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SIBCIRCLE: SIBLINGS OF CHILDREN WITH CONTINUING CARE NEEDS

A GROUP INTERVENTION

BY

LAURA LYSENKO

A PRACTICUM REPORT

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES

IN PARTIAL FULFILMENT

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Sibcircle: Siblings of Children with Continuing Care Needs

A Group Intervention

BY

Laura Lysenko

A Thesis/Practicum submitted to the Faculty of Graduate Studies of The University of Manitoba in partial fulfillment of the requirements of the degree of Master of Social Work

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ABSTRACT

The presence of a child with continuing care needs, special needs, disability and chronic illness effects all family members, particularly the other siblings. Research undertaken over the last 30 years demonstrates that these siblings are more likely to experience potentially severe psychosocial, emotional, behavioural and psychiatric difficulties.

Children living with a sibling's continuing care needs are also at risk for adjustment and developmental difficulties. Coping with the symptomatic behaviours of their brother or sister, and the family and individual disruptions that the demands of the continuing care needs child may cause, requires many skills. The adaptation the family achieves will affect all siblings and every member's personal and social development. It is the contention of this practicum that intervention on behalf of the well siblings can maximize the positive effects of living with an child with special needs while minimizing the difficulties that disrupt family equilibrium.

The purpose of this practicum is two-fold: to provide an opportunity for the student to explore the role of a clinical social worker in facilitating the ongoing process of coping and adaptation in the siblings of children with continuing care needs and more peripherally, their parents; and to develop assessment and intervention skills in the area of group play therapy with a "Sibcircle". This project is built upon a strengths perspective. An integrated model of play therapy is used, with a humanistic and behavioural theoretical base. Feedback mechanisms provide valuable information about the impact of clinical social work involvement on well-siblings.

This intervention model will illuminate the process of coping via a social support group for well-siblings of children with continuing care needs. It will also aid in planning and implementing appropriate treatment strategies for continuing care children, their siblings and the family as a whole.

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I) Introduction

Living with a child with continuing care needs affects all family members, most particularly other children in the family. Limited research undertaken over the last thirty years identifies an increased risk within the population of siblings of continuing care children. Such siblings seem to have a greater occurrence of adjustment, development and severe psychosocial, emotional, behavioural and psychiatric difficulties.

These siblings must cope with the symptomatic behaviours of their brother or sister, and the family and individual demands that may result. Common family stresses may include strained family relationships, financial difficulties, impaired physical and mental health, stigma, and overall household disruptions. Intervention on behalf of the well siblings can maximize the positive effect of living with a child with continuing care needs, while minimizing the difficulties that disrupt family equilibrium.

Project Rationale

A great deal of research has examined the subject of children who live with a chronic illness/disability and/or continuing care. (For the purpose of this practicum, the term 'children with continuing care needs' will be used to encompass the terms disability, special needs, chronic illness and impairments).[1] In contrast, there has been little investigation concerning the needs of these children's siblings.

It has been established that a child's disability has a significant impact on parents so it is not a surprise to learn that this difficulty will also affect siblings who live at home

with the child. From the beginning of my vocational path I have always known that I would like to work in the area of child therapy. While working in the area of child protection in Washington State, I developed my interest in siblings of children with special needs. In my pre-masters' placement at the Manitoba Adolescent Treatment Centre (MATC), I used my practicum experience to learn more about siblings of children in families that have a child with continuing care needs (CCN). At MATC, I observed a sibling group that gathered weekly to talk about the social and emotional experiences of living with a sibling who had continuing care needs.

My goal in undertaking this practicum project is to: increase my knowledge of support play therapy interventions with siblings of children with a disability; to understand the psychological needs of siblings of children with a CCN; to gain an awareness of the issues that challenge or block adjustment and adaptation to a family's situation and; to develop clinical skills in work with children.

A "Sibcircle" group was developed for latency boys and girls, aged 7-9, who have a sibling with continuing care needs to meet these practicum goals. The group was designed to be a social, discussion/activity-based, supportive play therapy group, based upon the particular developmental needs of this age group. A portion of the intervention including interaction with the parents. The "Sibcircle" took place at the Society for Manitobans with Disabilities.

Intervention Goals and Learning Objectives

The goals of Sibcircle were: to build a feeling of camaraderie and friendship between the group members; to provide siblings with an opportunity to share common joys and concerns with other siblings; to give siblings an opportunity to learn how other children handle situations commonly experienced by siblings of children with continuing care needs; and to provide the group members with an opportunity to learn more about their sister's/brother's disability as well as other disabilities.

My personal learning objectives were: to gain a comprehensive understanding of the impact of childhood continuing care needs on siblings through a review of the literature and practicum experience; to expand and refine assessment and intervention skills in a group play therapy situation; to develop an understanding and knowledge base regarding effective emotional supports to the siblings of a child with continuing care needs; to utilize a strengths approach in exploring the role of the clinical social worker with these children and their families; to explore the usefulness of an integrated play therapeutic approach and; to develop an ability to work effectively within an active community-based cross-disability agency.

II) Literature Review

The Care Literature

The Impact of Continuing Care Needs on Siblings

The literature reviewed included research from the areas of social work, education, sociology, psychology, nursing, psychiatry and medicine between the years 1987 and 1997. Many of the studies were medically oriented and this is reflected in the terminology used throughout the literature review. The siblings of children with special needs have received little attention from clinical investigators (Rollins, 1990; McKeever, 1982). Nevertheless, the literature reviewed pointed to the need to explore the differential impact on individual family members and subsystems. Most of the literature indicated that the healthy siblings can be dramatically affected by the condition of their brother or sister (Derouin & Jessee, 1996; Ahmann, 1997). It has been found that siblings fear becoming contaminated with the illness and feel guilty about having caused their sibling's illness (Williams, 1997). Siblings of children with serious conditions (such as cystic fibrosis, diabetes and gastrointestinal disease) have been found to be more inhibited and withdrawn than children in control groups (O'Connor, 1991; Rollins, 1990; Simon, 1993).

A few theorists have recently speculated that these siblings bear the greatest burden of stress since they receive less acknowledgement and support from the community, and must also cope with the special attention given to the unwell child (Williams, 1997; Harding, 1996). In addition, siblings experience anxiety imposed by the illness such as the fear of the child dying (Meyer & Vadosy, 1996; Ross-Aalaomolki,

1995). It is suggested that these emotions stem, at least partly, from the intensified relationship between the continuing care needs child and his/her parents (Derouin & Jessee, 1996). Kahn & Lewis (1988) concluded that, of all family members, the siblings bear the greatest burden of stress. They noted that, due to the demands of special needs, siblings are handicapped in the race for parents' attention and affection. Harding (1996) found that siblings are less adjusted and in greater need of social support. Kahn & Lewis (1988) and Harding (1996) concluded that siblings live through the experience with the same intensity as the patient and pointed out that they will also live the longest with memories and concerns associated with their brother or sister's disability.

Most studies report that the siblings of children with chronic health problems are more likely to experience adjustment or behavioural problems than their peers (Newacheck & Taylor, 1992; Faux, 1993; Sloper & While, 1996; Carter, Urey & Eid, 1992; Haverman & Eiser, 1994; Janus & Goldberg, 1995). A healthy sibling's adjustment difficulties may be subtle or very obvious. Signs may include: a change in mood or socialization, such as, social isolation and withdrawal; academic problems; negative self-image and high anxiety levels; somatic problems such as sleep disturbances and appetite problems; a pre-occupation with their own health; concern about the cause and visibility of their sibling's illness and; an identification with the illness themselves (Moyer,1997; Miller, 1996).

While research emphasizes the negative impact of the illness or disability, some positive impacts have been observed. For example, Derouin & Jessee (1996) and

Havermans & Eiser (1994) report that siblings of cancer victims are more likely to display compassion, tolerance and empathy to patients.

Children's reactions to stress are influenced by the coping responses of their social support networks, especially their parents (Ray & Ritchie, 1993; Cobb, 1956). The family provides the context within which the child's adjustment processes take place, and is the essential source of love, support and socialization (Drotar, 1997; Sloper & While, 1996; Boss, 1988; Taylor, 1980) . This well established understanding of the family role substantiates the need to nurture and uphold the family in order to assist the child with special needs and help the healthy sibling to adjust to the situation (Powell & Ogle, 1985; Roeyers & Mycke, 1985).

Parental efforts in obtaining sources of social support for the family are important in managing the emotional and instrumental demands of living with chronic illness (Lubkin, 1998; Williams, 1997; Carter, Urey & Eid, 1992).

The Impact of a Child's Continuing Care Needs on Families

Two themes emerge from the existing literature addressing the effects of children's continuing care needs on their families. First, the presence of a continuing care needs child represents stressful life events for all family members, including siblings (Lezar & Maldondo, 1997; Faux, 1993; Lobato, Faust & Spirits, 1988). Second, the degree to which the family is affected by stress is related to such factors as social supports and previous coping experiences (Carpenter & Levant, 1993; Keecher, 1986; Cohen, Friedrich, Jaworski, Copeland & Pendergrass, 1994).

The Family Literature

Changes in the Family's Reality

Technological advances in medicine have shifted the management of CCN onto the family (Coyne, 1997; Newacheck & Taylor, 1992). Families with a child with continuing care needs must invariably deal with a complex new set of demands. These may include transporting the child to regular clinic appointments, carrying out home treatments, and dealing with the emotional strains associated with balancing the attention paid to the child with special needs with other family members' need for support (Gallo & Brietmayer, 1991).

The documentation of clinical experience has been helpful in identifying those aspects of family functioning typically affected by the presence of a child with CCN. These include role strains and shifts, changes in extra familial and intra familial communication patterns (Cohen et al, 1994), altered family alliances including parent-child re-adjustments and re-adjustment in the marital dyad, loss of confidence in parenting skills, and disparate disciplinary practices for the CCN child versus the well siblings (Gallo & Brietmayer, 1991; Carter, Urey & Eid, 1992).

While noting that demands and stresses will vary between families, the literature does identify those most frequently experienced by families having a child with continuing care needs. These are: acceptance of, and adherence to, a medical and treatment regimen; adjustment to the loss of normality; an ongoing unpredictability about the child's health and reactions of siblings; and the dynamic psychosocial adjustment of

the family members (McCubbin & Figley, 1992; Keecher, 1986; Sourkes, 1977; Kidder, 1998).

The Family's Social Support System

The ability to interact successful with others is essential for the development and maintenance of social support systems (Coyne, 1997; Betz, Unger, Test & Smith, 1990). The acknowledgement of the need for social supports has occurred simultaneously with a growing awareness within the mental health profession that the psychological needs of siblings of children with continuing care needs are less adequately met than those of other family members (Rittenberg, 1995; Fanos & Weiner, 1994). The adjustment difficulties that the "well" sibling may experience may deter healthy successful individual development and adaptation, and have an impact on their family's ability to cope (Morrison, 1997; Stawski, Auerbach, Barasch, Lerner & Zimin, 1997).

Lubkin (1998) emphasizes that most families' regular routines will experience disruption when they have a child with CCN. Chronic conditions will also disrupt family routine (Lubkin, 1998). Some siblings need emotional support in adjusting to the CCN, especially if the situation requires separation from family members, and/or a marked change in family routine (Morrison, 1997). In addition, the healthy sibling's self-esteem can suffer as they feel unimportant to significant others. Often, all parental attention is focused on the CCN child and the other children in the family may be deprived of attention (Evans, 1992). As a result, the other children can feel isolated from the parent-CCN child dyad. These feelings may cause long term problems if children do not receive

adequate emotional support to help them understand their feelings (Carter, Urey & Eid, 1992).

The literature also addresses the importance of social supports in reducing the psychosocial distress related to the intense stressors of serious long term CCN (Williams, et al., 1997; Harding, 1996; Ross-Aalaomolki et al., 1995; Carpenter & Levant, 1993). Social support provides a potentially protective element in dealing with the effects of stressful events, and improves psychosocial adaptation. Healthy siblings require intervention and support by social work clinicians, their parents, and other children in the group, in order to adjust to the changes in their lives that result from a brother or sister's CCN (Moyer, 1997).

The literature reviewed emphasizes the value of the emotional support offered within a play therapy sibling support group (Landreth, 1982; O'Connor & Braverman, 1997). Benefits cited include: the promotion of an acceptance and understanding of emotions (Hunter, 1993); a feeling of camaraderie (Ahmann, 1997; Johnson, 1990); the provision of empathy, encouragement, understanding, caring, love and trust in an environment that facilitates adjustment (Axline, 1955; Davies, 1994); and the enhancement of family coping and harmony (Hahn, 1987).

A number of sources note that the activation of a rich network of support helps families by providing instrumental assistance, information, allowing emotional catharsis, decreasing stress and reducing isolation (Coyne, 1997; Betz, Unger, Test & Smith, 1990; Craft, 1993; Gallo, Breitmayer, Knafl & Zoeller, 1993). Given this, the availability of a

supportive social network appears to be an essential ingredient in effectively coming to terms with a CCN child and family.

The literature strongly emphasizes that social supports and internal coping mechanisms are closely linked and may be viewed as complementary. Sources stress that work with families having a child with continuing care needs should attend to skill building and problem solving with regard to both internal family coping and external resource building. (Rose & Edleson, 1987; Gallo et al., 1993; Cohen, Friedrich, Jaworski, Copeland & Pendergrass, 1994). Sheafer, Horejsi & Horejsi (1987) suggest that group program interventions are effective ways to provide family members with the opportunity to develop the communication skills they require in order to mobilize these resources.

The literature reviewed crossed disciplines and included diverse areas of research. While this multi-disciplinary approach may have downplayed the distinct differences in perspective which are characteristic of particular disciplines, it has provided a richer, multi-dimensional understanding of this population. A commitment to multi-disciplinary work, to integrating various perspectives while expanding the professionals range of vision is one of social work's most important contributions to the helping field (Weik, Rapp, Sullivan & Kishardt, 1989).

Limitations of Existing Studies on the Impact of Continuing Care Needs

The literature reviewed noted that research methodologies utilized in many studies focusing on this population makes direct comparisons difficult. Shortcomings cited include: a lack of control groups, broad variation in sibling ages, the use of third party

reports (observations of parents and health professionals), sample size, less than rigorous designs and the use of cross-sectional sampling techniques. All of these make it difficult to make generalizations about the effects of a child's CCN on siblings (Williams, 1997; Williams et.al., 1997; Faux, 1993).

Nevertheless, despite these weaknesses, an overview of the available literature strongly suggests that siblings of children with continuing care needs are a population at risk. (Williams, 1997; Faux, 1993; Morrison, 1997; Murray, 1995), In summary, the literature indicates that, regardless of the specific nature of a child's CCN, they do alter the quality and quantity of intra- and extra familial communication (Mailick & Vigilante, 1997; Boss, 1988; McCubbin & Figley, 1992). Studies also note the important role that social supports play in ameliorating the impact of stress on families living with a child with continuing care needs (Murray, 1995; Williams et al, 1997).

An analysis of available literature indicated that there is no central theory dedicated to the examination of sibling relationships in families where a child has CCN. Although several interesting and complementary themes were apparent, no clear cumulative framework emerged and fundamental contradictions remain. Interestingly, the reciprocal nature of the sibling relationship is rarely mentioned (Fanos & Weiner, 1994).

A review of studies addressing this topic strongly suggests that, in order to obtain useful generalizable data about the siblings of children with CCN, more interdisciplinary research would be beneficial and that theory construction derived from empirical data based on common, operationally-defined concepts is necessary. Other issues that have

emerged to date suggest that: Cross-sectional research overlooks developmental aspects inherent in any interpersonal relationship; the one-shot interview technique and/or questionnaire may not yield valid responses; and focusing only on either the sibling or the child with continuing care needs ignores the bi-directionality of a the sibling dyad (Rubin & Babbie, 1993; Bloom, Fischer & Orme, 1995).

An examination of the literature strongly suggests that little has been documented about the strengths and resiliency that keeps parents and children functioning relatively well within the family group. This is an area of emerging interest in approaches focused on building onto existing family strengths (Bernard, 1995). Existing work suggests siblings of children with continuing care needs can develop long-term coping and adaptive styles that will be beneficial to family health, and the provision of sibling support can be a mechanism for enhancing coping and adaptive styles to high risk children. Given this, sibling groups have the potential to be a valuable part of programming in family-centred care.

Framework - Mediation of Family Stress - A Contextual Window

Findings from the literature point to the nature of the framework within which social work practice should occur. A key finding has been that families need less help in correcting dysfunctional patterns, and more help in promoting their abilities to cope with stress, to problem-solve, and to mobilize inner and external resources (Trute, 1997).

The Double ABC-X Model of Family Stress and Adaptation operates within this perspective (Carpenter & Levant, 1993). This model was developed to explain family

variability in responding to ongoing stress, and provides a way of viewing family efforts to adapt to multiple stressors over time. This model is built on the premise that, the ability of the family to cope effectively depends upon the interaction of the following: the stressor (the precipitating event); the family's perceptions of this stressor; and the family's existing resources (the psychological, social, material characteristics of the individual, family and community).

Carpenter & Levant (1993) comment that the critical factor determining vulnerability or resilience to risk is not the risk itself but rather the relationship between the risk and the person in terms of the genetic makeup, his/her past history, and individual characteristics. Rose & Edelson (1987) share this viewpoint, arguing that effective coping in children with continuing care needs depends upon their personal levels of vulnerability and support or non-support within their environment.

Professionals need to develop opportunities to maintain contact with resilient families (those who have the capacity to recoil from pressure or shock, relatively undamaged) in order to learn more about what enables them to cope effectively in stressful situations. Rose & Edelson (1987) emphasize that even families who function effectively require support, information and guidance in order to maintain their adaptive strategies.

As the social work profession's understanding of this population continues to evolve, there is a growing commitment to approaches that focus on adaptation and building upon existing family strengths. Based upon this understanding, appropriate supports and services to be provided by a clinical social worker would include the

provision of assistance to families in identifying and accessing services and resources available in their community, and a family-centred approach that builds upon available strengths and resources. This approach departs from the advice giving directed at behavioural management that has been common to social work practice in the past (Murray, 1995; Bernard, 1991; Taylor, 1980).

The Strengths Perspective

The strengths perspective asks the social worker to be guided "first and foremost by a profound awareness and respect for the client's positive attributes and abilities, talents, and resources and aspirations" (Taylor, 1980). This view presumes that all individuals and groups have untapped reserves of capacity, energy, courage, fortitude and other assets. If these strengths are recognized and used in the change process, they elevate the client's motivation and potential for positive change. Strengths aren't thought to represent symptoms of underlying pathology, and there may be no need for a clinical diagnosis (Saleebey, 1997; Weik, Rapp, Sullivan, & Kisthardt, 1989).

This perspective views clients as true experts on their situations and perceives the clinician's role as primarily that of a facilitator. Clinicians working within this framework believe that it is important to counterbalance the popular preoccupation with client problems, pathology and deficits that are inherent in many practice theories, models and service delivery systems used by social workers (Robbins, Chatherjee & Canda, 1998).

A humanistic framework oriented toward explaining the maintenance of healthy personalities will also underpin the project. A number of theoretical approaches appear instructive for this project.

The Play Literature

It is difficult to understand the term 'play therapy' without first placing the word 'play' into a relevant context. There is no singular comprehensive definition of the word. Boyd (1934) saw play as a social discipline, because it provides a "constructive use of potentialities" (p.47), and offers children uniquely varied and intensive experiences. She conceived of play as a psychological and spontaneous activity, as an end unto itself.

In a shared play activity there is an exchange of reactions between children which provides a base for understanding oneself and others. Thus, organized play activities are a sensitive means of creating constructive expression (Schickendanz et al., 1990). Play activities carried on in groups stimulate empathy, emulation, effort, competition, cooperation and purpose (Boyd, 1934). Play has countless forms and content, beginning in infancy and evolving and changing as the child develops and matures (Schickendanz et al., 1990). Boyd's apt description of play is that it allows one "to transport oneself psychologically into an imaginatively set up situation and to act consistently within it, simply for the intrinsic satisfaction one has in playing" (1934, p.79).

Latency-Aged Play

Playing is an integral part of the latency child's life. They enjoy active games and physical activities such as bicycle riding, playing ball and team sports, as well as jokes, riddles, theatrical productions, reading, and hobbies. A child of this age usually prefers to play with other children rather than alone (Gazda, 1989). Children can play harmoniously for long periods of time without adult input, guidance or intervention. The younger latency-aged child still loves role-playing, such as playing house, playing school, going off on fantasy adventures, and pretend play with stuffed animals and toys (Schickendanz et al., 1990).

Play and its Relationship to Play Therapy

Play is generally thought of as a fun and pleasurable activity, yet a lot of what children do in play therapy, such as replaying a disturbing scenario innumerable times, cannot be considered as either pleasurable or fun. The literature on play reveals certain elements as descriptors of play behaviours (Boyd, 1960). These particular elements are consistent with the literature describing what children do in play therapy sessions (Axline, 1955; O'Connor, 1991; Elliot, 1993; O'Connor & Braverman, 1997).

Play is intrinsically complete, for it does not depend on external rewards or other people (Boyd, 1934; Csikszentmihalyi, 1976; Plant, 1979). Most children's play behaviour does not require the receipt of a reward. For instance, children continue to play whether an adult is present or absent. Therefore, an adult's presence is probably not necessary for most children to engage in play behaviour (Rose & Edelson, 1987). Play is

often person-governed, rather than object-governed because children try to make use of the play object (Weisler & McCall, 1976). During play and play therapy, once a child has explored the toy or play material, she/he tends to switch the focus to the specific use of the toy or play material (O'Connor & Braverman, 1997).

Play is non-instrumental in that it has no goal or purpose. Bettelheim (1972) and Weisler & McCall, (1976) note that this element can be identified in many children's play therapy sessions. Some play therapists find that the child does little which resembles play when first beginning the play therapy sessions, and may not appear to begin with a conscious goal in mind.

Csikszentmihalyi (1976) talked about the concept of flow as it related to play. "Flow involves a centering of attention in which action and awareness merge and a loss of self-consciousness occurs in the sense that the child is paying more attention to the task than her/his body state" (p. 9).

Piaget (1962), Hutt (1970), Boyd, (1971), Weisler & McCall (1976), and O'Connor, (1991) all comment that play does not occur in environments or contexts considered by the child to be unusual or scary. Mills (1997), Sullivan (1997), Smith, (1998), O'Connor & Braverman (1997), indicate that the therapist's education is often oriented to development of a style which will help the child feel relaxed and safe enough in the play room environment so that play can begin once the children is familiar with the new setting.

Play Therapy Intervention

Play therapy is a method of psychotherapy grounded in psychodynamic and developmental theory, that utilizes play and verbal communication in understanding and helping children. Play therapy is based upon the premise that children express and work through their emotional conflicts in a helping relationship with a therapist who interacts with them through the medium of play (Schickendanz, Hansen & Forsyth, 1990; Thompson & Rudolf, 1996).

Play therapy has been viewed as the most effective medium for providing therapy to children (Axline, 1955; Landreth, 1982; O'Connor & Braverman, 1997). It is defined as a play experience that is therapeutic in that it provides a secure relationship between the child and the therapist. The trust established allows children the freedom and room to be themselves on their own terms, exactly as they are at that moment, in their own way and in their own time.

Historically, there have been three basic theoretical models of play therapy: Psychoanalytic, Humanistic - Person/Child-Centred, and Behavioural (Shaefer & O'Connor, 1991). More recently, the Developmental Model has been added to this roster. The Developmental Model is a broad theoretical approach that encompasses a range of models and techniques, while maintaining an emphasis on play therapy's developmental process. The humanistic and behavioural models will be used in this intervention, with a particular use of Person/Child-Centred Play Therapy and Cognitive Behavioural Play Therapy.

The basic raw materials used in therapy with children are play materials and toys. Play therapists believe that children communicate their feelings, wishes, fears and attempted resolutions to their problems through play because, at this age, they lack the lexicon to describe their feelings in a succinct manner (Fromkin & Rodman, 1983; O'Connor, 1991). However, they can communicate in a powerful way through the representational/ metaphoric language of play (Matlin, 1969). The play therapist explores the underlying meaning conveyed in the child's play and responds to that message through the therapeutic direction of play therapy (James, 1997).

Non-directive play therapy. In the non-directive or person/child centred play therapy approach, which is based on the work of Carl Rogers, the therapist refrains from making value judgements or giving advice. Instead the individual is helped to identify what behaviours they need to change and how to change them (Thompson & Rudolph, 1996). Rogers tried to see the world of the other person as that person saw it. In this perspective, the difference between a well adjusted person and a maladjusted one is how that person perceives and experiences, reacts to, or behaves with others in the world in relation to the self. His theory proposed that each person can, through the organization of personal experiences, learn to become psychologically healthy.

Non-directive play therapy has its roots in traditional humanistic and existential philosophy (O'Connor, 1991). It emphasizes the uniqueness of every person, perceptions of self and the meanings assigned to personal experience. It is built on a positive and optimistic view that children are fundamentally good, pro-social, striving for self-actualization and in search of life's meaning. Change occurs when self-imposed

psychological barriers are identified and examined, thus freeing the child's innate potential for positive personal growth (Shaefer & O'Connor, 1991). The social work clinician strives to demonstrate openness, empathy, warmth and genuineness within a play therapy environment. The clinician makes frequent use of paraphrasing, reflection and the techniques of active listening (Compton & Galaway, 1989). The clinician is deeply respectful, non-judgemental, refrains from giving advice and will avoid diagnosing and labelling the client. The focus is on the here and now, with the goal being to improve social functioning by increasing self-understanding and feelings of self-worth through a non-directive helping process that emphasizes intense listening and reflecting on the client's thoughts and feelings (O'Connor & Braverman, 1997).

Cognitive-behavioural play therapy (CBPT). Cognitive-Behavioural Play Therapy (CBPT) is based on a cognitive model of emotional disorders which involves interplay among cognitions, emotions, behaviour and physiology (Beck, 1985). CBPT includes concepts of modelling and support. This model is based upon three major premises. It is believed that thoughts influence the individuals' emotions and behaviours in response to an event. Therefore, it is not the actual event that causes an emotional reaction, but rather the world known only to the person experiencing the event. CBPT places great importance on how one thinks, how one interprets a happening, and how one subjectively feels (O'Connor & Braverman, 1997). Given this, when a person's belief systems are based on many erroneous assumptions, their emotional reactions to events are disturbed and the likely outcome may be troublesome behaviours. CBPT is concerned with current problems, and is applied directly in the playroom. This type of therapy has a

broad application to a child's problems and within this framework, play is a means to an end (Rose, 1987).

Play therapy may be directive in form - the therapist may assume responsibility for guidance and interpretation - or it may be non-directive; the therapist may leave the responsibility to the child (Axline, 1955; Landreth, 1982).

The main difference in the directive and non-directive approaches lies in the role the therapist plays in the therapy process. Directive therapists actively structure and create the play therapy situation (Gil, 1993). In contrast, the non-directive therapist respects the child's ability to solve his/her own problems, make choices and initiate changes, and accepts the child as he/she is. The process facilitates free expression of feelings by establishing a feeling of permissiveness and ensures the development of insight by reflecting the child's feelings.

Both techniques have their advantages, and the following variables need to be taken into consideration: a child's individual characteristics, the nature of the presenting difficulties and the resulting therapeutic needs, and the stages of the therapeutic group process.

Models of play therapy that integrate non-directive and directive approaches can draw upon the strengths of each. The therapist can utilize non-directive principles to build a therapeutic rapport, and then direct the therapy towards specified goals through focused intervention (Smith, 1998). Play is the medium of therapy for both, with a variety of techniques and media being utilized to assist the children to gain insight into themselves. The primary goal is to help children with anxiety/conflicts/symptoms and to help remove

obstacles that threaten to interfere with their optimal future development (Mills & Sullivan, 1997).

Play Therapy Techniques

Techniques used in play therapy include more than the manipulation of toys and materials. The nature of the therapist-child relationship encourages the child to freely use the materials in a way that is meaningful to them. The range of techniques is limited only by the imagination and creativity of the therapist (Mills, 1997). The suggested integrated play therapy approach that will be used employs a variety of group intervention techniques, such as artwork, bibliotherapy, games, puppets and group discussion. As is expanded upon in the following subsections, all of these help children understand their loss, express their thoughts and feelings in a supportive atmosphere and learn new ways of coping within their home environment.

Puppet play (projective media). Children frequently use puppets to play out interpersonal conflicts, especially those involving family. Puppet play functions in a number of different ways because, by standing in for real people, puppets allow a child to displace feelings from the significant people in their lives. The puppets offer physical and psychological safety that invites greater self expression. Children may project feelings perceived as unacceptable to themselves, onto a puppet. By attributing these impulses to the puppet, rather than themselves, children can transform an internal conflict into an external conflict that they can battle from the outside (Elliot, 1993). Representations of significant figures offer the group a range of emotional choices from

benign and timid figures to aggressive figures like alligators and tigers (Rose & Edleson, 1987). This is developmentally appropriate for the latency aged child.

The kinetic family drawing test (KFD). Most children will respond to a request to draw a person or their family. A drawing of the family will convey that child's perceptions about family members and may perhaps suggest the quality of relationships, and the child's view of her/his role within the family (Mills, 1997; Sullivan, 1997; Rollins, 1990).

Tactile media. Similar to drawing, clay and Play-Doh offer amorphous material with which to create something out of the imagination. These mediums offer a wide opportunity for the projection of the group members' conflicts, fears or wishes onto paper or into their manipulation and creations with clay (O'Connor & Braverman, 1997).

Games and play activities. The latency aged group may be particularly interested in games (Schickedanz et al., 1990). Many therapeutic board games exist. *The Goose Game of Feelings* (Blue Heron Productions, 1995), for example, is designed to explore the spectrum of human emotions through introducing different issues. Players can exchange places with one another, which acts as a metaphor for a basic commonality and therefore sets a stage for empathic discussion and development of an emotional vocabulary. Similarly, *The Feelings Game* (Blue Heron Productions, 1995) is a card game that employs the names of various feelings (i.e. angry, sad, ashamed, proud) in the place of numbers and suites. The object of the game is to collect a suite of four feelings. From this "book" a story is told by each child, involving the description of a particular occasion when that feeling was paramount. This may be expressed in the first, second or

third person. For example, "I felt jealous when he came home from the hospital and everyone brought him presents and no-one even talked to me" or "that boy felt jealous when his brother got all those presents" (Edwards, 1995; Kidder, 1998).

The Group Work Literature

Social Group Work

Social group work is the promotion and leadership of what Boyd (1937) called mutual-participant groups in which the group members participate collectively in feeling, thinking and acting. The humanistic group strives to develop a small face-to-face group which is built upon a foundation of chosen values which further links its members together through a particular set of emotional bonds. These affects include trust, care, respect, acceptance and anger.

The objective of the humanistic method is the development of effective behaviour for the group and the members within the group's environment and its external social context. Humanistic values form a person's position and attitudes about themselves and other members within the group. The humanistic social group worker intentionally uses the values of humanism and the principles of democracy in a human way (Glassman & Kates, 1990).

Social Group Work in a Play Therapy Setting

There are unique benefits associated with a group setting. These include play and activity, association with other children of the same age, and the role of the group social

worker (Slavson, 1948). The play and activity should facilitate contact with the children, insight and reality testing. A group setting provides an opportunity for the learning of mutual aid and its importance to growth and change. The abilities identified with mutual aid include caring, sharing, listening, decision-making and respecting differences (Garvin, 1985; Glassman & Kates, 1990). It also affords a chance for social learning or behavioural change that is maximized by the presence/modelling of the other child group members (Fatout, 1995).

Benefits of Group Work with Children

A group is a gathering of individuals meeting together with a leader/co-leader for the primary purpose of gaining information and experiences that will result in an "improved understanding of self, others and/or a particular topic of interest" (Toseland & Rivas, 1995). Scheidlinger (1966) emphasizes that:

> latency aged children are enmeshed in their struggles of establishing and maintaining close friendships, cooperating and sharing, learning the rules and consequences of participation. There is a predilection for group experiences at this age with a frequent preference for non-verbal modes of communication (p.363).

In daily living, latency-aged children spend a great deal of time interacting in groups such as families, friendships and learning environments. For each child, relationships within these particular groups can produce and/or reduce stress, loneliness, self-esteem and a sense of success or failure.

Providing a group experience is an intentional way of addressing childrens' needs for a sense of belonging and group identity. When an individual identifies with a group

and has a basic trust of the leader and other members, it becomes possible to take some risks in sharing oneself with others. Looking at one's own behaviour in a group setting can help one see how he/she interacts with others beyond the group. Through support and feedback from one another, group members gain valuable insight into their own attitudes and behaviours (Boyd, 1971). The group can then be a safe and supportive place to learn and practice new skills for feeling and acting differently. A group intervention is a good developmental fit for the latency-aged child. See Appendix A for more information on the latency-aged child.

Providing a group experience is a deliberate way of addressing childrens' needs for a sense of belonging and group identity. Anecdotal evidence gathered during the research process indicated that children from homes where a sibling has a special need often feel isolated and generally do not verbalize these feelings to anyone. The group then, can be a safe and supportive place to learn and practice new skills for feeling and/or acting differently. See Appendix B for Maslow's Hierarchy of Needs (Santrock, 1984).

The purpose of having groups as a form of intervention are related to process and to outcome. The overall goal is that the experience of being in the group will be empowering for the members. Glassman & Kates (1990) note that:

> Caring for others occurs when members respond to each other's hurts, discomforts, satisfactions, concerns, and fears. This norm is demonstrated through the sharing of emotional and practical abilities with the whole group. The group leader offers perspective to help the group to establish positive relationships. The leader explicitly presents views about sharing, helping and learning from each other.

Some of the therapeutic benefits described in research on groups are quantifiable outcomes for individual participants, while other benefits are related to elements such as the tone and environment of the group (Toseland & Rivas, 1995).

Yalom (1985) indicates that, within a group, children are likely to benefit from the elements described below.

Installation of hope (a belief that change and growth is possible and that the group is a means to that end).

Sense of safety and support (trust in other members and the leader, and a belief that one's rights will be respected. This belief is essential to enabling self-disclosure and emotional release).

Cohesiveness - a sense of we-ness, increasing the members' sense of belonging, empathy and mutual support. This affects childrens' attendance, and their willingness to work on behaviour outside of the group because they feel accountable to other members, requires empathy.

Universality - the understanding that 'I'm not the only one who feels like this' provides relief from isolation and enables further self-disclosure.

Vicarious learning - Members learn through the modelling of other members and the leaders.

Interpersonal learning - group members learn by giving and receiving feedback, and through thinking about the group process.

Altruism - children gain a sense of their value to other members by having the chance to give effective feedback, thus deepening empathy for one another (Yalom, 1985).

Games and Activities

The play therapy activities and games previously described are an indispensable part of a group for children. Activities such as games and puppet play are an important part of a child's development (Fatout, 1995; Walsh, Richardson & Cardey, 1991).

The term "programming" is used by Middleman (1968) to capture the non-verbal and verbal ways in which a person expresses her/himself. Further, this term describes "what is done and how it is done . . . the why of what is done" (1968, p.67). The term 'program' is defined as "the vehicle through which relationships are made, and the needs and interests of the group and its individual members are fulfilled" (Middleman, 1968, p.67). Northern (1988) described the content of the group that is expressed when group members engage in communicative expressions that transcend oral discourse as an activity-oriented experience. Both of these authors emphasize that talking does not equate with the entire group experience for the members. Activities add to the verbal discourse and further contribute to group goals.

Many factors contribute to the decision to implement non-verbal activities. First group mores and values must be respected. It is important for the leader to be mindful of the purpose associated with each session, the stage of group development, the age and the interests of the members and the required skill level (Middleman, 1968; Northern, 1988).

Roles of the Facilitator

The role of play in a group is similar to that of play therapy on an individual level. The relationship/interactions between the group leaders and the child's peers within the safety of the group are the curative elements. Children with similar challenges to their behaviour and interpersonal adjustment may benefit from group play therapy (O'Connor & Braverman, 1997). Girls and boys can be successfully mixed in one group -- depending on the age of the members, the type of group, and the group goal (Toseland & Rivas, 1995; O'Connor, 1991; Smith, 1998).

Group play therapy is considered the treatment of choice for many children from pre-school age through latency (Axline, 1955; Landreth, 1982). The use of group play therapy with children experiencing emotional difficulties facilitates normalization and the benefit of peer support, provides a secure place to share difficult issues, and opportunities for venting against symbolic siblings and family members (Thompson & Rudolph, 1996). A group setting breaks the sense of isolation, normalizes the adaptation process and provides camaraderie (Rose & Edelson, 1987). Landreth (1982) found that group play therapy techniques can provide children with the opportunity to process their sense of being in an out-of-control situation and O'Connor (1991) and Beck (1985) found that children are often able to bring some sense of empowerment and control to their lives.

Participation in child-centred group play therapy provides a climate for change in which children can learn to express feelings in appropriate ways, resulting in the development of positive regard for themselves and others. This is similar to the mutual and self-help focus in adult groups (O'Connor & Braverman, 1997). These

developments support the premise that children possess a strong capacity for growth toward adaptive functioning if they are provided with the freedom to do so (Schickendanz, Hansen & Forsyth, 1990).

In the facilitator role, the social group leader assists the members so that they can experience and identify their feelings, understand them and communicate them to the group. This can be accomplished by the leaders initiating the communication by using feedback or other methods such as probing, clarification and queries.

The facilitators maintain a moderately high level of control in directing group activities and attempt to ensure that the child members participate frequently and equally with one another. The leaders ensure that the group generated rules are followed in the weekly sessions so that the atmosphere is a pleasing and productive environment for practising problem-solving skills. By communicating with words and concepts which are accessible to the member's level of understanding, the facilitator can help children solve difficulties. For instance, in a play therapy session, the facilitators can stimulate discussion through the use of effective questioning of, and by, the child members and by the use of paraphrasing to clarify meaning for the members.

Social group leaders also promote development of interpersonal skills through the prudent use of examples. For instance, the leaders can make extensive use of the welcoming and warm-up portions of the group sessions and to group activities which include a discussion of the purpose of each weekly session. Transitions that reveal the relationship between the components (such as openings, working and endings) of the overall content are made between the activities within the group sessions and between the

sessions. Summaries of the problem solving principles that have been taught through particular activities and discussion are used in the latter portion of the working stage to reinforce the general concepts involved and thereby enhance group learning. The leaders note the similarities between ideas, review concepts, state main points, and review materials used in the session. Key terms, such as 'feelings', or 'self-esteem' are discussed at several points in each session. To further the understanding and the use of problem-solving skills, their application is practised repeatedly in a series of activities (Starak, 1981; Rose, 1987; Toseland & Rivas, 1995).

The role of the group worker varies depending upon the age of the children. For example, the social worker would be more active with young children because they are more dependent on adults for support. Also, out of necessity with this age group, sanctions must come from the adult facilitator. Therefore, there is a age-based movement in facilitator functions from the provision of security and support for younger children, to one of guidance and sanctions with older children (Gazda, 1989).

Co-Leadership

A review of the literature on group play therapy led the researcher to realize the benefits of having a co-facilitator and a consultative relationship with an experienced play therapist during this practicum intervention. Corey & Corey (1987), Yalom (1985) and Rose & Edleson (1987) cite a number of advantages associated with the co-facilitation model. Some of these are discussed below.

Reduction of burn-out. By working with a co-leader, leader 'burn-out' can be reduced because the responsibilities of the sessions are shared by two individuals.

Provision of safety and control mechanisms. Co-facilitation is a model that can provide safety and control mechanisms. For example, if emotions are running high during a session, one leader can pay attention to those members while the other leader can take the opportunity to scan the room to note the reactions of other group members.

Facilitation of linking group members. A co-facilitation model can also provide possibilities for "linking" the group members together and facilitating interaction between them.

Continuity of sessions. In the event of the absence of one leader, the group can still proceed. Similarly, if one of the co-facilitators is especially drained on a given day, the other leader can temporarily assume primary leadership

Reciprocal support between co-facilitators. If one leader has been strongly affected by the session, the other can offer objective feedback and act as a sounding board. Similarly, when one of the leaders is affected by a group member to the degree that counter transference is present, once again, the objectivity of another leader can be invaluable.

In latency age groups, two facilitators -- one male and one female -- would be representative of traditional parental roles, act as suitable role models, and facilitate the learning of more effective communication strategies and coping patterns (Toseland & Rivas, 1995).

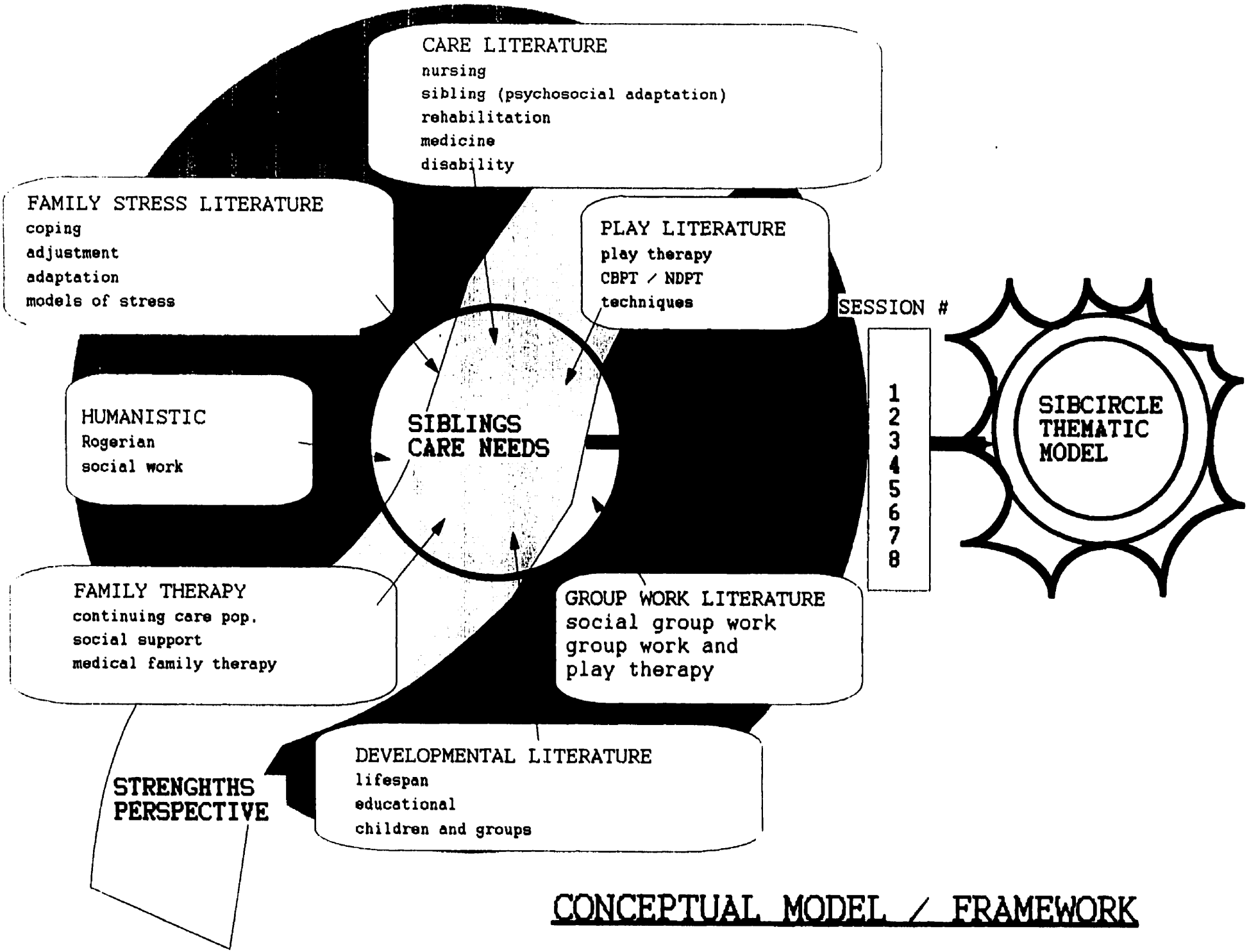
Summary

A number of practice frameworks have been highlighted in this review, including the strengths perspective, the Double ABC-X Model, the humanistic/child-centred, cognitive-behavioural play therapy, and group play therapy theoretical orientations. These approaches will guide the play therapy intervention.

This overview of the relevant literature has demonstrated the effectiveness of the fit. As indicated in the table below and the Conceptual Model/Framework that follows, Sibcircle was designed to integrate literature review findings into the approach being utilized. The bodies of literature reviewed were interwoven throughout Sibcircle content in order to address the developmental issues that latency-age children deal with and issues specifically related to living with a sibling with special care needs. The session structure and facilitation approach took into account the anticipated group dynamics. Sessions were set up to facilitate vicarious resolutions to challenges and to enhance Sibcircle members' feelings of success.

Sibcircle Sessions: Themes and Relevant Literature Bases

Week	Theme	Session Purpose	Relevant Literature Bases
1	Welcome to Sibcircle	• Getting acquainted	• developmental literature • play therapy literature • children in groups.
2	My Family	• to help children discover they aren't alone in their situation.	• play therapy techniques • developmental literature • educational literature • children in groups.
3	Feelings are Okay (feelings in general)	• to identify and name feelings in general	• developmental literature • family stress literature (coping, adjustment, adaptation) • strengths perspective
4	Feelings are Okay (feelings in the family)	• to explore the feelings, situations, and experiences of family members	• family stress • strengths perspective • social support system • play therapy techniques
5	Feelings are Okay (my feelings)	• deal with dominant feelings possessed by each group member.	• developmental literature • family stress • play therapy techniques • strengths perspective
6	Building Self-Esteem	• identifying dominant feelings in group • problem solving • coping. • feeling important	• developmental literature • family stress • care literature • play therapy techniques • group work
7	Non-Competitive Games	• frustration tolerance • problem solving • teamwork • camaraderie	• developmental literature • family stress • social supports • play therapy techniques • group work
8	Goodbye	• Feedback from the group. • Closure.	• group process (closure) • developmental stages • play therapy techniques.



CONCEPTUAL MODEL / FRAMEWORK

III) Practicum Methodology and Implementation

Group Planning Activities

A tremendous amount of careful pre-planning was necessary before the group intervention began. This preparation included an informal needs assessment, establishing a criteria for membership, provision of information about the group to the agency administration, to agency staff (Appendices C and D), and completing a mailout of informational material to parents of potential group participants (Appendices E and F). Other pre-work included obtaining parental and child consent (Appendix F), interviewing potential participants for screening and orientation to the group, orienting the children to group rules and ensuring that group goals were understood and accepted by the administration, counsellors, parents and children.

Potential families were notified about the group by a letter (Appendix D) and an accompanying brochure "Centre of Attention Sibcircle" (Appendix E). The brochure provided information on the day, time and place of the eight group sessions (Wednesday evening from 6:30 to 8:00). The intervention was held at the Society for Manitobans with Disabilities (SMD), Winnipeg Children's Program. SMD is a well established cross-disability organization. If parents indicated an interest in having their child participate, and/or wished additional information, a "Note to Kids" and a "Note to Parents" were provided to them (Appendix G).

The writer assessed the needs of potential group members through: reading the literature on siblings of children with continuing care needs, conducting information gathering interviews with professionals in various fields (mental health, nursing, medical

practitioners, family therapy, clinical social work, as indicated in reference list), and with parents and adult siblings within this population. During these information gathering interviews, the literature review findings were discussed and the focus of the "Sibcircle" was introduced to every interested party. Following this, feedback was obtained from these sources about the potential benefits of participation in this type of small supportive play therapy group.

The following is a list of important messages for siblings that emerged during the literature review, interviews with professionals, and direct contact with children who were part of the exploration research that preceded the play therapy intervention. These messages were explained and reinforced throughout the eight week sessions. They were: you are special; it (the sibling's challenge) is not your fault; you aren't to blame; you did not cause your sibling's situation, and you can't fix it.

The key objectives attached to this group included: to give unconditional support; to let the children know they were not alone; to teach coping skills; to reinforce the children's need to talk about and deal with their feelings; to help the group participants deal with emotional and behavioural concerns so they can reach their potential; to help children open the lines of communication with other children and their parents; and to offer resources to children and parents, such as bibliotherapy and outside support if needed.

Recruiting Participants

SMD social work counselling staff working within the Winnipeg Children's Program referred siblings of children that were currently on their caseload. The Sibcircle participation criteria stipulated the following group composition: one sibling per household; the child must reside with two parents and; co-ed participants should be between 7 and 10 years of age.

A letter was sent to the families referred by the social work counselling staff at the Society for Manitobans with Disabilities. The purpose of the letter was to survey the level of interest in the group. The letter, along with the 'Sibcircle' brochure, outlined some of the themes to be explored, and invited the child to participate in the group. It also encouraged parental support and involvement, and opened up lines for direct communication. The 'Sibcircle' brochure invited parents to learn more about common sibling concerns through parent information meetings and/or a support group.

Parental Supports

The relationship with each potential group member's family began over the telephone. Parents contacted the researcher after receiving the Sibcircle brochure to express an interest in having their child participate in the group. A parent-child interview was scheduled in the home. The purpose of the initial interview was two-fold: to meet the children and tell them about the group and to answer any questions family members had; and to determine whether the children were appropriate candidates for the group. Determining this required the development of an empathic connection with the

child and an alliance with the parents. Latency-aged children's level of dependence on their parents necessitated that the intervention focus on adults as well. Therefore, a family-centered interview was considered important.

A second parental interview was held at SMD. This meeting gave the parents an opportunity to further explore why they thought Sibcircle might be beneficial for their child. Written consent was obtained at this time and issues around transportation were discussed. At a final meeting at SMD, the parents were provided with instructions for two supplementary measures. The first was a Child Self-Report Scale, *The Speedometer*, an emotional barometer contained in Appendix H. The second was a self-report scale, *The Mood Thermometer*, a mood barometer contained in Appendix I. Parents also filled in two measures for general assessment purposes. The first was the Family Functioning Index (Appendix J), and the second, the Amount of Time Spent with Child with Continuing Care Needs Questionnaire [ATSCCN] (Appendix K). More detail on how these measures were used is contained in the Evaluation section.

Physical Setting

A children's classroom was available for use as a play room. It was large, bright, and had a child friendly atmosphere. The other amenities included a washroom, a viewing room, and the use of an audio camera. Play materials and toys were provided that were age appropriate and oriented towards an integrated play therapy model. These toys and games aided in the establishment of a positive relationship and helped the children express emotions. For example, the use of toys and games allowed for limit

testing, feelings of mastery, self-understanding and discovery. Materials that facilitated self-control, such as clay and drawing supplies were provided for the group.

Practicum Supervision/Personnel

Clinical supervision was provided in several different ways. Meetings were held once a week with Dr. Laura Taylor (primary advisor), who also viewed/listened to video/audio tapes of group sessions. Process notes were also provided to Dr. Taylor as a spring board for ongoing consultation. Weekly consultations took place with Ms. Clare McCarten, a committee member, for feedback and clinical supervision, and regular meetings were held with committee member Esther Blum.

Anne Marie Davis, a Supervisor of the Winnipeg Children's Programs, SMD, acted as a guide to the organization and provided assistance when necessary. The student also received "live" ongoing supervision at SMD with co-leader, Ken Jones in weekly meetings to discuss Sibcircle's progress. In addition, preparation and debriefing sessions were held before and after every weekly session. This ongoing supervision and guidance was a critical part of the practicum. It allowed for both the facilitation and maintenance of the emotional strength and momentum necessary for gaining insight into, and an appreciation of, the learning process.

Implementation Activities

Participants Recruited

In addition to siblings of SMD clients, one member who was a sibling of a child associated with the Autism Society attended the Sibcircle. It was anticipated that the group size would be between four and six children. Five children formed the Sibcircle group.

All children voluntarily agreed to be a member of Sibcircle, and parents signed the Informed Consent form (Appendix F). While it was stressed that anyone who wished to discontinue the group had the option to do so at any time, no one opted to leave Sibcircle.

Arranging for Co-Facilitation

Due to the researcher's interest in pursuing co-facilitation, Ken Jones, a family counsellor at SMD was suggested as a possible co-facilitator for the Sibling group. An introductory meeting was arranged to ascertain mutual interests, theoretical orientations, experience and the suitability of fit. A follow-up meeting focused more closely on the group goals, division of labour and time allotments.

Pre-planning work, inclusive of a session manual (Lysenko, 1999), had been completed at this point, and Ken Jones assumed the role of co-leader. There were significant benefits to having a co-leader present throughout group implementation. As suggested in the literature, co-facilitation provided a number of learning opportunities, such as the presence of another perspective for assessing the group process, the provision

of objective feedback, and a partner to effectively facilitate group interventions. The leader also benefitted from the co-leader's wide breadth of experience and maturity as a group facilitator.

The combination of styles, personalities and varied experiences resulted in a harmonious balance between the leader and co-leader. At all times, the co-leader was supportive of the leader's Sibcircle intervention and of an approach that involved responding intuitively to group dynamics. The leader/co-leader successfully combined different, but complementary theoretical orientations to enhance the members' assimilation of the content and issues in the Sibcircle group. In addition, both shared a love of metaphor and humour, which was celebrated in the group rhythm established by working together.

To have two frames of reference was an invaluable gift when discussing the individual group members progress and group dynamics during the debriefing process and the weekly planning meeting. This relationship met the critical need for open communication in the discussion of content/process issues and mutual feedback. Thus, the added observations, insights and information made for a good balance regarding the therapeutic process in the Sibcircle support group.

Group Intervention Selected

The intervention that was utilized at SMD for the purpose of this practicum was a supportive, insight-oriented, experiential process employing a group play therapy modality of treatment.

Determining Appropriate Parent Supports

During the three face to face meetings with the parents, the decision was made that they were going to stay and wait while their children attended Sibcircle. Therefore, a lounge area was reserved for Sibcircle parents, with the expectation that the parents would likely form a natural informal support group. This is, in fact, what did occur.

IV) Emerging Themes

This chapter will provide an overview of the stages of group development and a week-by-week review of the eight session Sibcircle intervention. The examination will systematically review group content (openings, working and endings) and then conclude with group observations. At the beginning of the intervention, it was anticipated that consistent themes would emerge as the intervention proceeded -- and that, to varying degrees, these would be relevant for individuals having a sibling with continuing care needs.

The approach will be to provide a descriptive accounting with little analysis in this chapter and then present the themes in a more analytical manner in Section V.

Stages of Group Development

A general three stage model of beginning, middle and end was initially used in the group because, according to the literature, the more distinct phases are generally not apparent in children's groups (Thompson, C., Rudolf, 1996). However, by Sibcircle Session Three, there were very specific, delineated and obvious linear stages. Therefore, the model was expanded to include the more specific sub-stages of forming, storming, norming, performing, termination and a follow-up stage (Tuckman, 1996).

The beginning stage of the three-stage model is characterized by tentative exploration as the group members search for common ground and definition. There will be approach/avoidance behaviour as the child members gradually take risks and develop a beginning sense of trust. The middle/working phase can be characterized by the

members juggling for position and status within the group, exhibiting rivalry and testing the group social worker. The leader was able to label and clarify the issues in the "here and now", and this transition stage gave way to more openness with fellow group members and with the leader and co-leader.

As the group moved to a level characterized by more intense personal involvement, a cohesion began to develop. There was a sense of deeper trust and commitment and the members began to struggle a bit with interpersonal conflict. The leader was able to assist by drawing Sibcircle's attention to the emotional climate as it developed within the group. In the same way that an understanding of the power issues can lead to intimacy, the acceptance of feelings of intimacy led the support group to a place where the child members felt free enough to differentiate from one another. The members moved from their initial cohesion to a stage characterized by acceptance of one another as unique individuals. At this point, the children were able to evaluate relationships and events in the group in a fairly realistic way. The end phase of the group's development was characterized by a completion of tasks, with the members beginning to move apart from one another. This last stage brought feelings of anxiety over the separation and loss of the support group. It provided an opportunity for the child members to rethink what the Sibcircle group had meant to them and to determine the value of the total group experience.

Forming

During Sessions One, Two and Three, the group was getting adjusted to being together, figuring out rules norms, and standards. Members were exploring one another's expectations and deepening their sense of the group's purpose. The members had some anxiety at this stage, which needed to be normalized or lessened to the point that it was not counterproductive. At this point Sibcircle members' concerns included building trust, setting individual goals, knowing what to expect, and buying into the group.

Members questions at this stage concerned *inclusion* [do I belong? Who am I in this group?] *control* [Who is in charge here? Can I affect this group?] *Intimacy* [Can I trust these people? Will they care for me?] (Smith, 1995).

Storming

The first three sessions were followed by a high energy phase in Session Four where members began to test the limits of group influence and challenge the role of the leader. Conflict around tasks, and resistance to direction occurred.

Norming

When the "storms" were addressed in Session Five, the group began to move toward a sense of cohesion. A group identity developed and routines emerged, which provided comfort and predictability. The group members were clearer about expectations governing group behaviour and, to some extent, began to own and direct

the group process a bit. During this stage, Sibcircle members' expressed a desire to share the group goals, to enjoy the sense of "we-ness, and to avoid active conflict.

Performing

This was the active work stage of the group in Session Six and the leader's role was lessened. The focus of group time and energy was on the group task and on members helping one another to work on their own goals. A sense of creative interdependence was felt and members were able to be more open with one another. Sibcircle members expressed feeling good about group membership and about personal growth. They were also beginning to practice new skills within the group and were able to give and receive feedback more comfortably and effectively.

Termination

This stage, in Session Seven, began the adjourning and closure of the group and was a very emotional time for members. It was important to celebrate accomplishments, say good-bye and acknowledge any feelings of sadness or loss. The storming stage of the group was quite intense and was resolved well, and this stage was equally intense. Sibcircle members expressed sadness and said they were not ready for the group to end. Members felt fear at being separated from an important support system, and of losing ground on work done in group. They also seemed excited about moving on.

Integration

Once the group had ended, the leaders no longer had active input into the members' learning processes. The children will continue to reflect on the Sibcircle experience and learn from it over time. The facilitators told the children that this may happen and encouraged ongoing reflection by suggesting that children look through their 'I am Special Box' that was started in the group.

Follow-Up

Any outstanding issues from the group were dealt with by the leaders in the follow-up stage. This included ensuring appropriate referral for members needing further service. In addition, the leaders debriefed from the entire group experience and conducted a careful evaluation of the group plan. The leaders also took note of their own areas of growth and learning (Middleman, 1983; Glassman & Kates, 1990; Toseland & Rivas, 1995).

Sibcircle Group - Session One - Welcome to Sibcircle

Group Content

In the first Sibcircle session, the goal was getting acquainted with one another and building camaraderie and friendship. The individual members had each been previously introduced to the concepts of Sibcircle in a home parent-child interview. This session was attended by five group members and the leader and co-leader. During this session, the following tasks were completed: Group members were introduced to each other; the

purpose of the support group was reviewed; the leaders introduced themselves and identified their roles; and the group brainstormed a set of rules for the members. The rules were eagerly generated by the members and duly noted on posted chart paper. The concept of confidentiality was visually introduced by a picture of a long thin train with many cars filled with the letters which spelled the word 'confidentiality'.

Openings. The session opened with saying "Hello!" and welcoming each member around the circle by name. Introductions were facilitated by two ice-breaker exercises, *The Story of My Name* and the *Three of My Favourite Things Game.* [2] These warm up exercises were designed to engage and relax each member by having the group answer fun and non-threatening questions about themselves. These activities allowed the children to be recognized as the focus of attention and also as important players within the group. The group especially enjoyed *The Story of My Name*. After the icebreaker exercises, the leaders discussed their roles in group.

Working. The Session One working activity was to teach relaxation of the large muscle groups, using animal metaphors as cues. The purpose of this exercise was to decrease the group's anxiety, focus their attention and impulses and to enhance physical and emotional awareness.

Endings. Endings included snack and an open invitation to sing any favourite songs. The children whole heartedly accepted the invitation. The first Sibcircle closed with the comments "home already" and "we haven't been here very long."

Group Observations

The main theme that emerged during the first session was how ready the members were to talk openly about themselves and their CCN siblings. The dialogue throughout the evening was free flowing and interactions were continuous and everyone participated by talking and/or watching and listening to one another. The theme the 'special sibling' was dominant in portions of the conversation (all quotes have been numbered for coding purposes). One member noted that "My brother cried and screamed tonight when I left alone with my Mum" (0:1). The group identified "special attention" given to their "special" siblings.

Another illustration of the sibling's 'special' status was a group member's observation that "my brother is a movie star, he got his name in the paper because he is a poster child." (1:1) This comment was followed by a look of amazement on another member's face and the statement, "so is my sister, she got to go on a trip all by herself with my dad." (1:2) Both of these comments, and others, made during this session might suggest feelings related to coping with a lack of attention. Another group member noted that "I get to come here by myself and I never get to go anywhere just for me." (2:0) Taken collectively, the comments lent themselves to an awareness within the group that Sibcircle members were all in the same boat.

Everyone had fun during Sibcircle Session One. The group was calm, the children interacted with each other and the group leaders.

Sibcircle Group Session Two - My Family

Group Content

The second group session goal built on Session One. Session Two promoted the sharing of more information about the group members themselves, and their families -- thereby increasing their knowledge of one another. Session Two of Sibcircle was attended by five group members and both the leaders.

Openings. The group opening began with the format introduced in the first Sibcircle: a check-in time to welcome everybody and to share any news with fellow members, a review of the last session, a reinstatement of the rules, and then relaxation time.

Working. To facilitate a discussion, the group members were asked to make a Kinetic Family Drawing [KFD] of their family doing an activity together at their home. This projective technique (which is described in more detail in Section V) provided information about how children perceive themselves in their family setting (Rollins, 1990). The pictures provided a revealing commentary about the members' feelings. This was followed by two puppet activities, the making of a spoon puppet, which was followed by the performance of a puppet show. All children participated in both activities.

Endings. Session Two concluded very quickly because of the large number of tasks. The poem *Family* was read by the leader and echoed by group members line by line. This poem reinforced the theme of Session Two by expressing the experiences,

ideas and emotions of Sibcircle in an imaginative style. Throughout the session, members were calm and explored the group environment.

Group Observations

During Session Two, Sibcircle members were ready to share ideas about their families -- the group was ready to work. As expanded on in the examples below, The Kinetic Family Drawings identified the individual group members' perceptions of themselves within their distinctly different home environments.

> The B Family is portrayed together in the same room, with the members touching one another and everyone is smiling. The Sibcircle Child A, his father and other siblings have brightly coloured bodies whereas the mother and the special sibling are colourless. Child A's arms are very large and spread open in a reaching position. Child A's body is positioned on the floor, sitting with legs extended in the same position as he has depicted his special sibling. Child A relates closely to this sibling when he says "I feel very sad that my brother can't walk." (3:0) The overall message in the KFD is that the home environment feels accepting and warm to A.

> The Y Family is rendered in a rudimentary fashion, without any gender distinction and little attention to detail. Colourless family figures are depicted in a straight line and the size of the members decrease as the eye travels toward the Sibcircle member, who is waiting alone in the car. The child is separated from the outdoor family scene and is further separated from the parents by extended family members. Mother is isolated within the line of figures by blank space and she is without body parts. The continuing care needs' sibling is tied to father. The Sibcircle member commented "my sister has to be tied to my dad so he doesn't run away." (4:0) Child F's self-portrayal is a featureless and personally insignificant stick figure. A large vacant parking lot dominates the piece of paper. Child F remarks, "we are the only ones here." (3:1) Siblings without CCN miss having a brother/sister who they can share experiences with. It also points to the recurrent theme throughout Sibcircle -- that their special siblings are clearly not like other children.

In the T Family, many extended family members are present, with each pair doing a separate activity. Every dyad is portrayed as standing together yet separate. Each pair is blocked by a barrier in front of it. The group member is in the corner room of the house reading with her cousin.

Child R's family aren't relating as a group in this drawing. Instead the family members are segregated into stiff, stoic looking pairs. This drawing depicts the social support available to this family. In this KFD, Child R has portrayed a serious and we-get-our-basic-functions-met family.

In the V Family drawing, the entire page represents the family home. It is compartmentalized by heavy black lines, and the house is devoid of any furnishing. All the family members are absent except one. This figure was drawn only after inquiries had been made. This figure is watching television - a tiny child enveloped by a huge chair. There is no one home in this drawing. In contrast, the member's outdoor drawing of himself is highly detailed. He portrays himself in a proud fashion as a hockey player totally protected by his gear -- the grilled face mask, his body padded, hockey stick poised, and a big net behind him. It is clear fro the KFD that this family is perceived as absent by this Sibcircle member.

The puppet activities were very popular with the group members. The spoon puppets were designed so that the group member's hand sat inside the puppet, creating a sense of disguise. This served to disinhibit the children and allow them to express themselves. The puppets danced, were boastful and talkative. The puppet activities were effective vehicles to provide Sibcircle with an opportunity to share common joys and concerns and to familiarize themselves with fellow group members' families. Questions that were responded to included, *Who am I? Who lives at my house? What is it like to be at my house*?

Introduction to Sessions Three, Four and Five

The purpose of these three sessions was for Sibcircle members to learn and develop better skills in: identifying, naming, claiming and managing emotions in general. Emotions selected were based on the age and emotional maturity of the children involved in this Sibcircle group - a group composed of younger latency aged (6-10 years of age) children.

Group Session Three: Feelings are Okay (Feelings in General)

Group Content

The purpose of Group Session Three was for the group members to learn to identify and name some basic emotions in order to facilitate the expression and normalization of these feelings. Five group members and the leaders attended Session Three.

Openings. The openings followed the established format. The rules were reviewed with a lot of support from the group. This development was very positive as Sibcircle members were being encouraged to lead this component in Session Four. The relaxation exercises were very popular, especially squeezing two lemons, and the stomach exercise using the imagery of 'here comes the baby elephant'.

In reviewing the last session, the co-facilitator explained to the group that both leaders had felt shy and were wary about the group members talking about personal things. It was indicated that the leaders were sorry if the group didn't feel they could

talk as much as they wanted to about their families, and that everyone finds it difficult to express their feelings sometimes.

In order to facilitate discussion of the topic for this session, the leader read a poem aloud entitled *Everybody has Feelings*.

Working. The session discussion began with the leaders asking two thought provoking questions designed to focus on particular sensations or impressions that had remained with the members since last session. First, group members were asked how they had felt about coming to group the previous week. Then they were asked what their favourite activity had been during the last session. These ideas were explained and shared with the group members by the leader role-modelling. The Session Two puppet activities were chosen by most children.

Session Three activities reinforced this discussion of emotions. Large pictures of people portraying the emotions were posted. The second activity was *The Goose Game of Feelings* (Blue Heron Productions, 1995). This game is designed to explore the spectrum of human emotions through the introduction of different issues. Players can exchange places with one another which acts as a metaphor for a basic commonality and therefore sets a stage for empathic discussion and development of an emotional vocabulary. The third activity was a game called *How Would You Feel If...?* (Blue Heron Productions, 1995). The purpose of the game is to encourage children to predict feelings and recognize that people feel differently about the same things. The group was asked several questions such as: *How would you feel if you woke up and your Mum said: "I'm glad you're my child. I love you."* The overall response to this question was best

illustrated by one member's answer. He jumped up off the mat with his arms open in the air, a big broad smile and a joyful skip, and the words "very happy" (5;0).

Endings. The group closed with two songs related to the Feelings are Okay theme.

Group Observations

In order to help the Sibcircle members understand that it is okay to own all of their feelings, the content in Session Three emphasized that a person's feelings are not right or wrong, good or bad, they just are. The group brainstormed feeling words, including: glad/happy, sad, angry/mad and afraid. These are the least complex feelings and are developmentally on target for the ages in this Sibcircle. For example, feeling sad was explained by the group leaders as: "You don't feel good. You feel down and may need to cry. You probably wish things in your life were different or wish that something did not happen. Or you may feel worried or concerned that something is going to happen, like death, being alone or thinking about your brother in the hospital."

The themes of isolation and 'My Sibcircle' were the dominant topics in this group session. The feelings glad/sad/mad were thoroughly explored during this group session. The example, "thinking about your brother in the hospital" generated most of the dialogue. This was the last question of the session. The Sibcircle talked about their experiences in hospital as well as the experiences of their siblings. They talked about hospitalization and rehabilitation "my sister goes to O.T. and physio." When queried for specific information about the words 'occupational therapy' and 'physiotherapy', the

members knew the purpose behind the various treatments. For example, the comment "It's used to exercise muscles that he (my CCN sibling) can't use 'cause he doesn't run and jump and play like us kids here." (4.2) Another member chatted about "the tube in the stomach for my brother so he could eat and then he had an operation so he could eat like me". (4:3) Another member talked about wheelchairs and how her special sibling gets around. "My sister is too young to use a wheelchair ... she pulls herself around on the floor." (4:4) It's very important to understand differences. The discussion clearly indicated that all group members had clear, sophisticated information about their siblings' CCN. This session of Sibcircle offered the sharing of peer experiences as well as being an objective source of additional information and support, through active listening skills. The siblings enjoyed elaborating on their own experiences.

This session also highlighted the importance of understanding differences. The second activity the *Goose Game of Feelings* was very popular and generated a huge amount of conversation about families, how every family was different, and the different ways in which love could be expressed within a family. A member commented "My sister won't let me hug her, I try, but no." (6:0) These siblings can feel isolation because they miss having a sister or brother with whom they can share their feelings with.

Two members brought Sibcircle gifts this session. One brought a toy dog and asked the group to help her select a name for it. This was a clear gesture of acceptance and friendship. In addition, an isolated member felt accepted into the fold because the name that she had suggested, "Lucky", was picked for the toy dog. Someone brought a gift of stickers for each child and the group decided to decorate their name tags. The

group members were thinking of each other between sessions and wanted to share and give something to the Sibcircle. At this stage the group was forming. Nevertheless, Sibcircle was becoming self-directed.

The Sibcircle worked very hard during Session Three. There was a lot of overlap in the activities, but it was very fruitful. The group was very relaxed and eager to participate in the activities and games. The members had 'bought' into the Sibcircle group, as noted by the feedback "I am very excited about Sibcircle" (7:0) and "I love it." (7:1)

Closings. Free play time appeared unnecessary as the Sibcircle is a group play therapy group. There was a lot of spontaneous engagement and rhyming tonight when the group sang. Everybody loved snack time and the circle was very intimate. The members were calm and settling into the activities.

Group Session Four - Feelings are Okay (Feelings at My House)

Group Content

The purpose of Group Session Four was to explore the feelings, situations and experiences of the group members in their home environments. The five regular group members and leader and co-leader were in attendance for this session.

Openings. The session began with the regular opening format. Two members took responsibility for leading fellow group members through one item in the format with one member reading through the rules, and another leading the relaxation exercise. This was an important development as the opportunity to coach others can become a way

to master these skills, and the teaching empowered the two group members. The purpose of this exercise was to reinforce the importance of the message that the group belonged to the siblings -- that it was their Sibcircle.

Working. To facilitate a discussion of this topic, three warm-up activities were explored; *KFD (Kinetic Family Drawing), Sib-Stories* (adapted from Sibshops, 1985) and *Aunty Chatty* (adapted from Sibshops, 1985). The latter two discussion warm-ups were designed to allow the siblings to express their concern without necessarily having to reveal their own experiences.

Through the act of listening to special stories about siblings, group members discussed their own experiences, inadvertently, as they responded to a fictional siblings' experience, via a story/letter that is being read by the group leader. For example, Aunt Chatty is an advice columnist who answers letters from siblings with concerns similar to those of Sibcircle. The group members were asked to give advice based on the premise that they were the experts on the subject of being a sibling. Specific questions were used as prompts to organize responses because of the young age of group members. It was hoped that this facilitated group interaction would inspire a directive conversation about the group members' lives and experiences.

The discussion began by reiterating the emotions identified in the third session -- glad, sad, and mad. These basic emotions were overlaid by feelings somewhat more complex, such as loneliness, jealousy/resentment, and worry. Pictorial representations depicting children/adults expressing these feelings were reviewed with the group and

displayed for further reference. A question format was used to provide necessary structure to the dialogue.

The Mime Game followed the discussion warm-ups. In this game, the group members pantomimed various scenarios by acting out emotions through the use of facial expression and body language. The Sibcircle "audience" tried to guess the content of the message. This game helped the children realize that what is in the mind is expressed by the body, as behaviour and actions, and that the mind and body work together.

Endings. At closing, the group was rather subdued, as they ate Valentine cookies and echoed the poem *Everyone has Feelings*.

Group Observations

Session Four marked the mid-point of Sibcircle, and the group was moving forward into the storming stage. This was characterized by some impatience, silence and challenging behaviours. The members who were given two of the important opening tasks -- reading the rules and guiding the group through an exercise -- did a good job. The relaxation exercises appeared well adapted to the age group and continued to be very popular with the members. Every member seemed to have a favourite exercise and tonight our Sibleader was a good role model as evidenced by the grimace on the Sibcircle members faces during relaxation.

Aunt Chatty was well received as were *The Sib-Stories*: Story 1 - Focus of Attention; Story 2 - Inquiries of Friends and Strangers; Story 3 - The Worry Story (Meyer & Vadasy, 1996).

In Story 1, the sibling has autism and needs a lot of attention which seems to take up all of the parents' time. The sibling comments that she/he only gets attention when she/he gets into mischief. In this tale, the child posits the question: *How do I let my Mummy and Daddy know that they have two kids, not one?*

Some of the responses included "you could write your mum a letter" (8:0) or just say "hey! What about me?" (8:1)

In Story 2 the child asks *What does a kid do when someone says, how come your brother/sister has a problem*?

This question generated responses along a continuum varying from "I feel sad" (3:2), "unhappy" (3:3) and "shy" (3:4) to "I just say I don't want to talk about this now" (3:5), "I just run away when kids say 'your brother is bugging me'" (3:6) to "I just want to smash something." (3:7) The responses to Story 2 indicated that siblings felt cornered and challenged by attempting to defend their CCN sibling from taunts while trying to respond to questions from playmates. The group members were clearly uncomfortable and developmentally unable to respond to this question.

Story 3 focused on worry, with the character being worried that maybe he might become like his continuing care needs sibling.

This story generated the following remarks "I can't 'cause I wasn't born that way" (4:5) and "You could get that way if you had a car accident" (4:6). Every group member seemed assured that they would not become disabled like their sibling. Responses indicated that the members of Sibcircle were all well informed and possessed sophisticated facts about their siblings particular chronic illness/disability/ continuing care needs.

> Story 4 addressed jealousy. Sheri sometimes wished that she had cerebral palsy. She is jealous of Amy, her CCN sibling, because Amy gets a lot of attention and is fussed over even though her work is sloppy. Whereas, Sheri is feeling that nothing that she does is very important to her parents. All the Sibcircle members, except for one, clearly related to the jealousy theme, as

expressed in the comments "my sister got to go on t.v." (8:2), "my mum never gets mad at him" (8:3), "my sister went out with her helper to get ice-cream" (8:4), and "my brother's picture is in lots of books, lots n' lots." (8:4) However, one Sibcircle member verbally denied that his CCN sibling affected him in any way, saying "my sister's just the same as everybody." (3:8)

The group enjoyed the scenario "I'm very happy because I'm going out with my mum and dad, all by myself." The group's response was unanimous and can be best described by one member's proclamation "I'm so happy, happy, happy." (5:1) The unanimous nature of the response suggested that Sibcircle members felt an intense need to be the center of attention.

The group was not as carefree During Session Four. There was some challenging of the leaders, echoed in comments such as "we've been sitting here a lot of minutes" (9:0), "I'm hungry" (9:1), "Can we have our puppets?" (9:2). Dynamics in the group were becoming more complex. Although the Sibcircle generally liked the session structure, at this point it was pushing against its boundaries and the group members were asserting themselves.

During this stage of group development it was very important for both leaders to remain mindful of the cues and energy messages that the group was giving, and that they remained flexible and able to 'go with the flow' of the Sibcircle. It was difficult, and, to

a certain extent, the leaders knew that group expression was being blocked. The group was exhibiting clear movement through the stages of group development. Rather than explicitly revealing process issues, Sibcircle members', through play, indicated who they were and where they were developmentally as a group and individuals within the group. This was evident in their questioning the role of the group leaders, and beginning to test the limits and rules that had been set in place.

Group Session Five: Feelings are Okay (My Feelings/A Kid's Feelings)

Group Content

The purpose of Group Session Five was to deal with the dominant feelings of the group members and how to identify these specific feelings, and ways in which these feelings could be more positively handled and expressed. There were five members and both leaders in attendance during Session Five.

Openings. The opening of the session and Saying Hello! was a bit disjointed because two members were late. One member's brother had a seizure and the mother had to wait for a while before she could bring the child to group. The member said she was "feeling bad" because her brother had a seizure and "sad and afraid." (7:2). Another Sibcircle member asked "what is a seizure"? (7:3). The member responded that her brother "fell off the couch and jerked around" and then demonstrated how his eyes rolled back in his head and the group was told "you could swallow your tongue too." (4:7). This explanation was followed with "I'm so glad you are here", a testament to the camaraderie and a hunger for connection to others.

This was clearly an opportunity to learn how other children handle situations commonly experienced by siblings of children with CCN. Child S's mother commented that S kept saying "Mummy, I want to go to my group," (7:5) strongly suggesting that this member felt that she had her own special time in Sibcircle, that it was a place where she was listened to, and that feelings of understanding and relief could be found at Sibcircle.

The rule reading was being rotated through the group. Drawings of the relaxation exercises were posted as cues for the group members as they each, in turn, chose and led the group through one exercise. During the review of the previous session, one remark made was that "we were like boiling macaroni and water last week" (9:3).

Working. The two activities were *"If I wasn't me, I would like to be ...* and *working with clay.* For the first activity, discussion was facilitated by brainstorming on the add-on story that was developed by leaders to explore how we recognize feelings. Questions and responses could be concrete possibilities or very imaginative ones such as; *What colour would you be if you were a colour and why?* This activity allowed the children's playfulness and capacity for fantasy to emerge, and also had the potential to channel creative energy into problem solving.

Working with clay promoted group members' self-expression and interaction with one another. It provided a good opportunity to bring members into a group project. The clay work was very revealing as the Sibcircle made models to try and help others understand or see what their feelings were like for them. At first everyone was overwhelmed by the sensation of the clay. One of the most self-contained members

(someone who speaks in neutral unemotional terms) initially had a hard time expressing himself. But he soon let his emotions loose, and pounded and smashed his creations one by one. Sibcircle members reported that working with the clay made them "Happy, jumpy, skippy" (7:6) and "calm and relaxed" (7:7).

Endings. At snack, the leader announced that Sibcircle would meet only three more times. This was followed by many comments and questions. The group members did not accept the answers. "But why can't we come after Easter" (7:8), "I want to come 100 more times" (7:9), "I want to come until I grow up" (7:10). This suggests Sibcircle had succeeded in engaging the members.

An isolated member led the group in a closing song called *Circle of Friends*. One of the lyrics was that "you can never have too many friends" (10:0).

Group Observations

The group really enjoyed the activity *"If I wasn't me, I would like to be ...* and it generated high energy and colourful metaphors of the members' conceptions of themselves. The theme of 'together we have a lot of power' was evident in statements such as: "If we put all our stuff (feelings) together we'd be a big storm" (9:4), "a hurricane" (9:5), "a twister" (9:6).

During Session Five, the group members tried on different roles representative of a traditional family constellation of mother, father, sister and brother. There were a lot of good feelings in Sibcircle, and the members had truly 'let down their hair'. During this session the group was clearly moving towards cohesion, with the members

beginning to own and direct the group process. As the members became more reflective. it seemed the group has less and less need for words. Sibcircle had fully engaged itself in group play therapy, with the children sharing group goals and enjoying the group feeling of *we-ness*. They exhibited behaviour consistent with the norming stage of group development, and during this session the leaders were open channels, with the group being fed and directed by its own energy.

Group Session Six: Building Self Esteem

Group Content

The purpose of Session Six was to help each group member recognize that they are very different and special in their own way -- with the ultimate goal being for members to gain an improved sense of self and ultimately make good choices for themselves.

Openings. There were two group members present and the leaders. One absent member was at a science fair, and the other two were ill. The members that were present had a unique opportunity tonight to both present rules and lead Sibcircle in several of the relaxation exercises.

Working. The topic in Session Six was self esteem, with the premise being that, in liking oneself, people work at becoming more confident and more accepting of who they are. When people feel loved and believe in themselves, it is easier to make better choices in life and thereby feel happier. The plan for the group was to participate in three activities; *The Five Good Things About Me, an Echo Game, and the Compliment*

Game. However, because of the small group size, it was decided to postpone *The Compliment Game.*

The goal of the first activity, *The Five Good Things About Me*, is positive self talk. It was emphasized that when people say good things about themselves, it is easier to feel and think good thoughts, and that the things we say to ourselves can help determine how we feel about ourselves. Likewise, *The Echo Game,* facilitated positive self esteem. During that game, the group members were asked to come up with their own positive statements that they could repeat to themselves when they feel down or need some cheering up. If the members wished, they could share their individual positive statements with the group.

Endings. Given the small size of the group, endings were brief in Session Six.

Group Observations

As already mentioned, there were three group members absent this session. For the first time one of the group members noticed the viewing room located at the back of the Sibcircle play room. The member noted that "I remember seeing that room. My brother was there so people could watch him" (3:9).

The working part of the session was very fast paced tonight because of the small group size. The two members present were completely comfortable that they were the only members in Session Six. The children struggled initially, trying to come up with *Five Good Things About Me*. This activity was quite abstract and required a larger number of people than were in attendance, in order to generate a large enough number of

ideas. Nevertheless, throughout the session, more and more ideas and comments did surface, such as "I like me just because I have lots of friends here" (10:1), "I help my mum do this (put away food) that is a good thing about me" (11:0), "I like myself because I go to Sibcircle." (7:11)

These siblings indicated feeling good about their group membership and demonstrated an ownership of the Sibcircle. The group thoroughly enjoyed the positive self-talk poem read for *The Echo Game*, intended to facilitate growth and feelings of self-worth. The members were able to further use the momentum it created to set a cohesive tone for Session Six.

As an alternative to *The Compliment Game*, the leaders suggested art work. Both members had many ideas about what and how to create a whole manner of projects. One member decided to make origami and took the initiative, offering to instruct the leaders and the other sibling in the art of paper box-making. The other member also extended himself in teaching the application of decorative elements to paper. The members were beginning to practice new skills in the group, performing through helping each other work on group goals. A creative interdependence was felt during Session Six as the members directed the group process. This was essential because the 1:1 leader-member ratio could have been too intense for these young latency-aged siblings. Everyone within the Sibcircle was attuned to one another, as illustrated by their gestures of cooperation and goodwill. The members were comfortable with the leaders and their respective styles. The self-esteem component was important for all Sibcircle members, so therefore, the decision was made to weave it into the content of Session Seven.

Group Session Seven - Review of Sessions One - Six

Group Content

The purpose of Session Seven was to review the themes from Session One to Six and revisit favourite activities. Four Sibcircle members and the leaders were in attendance.

Openings. The session began with the openings format, followed by a discussion about that session being the second to last group. Sibcircle members were then asked for their ideas/input into the planning of a significant ending celebration. This served the purpose of reinforcing to the children that this was their group.

Working. During this session, the working thematic dialogue was entirely puppet-led -- by Rosemary (the leader's puppet) and Alphonse (the co-leader's puppet). The puppets were introduced to the group as characters that had been at Sibcircle at every session, but had remained unseen, lying in our Sibcircle supply box which was placed next to the group leader. The group was told the story of how the puppets wanted to meet the Sibcircle and help the members to remember Sibcircle events.

Two open ended questions were introduced in order to generate discussion about what had been learned during the previous six sessions. The puppets assumed the characterization of the group's collective feelings by utilizing information such as quotes and sentiments taken from past session notes. Three sessions were remembered by Rosemary and the other three sessions were recapped by Alphonse, who also reiterated more themes and highlights of past Sibcircles.

This dialogue served the purpose of tapping directly into important facilitation tasks such as giving the siblings an opportunity to further prepare for closure and to begin to evaluate the group experience. These tasks were a necessary part of preparing Sibcircle for the adjourning stage of group development, the phase that begins closure of the group.

The Compliment Game was played during this session. This game was played, with fellow group members paying each child a compliment. Following this, a list of these compliments was given to each child.

Endings. The ending of this session was marked by the Sibcircle members acting as tour guides of the playroom to the puppets. The children were eager to do this and to "show you all around our place" (10:2). Other comments included "this place is for Sibcircle." (7:13) and "my Sibcircle." (10:3)

Group Observations

This session was taxing because the members were distracted during the opening of group. Without all of the members present the rhythm established by the opening rituals of saying hello, recanting the rules, relaxation time and a review of the last session was not achieved. It is important for the group to have the time to tune in together in order to begin to work.

The siblings were very attentive to the puppets, amazed at the insights from Rosemary and Alphonse, and eager to join in the dialogue. *The Compliment Game* was a success in that every member was very pleased to review an individual expression of

admiration or praise from her/his fellows. "P is a good friend, I like him a lot" (12:1) "A is very funny, he makes me smile" (12:2). These comments were expressions of appreciation of belonging and friendship. The group did not want to talk about the end/loss of the Sibcircle group, and members were clearly going to miss the connections and bonds made through the social support of the Sibcircle, a circle of camaraderie and friendship. Again, quotes further illustrate this. For example, "I'm feeling sad in me" (13:0), "I'm afraid I might feel lonely for the friends and good times I had at Sibcircle." (13:1). In response, a supportive one-to-one gesture was extended. There was high energy in the group tonight and overtones of anxiety.

In retrospect, perhaps the session content was too focused. Yet group closure is a very important process for the members. This was a very emotional time for the siblings, as the group celebrated accomplishments and all the hard work that had been completed in group. The leaders and the members clearly acknowledged feelings of loss and sadness and the children did not have much to say during snack.

The co-facilitators had few tasks at this point. The relationship ties were strong and feelings were high for all group members and the leaders.

Session Eight - Saying Goodbye

Group Content

The theme of Session Eight was "What have I learned in the Sibcircle Group?" This included feelings about endings, a group evaluation and a party. Four out of five members and the leaders were present in this session.

Openings. The opening of the session followed the usual format. During the review of Session Seven, the group members did not want to talk about the end of Sibcircle and some siblings preferred to pretend that this was not the last session.

Working. The working/discussion component included three activities: a *Talent Show*, *Magic Tricks* and *The Jelly Bean Game*, which also served as a group evaluation tool.

The improvisational talent show was performed as a series of impromptu mime skits. Therefore, specific situations were not created for the members (through the use of costumes etc.), because it is often difficult for children to coordinate their words and actions. However, a pantomime can act as a bridge and allow these connections to be made in a more fluid, natural way. The members had fun performing and clowning for one another as the actors and audience alike giggled and clapped in appreciation of one another's talents. This improvisational drama was used to heighten the group members' awareness of their ability to elaborate on role(s) and to demonstrate their flexibility and repertoire. It also provided these siblings an opportunity to talk. Most importantly, this activity gave the members an opportunity to be in the spotlight, on center stage.

The magic trick activity was shared by various group members and consisted mainly of card illusions. And although many of these slight-of-hand manoeuvres were not successful in the conventional sense, the group members did not mind in the least.

The Jelly Bean Game was facilitated by the puppets. This was the most productive and engaging method available, given the level of happy but unfocused energy that characterized the tone of this session. This game was fun for the members as well as a

fruitful evaluation tool. The members were asked not to eat the beans until they had their turn responding to the following evaluation questions, which reflected the purpose of the tool: *How do you feel about the group ending? How has the group experience helped you? What did you like best about being in the group? What was something you learned about yourself? What was your favourite group activity?*

Endings. As a memento of Sibcircle, each member received a Certificate of Achievement for participating in Sibcircle, a ball of modelling clay and an illustrated relaxation exercise coloring booklet. In addition each sibling was given a personalized "magic box". The enclosed mementos included a mirror (in order to view the most important person in the Sibcircle group) a list of individual compliments, a Sibcircle telephone list, blue glass marbles, as well as the lyrics to a favourite group song, *Circle of Friends*.

Group Observations

Session Eight marked the end of the group. The format of this session was deliberately very loose because it was a celebration to mark the significant ending of Sibcircle. The group members had finished with work and were ready to have a group farewell party. In concert, the leaders sat back and watched the performance of Sibcircle. Unfortunately, one of the members was not in attendance tonight. This sibling's absence was acutely felt by everyone in the group and throughout the session the other members pondered his whereabouts, with statements such as "Where is Z?"

(13:2), "Yeah, he should be here" (13:3) and "How do we say goodbye when he isn't here?" (13:4).

Another complication was introduced when the parents of a group member unexpectedly sat down and joined the group gathering. This broke the continuity of the circle, and the child member was distracted and emotionally restricted due to the presence of her parents. Nevertheless, she was extremely pleased to have both her mother and father available to her.

It was very apparent that the Sibcircle members would miss the relationships and social support they had found in their play group. Some final comments about the group ending included " I will feel sad" (13:5), and "I'll miss you." (13:6). One member actively denied that this was our last meeting when he proclaimed "I'm happy because I know when Sibcircle ends we'll be able to come right back again." (10:12). This is a good example of thinking which lends the child's world its magical quality. Another group member said that this group play therapy intervention helped him/her to "have fun" (14:0) because "it makes me happy." (14.1). Other comments pointed to the need to just be a kid. For example, "it makes me feel good 'cause I got to run around" (14:2), "I got to learn stuff, I like to learn" (15;0), and "I don't know what I liked best, but I had lots of fun." (14:3)

The endings were much longer in this session, as snack time was mainly focused on eating and feasting on pot-luck goodies. The members were concerned about just how they were going to continue to talk with one another. As a result, the siblings started to jot down each other's telephone numbers.

V) Evaluation

The primary research design was a qualitative analysis of case notes for identification of themes emerging during the implementation of the sibling group. In addition, a quantitative examination was conducted to supplement further findings. Evaluation tools used during the assessment will be presented first, followed by a qualitative analysis of themes that emerged during implementation and follow-up phases, and quantitative measures used during the intervention.

Assessment Phase

For general assessment purposes, two adapted Likert measurement techniques were administered by the interviewer to four of the mothers and one set of parents during the second interview. These were the Family Functioning Index [FFI] and the Amount of Time Spent with Child with Continuing Care Needs [ATSCN] questionnaire (Appendices L and M). In addition, minimal criteria was established for a child's eligibility into the Sibcircle Group: 1) that there be no more than a three year difference in the age of the healthy sibling and the child with a disability; and 2) that the families be intact, with both parents present. These criteria were oriented at ruling out innumerable complicating factors associated with many multiple-risk families, and at keeping the group as homogenous as possible (Toseland & Rivas, 1995).

The FFI and the ATSCN are described below. Both were utilized to gauge the families' level of environmental stress. The investigator felt it was important to have some contextual information on each Sibcircle member's family situation. However,

there will not be a detailed analysis of results, as these are not considered pivotal or of central importance to this practicum.

The Family Functioning Index (FFI).

The Family Functioning Index was employed to assess family functioning. It is composed of 15 questions chosen to reflect the dynamics of family interaction. One point was assigned to each response. A total score was obtained by the addition of scores for each question. Higher scores reflect more desirable levels of functioning. (More detailed information is contained in Appendix L)

The FFI appeared to be a good instrument of choice for assessing family functioning. This index is a direct measure, it is a description of everyday situations in the home. The results indicated that 4 out of 5 mothers and fathers: felt that their children got along with each other worse than in other families; the father, either sometimes or never spent time with the children in the evenings and; mothers and fathers noted that they often/always felt that they did not spent sufficient time with their other children. The FFI has been successfully used in other research investigating the impact of chronic illness, has respectable reliability and validity, and could be quickly administered and scored. (Davis & Gettinger, 1995).

Amount of Time Spent with Child with Continuing Care Needs (ATSCCN)

The ATSCCN questionnaire, developed by Pless & Satterwhite (1973), was designed to count the number of hours daily that the parent (mother) spent in direct care

of the special needs child (see Appendix M). Although results indicated a great deal of variation between the families, their mean score shows that 5.2 hours per day are spent on caring for the special needs child, and that the bulk of caretaking activities are undertaken by the female parent. Given these indicators, it will be assumed that the level of environmental stress within these homes would be high, and that time and energy would be at a premium.

The Implementation Phase

Dominant Themes in the Sibcircle

As has been illustrated in the previous section, a number of common roles and themes emerged during the Sibcircle intervention. The most salient roles were the role of the family, the role of the special sibling, and the role of the Sibcircle.

It was my observation that two overriding roles -- the family and the special sibling -- enveloped the Sibcircle experience. These general themes were nested within the context of the environment in which the family is embedded - it's ecosystem. This context was an important consideration in understanding family stresses. Although this ecosystem lies outside the immediate control of the family system itself, it has a powerful influence on how a family perceives and interprets events and manages, or fails to manage, ongoing coping and adjustment pertaining to its burden of care. The role of the special sibling was placed within the eco-system of the family, as a component of the internal context.

As evident in the eight session overview of case note themes, the most commonly recurring themes were isolation, jealousy, feeling cornered, powerlessness, having a limited understanding of the facts, differences, loneliness and the special sibling being the center of attention. As illustrated below, throughout the intervention these themes were transformed into more positive messages/themes as the group evolved and members experienced change and growth.

At the outset of the group, the children felt a sense of isolation, set apart from certain family relationships, such as the mother-special sibling dyad. Upon exiting the group, members felt included and connected to fellow group members because of belonging to the Sibcircle group.

As new Sibcircle members, the children demonstrated feelings of jealousy, and a fear of being displaced by the 'rival' or special sibling, in terms of affection and favors received from the family. Upon exiting the group, the members felt more satisfied that they too were obtaining sufficient affection and favors.

Upon entering the Sibcircle the children felt cornered, forced into situations where they were embarrassed or threatened. Examples of these situations included taunts or queries coming from playmates, bullies and/or strangers that the children did not know how to respond to. In contrast, on exiting the group, the members felt more liberated, and free to disengage themselves from this complication or entanglement, by using either a pre-memorized formulaic explanation or behaviour.

At the beginning of the Sibcircle sessions, the children felt they were powerless and did not have any ability to feel differently about anything. Upon exiting the group,

the members felt powerful, knowing that they could have an influence upon their environment.

The children began the play group sessions with facts. They knew that their observations and experiences were real. Upon exiting the group, the members had acquired knowledge, and a greater understanding of information about CCN. This was obtained through collaboration, information exchange, and the discussion of ideas and concepts that occurred throughout the Sibcircle intervention.

Upon entering the group, the children felt differences, and were aware that their special sibling was unlike them because of dissimilarity and other distinguishing characteristics. When exiting the group, the members felt that their special siblings had similarities to the siblings of the other group members.

Upon entering the play therapy group, the children felt loneliness, and were saddened by a lack of companionship and empathy. Upon exiting the group, the members felt wanted and needed by the Sibcircle group.

Upon entering the group, the 'special' sibling was the center of attention. This sibling represented a point around which everything revolved and was attended to within the family. At the time that Sibcircle ended, the members had experienced a refocusing of the spotlight and felt that it now shone down on them -- bringing them into clearer view. Each Sibcircle member was recognized as someone who was also important and special!

A model that visually captures these themes has been developed specifically for this Sibcircle Intervention. As is shown on the following page, the model has been

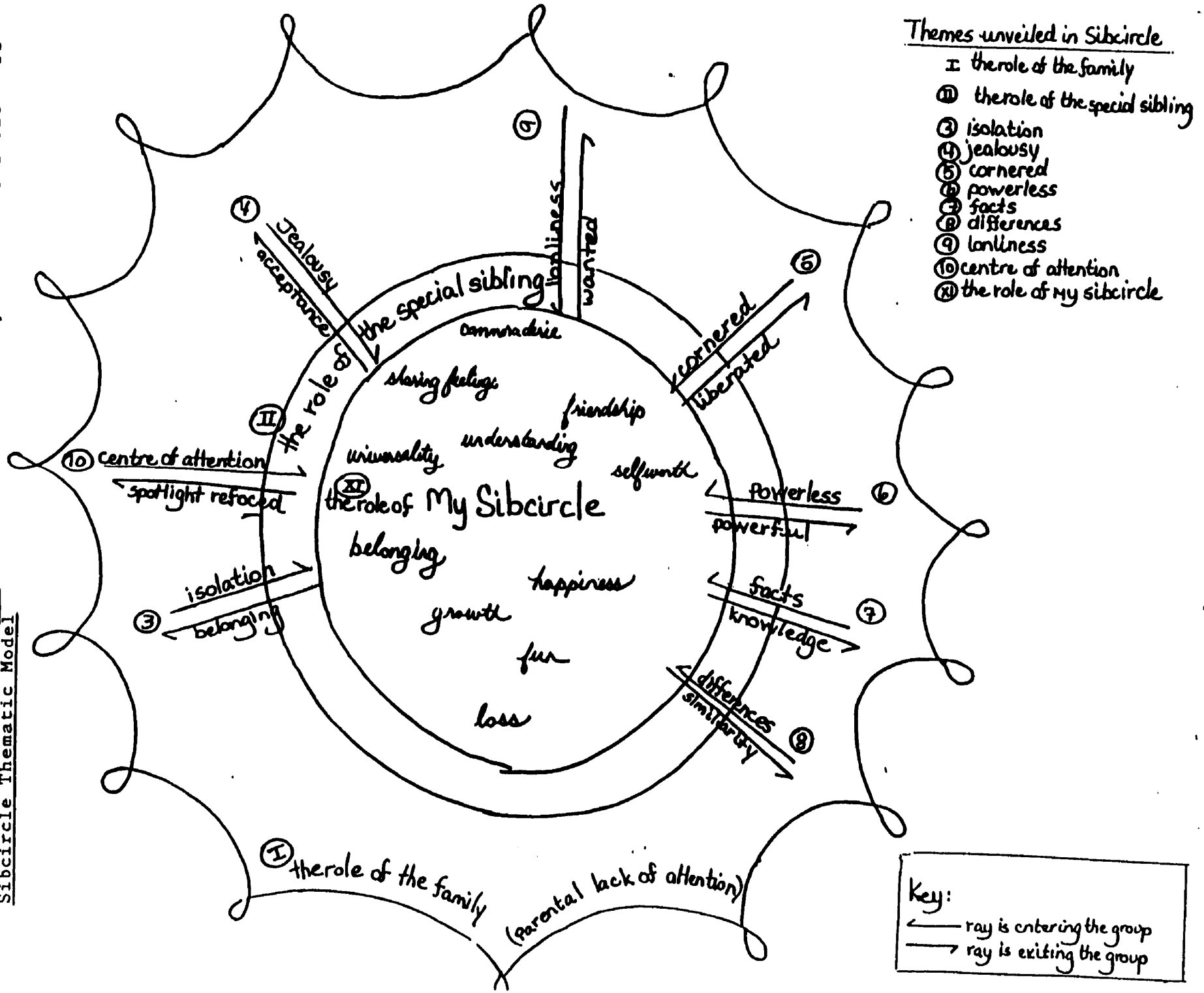
designed to illustrate the themes that siblings of children with continuing care needs may present. The model captures not only the impact of the Sibcircle intervention, but its placement within a larger environmental context.

The innermost circle reflects the feelings and needs of latency-aged children. The outer circle demonstrates the power and the impact of the role of the special sibling in his/her sibling's life. The inner and outer circles are representative of the larger context of the child's family within which the child's view of him/herself is formed.

The arrows pointing inward relate to the following themes that emerged during Sibcircle:

1. The importance of the role of the family in Sibcircle members' lives.
2. The key role played by the sibling with continuing care needs.
3. The sense of isolation that this population of children feel due to the differences in their family that are attributable to the child with continuing care needs.
4. The feelings of jealousy that emerge as a result of the often large amounts of time spent with the child with continuing care needs.
5. The sense of being 'cornered' that children feel when asked difficult questions about their sibling with continuing care needs.
6. The sense of powerlessness that these children may have as a result of feeling isolated, unimportant and/or cornered.
7. The children's need for facts, not only about their own sibling's situation, but about other families with children who have continuing care needs.
8. These children's sense that they and their family lives are different from their peers who do not have a sibling with continuing care needs.
9. The feelings of loneliness that may be attributable to feeling different and set apart from other children in their schools and communities.
10. The need these children have to feel they are the centre of attention.

Sibcircle Thematic Model



The arrows directed outward are indicative of the strengths that emerged during Sibcircle and the positive role that the group played in ameliorating group members' negative perceptions and feelings by providing peer support, camaraderie, and age-appropriate information and play therapy.

Evaluation of Quantitative Measures

The following measures were used during the Sibcircle intervention to assess emotional adjustment -- one major area of psychosocial adaptation for siblings. Emotional adjustment refers to how the siblings feel and think about themselves.

The measurement instruments used were individualized report scales: The Speedometer (Appendix J), The Mood Thermometer (Appendix K) and The Jelly Bean Game. In addition, The Kinetic Family Drawing Test was used as a supplementary measure.

The Speedometer (adapted from Tuckman, 1986)

The Speedometer (emotional barometer) is an individualized self-reporting scale, and its purpose is to indicate the child's feelings at a given time. This one-item instrument was used by the child two times a day, in the morning at tooth brushing time, and in the evening at tooth brushing time. At these times each day, the Sibcircle participant indicated her/his feelings by colouring/marking the speedometer. This instrument can be useful to evaluate progress, and visually see the record of good days and bad. Although this measure did not indicate any trends in the data, it is nevertheless

a good tool to use because it gives the child an opportunity to participate in group between sessions by being involved in home activities that are related to Sibcircle. The Speedometer indicated an irregular pattern with a tendency for most scores to be in the 40-60 range.

The group members were enthusiastic about having their own record books full of coloured speedometers and were proud to assume this responsibility.

The Mood Thermometer [MT] (Tuckman, 1988)

The purpose of the Mood Thermometer was to measure moods. This five-item instrument quickly and accurately measures subjective feeling states. For the purposes of this investigation, the tension item instrument was used. This instrument clusters behaviours within specific syndromes detailed in the Child Behaviour Checklist (Achenbach & Edelbrock, 1991) and is useful for all age groups. The Mood Thermometer was used to provide individual indices two times a day. The child's parent marked the speedometer each day in the morning at tooth brushing time and in the afternoon at tooth brushing time. The thermometer was used to index mood state, with scores ranging from 1-100.

The thermometer indicated an irregular pattern, with a tendency for most scores to be in the 65 range. The investigator was struck by the consistency of recording by the mothers, and their commitment to completing the measures.

The Jelly Bean Game

The group members completed the Jelly Bean evaluation questions during the last session to ascertain how the Sibcircle members felt about their group experiences. Once the children selected their jelly beans, they were instructed not to eat them until they had their turn responding to the following questions:

How do you feel about the group ending?
How has the group experience helped you?
What did you like best about being in the group?
What did you like least about being in the group?
Something that you learned while in the group.
Something that you learned about yourself.
Your favourite group activity?

The game generated a wide range of responses. Members felt sad about group ending and comments included "I'll miss you" (A:1). One participant indicated that the experience helped me "let down my hairs"(A:2), and another said "I don't know [what was best] but I had lots of fun" (A:3). One response to what was liked least was "I don't like the bathroom (same sex) 'cause boys and girls are different." (A:4), while another noted "Nothing. It was all good."(A:5). Comments on what was learned included "I learned that everyone has feelings and its okay"(A:6), and "I can play quietly and I can play with my friends" (A:7). Two responses to what was learned about themselves were "I learned that other people can have a brother or sister like you"(A:8), and "I'm not the only one that has someone in their family with special needs." (A:9). Some of the Sibcircle participants' favourite activities were "when we talk about our week and say hello"(A:10), and "play" (A:11), and "The Feelings Game" (A:12).

Kinetic Family Drawing Test [KFD] (Rollins, 1990)

When used with other therapeutic techniques such as play therapy, the KFD provided information about how children perceive themselves in the family setting. This is a paper and pencil/enactment analog. The Sibcircle participants were asked to respond, by drawing, to a situation presented verbally, for example, "let's make a drawing of our family." Because drawing is typically viewed by children as a non-threatening and enjoyable activity, the Kinetic Family Drawing Test- Revised, was a useful complementary measure.

The KFD is clustered into the subscales of communication, self-image and emotional tone. This measure was used as a supplementary technique during two sessions, as a 'tune-in'. Because the KFD is not standardized, there are no ratings available for norms, reliability and validity (Johnson, 1990).

The Kinetic Family Drawings were used projectively to view how the child saw their family constellation. The most significant theme in the group drawings was isolation, a separateness within the family itself and from the greater world outside of the family.

Data Collection

Each of the instruments was administered by one individual. The parent recorded data for the Mood Thermometer (MT), and Sibcircle members collected data for the Speedometer measure.

For the MT and the Speedometer, time sampling was used. The target was observed at fixed times, (early morning and evenings at home), in order to collect representative information about the target.

Case notes were recorded in order to obtain a representative picture of the occurrence of emotional adjustment and coping. A data organizing and recording system noted what behaviours occurred along with additional comments, such as what happened after the behaviour occurred. An analysis of case notes was drawn from written and videotaped information, and classified according to a thematic conceptual framework. The members of the group were the units of observation and the group was the unit of analysis. The themes were recorded on a chart with summary notes about concomitant events. This method provided excellent systematic feedback that examined relationships between the group members and identified changes in the group members' way of thinking or feeling. The recording system was uncomplicated to increase the motivation of those involved. Once the behaviour was recorded it was placed on data analysis sheets, followed by a chart.

A key benefit of the selected individualized rating scales was that they did not require much time to administer and score. Another advantage is that they may access targets that other measures cannot. For example, individualized rating scales may have the capacity to measure the intensity of a target, such as internal feelings like tension, by self-monitoring. The scale can be used to rate an individual's change over time. It has high face validity because it measures things that only the child or parent can report on. There is evidence of acceptable test-retest reliability, predictive validity, concurrent

validity, construct validity. The individualized rating scales were used twice a day and then averaged to get a single score for a day. In addition, these scales are very sensitive to change.

A predesignated time was selected for respondents to provide the information. It was made clear to the informants that the target should be rated consistently at regular intervals. The parent and the child completed the MT and Speedometer at home on a regular, predesignated basis and returned the completed scales to the researcher at the post-group interview.

To score, an average rating across thermometers/speedometers for that child, was computed by adding the ratings of the child's targets and dividing this number by the total number of targets.

The construct validity of the behavioural observations was assured by using different methods to measure the target (Rubin & Babbie, 1993).

Data Analysis

The case note analysis was utilized, along with quantitative measures to evaluate client change and to generate a contextually sensitive intervention. Descriptive trends were used to supplement the analysis of the themes.

Post-Intervention: Follow-Up Interviews

In the follow-up interview, each member's parent (mother) answered a set of questions designed to obtain feedback about their perceptions of their child's experience

in Sibcircle, and about their own experience in the informal parent group (see Appendix N for follow-up questions). The response was overwhelmingly positive, with enthusiasm expressed about how much their children had enjoyed and benefited from Sibcircle. "Boy, he sure likes to come to this group", (1:A), "He kept saying I'm going to be late, I have to go to my group" (1:B), "It's good to be here again" (1:C), "She never wants to miss her group" (1:D). Other parent remarks included "It was very relaxing" (1:E), "We read, sat and talked for a while (1:F), "I wish I could come here every night" (1:G). Closing comments from parents included "Thanks"(1:H), "He really loved coming here" (1:I), and "We'll see you soon" (1:J).

The follow-up interviews yielded information pointing to the value of a time limited, eight-week Sibcircle intervention in lessening the children's sense of being different and feeling isolated and lonely. The mothers and fathers were also very positive about the support provided to them, as parents, through the informal parent group that met while the children were attending Sibcircle.

Discussion

The group was successful for many reasons. The format reflected the daily social lives of these siblings by focusing upon many of their everyday struggles. The activities were fun, flexible and accessible to latency-aged children. In the initial sessions, the members were introduced to readiness activities such as drawing, playing games, observing the other members, making suggestions and giving feedback during the sessions. The middle sessions focused more on communication skills, role playing,

puppet drama, discussion and problem solving. The latter sessions included mime games, a talent show, a magic show, and other unbounded member-directed creative activities. The progression from general to specific to creative activities is similar to the beginning, middle and end stages of group development, and the introduction of activities in this manner was successful in capturing the children's interest.

Parent-Sibling Benefits

Participation in group afforded the opportunity for development of a special one-to-one relationship between Sibcircle members and their parents. The member's parent was able to focus more time and energy on the needs of the sibling, rather than the CCN child. For instance, the weekly ride to and from group created an environment where special attention and nurturing was provided to the sibling, as it provided an opportunity to spend some relaxing time together, driving alone in the car. In addition to parents escorting their children to and from group, many parents chose to wait for the members on the premises during the time group was in session. For the children, it was special to have someone waiting for them, and for the parents, it provided time to relax, chat with other parents, or read. Feedback from parents and group members clearly indicated that going to Sibcircle was a fun and relaxing outing.

The scenarios of driving together alone, waiting while the child has an appointment, keeping track on a chart at home, are all very familiar to these children, as they have observed these patterns with their parents and CCN sibling. But this

experience was different because it was now the CCN child's sibling who was the centre of attention!

The act of the parent filling in the thermometer twice a day for the child, and the child also filling in a measure was another way in which the parent could demonstrate caring for the child on a daily basis.

Sibcircle was also a success because the siblings had a unique opportunity to find their own peer-group. As a result of group members identifying with one another and feeling that they were 'all in the same boat', camaraderie and group spirit developed during the Sibcircle sessions.

Benefits of Facilitator's Approach

The leader's broad base of knowledge and experience with children contributed to the favourable outcome. The leader was receptive to members, and listened to each child and to the group with her whole body -- for instance, maintenance of eye contact, attentive posture, and meeting the group members on their own level of understanding, and utilizing a soft tone of voice throughout the sessions. All of these factors contributed to the creation of an environment which was child friendly and playful.

When the members arrived, a warm and welcoming atmosphere greeted them in the playroom. The facilitator began each session with a portion of time marked for centering the group members. The time was taken to welcome each individual child and inquire about what had happened in her or his life on the days since the last Sibcircle meeting. This allowed the members the time to reflect upon their week as individuals

and also tune into the group. The facilitators were relaxed and did not usually feel the need to rush into the content. A relaxed, unhurried attitude is a popular approach to take with children.

Benefits of Flexible Session Structure

The repetitive, predictable patterns of the sessions -- for instance the warm up exercises -- helped the members unwind, relax and get comfortable with each other. This also helped to create a responsive environment.

However, the leaders sometimes let the content go, rather than clinging to the session format. In allowing this freedom, the facilitator discovered that what emerged was particularly significant to the siblings. A tremendous amount of preparation time went into the planning of the Sibcircle sessions. Therefore, the leader did not feel the need to maintain rigidity in the content, and was comfortable in sitting back, and observing what kind of dance would play itself out in the Sibcircle.

Overall, the extensive preparation and facilitator's level of confidence with the Sibcircle process enabled the facilitation of a conductive atmosphere that allowed the members the time to tune in to group and to have the freedom to express themselves. A particular stage was set, within which learning and growth could occur for Sibcircle members.

Benefits of Parental Involvement and Support

The tremendous support offered by the parents of Sibcircle group members contributed to the success of this intervention. Positive findings emerged from the dialogue with parents that occurred before, during and after group sessions, and the analysis of case notes, and specific quotes from Sibcircle members and their parents.

All parents were extremely enthusiastic about their children joining a sibling group, verifying the need and relevance for this type of support. Parents also verbally expressed joy in finally finding a group which could offer peer support and camaraderie to their children. Parents demonstrated confidence in the Sibcircle approach through willing participation in interviews, completion of a pre-group questionnaire and a group measure twice daily throughout the sessions, and attendance at a follow-up interview.

Positive comments from parents included references to how happy their children were to attend group and how pleased they were to have a bit of time to themselves while the group was in session. All parents demonstrated a commitment to Sibcircle by bringing the child to group every week. The positive nature of the weekly feedback provided to the leader was welcome and encouraging.

Finally, parental support was evident in their expression of interest in having another group for the Sibcircle members, and their other children.

VI) Learning Experiences

The primary goal, which resulted in the completion of a practicum rather than a thesis, was to develop skills in the application of knowledge. This practicum was not intended to be a research project, nor was it set up to fulfill research criteria. Evaluative concerns, therefore, will be related to the initial objectives and will be discussed within the learning framework.

Personal objectives were met by placement within the environment of the Winnipeg Children's Program at the Society for Manitobans with Disabilities (SMD), contact with child clients in a group, contact with their parents, discussions with the on-site social work counselling staff and their supervisor, Anne-Marie Davis, and further readings that added to the existing literature review.

The objectives were also met by on-going weekly supervision provided through clinical consultations. In addition, further readings in group process and practice assisted in meeting stated objectives.

The following discussion of the practicum will consist of: a personal reflection on the practicum experience; the goals of the learning; comments about whether or not originally-set goals were met; and serendipitous findings.

The Practicum Experience

The practicum experience was not only overwhelmingly positive, but it provided a deeper understanding of issues inherent within the population of siblings of children with continuing care needs.

Goals of Learning

The opportunity to implement the Sibcircle group met stated goals in that it allowed the further development of practical skills in assessment, program development and implementation, and in the delivery of a group play therapeutic intervention in a child therapy environment.

Consistency with Originally Set Goals and Objectives

The children in the group confirmed anticipated outcomes -- most importantly that the Sibcircle intervention is an effective method for addressing and responding to the needs and concerns of these siblings. It is critical that these children meet the developmental milestones which will further enable them to get on with the business of growing up, unhindered. Group play therapy is one therapeutic tool with the capacity to assist children and families to draw upon strengths and accomplish this.

The researcher's objectives for this project were: to increase knowledge in the area of conducting a support group play therapy intervention with siblings of children with special needs; to learn more about the psychosocial needs of siblings of children with CCN based on the premise and acceptance of current research that these needs are less adequately met than the needs of other family members, such as the special sibling; to gain an awareness of the factors that put these children at higher risk throughout the developmental life cycle; and to further develop the researcher's clinical skills in working with children.

The clinical supervision and guidance provided by the academic adviser, committee members and co-leader were critical to the practicum's success. The weekly meetings with Dr. Laura Taylor, Ms. Clare McArten and Mr. Ken Jones provided constant feedback at regular, short-term intervals which kept the practicum on track, and maintained momentum throughout the duration of this practicum project.

Regularly reviewing the weekly data analysis records with the practicum mentors served to reinforce confidence in clinical skills. These regular reviews also confirmed the appropriateness of the approach outlined in the manual specifically developed for the Sibcircle intervention. This process facilitated an accelerated rate of learning, and an ability to return to the next session with a greater understanding and keener insight into the processes and issues around becoming a clinician.

This model, with eight weekly sessions, allowed for enough time to cover the content, and to allow the group to evolve. The group met many needs and concerns of these siblings of children with continuing care needs. Feedback obtained from the parents indicated the importance of offering a Sibcircle group, and an informal gathering place for parents to chat, sit quietly and relax. A parent group is a way of promoting awareness of shared issues and challenges their children are experiencing.

Serendipitous Findings

A serendipitous finding was that, while the parents indicated a clear reluctance or inability to commit the time to a formal parent support group, a self-help collectivity did establish itself. Setting aside a comfortable area for parents who wished to wait while

their children attended group facilitated this voluntary, informal support system, while not making it mandatory and adding to family stresses.

A second serendipitous finding was that the one-on-one time between the parent and Sibcircle participant was increased due to the time spent driving to and from the intervention. It provided a space of time in busy lives that were 'just for Mom/Dad and me'. This may have contributed to the zero drop out rate and to the enthusiasm expressed by both parents and children.

Practicum Limitations

The most obvious practicum limitation is that the intervention was latency-aged specific. Because of this, themes will shift, depending upon the developmental stage and maturity of the group members. Another age-related issue is that this intervention involved both boys and girls. This may not be workable with older age groups. For this group of children, family stress is an ongoing reality. Therefore, more than eight sessions would have become an onerous addition to the numerous other commitments these families have in responding to their family member's continuing care needs.

Another possible limitation is that, because of scarce resources already allocated to existing programming, the addition of this type of group intervention may be viewed as a luxury.

Interestingly, while SMD is an organization facing issues around resource allocation, it is planning to run another session of Sibcircle in the Fall of 1999. This

strongly suggests that the organization views the benefits to clearly outweigh the costs of offering this type of support to families on the agency's caseload.

VII) Recommendations & Conclusions

Recommendations for Practitioners

Humanistic Orientation

A humanistically-oriented group play therapeutic intervention is family-oriented and addresses the emotional impact of the stressors related to the CCN child on her or his siblings. This approach respects the family as a system and appreciates the need for psychosocial intervention with individual family members. A family systems perspective is very important in planning mental health interventions for siblings of children with CCN. A family oriented view to comprehensive care recognizes the potential of preventative interventions for improving the quality of family life through drawing upon family strengths and enhancing coping and stress management techniques. This approach provides long-term benefits for the CCN child, his/her siblings and parents.

Knowledge of Child Development

It is paramount that the group leader/facilitator have a good working knowledge of child development, and the issues that accompany each developmental stage. This knowledge is necessary for understanding the child's actions, reactions and to be able to communicate in an effective way with the child. It is also essential that the facilitator have an empathy and respect for child clients. A child-centred humanistic approach is complementary to the Sibcircle intervention.

Knowledge of Groups

Along with a knowledge of child development, the facilitator should possess a knowledge of group processes. This is essential in order for the leader to structure the sessions effectively, to facilitate in a responsive manner as members move through the stages of group development, and have the confidence to be flexible with structure and content, when this is to the benefit of the group.

Supplementary Measures Used

Another possible recommendation is related to the supplementary measures used during the Sibcircle intervention. These measures were useful to this practicum, but would not yield statistically valid analysis, given the small size of the sample. However, if this type of intervention was implemented on a larger scale, these measures could be used for statistical analysis, rather than as helpful supplementary measures.

Conclusions

Although it has long been recognized that the presence of a CCN child has a significant impact on family life, the methods of research and mental health intervention have been dominated by a focus on the individual child. The relative absence of family-centred perspectives in the psycho-social management of a given condition has many undesirable effects. For instance agency care mandates may not fully recognize the family as a powerful context of socialization and support for the CCN child.

The practicum supports the argument that a Sibcircle intervention has a great deal to offer clinical social workers working with children whose siblings have continuing care needs. The themes that were unveiled during the Sibcircle experience supported the themes anticipated at the practicum's outset. The themes ranged from developmental/ latency milestones to the expression of feelings and needs related to their siblings.

Although the focus of the Sibcircle intervention was on direct group work with the child, the role of the family, the parents and the siblings were major themes. External contextual factors were taken into consideration throughout the writer's involvement with group members and their families. Let it be stated that, although a supportive intervention is helpful for children, they remain embedded within the family's environmental context. However, the group play therapeutic Sibcircle intervention has the capacity to offer supports to children, which, in turn will assist in building the sort of resiliency that can prevent difficulties in the future.

Finally, this intervention fits well with social work's focus on building onto existing capabilities and strengths and assisting the family to remain together and function as a unit.

VIII) Footnotes

1

The literature reviewed uses a number of different terms to refer to a population of children with continuing care needs. While the disability literature has been included in the literature reviewed -- the practicum did not have a central focus on the disability community per se. The practicum's focus was on the 'Sibcircle' intervention and its capacity to help siblings of children with a variety of continuing care needs.

The reference to "children with continuing care needs" (CCN) is an umbrella term that is intended to encompass children with a disability, impairment, a chronic illness, or any kind of special need. This was felt to be appropriate given the range of special needs considered. Nevertheless, it is important to affirm that the language associated with the disability movement has been a critical part of public education efforts around empowerment and independence. The disability community has played an impressive role in educating the public about the impact of language in defining a population, and in turn, responding to them.

There is considerable disagreement about the politics of terminology. Definitions from Lubkin (1998) and the World Health Organization for the various terms used, include:

1) *Chronic illness* is defined by Lubkin (1998) as "the irreversible presence, accumulation, or latency of impairments or disease states that involve the total human environment for supportive care and self-care, maintenance of function, and prevention of further disability."

2) *Disability* is defined by the World Health Organization (1980) as " any restriction or lack (resulting from an impairment) of an ability to perform an activity in the manner, or within the range considered normal for a human being."

3) *Impairment* is defined by the World Health Organization (1980) as "any loss or abnormality of psychological, physical, or anatomical structure or function." The reader is referred to Lubkin (1998) for further discussion of this topic.

2

Many of the games and activities utilized in the Sibcircle Sessions are traditional games that have been passed down from generation to generation within families and/or communities. Therefore, their exact origin is unknown. For example, one of the songs was contributed by a Sibcircle member and had been learned within her family. When approached, they were unable to provide an original source. Therefore, unless specifically referenced, the games are traditional in nature, and like folklore, their exact origins are unknown.

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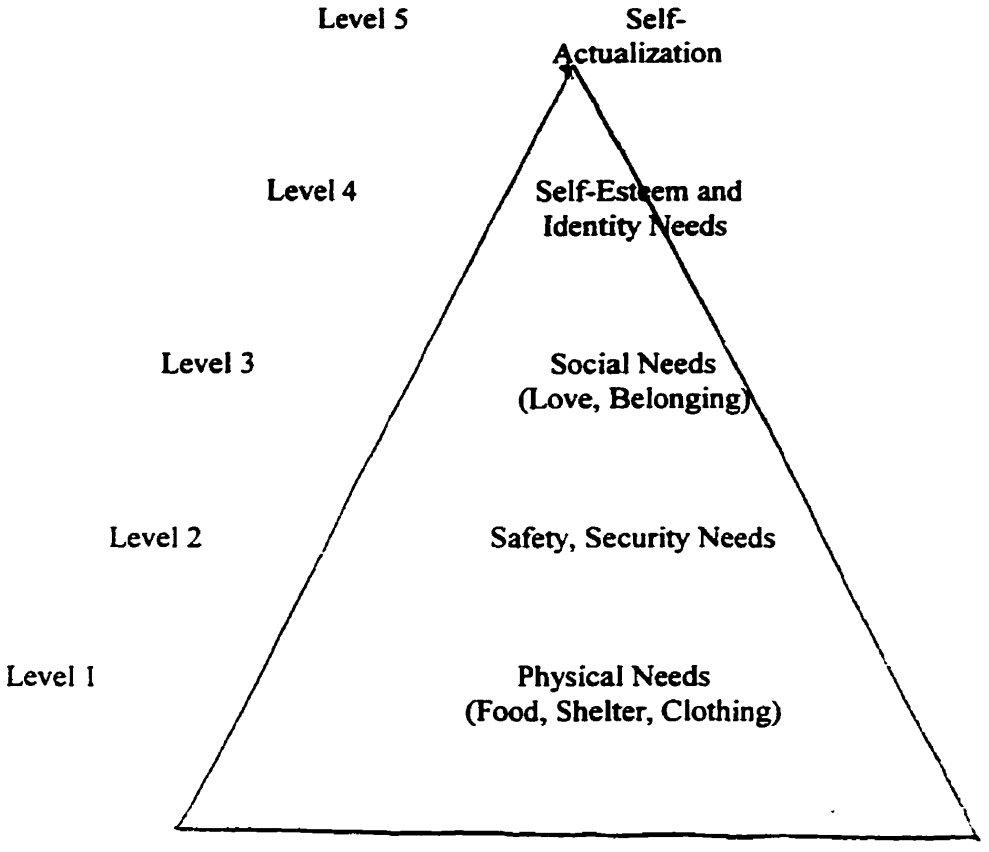
Appendix A
A Chart of the Latency-Aged Child

DEVELOPMENT OF THE LATENCY AGED CHILD

Developmental Domains	**School Aged 6-12 years**
Physical: Development of body structure motor activity - gross & fine sensory development - coordination & perception central nervous system	• steady growth • practices and refines complex gross, fine and perceptual motor skills
Cognitive: thinking, perception, memory, reasoning, problem solving Language	• concrete operational thinking • thinking: logical & rational • perspective taking
Social: 1st Task - Attachment relationship with adults & peers social roles, group values/morals	• development of peer group • adopts age-appropriate social roles (gender specific) • rules - behaviour & relationships
Emotional: personal identity, self-esteem, ability to enter into reciprocal emotional relationships.	• industrious, purposeful, goal-directed • introspective • activities - self-esteem

Source: Schickendanz, Hansen & Forsyth. (1990).

Appendix B
Maslow's Hierarchy of Needs



Santrock, J. (1984)

In order for the group member to move forward, she/he must not be blocked by fear, lack of love, feelings of belonging or low self-esteem. The child is not problem-free, but rather has learned problem solving skills and can move forward to become all he/she can be.

Appendix C
Introductory Letter to Supervisory and Counselling Staff

MEMO

DATE: **September 4, 1998**

TO: **Winnipeg Children's Program Counsellors/Supervisory Staff**

RE: **Sibling Support Group: January- March 1999**

Hello. I would like to take this opportunity to introduce myself to you. My name is Laura Lysenko and I am a graduate student in Clinical Social Work. I will be fulfilling the clinical component of my practicum at SMD.

Chronic childhood illness has an effect on all family members including siblings of the affected child. The limited research done over the last 30 years has identified an increased risk within this population (siblings) for experiencing potentially severe psychosocial, emotional, behavioural and psychiatric difficulties. Well children who are living with a sibling's chronic illness are at risk for adjustment and developmental difficulties that can further impact on their families' ability to cope with the situation.

In addition, siblings must cope with the symptomatic behaviours of their brother or sister. The demands of the chronically ill child cause family and individual disruptions. Common family stresses may include strained family relationships, financial difficulties, impaired physical and mental health, stigma, and overall household disruptions. The kind of adaptation the family achieves will affect the siblings and the parents' personal and social development.

Intervention on behalf of the well siblings can maximize the positive effect of living with an ill child, while minimizing the negative effects that disrupt family equilibrium.

A play focused therapy group can be used to support siblings by providing information, addressing feelings, offering insight and facilitating coping strategies.

As a starting point, I have hypothetically targeted the 7-9 year old age group. Developmentally, this age group faces complex social and emotional growth. A survey of the current patient population will indicate whether this will be a large enough group of participants.

Tentative plans for the group are as follows:

Group Facilitators:	Laura Lysenko
	Ken Jones
Composition:	Siblings only
	- Co-ed
	- Ages 7-9
Format:	Closed Group
Place:	Society for Manitobans with Disabilities
	Winnipeg Children's Program
Starting Date:	January - March, 1999
Duration:	13 weeks
Participant Criteria:	1) One sibling per household
	2) Preference for siblings of children who have a course of illness that is a) episodic or 2) progressive, in nature.

Appendix D
Informational Letter of October 1, 1998 to
Supervisor of Winnipeg Childrens Program

October 1, 1998

Ms. Anne Marie Davis, Supervisor
Winnipeg Children's Program
Society for Manitobans with Disabilities
825 Sherbrook Street
Winnipeg MB

Dear Anne Marie:

Please find attached, a draft informational package for the proposed 'Sibcircle'.

Included is an informational brochure, and information oriented to kids, parents and other adults, and Children's Program counsellors. The materials enclosed are in draft at this time and will be developed more fully during the practicum.

It would be my intention to include the fully developed resources as part of the final practicum report. They could then become a resource for future use by SMD, should you wish to offer sibling support groups on an ongoing basis.

Looking forward to your comments.

Sincerely,

Laura Lysenko

Appendix E
Session Agenda

Openings - to catch the group's attention and establish a purpose for doing the session.

Pre-discussion/Ice Breakers - to give a structured but non-threatening way for group members to interact with each other, get to know each other and set a tone of fun and safety.

Endings - are designed to provide a synthesis of what has happened in the session and to make each member feel good about her/his participation and individual contributions.

	Activity	Length of Time	Description
Openings	Say hello Review the Rules Relaxation Time Review last session Pre-Discussion/Ice-Breaker	15 minutes	• the leader conveys personal recognition of each child as an important group member • sets the tone for the group • helps focus attention • enhances learning • enhances body awareness
Working	discussion time	25 minutes	leader leads in discussion of situations relevant to kids in group note: good time to do direct training in problem solving
	Structured Activity	25 minutes	the leader engages the group in an activity that directly relates to subskills or issues highlighted during the discussion [and/or is a tension release]. (e.g. kids read story about a friendly ghost and then discuss things they were afraid of and ways of conquering their fears; or during activity, kids make finger puppet ghosts and "scare" one another.
Endings	Free Play Time Snack Time Poem, song, prayer Say Good-bye	25 minutes	• allows the group leader to observe carryover, and kids to practice their newly learned skills • provides opportunity to stimulate communication and socialization skills. • a specific closing activity puts boundaries around the group experience.
Note: Sequence of activity for sessions is important because some children's skills appear quite hierarchical. This format, although structured, will be used in a flexible fashion.			

Appendix F
Mailout Letter to Parents

November, 1998

Dear

Hello, my name is Laura Lysenko and I am with the Department of Social Work at the University of Manitoba. I am conducting a project about siblings of children with disabilities and continuing care needs for my Master's degree.

Please find the enclosed brochure,"Sibcircle". If you are interested in having your child participate in this supportive play group and/or would like more information, please do not hesitate to telephone "Sibcircle" at the Society for Manitobans with Disabilities, Winnipeg Children's Program (1-204-786-5601, extension 224).

I look forward to hearing from you.

Sincerely

Laura Lysenko

Centre of Attention 'Sibcircle'

A social, activity, play group for brothers and sisters of kids who require continuing care.

Who?

- Boys and Girls ages 7 - 9 years

When?

- January and February 1999 on Wednesday Evenings 6:30 - 8:00 p.m.

Where?

- The Society for Manitobans with Disabilities 825 Sherbrook Street

For additional information please telephone group leader: Laura Lysenko 489-3170

☆☆☆☆☆☆☆

Come and join us for the following fun activities:

- magic
- storytelling
- puppets
- clay
- drawing
- games
- music
- snack

☆☆☆☆☆☆☆

What is the Centre of Attention Sibcircle?

- a group focused on having fun.
- a group to make children feel special.
- a group to be with other children who understand.
- an opportunity to express thoughts and feelings, in a supportive atmosphere on:

... loneliness

... understanding

... building friendships

... accepting difference

☆☆☆☆☆☆☆

Appendix H
Informed Consent Form

INTERVIEW CONSENT FORM

I am conducting a study to find out how having a special needs sibling affects the other children in the family.

I would like to speak to you and _____ and administer some brief questionnaires to you. In using the information that your decide to give me, I will not identify you. All information will be kept entirely confidential. I will observe your privacy right. While the Sibcircle group leader, Laura Lysenko, may be videotaped during the sessions, this will only be for providing feedback for teaching and supervisory purposes.

_____ _____

Interviewer Date

I understand the purpose of this study and know that my privacy and that of my child will be respected by the interviewer. I also understand that I will be sent a letter describing the outcome of the study once it is finished.

_____ _____

Parent's Signature Date

Appendix I

Informational Material for Children

A Word to the Children

We have a friend, Terry, who is eight years old. Terry is a lot like other elementary school kids. He plays soccer and computer games with his friends. Sometimes they stay out after school and play on the structure or play marbles. But there's something Terry doesn't talk about with his friends; his sister Kayla. Kayla is six. She is deaf and has spastic cerebral palsy. Some days Terry would like to tell his friends how angry he is at Kayla for her problems. Other days he'd like to tell them how proud his of Kayla when she is happy.

But Terry doesn't talk about Kayla to his friends. They wouldn't really understand. There are thousand of kids like Terry who have brothers and sisters with a disability. But Terry is luckier than most of them. He has a place where he can go and talk about Kayla with other kids who do understand. Every week, Terry attends a "Sibcircle", which is a club just for brothers and sisters of kids with special needs. Terry likes Sibcircles, because they are designed to be fun. They are definitely not like school, but the kids learn neat things during a sibcircle.

Along with learning new games and other activities, Terry and the other kids have a chance to play and talk. They talk about the good and not-so-good parts of having a sib with special needs. Sometimes they offer each other advice. Sometimes they laugh, knowing that what has happened to them has happened to others, too. They talk about things that maybe they can't tell their parents -- like what to do when your

classmates say mean things about people with special needs. Or how to tell your parents that you would like to spend some special time with just them.

Terry has made two friends at the Sibcircle - Sarah and Daniel. While they don't live in the same neighbourhood, they always look forward to seeing each other at Sibcircle. Terry doesn't feel quite so lonely with his feelings anymore.

It would be great if kids everywhere could talk to other siblings who understand. Brothers and sisters should know other kids who might have some mixed-up feelings about their sibs with disabilities. They should be able to get answers to their questions about disabilities and about the way that people with disabilities are helped.

Adapted from Meyer & Vadasy 1996

Appendix I (Cont'd)
Informational Material for Parents

A Word to Parents and Other Grown-Ups

"Why did it happen?"

"Will he have to wear diapers all his life?"

"Will she be able to take care of herself?"

When we listen to brothers and sisters long enough, we learn that they have questions about their siblings. This shouldn't be surprising - after all, parents of children with an ongoing disability have many questions about the cause and treatment of a child's disability. Why shouldn't brothers and sisters?

Brothers and sisters have a life-long need for information regarding their siblings' special needs. Latency-aged children need information to understand their siblings' needs and to satisfy their own curiosity. They also need information that allows them to explain the disability to classmates and friends who will surely ask, "what's the matter with your brother or sister".

At the sibcircle, we will try to provide siblings with information that they would find helpful. (We) can offer siblings the solace that goes with knowing that there are other brothers and sisters who have mixed feelings about their sibs with ongoing care needs.

When we first met with siblings and asked them to tell us what caused their brother's or sister's disability, we found that they often had basic questions and mis-understandings. Here are some things the siblings said:

"I don't know what caused it."

"It was too much excitement."

Siblings also shared with us difficulties they experienced as a result of having a brother or sister with a disability.

"Friends make fun of him."

"Sometimes I cry and I don't know why I do."

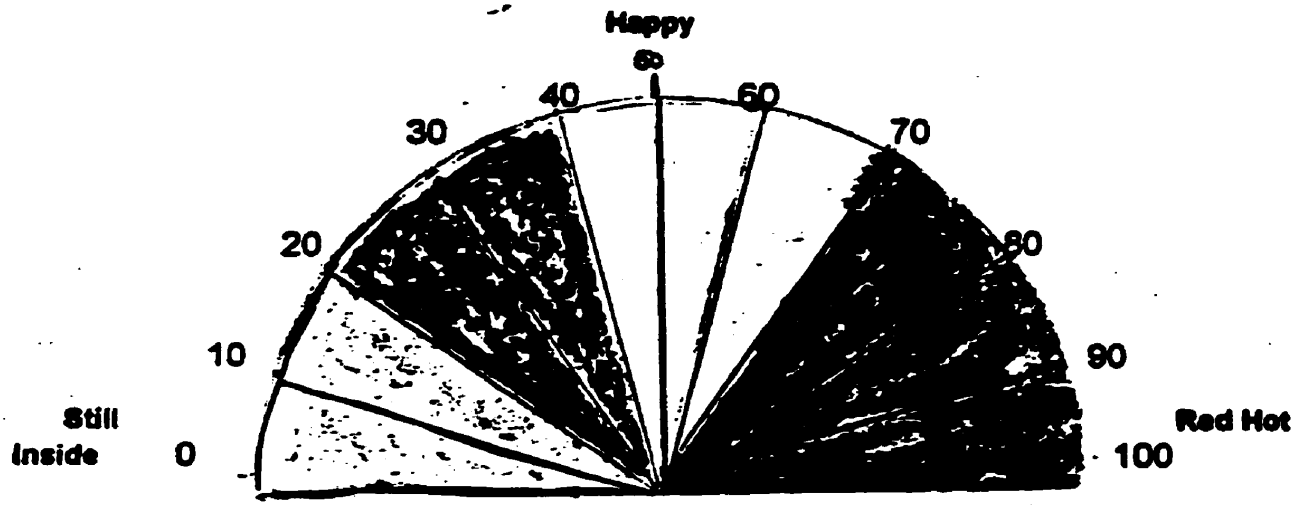
"If kids make fun of her, I tell them to stop, but they don't listen. I want to pound them."

"Kids at school tease me. They say that because Brian has a disability, I must have one too."

"My mum and dad spend a lot more time with him than with me.

Appendix J
Speedometer

Speedometer test-retest reliability evidence suggests a variable which is a state and not a trait, with correlations ranging from .50 to .64 and averaging .57. The Speedometer has a good concurrent validity, correlating with the profile of mood scale. It has evidence of known-groups validity (Test Corporation of America, 1992; adapted from Tuckman, 1996).



Target: i.e. Screaming (low self-control) anxiety

Rating: Magnitude/intensity

The degree of the target intensity is represented by numbers and colors.

Anchors: (consists of feelings the client experiences on the scale as defined by the individual child)

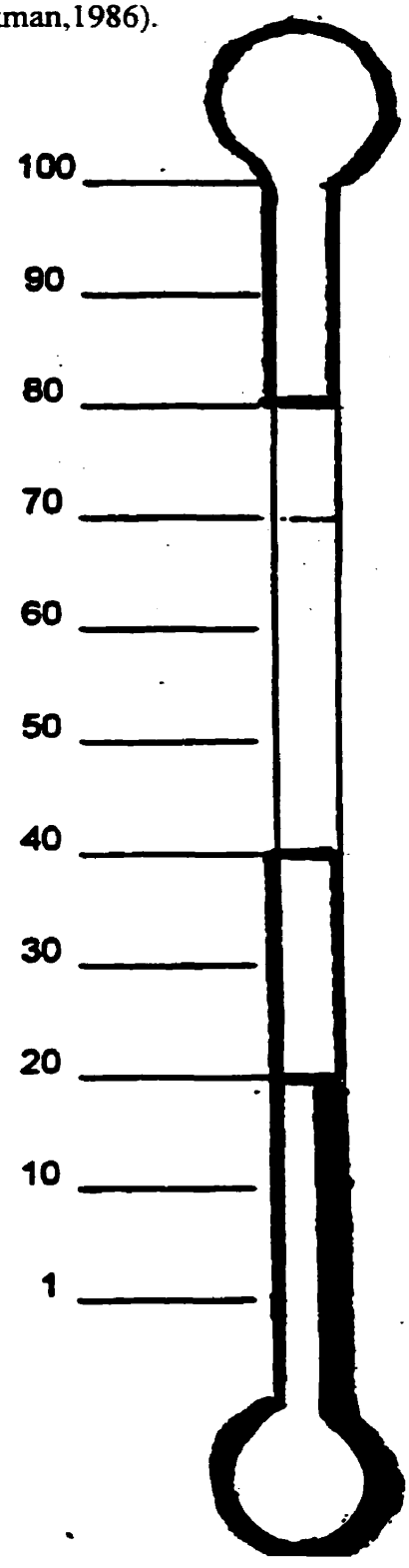
The meanings of the numbers on the scale are illustrated by colors and words

Advantage: The same anchors can be applied to a variety of targets and clients.

It is possible to compute an average rating across targets for that client.

Appendix K
"How I Feel Right Now" (Mood/Tension Thermometer)

Normative data are not available for the Mood Thermometer. Test-retest reliability evidence suggests a variable which is a state and not a trait, with correlations ranging from .50 to .64 and averaging .57. In terms of validity, MT has a good concurrent validity, correlating with the profile of mood scale. It has evidence of known-group validity (Tuckman,1986).



Individual Rating Scale Response Categories

10-40: Very low tension (child lets mother out of her/his sight)

50-70: Moderate Tension (child close to mother)

80-100: Extremely hi tension (child physically

Appendix L
Family Functioning Index (adapted from Davis & Gettinger, 1995)

Family Functioning Questionnaire

1. What sorts of things do you do as a family?

   A. In the evenings: _____

   B. On the weekends: _____

   C. On vacations: _____

2.	How do you think the children get along together compared with other families? (Disregard if only one child)	better	same	worse
3.	Do the children find it easy to talk to their father about their problems?	yes	sometimes	no
4.	Do you find your husband/partner an easy person to talk to when something is troubling you?	yes	sometimes	no
5.	Is your husband/partner able to spend a lot of time with the children in the evening?	yes	sometimes	no
6.	Is your husband/partner able to spend a lot of time with the children on the weekends?	yes	sometimes	no
7.	Would you say, all in all, that your family is happier than most others you know, about the same, or less happy?	happier	same	less happy
8.	What would you say was the most important problem you, as a family, had to deal with this last year?			
	A. Was the solution arrived at?	Yes	Yes	
	B. Did you discuss the problem with your husband/partner?	Yes	Yes	
	C. Was everyone satisfied with the solution?	No	No	

Family Functioning Index (cont'd)

9. In every family, someone has to decide such things as where the family will live and so on. Many couples talk about such things with the family first, but the final decision often has to be made by the husband/partner or the wife. If these are situations you have not decided on recently, how would they be decided on should they occur. (Write in the number corresponding to your choice).

1 = husband/partner always.
2 = husband/partner more than the wife
3 = husband/partner and wife exactly the same
4 = wife more than husband/partner
5 = wife always

a. Who usually makes the final decision about what kind of car to get? _____

b. About whether or not to buy some life insurance? _____

c. About what house or apartment to take? _____

d. About what job your husband should take? _____

e. About whether or not you should go to work, or quit work? _____

f. About how much your family can afford to spend per week on food? _____

g. About what doctor to have when someone is sick? _____

h. About where to go on vacations? _____

10. Thinking of marriage in general, which one of these five things would you say is the most valuable part of marriage? (Write in the number corresponding to your choice, using each number only once.)

1 = The chance to have children
2 = The standard of living - the kind of house, clothes, car and so forth
3 = The man's understandings of the wife's problems and feelings
4 = The man's expression of love and affection for the wife
5 = Companionship in doing things together with the husband/partner.

a: the most valuable part of marriage _____
b: the next most valuable _____
c: the third most valuable _____
d: the fourth most valuable: _____
e: the fifth most valuable: _____

11. Of course, most couples differ sometimes over things, when you and your husband differ about something, do you usually give in and do it your husband/partner's way, or does he usually come around to your point of view

_____ Husband/Partner _____ 50/50 _____ Wife's Way

Family Functioning Index (cont'd)

12. Would you say disagreements in your household come up more often, about the same, or less often than in other families you know?

More often _____ Same _____ Less Often _____

13. Would you say that compared to most families you know, you feel less close to each other, about the same or closer than other families do?

Less Close _____ Same _____ Closer _____

14. The following are some feelings you might have about certain aspects of marriage. (Write in the number corresponding to your choice)

1 = pretty disappointed. I'm really missing out on that
2 = it would be nice to have more.
3 = it's all right. I guess - I can't complain.
4 = quite satisfied - I'm lucky the way it is.
5 = enthusiastic - it couldn't be better.

a. How do you feel about your standard of living, the kind of house, clothes, car and so forth? _____

b. How do you feel about the understanding you get of your problems or feelings? _____

c. How do you feel about the love and affection you receive? _____

d. How do you feel about the companionship of doing things together _____

15. When your husband/partner comes home from work, how often does he talk about things that happened there?

Very Often _____ Sometimes _____ Never _____

Appendix M
Amount of Time Spent with Child with Continuing Care Needs

QUESTIONNAIRE
AMOUNT OF TIME SPENT WITH CHILD WITH CONTINUING CARE NEEDS

1. Can (special needs child) engage in the following activities alone?

	Yes	No
Toilet		
Dressing		
Feeding		

2. What treatment procedures do you (both mother and father) engage in daily with (special needs child)?

List: _____
_____
_____

3. How much time do these activities require on a daily basis by each of you?

Mother: _____
Father: _____

4. How much time do you spend daily in other than treatment activities with (special needs child)?

5. What do you do together?

Amount of Time Spent with Child with Continuing Care Needs

6. What types of things do you do with the other children in your family?

_____

_____

_____

7. How much time together do you spend daily?_____

8. Do you ever feel that you do not spend sufficient time with your other children?

Yes _____ No_____

If 'Yes':

Always: _____ Often:_____ Sometimes:_____ Never:_____

Appendix N
Parent Feedback: Oral Questionnaire Guide

1. **How would you rate the Sibcircle?**

Excellent	Good	Fair	Poor

2. **Did your child get the kind of experience you wanted?**

No, definitely not	No, not really	Yes, generally	Yes, definitely

3. **To what extent has Sibcircle met your child's needs?**

Almost all of my needs have been met	Most of my Needs have Been met	Only a few of my needs have been met	None of my Needs have been met

4. **If a friend were in need of similar support, would you recommend Sibcircle to him/her?**

No, definitely not	No, I don't think so	Yes, I think so	Yes, definitely

5. **How satisfied are you with the playgroup intervention?**

Quite Dissatisfied	Indifferent or Mildly Satisfied	Mostly Satisfied	Very Satisfied

6. **Have the services your child received helped him/her to deal more effectively with her/his struggles?**

Yes, they have helped a great deal	Yes, they have helped somewhat	No, they really didn't help	No, they seemed to make things worse

7. **In an overall, general sense, how satisfied are you with the services your child received?**

Very satisfied	Mostly satisfied	Indifferent or Mildly Satisfied	Quite Dissatisfied

8. **I we were to offer Sibcircle again, would you re-enrol your child to attend again?**

No, definitely not	No, I don't think so	Yes, I think so	Yes, definitely

9. **If we were to offer Sibcircle again would you be interested in enrolling another of your children?**

No, definitely not	No, I don't think so	Yes, I think so	Yes, definitely

10. **Are there any additional comments and suggestions you would like to make?**

Appendix O
ATSCN Bar Graph