The Role of Family Therapy in the Treatment of Children and Adolescents with Learning Disabilities
James A. Sebben, EdD, LPC, LMFT, NBCC

Fourteen-year old Chris B. was referred to the counseling center by his high school counselor. Chris was receiving special education services as a student with learning disabilities. He first became eligible for these services when he was in the third grade. He had learning problems in the areas of "visual-motor integration", "written expression" and in "planning and organization". With assistance and accommodations, Chris was academically successful throughout his elementary school years and into middle school. However, in eighth grade his grades began to drop and he started having authority problems both at home and at school. There were more arguments and fights between Chris and his younger brother, Jeb, who, two years younger.

Upon entry into 9th grade Chris attended classes but frequently failed to do his work in class and often did not turn in his homework or avoided doing it altogether. He had a special education teacher who worked with him in his more difficult subject. He was also assigned to a "basic skills class". Even with these supports his grades deteriorated and behavioral problems at home increased. Chris' parents attempted to set limits on him by withdrawing privileges, taking away his stereo, Game Boy, Nintendo, telephone and privileges such as staying overnight at friends. As the parents escalated their efforts to get Chris to comply, the more he resisted. Home became a battleground and the level of tension was affecting all concerned. In frustration, the parents contacted the school counselor who, in turn, suggested that individual counseling and/or family counseling might be in order. The school felt it had done all that it could to encourage Chris and to facilitate his being academically successful. They suggested a need for another form of intervention. Counseling with a family therapist was recommended.

During the initial interview with the family and with Chris individually, it became evident that there was an enormous amount of tension and anger in the family. Mr. and Mrs. B. expressed their frustration that they had done all that they could to help Chris and were at a loss as to what to do now. Chris, on the other hand, felt that his parents were being intrusive and controlling. "If you just left me alone, everything would be fine."

The above case history is certainly not an uncommon one, but it is an example of a situation in which family therapy can be of benefit to the individual child and to the entire family. Chris' growing frustration with school and learning was spilling over from the classroom and was causing serious problems in his school performance as well as on his interactions with his parents and brother. Family therapy can provide a means of approaching these problems in a non-threatening and caring way so that all members of
the family system can feel that their concerns are being heard and each family member can participate in problem solving. The most valuable aspect of family therapy is removing the 'blame' label from any specific member of the family and approaching the problems from a family perspective.

As with other disabilities, whether emotional, physical or addictive, the presence of learning disabilities affects the whole family. The child with learning disabilities often concurrently has social and emotional difficulties that affect school performance, peer relationships and family relationships. For example, often the challenge of homework becomes so enormous that parent and child are embroiled in the "homework fight" for two and three hours a night, if not more. There is often yelling and screaming, tears of frustration and anger between parent and child. What positive aspects of family life are sacrificed in order to 'get the homework done'? What are the other siblings missing out on when parental focus is on the learning disabled child? When do the parents get to 'relax' from a hard day at work, from running to and from soccer fields, dance classes, basketball practice, karate lessons, etc.? What is the effect of this constant tension and stress on parenting and on the marital relationship itself? What is the effect of this stress on the child and how does it show up in his or her behavior?

As seen in the case study, Chris, typical of teenagers, has begun to 'pick his battles'. No longer is he willing to be compliant and go along with what is expected of him. Rather, years of frustration and hard work with relatively little success when compared with his peers, have taken their toll. The social aspects of school and the normal challenges of adolescence take on much greater importance and peer acceptance becomes critical. Academic performance begins to take a back seat. How has having a learning disability affected Chris's self-concept and self-esteem? How do his peers relate to him? How do they treat him? It is not uncommon for a teenager to talk about how he or she felt 'pushed out' of the social groups and how this made him or her feel angry, rejected and disrespected. As children with disabilities enter middle and high school, how are they treated by teachers whom they may see once a day or every other day? Does the child feel respected and accepted by the teacher? Does he or she feel valued and respected by his or her parents?

Family therapy provides a means by which many of these issues can be brought to the surface. Often parents are unaware of how their child feels about his or her learning disability and they are not even remotely aware of the pain which their child feels. Similarly, the child is often unaware of how his or her parents and siblings feel about the effect that the child's disability has on the family. Many of these issues come out during therapy and family members can learn to deal with these many factors. Also, family therapy can provide parents and children with successful strategies rather than fighting over homework, restriction, punishment, etc. The most valuable effect of family therapy is its ability to reinforce and strengthen family bonds. Family therapy can draw the family closer together and so that family members can recognize it as a strong and healthy body that is able to effectively problem solve for all members of the family unit.