely spoke when questioned. Yet, she interrogated me with eyes that asked "Can I trust you?" In that moment, I wondered "In what ways can I help her?" I felt both deep compassion and sadness for her. As the school social worker, I contemplated how I could make the school community a therapeutic and safe one for her. I thought that one way of doing this would be through a girl's counseling group. The girl's counseling group would be both therapeutic and safe for Jenene.

My responsibilities as a school social worker in an urban school district involve interacting with multi-faceted aspects of the special education students' world. I interface with administrators, teachers, parents, and the community to assist in best-practice interventions for these students. Best-practice interventions are determined by the special education student's Individualized Educational Program (IEP). The IEP is a legal document that contains curriculum goals and objectives and social-emotional goals. Although the IEP does not always extend beyond the educational context for student support, it is necessary for the work I do in the schools. My duties as a social worker require my active participation and investment with the students. I have observed that special education students are more vulnerable in the school than the general education population and that signs of vulnerability and of being less capable of being independent, give the appearance of being easy targets for bullying. Gitterman and Shulman (2005) define vulnerability as "a heightened susceptibility to negative outcomes" in which "the individual appears predisposed to become easily damaged by stress and risk factors. These predispositions could promote "emotional and behavioral disorders" (p. 223). Many students in Jenene's school have been predisposed to a number of stress and risk factors to include adverse living conditions, community violence, substance abuse, and other stressors which have resulted in a proliferation of negative emotional responses from general and special education students alike. However, what is unique about Jenene and her peers in the girl's group is the added stigma of their learning deficits. To

counteract the stigma, they have chosen physical aggression over non-aggressive measures as ways to protect themselves and sustain their honor as in the case of the incident with Jenene, George and Mark. Gitterman and Shulman (2005) also state that inner city students find that "their school and learning are in constant competition with their survival and self-protection. They must feel safe… and valued…in order to be able to learn and grow into healthy competent teens" (p. 203). It is helpful and essential for social workers to consider these environmental factors in order to provide support for students and their families. Safety and being valued are important aspects of reducing stigma in the school.

Perhaps, Jenene wanted protection and safety for Mark and her efforts to do so resulted in a strong retaliation against George. What other explanation would validate her behavior under such circumstances? I discovered later in our work together that she and Mark did not experience the protection from her biological mother they needed growing up.

Jenene is the older of the two children living at home. Her maternal grandmother, Ms. Madred, who is laden with health concerns, is the legal guardian for Jenene and Mark. Her biological mother, Ms.Vey, who lives with them, is cognitively limited with a history of alcohol dependency and frequently abdicates child-rearing to the infirmed grandmother. Thus, the mother lacks the ability to provide the parental support which might have allowed Jenene and Mark safety in school. The possible reasons for her altercation in the cafeteria could only be explained by mere conjecture, being called "slow." Such suppositions can only speak to the stigma of being devalued in the presence of her peers expressed by her aggression towards her brother's antagonist, George. Although her means of coping were inappropriate, her intent was to insure Mark's safety. At this juncture in her schooling, lessening the emotional turmoil in Jenene's life seemed as much a priority as her academics. The care and respect of adults in the school is important according to Gitterman and Shulman for the student's "survival and self-protection" (p. 203). If the recommendation for counseling had not been initiated by the Vice Principal's efforts to help Jenene not only deal with her anger and her behaviors, and to feel valued that day in the office, Jenene might have met more disruptions in her education over time by class suspensions or other disciplinary measures. Group counseling would be the tool to address the stigma Jenene experienced

based upon factors which will be discussed later. The group's dual purpose would be to reduce the stigma and lessen the impact of the vulnerabilities in the girl's lives. As an advocate for school-based group intervention, the support given to the special education student by building healthy relationships in the context of group counseling can help accomplish this. With Jenene we hope to see evidence of better self-regulation through fewer emotional upheavals and improved coping skills, which would minimize distractions in the classroom and increase her learning potential.

Group Introductions

Jenene's girls' group is of mixed categorizations. Several of the students in the group are considered to be learning disabled which "…refers to a heterogeneous group of disorders manifested by a significant disability in acquisition and use of listening, speaking, reading, writing, reasoning…mathematical abilities, or of social skills." (LaGreca & Vaughn, 1992, p. 1). The intellectual abilities and academic performance of learning disabled students are not always in sync. Emotionally disturbed categorizes other girls in the group. An emotionally disturbed student often experiences mood disturbances that hinder building satisfactory relationships, and in general present an overall fearful and anxious disposition over a sustained period of time. The emotionality impacts the learning environment and the student's ability to achieve in school. Jenene is categorized as a multiple disabled student, which means that according to the New Jersey Administrative Code, multiple disabled students have "the presence of two or more disabling conditions…" (N.J.A.C. 6A, 2006, p. 47) and for Jenene they are Attention Deficit Disorder and Specific Learning Disability. Attention Deficit Disorder can manifest itself in frequent emotionality and impulsivity.

The following scenario gave me the insight I needed into how the girls perceived themselves in their special education class and how I could work with the stigmas they faced:

ME: How do you feel about being in Ms. Darrel's class? (Ms. Darrel's class is a self-contained special education class)

GROUP MEMBER: It's okay. I guess we are in this together (responding as a question versus a statement)?

JENENE: Yeah, I guess. But I feel safe there, mostly. Before I was called special-ed. I was called slow.

ME: (I questioned her further) What do you mean by safe, Jenene?

JENENE: I am not called slow or stupid. I can think.

GROUP MEMBER (Chimes in) I need help and Ms. Darrel teaches us things. I told a guy the other day as I was walking down the hall, that we are smarter than some of them. (She retorts in a matter-of-fact tone)

JENENE: (Further elaborates) I don't let it bother me, only when smart things are said to my brother.

GROUP MEMBER: (Continuing the conversation) We all need help with things sometimes. Besides, I can do other things (confidently stated).

ME: I am happy to hear that you feel good about yourselves in this way. And you are correct. We all need help at times and let me add that there are strengths that we all bring to one another in the group. (It was interesting to hear their comments)

From this brief conversation, I came away with a clearer sense of their self-perceptions and what it meant to have a categorization without using the actual term "stigma" to determine this.

Stigma: External and Internal

I have observed two dimensions of stigma affecting Jenene and the girls—external and internal. For our discussion, we will add to our understanding of stigma through external and internal dimensions. This will be done as we look at the connections between labeling, categorization, and disabilities. Internal stigma (perceptions of self, specifically of Jenene) will be discussed in connection with group intervention.

For Jenene and those who are marginalized as results of society constructs, stigma is defined by Heflinger and Hinshaw (2010) as the "discrediting of an individual" (p. 61). It appears that those who are marginalized or disenfranchised are subjected to stigma based upon societal constructs. To further support this definition Kayma and Haight

(2014) suggest that stigma is "the co-occurrence of labeling, stereotyping, separation, status, negative reactions, or discrimination," which "may affect attitudes and behaviors towards them (social stigma)" (p. 24). In Jenene's case, with this "discrediting," she may feel diminished and inferior among her peers. This may provoke unacceptable behavior based upon a belief system that says she is limited in her abilities hindering her ability to function productively.

Categorization, a component of external stigma, is reflected in various disabilities experienced by special education students. The categorizations of the girls in Jenene's group can lend themselves to stigmatized ways of thinking about special education students. For example, the group I have assembled, at first glance, are girls of the same age, grade, and interests. Beyond this are common socio-economic and socio-cultural threads that connect them. The issue becomes whether we see the girls as defined by their conditions or girls who have conditions that stigmatize them. The girls struggle academically and their skills and cognitive abilities are below their grade levels. I see Jenene and the girls as unique persons, and their labels do not detract from the delightful persons they are and the valuable contributions they can make.

Labels, another component of external stigma, can generate further stigmatized perceptions. Labeling attaches itself to symptoms, skill deficits, or appearances (Corrigan, 2000). Jenene's emotional dysregulation and poor coping skills sabotage her school relationships. Lack of proper social skills is anxiety-producing. They isolate her and her awkward, irregular responses to situations and circumstances separate her more socially. In other words, Jenene's behavior contributes to the stigma imposed upon her in school. Owens, Thomas, and Strong (2005) purport that "students with disabilities become more handicapped by their lack of personal and social skills than their academic deficits" (p. 238). We see this in Jenene's reaction to being called "slow" in the cafeteria. However, some students have "what is referred to as 'invisible disabilities' that manifest in ways that are not related to grades at all, but still impact their ability…" and special education services are still required (Fingles, 2011, p. 5). For example, these students excel in school academically, but can be predisposed to poor social skill development. It is important to note that connecting invisible disabilities to the special education student reinforces the notion that special education as a

term denotes stigma and whatever the perception, it labels the student.

What are disabilities and how are they connected to labels? The term disability has often been construed and defined in terms of physical limitations. Anatasiou & Kauffman reveal that according "to social constructionists, disabilities are defined by arbitrary decisions of those empowered to designate them; thus, disabilities are labels determined by public policy and professionals" (p. 372). Stigma's attachment to special education through public laws such as the Individuals with Disabilities Educational Act (IDEA) and the New Jersey Administrative Code are designators of the girls' categories. This alerts us to the imposing influence of societal constructs upon human beings. Labels can challenge the students' abilities towards more positive internal thinking.

Internal stigma exhibits itself in emotional responses, the girls' affect—how they feel at a given moment—and the resulting behaviors versus the consequences of internal stigma. A feeling of inadequacy at times challenges their self-worth and their "subjective experiences" (Palombo, 2001). What I gain from Jenene and the girls' individual experiences gives me a better understanding of their issues and concerns. These experiences touch the heart of their self-esteem, and the work done in group is an effort to enhance self-esteem and develop identity formation.

Internalized stigma is further illustrated in the context of Group Counseling. However, before moving forward, I think it is important to mention the relationship of shame to stigma, keeping in mind, as Kudera writes, "The basis of shame is not some personal mistake of ours, but the ignominy, the humiliation we feel that we must be what we are without any choice in the matter, and that humiliation is seen by everyone" (Kudera, M. 2014).

Jenene experienced shame as a consequence of her behavior. She is also challenged by an intellectual condition that she is aware of daily and this sets her apart from others. At the same time, this condition connects her to others like herself. Shame, then, becomes individualized and stigma is of social influence. The pull between shame and stigma complicates things for Jenene and special education students, which is why group support is so important. According to Morrison (1986), "[S]hame…results from a tension that is connected to the threatened ego where the person is left with…abandonment, and rejection. He additionally postulates that shame is

a "reflection of…and comparison of self to others (p. 350). My observation of Jenene's reflection and comparison of herself to her peers is discussed in the group counseling scenarios.

Group Counseling and Internalized Stigma

Counseling, in the schools assists students in developing the skills to cope with various family concerns, academics, and interpersonal issues. This related service for special education students is particularly important to provide guidance as they navigate through the school day and beyond. (A related service is an added component to the special education student's educational plan to help enhance the educational performance of the student.) School-based group intervention is endorsed by the Individuals with Disabilities Education Improvement Act (IDEA), which states that students with disabilities are to be included with "…their nondisabled peers whenever and wherever possible" (Murdick, 2005). This elucidates the requirement by law, making educators accountable in providing special education students the same opportunities as their non-disabled counterparts. Helping the girls combat internal stigma was the primary focus of group counseling.

In my efforts to sensitize the girls to the importance of positive thought patterns, Cognitive Behavior Therapy (CBT) or simply, self-talk, was introduced to them. The purpose in using this modality was to reduce stigma by sensitizing the group to the importance of changed thought patterns. Initially, I was concerned about the effectiveness of CBT with students who have cognitive deficits, but gave it a try. How CBT works with group process theory is illustrated in in the girl's group. CBT, however, was only one treatment method used towards de-stigmatization. Others included dyadic approaches to teaching communication and interpersonal skills. Deep breathing exercises were taught with anger and stress management skills with the specific intent to reduce learning frustrations in the classroom. Actively listening was used help the girls understanding thought patterns of each other in the group and to promote respect for each other. There were times when saying to the girls "just walk away from a fight" for which, in their experiences, had caused many problems for them in the past, was not as convincing as I had hoped. Nevertheless, this approach slowly began to make sense to them.

On occasion, human nature lends itself to self-defeating ways of viewing the world and so did the girl's responses. "When people needlessly disturb themselves they produce dysfunctional thoughts" (Ellis, 1992, p. 64), it can lead to emotional and behavioral upset. Cognitive Behavior Therapy helps individuals to look at various thought patterns and learn to become less emotional and more in control of their lives. For the special education student, this is done best with consistency and patience. As our attention shifted to Jenene's internal struggles, the group learned that there may be times when an individual is not being stigmatized, but may feel that she is based upon her categorization, which may be the reason for their negative social responses. An illustration of this occurred when Jenene was not chosen to go on the school trip. Jenene's understanding of why she was not chosen (discussed below) led her to believe there was something wrong with her.

I was on a telephone call but I could see a figure from the corner of my eye, waiting. When I hung up the phone, I turned to see that the figure was Jenene. She had a puzzled look on her face, and appeared anxious.

ME: Jenene?

JENENE: May I call my grandmother?

ME: What's wrong? Is everything ok?

JENENE: (Tearful) My feelings are hurt and I want to talk with my grandmother!

Jenene did not share what she was thinking at the time, but, unlike other times, seemed more in touch with her feelings even though she was upset and tearful. I allowed her to place the call to her grandmother. Then she shared.

JENENE: Ms. Darrel gave permission slips to most of the class for the class trip but not to me.

I could imagine her feelings of isolation, and abandonment, questioning why she was left out... Was there something wrong with me? What had I done, as if to challenge herself more? As I began to question her, she was informed that I had not heard about the class trip and was a bit confused. After further investigation I discovered that Ms. Darrel had not planned the trip, but that the Vice Principal needed a few extra students to go because the school had been given extra tickets. I realized that Jenene's internal dialogue was fueling her anxiety. We discussed this at length. What I had hoped was that she would learn that the thoughts being generated in her head could develop into positive relevance through rethinking.

Jenene's encounter and more about Cognitive Behavior was shared during one of our group sessions.

ME: Today I would like to talk about how what we think makes us behave in certain ways, sometimes. It is called self-talk.

GROUP MEMBER: What is that? Oh, I know, it's when you say things to yourself.

ME: Exactly. But it is important what we say or think. Jenene would you share what happened yesterday afternoon?

JENENE: Ok. Well, I wanted to go on the class trip and saw that some students had tickets to go, but not me. I didn't know why I could not go and got upset.

GROUP MEMBER: (At this time another girl, teases Jenene and comments) Yeah, we had fun (giggling which engaged the other girls)!

ME: Girls, let's settle down. (I firmly suggested)

JENENE: (Continues) So, I went to talk to you, and the Vice Principal showed up. I thought, no, not again! But this time it was different. I wasn't really in trouble.

ME: Well, how do you feel?

JENENE: (Looking down at the table answers) I don't know. Mad, I guess, but I did not lose my temper like before with Mark's problem.

GROUP MEMBER: That's right, Jenene! You didn't lose it!

ME: (I added) That's great, Jenene. We are so proud of you!

JENENE: Thank you. (Jenene smiles)

ME: But, Jenene, what was different this time?

JENENE: I was thinking of Mark. I did not want to embarrass him. I think he was embarrassed before.

ME: So you thought about it, first?

JENENE: Yeah.

GROUP MEMBER: (Speaking up) So, what did you say to yourself in your head? (This question become a significant one throughout other sessions as well as it causes the girls to focus on their thoughts. Intervening in this way, helps the girls to focus on specific aspects of their problems)

JENENE: I might get into trouble again and who would take care of Mark?

ME: Okay...it seems that you really care about your brother.

GROUP MEMBER: I wouldn't care! I would tell my mother right away. It wasn't fair.

JENENE: (Ignoring the group member's response) Yes. So I would look into it more, ask questions, that way I won't feel left out.

ME: Okay, try to remember girls, that what we think can make us feel a certain way. This will not be easy at times. Adults have a hard time with thinking before acting, too.

GROUP MEMBER: You are right about that! (Giggles)

(The group ended on a positive note)

Teaching cognitive behavior techniques becomes an elongated process as we focus on reducing stigma for the special education student. However, after considering CBT, and applying it to situations, Jenene was emerging in her development and was beginning to make better choices in school more regularly.

There were times when Jenene would stop by my office to share "what was on my mind." During these brief encounters of individual counseling Jenene received the attention she needed to sort out her problems. Additionally, I discovered that these sessions allowed her to return to class and to focus better on schoolwork, as well as provided a foundation for better group work. The following

scenario is such an example of how Jenene was empowered through supportive counseling.

ME: Hi Jenene, What brings you by today? Isn't this your lunch period?

JENENE: Yeah. I wanted to talk with you about something before our group session.

ME: Ok. What's up?

JENENE: I noticed that Mark learns faster than me and I am the oldest.

ME: How does this make you feel?

JENENE: Doesn't it seem that I should know more than him?

ME: Jenene, Are you saying that if you're older you should be smarter?

JENENE: You know what I mean...I always feel like there is something wrong with me. It makes me mad!

ME: Do you mean with learning?

JENENE: Yes. I try hard, but it doesn't help. I know that I have a learning problem and that what George said was partly true, I am slower with some things. That is the reason I am in special education classes. I feel different, alone sometimes...

ME: (I listened. I could feel her pain. She felt alone) Ms. Darrel is a good teacher. She can help. Jenene some things may be harder than others, but you also do some other things very well. Ms. Darrel says you have good Math skills. Remind yourself of this.

JENENE: I know. I like Ms. Darrel. She always tells us when we do good.

ME: Continue to do your best. I am so proud that you try so hard.

JENENE: Ok. (She smiles) Talking about it has made me feel better.

ME: Good.

JENENE: I like the group, but some things I don't want to say in group.

ME: (My eye on the clock) Looks like lunchtime is almost over.

JENENE: I just had to get that off my mind.

ME: I am glad you came by.

Meeting with Jenene individually was necessary at times, but group counseling seemed most suited for her. Kaplin and Sadock (1971) write:

"The universal observation by all group therapists is that patients are incomparably more productive in groups than in individual treatment, and that the therapeutic process is greatly accelerated. This process is accelerated due to the care given its members as each relies upon the other…identification, and mutual support" can be "liberating" as the one sees similarities between their problems and those of others" (p. 106)

The girls are empathetic and give aid to each other causing Jenene to feel less alone in the world. The group is where problems are deliberated and shared. In my opinion, the group as a social system empowers its members through learning and taking risks in an environment where the girls are not fearful. It is for these reasons that group counseling as a primary modality of treatment was chosen for Jenene.

Jenene began to blossom socially over time. The literature affirms that children with learning disabilities are "less social, less popular, and less empathetic," according to Omizo & Omizo (1988). I agree with the authors that they are "less popular," as the girls are not the first to be considered socially acceptable among age-peers, which is important to all pre-adolescent girls. However, the authors' assertion that they are "less social and less empathetic" does not fit with my experience. Socially, the girls have been able to establish friendships within the group and with classmates outside of the group, and while they may not experience popularity to the degree of some of their non-disabled peers, they appreciate and support one another. Schectman (2002) would agree that the "school is a highly suitable place for practicing group work and children perceive group interventions as part of the daily routine" (p. 296). Also, group counseling is the most widely used modality of treatment in the schools. Students learn in groups and often more

effectively when smaller groups are developed within the larger classroom context. The group then becomes a subset of the overall school setting where learning occurs on multiple levels.

The school that Jenene attends is a new building comprised of students of multi-ethnic backgrounds. Her class is a small class where individualized instruction is provided most frequently. It is located in the main wing of the building where regular school activity occurs. The school as an institution addresses the bias that is commonly associated with special education through school culture and climate.

School culture and climate are important considerations in combating stigma for Jenene and the group. The culture of the school includes the beliefs and values that administrators place upon their students and the manner in which these are implemented throughout the school's daily operations. Events such as assemblies, class trips, and mandated district-wide testing have competed with group sessions often prohibiting student availability. But, the classroom teacher's willingness to be flexible is helpful. As the teacher plans lessons so as not to further compromise instruction, release time is given the girls for group sessions amidst these challenges. This determines the effectiveness and success of the intervention and whether they will occur at all. Collaboration between the school and myself is important to school culture and climate.

School climate includes the school's aesthetics, its size, structure, warmth, and quality of instruction. Essential for students like Jenene and others whose lives are frequented with violence, is the assurance of safety as was mentioned earlier. "I hear gun shots in the neighborhood when I try to sleep at night" or the girls share comments about the violence that prevents them from playing in the neighborhood with their peers. According to the administration, efforts are made to protect all students. In a personal conversation with the climate control designee culture and climate are a priority for the school Jenene attends:

Culture and climate involves academics and behavior, an expectation for all students and the bar is not lowered because the student is receiving special education services, only to the extent necessary. The attitude of the school starts at the beginning of the day when students are greeted by teachers, and administrators. Based upon the needs of the special education student with inference to

their categorizations, different behavioral approaches in the implementation of the school's policies and procedures may be applied. The culture of learning extends to all. The school culture supports the interests of the special education student in its planning of school trips and events. (Administrative personal communication, November 2013)

Such institutional considerations lend support and lessen the stigma for the student through the intentional efforts of inclusion and acceptance. When Jenene came before the Vice Principal, she was not received with harsh words or loud reprimands but with respect. The Vice Principal's tone was firm but kind. Eye contact was given Jenene and the staff approached her in non-threatening ways. She was given the opportunity to speak, but remained silent. The staff reached out to her. According to Heflinger and Hinshaw (2010), stigmas within institutions are seen in its attitudes and practices and what these may communicate to the students. In my opinion, this can be observed by words spoken, fair or unfair treatment, inclusion or exclusion in activities. In Jenene's school efforts are made to involve special education students. For example, one of the girls in the group is on the basketball team, others participate in the school choir, dance, and art. Opportunities are given for the girls to travel within the district to share their skills and talents.

The Gathering: Group Process/Dynamics

The group I have developed is an open-ended (pre-adolescent) girl's group. This means that new girls are permitted to enter once the group begins. Some girls transfer in and out of the school for various reasons and receive group-counseling services based upon their IEP. It is hoped that the support the girls gain in the group will promote social as well as academic success. According to Yalom, a group psychotherapist, "the success of therapy groups is depended upon two therapeutic factors: Group process and group dynamics. Process and dynamics contribute centrally to…the successful development of the group itself…in which interpersonal interaction occurs to the individual learning about self in relation to others" (Higgins, 1995). What happens in the group can be considered the group process and how group members behave in the group can be considered the dynamics. Providing a protective place for the girls is essential. To prevent emotional harm and further wounding by those who would ostracize

them with words and attitudes is one of my goals for the group. This is done through supportive intervention, allowing the girls to participate in decision making, setting goals, and establishing rules of conduct. Such dynamics result in the development of stakeholders in group learning. I find that this strengthens the group.

Relationship building takes priority in group work, for little can be accomplished without it. The alliance between the girls and myself is "more predictive of success than techniques or diagnosis" (Baumberger &Roberts 1999). The process of relationship building within the group begins with trust and confidentiality. An important ground rule that the girls respect and follow is that "What we discuss in the group remains in the group." The girls are hypersensitive to outsiders' knowledge of their problems. They do "not want everybody knowing their business," as they so often articulate. Group confidence increases as they know that their secrets are kept. Occasionally they question me for reassurance, "…do you share what we talk about with…?" I answer "No," but the question I then ask is, "When might we need to share issues of concern with others, parents or administrators?" They have learned that when there is a threat to the group's safety or risk of harm to a group member we are responsible for informing someone in authority in order to receive extra support. They accept this.

An interesting dynamic revolves around silence. I have observed when there is an absence of words, silence resonates and becomes the language they all understand. A tear falls, or a hug is extended to the girl who was brave enough to share her story. She knows that others care. These group-attunement characteristics seem to have developed quickly with them over time and serves in solidifying group alliances.

Jenene and the girls readily and easily express feelings about things they have seen and heard. Shecthman (1996) considers this expressive-supportive therapy. "Expressive–supportive therapy addresses the children's need for emotional expressiveness, social support and assistance with their practical difficulties. Its primary objective is to help improve life situations, build ego strength, and teach problem-solving skills" (p. 297). This care is used quite frequently in our group sessions as the girls state their opinions about each other's problems and offer ways to help. The support the girls give one another is important, as it helps reduce the internal stigma they experience in the school by also enhancing self-esteem.

The group process begins the moment the girls are summoned for their session by me, leave the classroom, and make their descent to the first level of the building to the room where weekly sessions are held. They chatter on their way. This is evident by the lively conversations that continue as they enter the room. These dynamics also speak to their personalities. The smiles on their faces attest to their zest for life despite their impoverished backgrounds. Their anticipatory attitudes are infectious, creating a climate in the room that energizes.

The conference room where sessions are held is bright and cheerful with colorful posters that make up the room's décor. The mint green walls and white window treatments compliment the variegated chairs of green, white, and brown. The posters convey images of feelings, charts that describe character traits, socially acceptable behavior, and expectations for the group. The images are also helpful in identifying feelings for those students who have difficulty reading. Seating arrangements play an important role in helping the girls adjusting to the group. Each week the girls look for the same seat around two long maple-toned conference tables, and seem less distracted during sessions when allowed to do so. This gives them a sense of security.

The day, setting, frequency, and location of group is predetermined and remains as constant as possible. Efforts to remain consistent in these practical matters influences and helps the group process. When re-scheduling becomes necessary due to a change in my schedule, for administrative purposes or otherwise, I re-negotiate with them. If I see one of the girls in the hallway, even though I may be on a different mission in the building, they ask "Are you coming for me today? Or "Do we have group?" Suggests their need for consistency. According to Foulds, Eggbeer, et al (n.d.), the concept of responsive routines has its place in group work. They have found that "responsive routines" and schedules help support emotional development in children. All "routines are the regular and repeated things we do and the way we do them. Prediction can lead to security and a sense of competency" (p. 210). Knowing what to expect helps facilitate the group process and being able to predict sessions is important to girls. Repetition helps with memory and focus and also reinforces learning for the special education student. For example, when giving directions for paper and pencil activities, step-by-step procedures are needed to teach concepts and ideas that are necessary to promote understanding. This addresses the group's cognitive needs, and is appropriate intervention in working with Jenene and her peers.

I begin the session with an icebreaker. At each session I ask the identical questions: "How do you feel today? And "How are classes going?" This helps me gauge the climate in the room and their responses set the tone for how the group will function that day. A typical beginning group session may look like the following:

ME: My, are we excited today! (Girls giggling)

The girls are full of laughter and vitality, out of breath and almost exhausted as they enter the room. Though well aware of the rules of hall conduct in the building, the girls are quite animated and excited about coming together, rushing as if to see who would be the first to enter the room. They look forward to our sessions.

ME: Welcome to our group! We will begin today and each group session with telling how you feel. The feeling chart on the wall will help you do this. So, who wants to be the first to speak? (The feeling's chart is comprised of facial images represented by various feelings. Words are written underneath the images for those who are challenged in reading skills) I also would like to know how school is going. (They all raise their hands to speak at once. Jenene lowers her head)

ME: Jenene, how do you feel today?

JENENE: So-so (and moves her hand in a back and forth motion conveying uncertainty)

The other girls give responses, which relate to the chart comprised of words such as excited, sad, happy, and embarrassed, scared, and other ranges of emotions. Within this group, there is one member who can be oppositional, yet this has little effect upon Jenene, who makes a significant contributor of the group. Her participation demonstrates that she has become more invested with the others and this helps contribute to group cohesion. Group cohesion is important to the group process. Yalom (2005) notes that "group cohesion is the individual's attractiveness to the group; members feel…a sense of belonging" (p. 55). It would have been difficult for Jenene to engage with the group in meaningful ways if she did not have a sense of commonality with them. This cohesion has developed over time and noted

as the girls relate emotionally through rapid identification with each other's stories. The sense of belonging or the connections they make is apparent through their self-narratives. Group cohesion reinforces their sense of confidence in a place where laughter and tears meet, and where the trajectory of the group follows the overwhelming concerns and needs of its members, sometimes pre-empting my planned itinerary.

One day, Jenene came to a session ready to share her feelings about the cafeteria incident with Mark. She was quite animated and the bonding that had taken place over months was heightened between the girls as they identified with Jenene's experience. She had reached the point of having confidence in her group members, which allowed her to share openly. Jenene was asked by one of the girls to tell the group about that day she got into the fight with George.

GROUP MEMBER: Yeah, tell us Jenene. (Excitement fuels the atmosphere. It was the first time Jenene was able to express what that meant to her or even what it was like)

ME: (Through inquiry, I prompted her) Jenene, are you comfortable with sharing? You have been a quiet member of this group. But we are here to listen and help you learn what to do if you ever have a problem like this again.

JENENE: I was mad, she revealed. I don't like people messin' with Mark. I am his big sister and I think I should protect him.

GROUP MEMBER: If that were my brother, I would have done the same thing. I sometimes have to let people know that I am no pushover!

GROUP MEMBER: And if someone talks about my Mom or Dad, It's all over—I am going to fight.

JENENE: (Jenene joins with the other girls as the commotion intensifies) That's right, nobody talks about my family and gets away with it. (As the energy in the group continues to escalate, an additional comment surfaces by yet one of the other girls)

GROUP MEMBER: I will fight to protect my brother or sister, too!

ME: (I thought it was time to interject some other ideas to help de-escalate these dynamics) Girls, it sounds like there is a lot of anger in this room. Why do we think fighting is always the only answer to our difficulties?

GROUP MEMBER: It sure helps...that way nobody messes with you and your family!

GROUP MEMBER: That's right! (Another girl speaks up) And if you don't fight, then people won't leave you alone.

ME: (In yet increased efforts to calm the girls) Girls let's talk about some other ways to handle conflict.

JENENE: (She appears interested) Good idea...

All eyes were on me, ready to listen to what I would say next. I was about to review anger management skills with the group when suddenly the fire alarm went off! We immediately exited the building, as instructed. It was only a drill. When we returned all eyes were on me again to see how we would proceed with our session. Yet, something had changed from the time the girls left the group until we returned to the building.

GROUP MEMBER: You stepped on my foot during the fire drill and did not apologize! I don't like you!

GROUP MEMBER: I don't like you either; you are always saying mean things about me to other people!

Jenene's eyes widened as she watched the other girls scream accusations to one another. The dynamics between these girls left the group spellbound. It appeared that some external conflict had entered the room and that there were issues between the girls that were unrelated to the current conflict.

There can be times in the group when adversity or conflict surfaces between group members. Yalom (1983) suggests that "group members also are faced with the anger that arises from interpersonal and group dynamics" (p. 145). Frequently concerns surface around interactions in less structured periods in school such as lunch or recess. For example, an altercation arose with one of the girls over her misperception of an event that took place on the playground. During our group session, two of the girls became very

agitated with one another. The agitation began to escalate to the point of verbal aggression. As the group leader, I needed to consider how I would handle this situation as expeditiously as possible. The girls watched me. What I would do next would be a lesson for the group as well as myself. I immediately separated them by directing them to return to class. This incident was used as a teachable moment, although one is not always able to predict how the group process with flow. The following conversation was an important one as we processed what had just occurred. The group and I disclosed our feelings.

ME: Girls, how do you feel about what just happened today?

JENENE: I get nervous when there is fighting. It reminds me of what we hear sometimes on our street.

GROUP MEMBER: I became afraid.

GROUP MEMBER: Why did you split us up?

ME: I felt very uncomfortable and did not want you girls to get hurt by what was happening. I think the other girls might have different needs.

GROUP MEMBER: Oh...

GROUP MEMBER: I am glad they are gone. Things are more peaceful.

ME: There are ways to handle our problems and the behavior we just saw was not the best way. Let's talk about other options.

It is critical for the clinician to bring the group to some resolution before the conflict heightens to insure the health of the group. If not, a group member, such as Jenene would also be exposed to more of the same angry tension from which she was seeking to overcome and gain better control. Shulman's (1992) group practice theory attests to the complexity of group work and how the group itself becomes an additional client, an organism that is a part of the whole. This concept teaches that the group is interrelated; what affects one member affects the entire group. With this understanding, I believe in their ability to learn to minimize group conflict. Teaching the girls about conflict in the group transfers into conflict resolution in relationships. I used a game to teach

this concept and alleviate the all-too-common-violence to which they are exposed. It was called the Game of Change, a therapeutic game designed to help students deal with a range of emotions including those which surface from conflict. Multimedia has been used in situations involving violence-prevention (Dahlberg and Daytner, 1996). "Until recently, most efforts to reduce violence in schools and among students, involved...traditional didactic approaches" paving the way for "alternative approaches that focus on prevention strategies" (p. 65). The girls enjoy the activities and seemed to learn more with games, videos, and computer-based lesson approaches. Didactic approaches involved reading and due to low reading levels, the girls were less tolerable of this approach. In light of the aggressiveness that they resort to in times of conflict, I felt that this was an important tool to help with conflict resolution. An interaction within the game led us into a discussion about self-disclosure. The girls shared their feelings about the loss of two group members and I exposed my discomfort about what had occurred.

Selective disclosure became an essential factor in group dynamics. In our group sessions, the girls inquired about my life – my family and aspects of my youth. "What would you do?" Or "Has that ever happened to you?" I sensed that they needed to identify with an adult outside of their families to help reduce the stigma that remains prevalent in their world. As I engaged in self-disclosure, there were times when I felt uncertain about sharing. I considered whether distancing myself as the professional would allow me to be more objective in treatment and more helpful in helping the girls solve their problems. Audet shares my initial thought on this oftentimes-uncertain dilemma in *Counselling Psychology Quarterly*:

There has been longstanding ethical debate in the literature on therapist self-disclosure and its appropriateness in...practice. Although multiple therapeutic benefits have been documented, risks commonly identified with therapists providing personal information to clients are that it can blur client-therapist boundaries and diminish important professional qualities associated with the therapist's role... (p. 85). Furthermore...exposing humanness and imperfections does not always compromise professional appearance." (p. 96)

The purpose of self-disclosure is a risk-taking venture which should be considered carefully with the correct motive. I believe it can become therapeutic if managed properly and has the potential to reduce stigma. Audet also adds that, "Exposing humanness and imperfections does not always compromise professional appearance" (p. 96). As I am questioned about my life by the girls, I am ambivalent about how much to disclose or if to disclose at all. But I observed that a special bonding began to develop as I shared with them. This was a positive experience for us all and connecting with them in their lived experiences seemed to capture their interests more and appeared to solidify the relationships we were attempting to build. Modeling disclosure appropriately and with sensitivity adds to the group's ability to disclose, as well as helps dissipate any isolation or lack of value they may sense by the group leader. According to Corey (2012), disclosure should be appropriate and essential to the group's growth. Considering this, I thought it might be helpful to share a time when I felt isolated, stigmatized, disconnected, and insecure as they do at times. In doing so, I discovered that disclosure brought stigma to the surface and that with it a degree of vulnerability. Was I willing to be vulnerable to help them grow as they have been vulnerable with me? Would sharing my experiences support and help them be more accepting of themselves? Maybe.

The Bus Trip

ME: It seems that you girls have a lot of questions about me.

JENENE: Yeah.

GROUP MEMBER: You don't look like you were in a special class in school like us (I chuckled to myself. How did they come to this conclusion?). But did you ever feel the way we have been talking about?

ME: Yes, I affirmed. I was not in a special-ed class but if you mean whether I have ever felt different from others, or overlooked (I used these terms to define what stigma might feel like to them), my answer would, again be, yes. I believe I might have felt like you girls at times.

JENENE: Yes, I feel different sometimes. I can't always keep up in class; it might take me

awhile, but I get it, finally. What was it like for you to feel this way?

ME: Let me tell you a story about a bus trip. (To my surprise, one of the girls spoke up)

GROUP MEMBER: Were you like Rosa Parks who had to sit on the back of the bus?

ME: (I again chuckled to myself) No. I was like you, a 6th grade girl, taking a trip with my class.

GROUP MEMBER: Oh.

JENENE: But I think that Rosa Parks might have felt lonely, then, too.

ME: Yes, I guess so…

JENENE: Where did you go? I have never been on a bus. (Several of the girls shared the same experience about never having taken a bus ride)

ME: My class took a trip to the zoo. (I proceeded to share what I felt about being the only minority student in my class. During those early years of my social development, stigma was at its heightened peak for minorities)

As a 6th grade girl, I was excited about our class trip. I think I was more excited about the bus ride. We came with packed lunches, permission slips our parents had signed—we were on our way. It was a lovely day. Anyway, when it came time to board the bus, our teacher told us to find a partner. A PARTNER? I became nervous, and did not know what to do. I knew my classmates well enough, but a bit shy about paring up with someone and anyway, all the other students had found partners already.

What was I to do? I didn't feel that the classroom teacher was helpful (in hindsight) primarily because I did not know how to ask someone to be my partner. She could have at least helped us out, by using the lottery system or birthdates or some other way of assigning partners. But we were left to our own devices. I felt so isolated and afraid. I felt the stigma of what I thought others might be thinking about me because I was the only minority in my class. No one asked me and I had no plans of asking anyone, until Ariel.

Ariel appeared to be disadvantaged in some ways. She was overweight and was not always pleasant to be around. She also had difficulties learning in class. I recalled occasions when the class laughed at her because she would give the incorrect answers in class. I felt embarrassed for her. On this particular day, she was able to muster up the courage to cover up her insecurities to approach another, then, insecure person, me. As she began to approach me before we loaded the bus, I thought… What would I say to her? Ariel was not shy. "Will you be my partner?" she asked. I said, "Sure." I learned that Ariel was a friendly girl, and I became fond of her. We did not become close friends, but as classmates we learned more about each other and came to value our differences. We also learned something about social skills that day.

As I reflected over this event in my personal life, it felt unusual to be in touch with my own feelings this way. I felt vulnerable before the girls, but thought that this disclosure was purposeful, and that my work with them would be more meaningful.

The girls sat in silence. I could see on their faces that they were thinking about what I was saying. Some presented with serious looks, others with smiles.

JENENE: (The first to respond) I think it was wrong for the other students to laugh at Ariel. Did you laugh, too?

ME: No. I felt sad for her.

JENENE: I know what it is liked to be laughed at. Your story makes me think that someone else has had my same feelings before; I liked how you treated her.

ME: But I wondered, then, how she must have felt. We both needed a partner. And she reached out to me first.

GROUP MEMBER: She was brave.

ME: Yes.

GROUP MEMBER: I feel better.

GROUP MEMBER: Me too.

JENENE: (Jenene Smiles) Me too!

In the course of our time in group counseling, I have assumed various roles. These roles have adapted to their needs, following the course of their concerns and issues. I have accepted what was most meaningful for them. For example, sometimes I am viewed as a teacher or mentor and at other times, I have assumed the role of a surrogate parent. This experience almost has a family-orientation feel to it.

Stigma in the Family

An unseen or silent partner, the family, enters the group and can leave an impact of stigma through the dynamics it imposes. Family issues and peer relationships pose the most stress for the girls, which can encroach upon their school work as in the following example, (the second occasion in which Jenene shared feelings about her family's influence).

I was sitting in my office, attending to my usual duties when I received an unexpected visit from Jenene. She was tearful and I could feel my own emotions rising as I was caught off guard by her visit. Jenene revealed her fear that her mother did not love her and was partial to her brother because he was doing so well in school. In this way, she was feeling stigmatized within her family. I offered to support Jenene by speaking to her mother and thought this was a good idea, but not Jenene. Before she left my office, she did agree to think more about my offer.

In the past, Jenene had shared that her relationship with her grandmother was a positive one, but not with her mother who appeared emotionally absent from the family. On more than one occasion, she said that her mother "did not believe the things she told her" and that she was "blamed for other things happening in the home." In *What Adults with Disabilities Wish All Parents Knew*, a collection of essays which look at the thoughts and feelings of persons with disabilities, authors Klein and Kemp (2004) share the difficulty of learning in school and the embarrassment and stigma connected with that experience:

I was constantly being put down by my teacher and scolded by my mother. Many days, I wished I could make myself invisible so the teacher wouldn't call on me when I did not know the answers…but she did…I strayed down many dangerous paths because I felt so bad about myself. Needless to say, my self-esteem was practically nonexistent. (p. 166)

Jenene has described similar feelings toward her mother. She has tried to articulate those feelings, yet unnoticed by her mother. Her life experience has not yet allowed for decisions to be made that would determine her future, but the group relationships she has formed has allowed her to begin to make better choices and minimize unhealthy consequences through topic discussions. She wanted to express some of her thoughts to her family, but found that her mother was not receptive which helped perpetuate stigma in Jenene's relationships within her family. The importance of connecting with families in efforts to reduce stigma should be seen as essential in working with students in the schools. Educating families helps them to understand learning problems and helps students build confidence. Families operate as groups in providing support to students away from school. Self-perception is key. Group matters.

Group Matters

Why does it matter that special education girls receive group counseling in schools? It matters because it has been powerful in reducing stigma for Jenene and others like her in the school where I work. Jenene's sense of self appeared embedded in her experience of being stigmatized. Being called "slow" or "special-ed" impacted her outlook on life. As previously stated, Jenene's propensity to lose control when angry was the catalyst that connected Jenene with me. It took her a while to develop trust in me in the beginning, but increased confidence came later in our relationship. Group intervention helped her address her "self-talk" and helped her see herself as a valued person in her school. It is through group counseling that the clinician understands stigma from the special education students' perspective.

Stigma can impede learning and attempts to minimize this are important to the human experience of growth and development. Additionally, the culture and climate of the school reinforces the values needed by all students to thrive educationally and socially, including the girls in Jenene's group. Collective interaction is believed to enhance self-perception through the support of others and group work helps to build foundations for better interpersonal skills in preparation for adulthood. Group members learn coping skills to function more successfully in life as they become more confident in themselves and

what they can do with life's problems. This matters and should concern everyone who cares about the future of children, and families, in the diverse world in which we live. My relationship with Jenene over time developed positively. I felt that she was gaining more trust in me. Upon leaving group sessions, she would give me a hug and on one occasion drew a picture expressing her feelings toward me.

There is a challenge to educators to consider the potential in each child despite those deficits that may be masked by social-emotional issues. According to Palombo (2001), "Many adults…have learned to hide their disabilities but bear the scars these produced in earlier years…in spite of their success in their careers, feel…shame. Others have learned to compensate for their learning disabilities" (p. 302). This unmasking of concerns early on can help to circumvent the outcome often produced by stigma, and result in better planning for the one to whom it applies. Additionally, Heflinger and Hinshaw (2010) concur, "Early detection…and intervention are of paramount importance; and if stigma precludes…evaluation and treatment, the consequences may be felt for decades to come" (Heflinger & Hinshaw, 2010). Professionals who are skilled and knowledgeable in providing group intervention to the special education student serve to help navigate them beyond the marginal expectations often believed to be inherent to them.

How is group counseling best facilitated in the educational environment for the benefit of students with learning disabilities? As stated earlier, school culture and climate are important aspects directly affecting group intervention. Administrators' "Impact on learning is mediated through the climate and culture of the school" (MacNeil, Prater, & Bush, 2009). If the special education student is devalued and feels unsafe in the learning environment, this can become a reflection on the administrators and "student achievement suffers" (p. 75). Thus, I hypothesize that the climate and the culture working collaboratively can produce a quality environment for all students and help reduce stigma of the marginalized few.

How does what happens in the group result in positive interactions with others outside of the group? Of the many theories which have guided my work, the most effective for special education students has been the importance of building supportive, healthy relationships. This has assisted with the students' positive educational adjustment. My goal with Jenene was both to

diffuse anger and offer constructive strategies so that she would be able to make better choices and is more productive academically. She is learning how to handle anger by using the skills taught in group including stress management, communication skills, deep breathing, cognitive restructuring, listening to body cues, and by merely walking away from fights, which continues to be difficult for her and the other girls. Communication skills focused on verbal and nonaggressive ways of problem solving ensure that their voices are heard. They could say how they feel, why they feel the way they do, and what they want from others. Jenene and the girls were given a safe place to openly share those feelings. Confidentiality, important to group dynamics, was kept. The girls learned about themselves through each other. They were able to practice coping skills applied them in their world outside of school. They also learned conflict resolution skills.

As the group leader, acknowledging unproductive behaviors when they occur is essential. After the group began to solidify, past negative behaviors tried to infiltrate the group. This awareness helped facilitate group change. Most of the girls responded positively to group counseling with the exception of one group member who was referred for outside therapy; her emotional needs were beyond what the school could handle based upon her background and behavior patterns. But, the other girls have improved in their academic achievements, and continue to learn life-long skills for building positive relationships.

Jenene has not experienced an emotional meltdown since participating in group counseling. She appears to be monitoring her thought patterns, regulating her internal states better by less negative reactions to peers, and she is ignoring comments that could ignite her anger responses more frequently. Academically, she continues to have challenges but she is exercising more patience with herself and academic achievement is incremental. It is sometimes difficult for her to accept her limitations—reading remains quite challenging still—and she does not completely understand why the challenges exist. But she is learning to cope with the stigma that often comes with having a learning disability, and her responses are less aggressive as a result of interventions learned within the group. In preparation for her teen and adult years, she is making reasonable plans for her future.

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