

Running Head: GROUP SUPPORT

Group Support in a School Setting for Adolescent

Girls at Risk for Depression

by

Kelly Gregorash

A Thesis

Submitted to the Faculty of Graduate Studies  
in Partial Fulfillment of the Requirements  
for the Degree of

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Department of Educational Administration,  
Foundations, and Psychology  
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**Kelly Gregorash**

**A Thesis/Practicum submitted to the Faculty of Graduate Studies of The University of  
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**MASTER OF EDUCATION**

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### Abstract

This study used a supportive group school setting using cognitive behavioral therapy and the PATH program (Planning Alternative Tomorrows With Hope) to help adolescent girls lower their risk for depression and increase hope in their lives. The objective of this study was for the adolescent girls to feel supported, have a sense of belonging in the group, plan for the future, have increased self-esteem, and change their cognitive distortions.

The group was implemented in a suburban high school in mid-western Canada, one day per week for 14 weeks. The program rationale was based on previous research that has found cognitive behavior therapy (CBT) to be helpful when working with depressed adolescents. However, there is limited research on using CBT in the school setting and on the effects of the PATH program when working with an at-risk population. One of the goals of this study was to explore the usefulness of the PATH program with an adolescent population.

The method of group evaluation was to use pre- and post-test questionnaires, review the girl's' mental health, and then use a group evaluation (questionnaire) for the girls to complete upon termination from the group. Observations and field notes were made to determine the overall group process. In general, the group content appeared to assist the girls with their difficulties to some extent; however, the group process appeared to have more of an influence both on the success of the group and on the individual girls. The girls did feel supported, had a sense of belonging, and their self-esteem appeared to increase. Limitations of this study are reviewed.

## Group Support in a School Setting for Adolescent

### Girls at Risk for Depression

Adolescence is often a period of demanding pressures and conflicting expectations, both internal and external, when teenagers undergo rapid transitions cognitively, physically, emotionally and socially (De Minzi, 2006). In their search for identity, as well as coming to terms with their changing cognitive developments and relationships with family members and peers, adolescents are often vulnerable and overwhelmed (Erikson, 1968). Moreover, these personal changes and experiences occur in the broader social context of rapid technological and cultural change, media exposure, unprecedented mobility, and a weakening of traditional family structures and bonds (Roberts, Henriksen, & Foehr, 2004).

Adolescence is a particularly critical phase for adolescent girls (Tolman, Impett, Tracy & Michael, 2006). Fragile self-esteem, body image concerns, and the pressure to have sex leaves them vulnerable to mental illness, particularly depression (Angst, Gastpar, Lepine, Mendlewicz & Tylee, 2002). Furthermore, a negative view of oneself, the world, and the future predisposes adolescent girls to hopelessness, depression and suicidal ideation (Beck, 1967). Overall, such individual and sociocultural factors may exacerbate the potential for mental illness in adolescent girls (Powell, 2000).

Given that peer groups are appropriate for self-development and adolescents within the same age group are more likely to share concerns or issues, therapy groups may provide adolescent girls with the support and secure base needed to explore the above-mentioned issues (Corey & Corey, 2002). Groups are also beneficial because they are cost-effective and can be delivered in the "natural habitat" of school (Bright, Baker, &

Neimeyer, 1999). Improving self-esteem, changing negative thought patterns, teaching coping skills, and planning for the future through group work may not only reduce the immediate risk of suicide and decrease depressive symptoms, but may also give adolescent girls hope for a brighter future.

### *Development and Transition*

Adolescence is a unique period in the developmental transition to adulthood. It is a transition towards independence at a time when adolescents are considered to be neither children nor adults. Except in infancy, biological changes occur more rapidly in adolescence than at any other point in life (Lesko, 2001). Parents, peers, teachers and society in general exert considerable pressure on the adolescent to grow up (Nurmi, 2001). However, psychologically-speaking, an adolescent enters adulthood through a gradual process (Havighurst, 1951). Biological and sociocultural changes alter the individual's self-image and cause other people's expectations of adolescents to change. Ultimately, the adolescent attains the roles and perspectives of the adult (Nurmi, 2001).

Identity is critical during this complicated transition. Adolescents want to achieve independence from their families and increasingly do things on their own. This forces adolescents to focus on redefining their identity and answering the critical question, "Who am I?" as well as projecting this focus into the future by asking, "What can I become?". While struggling with these questions, some adolescents may form negative views of themselves; others may seek a sense of belonging in marginal groups where they engage in illegal or antisocial behaviors, such as skipping school, using alcohol and drugs, or committing crimes (Erikson, 1968).

A number of qualitative changes and challenges occur during normal adolescence. Typical examples include sexual development; changes in family relationships, which may cause an increasing need for independence; changes in peer relationships, such as developing friendships that help explore their own individuality; changes in the ability to think abstractly; and moral development, such as shifting conceptions of right and wrong (Erikson, 1968).

Families guide moral development because family values and beliefs carry over from childhood into adolescence and adulthood (Adams, 2005). Despite their pursuit of independence, adolescents often continue to look for continued emotional support and guidance of their family (Peterson, 2005).

Although the frequency of interaction with parents may be relatively low during adolescence, parental influence often remains high (Peterson, 2005). Ausubel and Sullivan (1970) suggested that in loving their children, parents actually encourage a movement away from parental over-involvement towards more peer-oriented interaction. Peer interaction allows adolescents to develop a sense of volitional independence. The peer group provides adolescents with other sources of information and gratification, reducing their exclusive association of power with the parental figure. In this manner, peer groups strongly impact and influence adolescent development. Furthermore, peer groups typically replace the family as the primary influence during adolescence (Bronfenbrenner, 1974).

Due to their movement towards more peer-oriented interaction and the search for identity and independence, adolescents tend to redefine their sense of belonging. Peers are important because young people prefer to be in the company of their friends, who

provide a sense of belonging and emotional support. Peers share similar problems, conflicts, likes and dislikes, and their interactions with each other help them to adapt to inter-generational conflict and to those with different values. Peers offer constructive feedback and information on identities and perceived commitments, reinforcing the need to be with other adolescents. The necessity for interaction with like-minded peers may contribute to the formation of dyadic relationships (Erikson, 1968; Heaven, 2001).

Crockett, Peterson & Losoff (1994) provide further evidence of increased peer involvement. A study of 335 adolescents from Grades 6 to 8 found that as they grew older, groups formed and telephone usage increased; by the eighth grade, dating began. At the same time, although adolescents seek out peers, they may feel lonelier than in other age group (Adams, Gullotta, & Markstrom-Adam, 1994).

Cognitive development allows adolescents, unlike younger children, to think abstractly and thereby view their social environment in ways not previously possible. Adolescents become capable of understanding the thought processes of others and interacting with their environment in new and different ways, such as thinking about the future and planning ahead. Changes in their moral thinking and self-image also occur as a result of cognitive advances. In turn, their increased cognitive competence changes the way they feel about the biological and developmental changes they are experiencing (Erikson, 1950).

Adolescence is not only a time during which teenagers learn to cope with abstract thinking and its consequences, but one in which their new cognitive abilities have a significant impact on the socialization process itself (Adams, 2005). During this period, adolescents have an increased desire to conform to others of similar age. In addition to



these internal transitions, adolescents have to contend with an ever-changing society with shifting expectations, less family coherence and increasing media influence (Adams et al., 1994; Heaven, 2001).

### *Changing Sociocultural Context*

Adolescents today live in a world that has experienced great transformations, and thus their roles in society have changed. In the past, adolescents were seen as miniature adults (Kett, 1977). For example, they might have been expected to work on a family farm or take an apprenticeship. Nowadays they are expected to stay out of the workforce until they are adequately educated, trained, and developed in the skills required to enter the workforce and become a productive member of society. This period of delayed work responsibility is known as the "psychosocial moratorium" (Erikson, 1950). The current rapid and complex technological changes require skills that are more complex and difficult to master, resulting in much less opportunity in the workplace for those who are less skilled or educated (Kett, 1977).

Family breakdown is also quite common in contemporary society. Divorce is on the rise and presents a growing concern for adolescents and other family members. In Canada, approximately one in every three marriages ends in divorce (Statistics Canada, 2003). Adolescents find it difficult to cope with the breakdown of families and new family structures (Special Joint Committee on Child Custody and Access, 1998).

Adolescents often react to parental divorce with both anger and sadness, and may force them to judge their parents prematurely, which can lead to unrealistic role models and premature independence. Adolescents may also develop a pessimistic or confused outlook on their own future relationships because of their parents' divorce. Extreme

consequences of maladjustment may be drug or alcohol abuse, aggression, truancy, promiscuity and lack of impulse control (Twaite, Silitsky, & Luchow, 1998).

Media has become another powerful factor in adolescents' lives. On average, adolescents are exposed to over six hours of media per day, which includes watching television, playing computer games, listening to music, reading or surfing the Internet (Roberts et al., 2004). Research has correlated the amount of television exposure to the beliefs and attitudes held by those exposed, showing those beliefs and attitudes to be characteristic of a dominant world view depicted on television. According to Gerbner & Gross (2002), television content generally portrays the world as a mean and scary place. They found that adolescents who viewed a lot of television were more afraid to walk alone at night and overestimated the frequency of violence in society.

Apart from contending with an ever-changing culture, adolescents may have to cope with society and their community not taking them or their views seriously. Even when the subject is especially important to adolescents, they may be ignored and misunderstood. Their position in today's society may contribute to a sense of meaninglessness, powerlessness and isolation they experience (Lesko, 2001).

### *Adolescent Girls*

All adolescents face challenges, but adolescent girls have an especially difficult time during this unstable period. Their self-esteem (i.e., their sense of self-acceptance, self-liking and proper self-respect) is particularly fragile at this stage (Wild, Flisher, & Lombard, 2004). Other pertinent issues are body image and interpersonal relationships (Heaven, 2001).

Low self-esteem is associated with a greater likelihood of depression, lower reported happiness, more negative emotional states, anxiety, irritability, aggressiveness and alienation. In contrast, high self-esteem is associated with a sense of control over life, a willingness to take moderate risks and feelings of satisfaction with life (Wild et al., 2004). Self-esteem is also clearly influenced by social relationships. Popularity is one of the most important factors leading to high self-esteem, especially in girls (Dusek, 1996). On the whole, adolescent girls appear to have lower self-esteem than adolescent boys (Galambos, Leadbeater, & Barker, 2004; Poulin, Hand, Boudreau, & Sagntor, 2005).

Epidemiological studies have offered evidence of low self-esteem in adolescent girls. Kling, Hyde, Showers, & Buswell (1999) reported that for families under stress from marital conflict or economic hardship, adolescents who face psychological crises during adolescence will react by devaluing themselves, feeling worthless, complaining publicly or disassociating themselves from the institutions that devalue them, such as their schools (Gilligan, 1991).

Adolescent girls also contend with body image challenges and long to be "pretty". Pervasive media images of quite unattainable standards of weight and beauty tend to complicate the development and maintenance of a positive body image in adolescent girls, which directly affects their self-esteem (Roberts et al., 2004; Guidice, 2006). Not only does this body dissatisfaction lead to decreased self-esteem but the poorer the body image, the more dissatisfied the adolescent female is with her life (Guidice, 2006). Despite the rise in young men who are dissatisfied with their bodies, most research has focused on young women as they have exhibited a 10 times higher rate of body

dissatisfaction and eating disorders, including anorexia nervosa and bulimia nervosa (Van Hoeken, Lucas, & Hoek, 1998).

Interpersonal relationships and feeling "popular" can become the most important factor in adolescent girls' lives. Because of these desires, adolescent girls are more likely to be pressured into having sex, drinking alcohol and doing drugs than their counterparts a generation ago (Frank & Young, 2000; Heaven, 2001). Adolescent girls may feel that having sex with boys is the only way for boys to like or love them and may associate intimacy exclusively with sex. Girls experience social pressure for increased connection with others during adolescence and search for one trustworthy partner, while boys usually search for multiple partners (Hetherington & Stoppard, 2002; Frank & Young, 2000).

Due to all these pressures, many teenage girls may be at a higher risk for depression as compared to boys. They may develop internal negative thoughts and inward coping strategies, which can lead to mental health issues (Bandura, 1999). These kinds of psychological constraints may cause a range of depressive symptoms (Galambos et al, 2004).

### *Depression*

Depression is a serious mental health concern. In Canada, between 4 to 10% of the population suffered from clinical depression in a 12-month prevalence period (Patten, 2002). Other common illnesses, which are comorbid with depression, are anxiety disorders, conduct disorders, oppositional defiant disorders, attention deficit disorders, eating disorders, substance-related disorders, obsessive-compulsive disorders and borderline personality disorders (Rudolph, Hammen, & Daley, 2006).

At any stage, 6% of adolescents experience clinical depression (Statistics Canada, 2002), with approximately 40% of 14- to 15-year-olds reporting episodes of depression (Lewinsohn & Clarke, 1999). However, teenage girls have a twofold greater risk of depression than boys (Angst et al., 2002; Kuehner, 2003). Canadian studies have revealed that in adolescents aged 12 to 19, the prevalence of depression is 21% in girls and 11% in boys (Galambos et al., 2004), while during a 12-month time frame, the prevalence of depression in those aged 15 to 24 is 8% for young women and 4% for young men (Statistics Canada, 2002). According to Poulin et al. (2005), the highest prevalence of elevated depressive symptoms for girls occurs in Grades 9 and 10 (15 and 16 years old). These elevated symptoms usually decrease by Grade 12 because personal identity becomes more established. This vulnerability to depression among women begins in early adolescence and the susceptibility to depression is maintained throughout life (Kuehner, 2003; Wade, Cairney, & Pevalin, 2002).

These gender differences can be explained through hormonal factors, social factors and pre-existing vulnerabilities, such as low self-esteem and striving for a sense of belonging. Women also tend to experience more symptoms of depression because of their inward coping strategies, while men tend to express depression outwardly through aggressive behaviour or drug and alcohol consumption (Kuehner, 2003). Men also are less likely to seek support or medical help. Therefore, depression in men is not always properly diagnosed as it may be masked by other illnesses such as Substance-Related Disorders and Antisocial Personality Disorders (World Health Organization, 2002). Despite this high prevalence rate for depression, there is strong evidence that depression

is under diagnosed and under treated in both adolescent boys and girls (Flament, Cohen, & Choquet, 2001).

Evidence shows that symptoms of depression in adolescents are quite similar to those in adults. Loss of pleasure, low self-esteem, sleeping problems, and changes in appetite and weight are common in both adolescents and adults. However, adolescent girls are more concerned than adolescent boys with recent body changes and feeling unattractive, weak or unhealthy (Hetherington & Stoppard, 2002).

In Beck's (1967) cognitive model of depression, depressive cognitions reflect the "negative cognitive triad" and are regarded as the essential feature of depressive symptomatology. Depressed people think negatively about themselves, the world and the future. Negative cognitions about the self include viewing oneself as unworthy, inadequate and defective. Negative thoughts about the world include perceiving other people as making insurmountable demands, thereby preventing a person from achieving his or her life goals. Negative schemas about the future are pessimistic thoughts about forthcoming opportunities and prospects, and can include perceiving one's future as bleak, hopeless, and full of hardship and frustration.

These negative cognitive schemas—the basis for the cognitive triad—are thought to develop early in life and reactivate in response to stress. Once activated, experiences are filtered through this set of schemas, distorting reality in a negative manner. Exaggerated responses may occur as all or nothing responses when depressed people think in "black and white". In this all or nothing response, depressed people may hope to do a task or respond perfectly (the all response). However, if they do not perform the task

or respond perfectly, then a nothing response is exhibited in which the depressed people feel they do not live up to their standards, and feel unworthy and hopeless (Beck, 1967).

In line with Beck's (1967) cognitive model of depression, depressed adolescents have lower self-esteem than their non-depressed counterparts (Wild et al., 2004), and MacPhee and Andrews (2006) found that low self-esteem emerged as the strongest predictor for depression. The adolescents may have a negative self-image and find it difficult to remember or relate to anything positive about themselves. They may feel they are unattractive (Guidice, 2006), exhibit distorted thinking (Clark, Beck, & Alford, 1999) and see their environment in negative terms. Depressed adolescents may think people reject and criticize them due to the frequent demands placed upon them (Lewinsohn & Clarke, 1999), and feel more hopeless about their future (Clark et al., 1999). As a result, the adolescent may perceive a string of failures, disasters and rejections, and overestimate the likelihood of a negative event occurring. Finally, they may feel their lives are meaningless and have a negative outlook on the future (Perez-Smith, Spirito, & Boergers, 2002), which increases the risk of suicidal ideation.

### *Suicide*

Adolescent suicide rates in Canada have almost increased nearly five-fold in the past 50 years (Statistics Canada, 2003), accounting for 23.8% of all deaths among 15- to 24-year-olds (Health Canada, 2002). Suicide claims approximately 5,000 to 6,000 adolescents each year, while another 500,000 Canadian teens make unsuccessful attempts at suicide (Copenhagen & Qualley, 1998). Over 522 individuals aged 10 to 24 took their lives in 2003 (Statistics Canada, 2003). Despite these troubling statistics, only 25% of

those carrying out suicidal acts make any contact with the public health system. The large majority of these attempts go unnoticed (World Health Organization, 2002).

Previous research has suggested that predisposing psychosocial factors for suicidal behavior include depression, cognitive distortions, hopelessness, pessimism, low self-esteem, an external locus of control and insufficient social support (Kelly, Lynch, Donovan, & Clark, 2001; King et al., 2001; Shaffer and Craft, 1999; Yoder, 1999). However, hopelessness and depression are the strongest indications of suicidal ideation (Kumar & Steer, 1995; Stewart, Kennard, Lee, Mayes, Hughes & Emslie, 2005). It is estimated that 80% of suicides involve depression (World Health Organization, 2002), and youth with the most pessimism about the future have the greatest number of depressive symptoms and frequency of suicidal ideation (Stewart et al., 2005). This hopelessness corresponds with the "future" part of Beck's (1967) negative cognitive triad of depression. Within this high occurrence, research has shown that hopelessness within the depression is the strongest predictor of suicidal ideation (Conner, Duberstein, Conwell, Seidlitz, & Caine, 2001; Goldston, Daniel, Reboussin, Reboussin, Frazier & Harris, 2001). Furthermore, Wen-Hung, Gallo, & Eaton (2004) found that hopelessness was a stronger and more stable risk factor for suicide than the presence of depression alone. Stewart et al. (2005) achieved the same results when they conducted a study with adolescents aged 14 to 18 years old. Thus, hopelessness may be the underlying factor in many adolescent suicide attempts when depression is present (Perez-Smith et al., 2002).

#### *Lowering the Risk and Increasing Hope*

Teaching coping skills, improving self-esteem, planning for the future, and receiving social support were proven to lower symptoms of depression and suicidal



ideation in both adults and adolescents (Bacon & Hector, 2002; Eggert, Thompson, Herting, & Nicholas, 1995). Developing certain skills, such as setting goals and breaking down problems into smaller components, helps adolescents to deal with day-to-day challenges and to feel less overwhelmed (Bacon & Hector, 2002). Werner (1995) found that resilient adolescents were characterized by a pronounced social maturity and strong sense of responsibility with a belief they could exert considerable control over their fate. Therefore, the more control adolescents feel over their lives, the more hope they may experience. Spencer, Davidson, and White (1997) indicated that goal setting and goal attainment helped individuals develop hope for the future. Hope helps an individual face adversity and maintain a positive sense of direction in life (Fine, 1991), and a person can understand, manage and derive a sense of meaning about his or her life. Hope is a powerful factor in assisting people to cope with high levels of stress and adversity in life (Kato, 2006).

Perceived social support has also been found to lower the risk of depression (Hetherington & Stoppard, 2002) while perceived social inadequacy is associated with depressed moods (Elgar & Arlett, 2002).

Feeling emotionally connected to friends or family helps prevent depression in adolescent girls, and by re-establishing an emotional connection many adolescents recover from feelings of depression (Hetherington & Stoppard, 2002). Heponiemi et al. (2006) found that long-term social support might be a long-term protective factor from depression, regardless of personality characteristics such as hostility and anger. Positive perceived social supports are all associated with declines in depressive symptoms (Mayweed, 2006).

### *Groups*

Because peer group relations are a primary focus for adolescent girls, a group approach to therapy would be consistent with an adolescent's development (Corey & Corey, 2002). Groups are associated with a supportive role in helping individuals. They have the ability to bring people together for a common purpose and provide a sense of community (Jacobs, Masson, & Harvill, 1998), and can promote healing (Yalom, 1995). Group processes can help adolescents realize they are not alone with their problems, connect them with the necessary social support, and show them hope for a different life. Groups act as a secure base in the critical stage of adolescence by providing teenagers with the comfort of unconditional acceptance while they take risks. They can allow girls to share and validate experiences ("I am not the only one who experiences these things"; "My voice is being heard, acknowledged and my experience validated") (Corey & Corey, 2002). The more secure the girls are, the more willing they will be to take part in the group (Schofield & Brown, 1999). This may help adolescent girls feel safe and know they can share their experiences with others (Jacobs et al., 1998).

Groups are beneficial because adolescent girls at risk for depression may perceive they have a poor social support system, while healthy adolescents perceive more support (Zhang & Li, 2003). Social support and social networks promote resiliency and increased hope in adolescents' lives (Dwyer, 1999; Stanton-Salazar & Ricardo, 2001).

Groups are also important because of the rising costs in mental health care services, the increasing number of patients, and the decreasing availability of resources that contribute to changes in the delivery of psychological treatment (Bright et al., 1999).

Therefore, group therapy is a more cost-effective and practical method (Zimmerman & Asnis, 1995).

Groups that are delivered within the school setting may benefit adolescent girls the most because they provide a "natural setting". This may help adolescent girls connect with their peers and give them the chance to make new friends within the school (Powell, 2000). With a school-based group, adolescents can increase their sense of belonging through their involvement in a new peer group. Locating the group at the school may also minimize the number of missed classes and allow issues relating to school to be addressed directly. Group therapy in schools has been a successful aid in school adjustment, increasing peer support and positively affecting self-esteem for the students involved (Smith, 2005; Shechtman, 1993). Despite the common practice of therapeutic groups at school, few school therapy groups have been researched.

A number of studies have shown that group therapy is effective in helping adolescents with or at risk for depression (Lewinsohn & Clarke, 1999; Possel, Horn, Groen & Hautzinger, 2004). Clarke, Rohde, Lewinsohn, Hops, and Seeley (1999) examined the efficacy of cognitive behavioral group therapy treatment for depressed adolescents over an 8-week treatment period. They revealed that the subjects in cognitive behavioral group therapy had higher rates of recovery (66.7%) compared to those who did not experience group therapy (44.1%). A 2-year follow-up study showed the recurrence rate of depression was lower for adolescents than adults after group therapy (Clarke et al., 1999). Community studies of adolescents have also shown that group cognitive behavioral therapy in conjunction with group problem-solving therapy may prevent relapses in depression for 9 to 24 months after treatment (Milin, Walker, & Chow, 2003).

A review of the stages in the development of a successful working group follows.

### *Group Process*

The development of a group involves four predictable stages, from the process of initiation to termination (Murk, 1994). Theorists who have contributed to this aspect of the study of groups include Tuckman (1965), Bion (1961), Schultz (1958), and Yalom (1985). Each of these theories of group development discusses the idea that all groups go through four predictable stages (Murk, 1994). First, there is an initial stage of orientation with its search for structure, goals and dependence on the leader. Second, there is a stage of conflict with the struggle for dominance and rebellion against the leader. Third, there is a stage of growth in interpersonal harmony and intimacy. The fourth stage is a mature working group characterized by high cohesiveness and commitment to the goals of group therapeutic learning (Murk, 1994).

One of the most frequently cited theories on the stages of a group was proposed in 1965 by Bruce Tuckman (Schuman, 2001). Tuckman's theory of group development involves the four stages of forming, storming, norming and performing (Tuckman, 1965). In 1977, Tuckman and Jensen refined his model to include a fifth stage of development: adjourning. Within these stages, Tuckman examined both group structure (patterns of interpersonal relationships and the way members relate) and task activity (content of interaction) (Tuckman, 1965).

In stage one, forming, the initial structural orientation of the group, individuals gather information and impressions about each other and the group (Chimaera Consulting Limited, 2001; Tuckman, 1965). They are driven by a desire to be accepted by the other

group members. Individuals may be hesitant to participate, but test the group and the leader to discover how they will respond to various statements (Corsini, 1957). They attempt to determine what is to be accomplished in the group, find out how much cooperation is demanded, and discover the nature and boundaries of the group. The group itself is most concerned about searching for the meaning of therapy, defining the situation, establishing a therapeutic relationship, and developing a mutual exchange of information and trust (Dreikurs, 1957; Grotjahn, 1950). Serious issues are avoided and superficial points are focused on instead, such as talking about school and irrelevant issues, being busy with routines, and displaying immediate behavioral concerns and symptoms (Abrahams, 1949; Bach, 1954; Bion, 1961; Stoute, 1950). The group members need to overcome their feelings of suspiciousness or fearfulness in this new situation (Corsini, 1957). Due to the hesitancy and avoidance of conflict among group members, not much actually is done in this stage (Chimaera Consulting Limited, 2001).

In stage two, storming, resistance to group influences and task requirements is demonstrated (Tuckman, 1965). The individuals are able to remain nice to each other for only so long, as the important issues begin to be addressed (Chimaera Consulting Limited, 2001). Some group members' patience may break down, resulting in minor confrontations and intragroup conflict (Tuckman, 1965). During this stage, anxiety may be high, rules are broken, arguments ensue, and a general structural collapse occurs (Parker, 1958). Some people may find this confrontation helpful because it means getting to the real issues, while others wish to remain in the comfort and security of stage one. Individuals may seek structural clarity and rules to prevent the conflict from persisting,

and also respond emotionally to task demands. An expression of emotionality by group members can be a form of resisting the techniques of therapy, which require them to expose themselves. This can be a challenge to the validity of the therapy (Bach, 1954). Other group members may even emphasize ambivalence towards the sensitive discussion or the therapist (Shellow, Ward, & Rubenfeld, 1958).

In stage three, norming, the individuals feel they are part of a cohesive unit and develop a sense of belonging. They may interact with each other as they do with members of their own family, that is, with general unity and cohesion (Tuckman, 1965). The rules and norms of the group have become clear and established. The individuals understand each other better now, and new standards evolve and new roles are adopted (Chimaera Consulting Limited, 2001). Group members can appreciate other individuals' experiences, listen to each other, and change preconceived views. At this time, the group members are able to freely discuss themselves, relate to the others at a highly intimate level, discuss personal problems, and confide in the leader and each other (Corsini, 1957). Individuals may resist any pressure to change, especially from the outside, for fear that the group will break up or revert to the storming stage.

In stage four, performing, individuals trust each other, work together independently, and are interdependent and flexible (Chimaera Consulting Limited, 2001). This is seen as a therapeutic stage for understanding, analysis and insight (Tuckman, 1965). Group identity, loyalty and morale are high, and everyone is equally task- and people-oriented. All the energy of the group can be focused on the task at hand because of the high degree of comfort. The group members develop insights into their personal

problems, attain the desired goal, and change their undesirable behavior (Bion, 1961). However, not all groups reach this fourth stage.

In stage five, adjourning, which Tuckman and Jensen added 12 years after publication of his original model, individuals have completed the group and disengage from both the task and the group members. They may feel proud of their achievements and happy to have been part of the group, but some may also experience a sense of loss and have strong interpersonal feelings about the "death of the group" (Tuckman & Jensen, 1977).

### *Summary*

Overall, adolescence is a difficult period of life. Adolescents are experiencing many transformations in their bodies, minds, and relationships with parents and peers. They are struggling to find their identities and gain independence. At the same time, society is changing around them. As a result, they lack consistency in their lives. Both boys and girls must cope with these issues, but adolescent girls have to deal with their self-esteem, body image and popularity even more frequently. These additional pressures put adolescent girls at a greater risk for depression and suicide. Groups are a cost-effective way of providing therapeutic support, and a "secure base" for adolescent girls to explore and deal with issues concerning low self-esteem, planning for the future, increasing hope, and managing symptoms of depression and suicidal ideation (Bacon & Hector, 2002; Corey & Corey, 2002).

### Study Rationale

The main purpose of this study was to increase hope in adolescent girls at risk of depression by helping them plan for the future, increase their self-esteem, change their cognitive distortions and set other goals in a group setting. The negative cognitive triad of depression states that a depressed person has a negative view of the self, world and future. Therefore, this study aimed to deal with these symptoms by using the PATH program to help group participants focus on goal setting and planning for the future, as well as changing their negative thought patterns and improving their self-esteem (through use of cognitive behavioral therapy). Further goals included helping the girls feel supported, have more hope, and be less at risk of depression and suicidal ideation after participating in the group.

### Objective

This study's main objectives were to increase self-esteem, change negative perceptions, and make plans for the future. With these objectives, participants would have fewer symptoms of depression, less suicidal ideation and more hope. Another objective was for the girls to feel supported and have a sense of belonging in the group because a feeling of connection dramatically reduces feelings of depression. This sense of belonging was examined using Tuckman's theory (1965) of group development.

### Method

#### *Participant Selection*

The participants of this study were 11 students from a suburban high school in midwestern Canada. Based on past research, groups perform best with fewer participants (Corey & Corey, 2002). The majority of the participants ranged in age from 14 to 17,



with the exception of one 20-year-old. The 20-year-old surprisingly came to the first group, but did not attend thereafter. It was not expected that the 20-year old would even come to one session because she generally did not come to school and just found out about the group the day it started. The participants were Caucasian, Métis and Aboriginal in ethnicity. All of these ethnic groups have some of the highest rates of depression and suicide (Popenhagen & Qualley, 1998). The socioeconomic status of the participants was mixed.

### *Materials*

Several materials were used to make the girls feel more comfortable during the group sessions. It was important to the facilitators (i.e., the student school psychologist and school mental health worker) that the meeting room looked warm and inviting. To enhance the dull features of the room and create a relaxed and calm atmosphere, a tablecloth, table glitter and scented candles were used. Because food has a nurturing quality, various snacks (e.g., marshmallow squares, brownies, donuts, pizza, juice), either made by the school cafeteria workers or brought in by the facilitators, were served during each session. Flip charts and markers were used by the facilitators to provide visuals and write notes for the girls. Gel markers and paper were provided for the girls to doodle, take notes or draw pictures. Magazines and construction paper were utilized when working on "dream collages". Inspirational quotes were handed out to the girls at the end of several sessions so they would have tangible reminders of the lessons learned. Reminder notes about future group sessions were given to those who were not regular attendees. Invitations to the last session were sent to all participants.

### *Instruments*

The program evaluation materials consisted of three psychological questionnaires, which were administered during the first and last group sessions. In addition, two other questionnaires covering events that occurred were given out and completed during the last group session. The formats of the questions were multiple choice, Likert-type scales and open-ended questions.

*Child's Depression Inventory.* The Child Depression Inventory (CDI) was designed to measure self-rated assessments of depressive symptoms for school-aged children and adolescents. The CDI includes 27 items that quantify symptoms such as negative mood, ineffectiveness, anhedonia, interpersonal problems and negative self-esteem. It covers the consequences of depression as related to children, the children's functioning in school, and the children's interaction with peers. For each item, the child has three possible answers: 0 indicating an *absence of symptoms*, 1 indicating *mild symptoms*, and 2 indicating *definite symptoms*. The total score can range from 0 to 54 (Kovacs, 1982).

The CDI's internal consistency reliability (which determines the homogeneity of the items) has been found to be good, with coefficients ranging from .71 to .89, and test-retest reliability correlations (accuracy and consistency when testing the same group twice) acceptable. It is, however, expected that the symptoms of depression would change over time, and regression to the mean (an extreme score is followed by a less extreme score) is associated with repeated testing over time. Numerous research studies have demonstrated the CDI's utility for assessing important constructs, both for explanatory and predictive uses, in characterizing symptoms of depression in children and

adolescents. Studies of discriminant validity (comparing the correlation of two separate instruments measuring different concepts) found significant differences in negative mood factor scores ( $p < .05$ ), but no significant difference for total CDI scores among a sample of 134 children and adolescents with various depressive disorders. Some studies reported that the CDI successfully distinguishes normal children and adolescents from diagnostic categories, while other studies have been less favorable and agree that more research on the discriminant validity is needed. The CDI takes approximately 5 to 10 minutes to complete and can be used for children 7 to 17 years of age. Results should be interpreted with caution for group members who have completed the test but are above the stated standardized age range (Kovacs, 1982).

*The Suicidal Probability Scale.* The Suicide Probability Scale (SPS) is an empirically validated measure of suicide risk in adults and adolescents over 13 years of age. The scale is composed of 36 items that describe particular feelings and behaviors. The respondent indicates how often each statement applies to him or her, using a 4-point scale. The test form does not mention suicide in its title (Cull & Gill, 1988).

The SPS generates three summary scores: a total weighted score, a normalized  $t$  score and a Suicide Probability Score, which give an overall indication of suicide risk. For a more detailed clinical interpretation, the SPS also provides four subscales: Hopelessness, Suicidal Ideation, Negative Self-Evaluation and Hostility. Standardization is based on a sample of more than 1,100 individuals, including normal adolescents, psychiatric patients and lethal suicide attempters. Separate norms are provided for each of these groups. The SPS can be administered to individuals or groups in 5 to 10 minutes.

The SPS's psychometric properties reportedly have high reliability, along with supportive validity (Cull & Gill, 1988). Test-retest reliability, which measures the extent scores for a single individual are consistent across different test settings and over time, is .92. Internal consistency reliability, which indicates the extent items on a test interrelate and represent similar content, ranges from .62 for Negative Self-Evaluation to .89 for Suicidal Ideation. The content validity (the content of the test encompassing the full range of what the test claims to measure) of the test correlations range from  $-.19$  to  $.54$ , with a median of  $.27$ . From the size and number of these correlations, it is evident that the SPS is content-relevant and substantially related to an externally developed index of suicide risk (Cull & Gill, 1988).

*The Piers-Harris Children's Self Concept Scale 2 (Piers-Harris 2).* The Piers-Harris 2 examines children's or adolescents' overall view of themselves. The scale comprises six different features: behavioral adjustment, intellectual and school status, physical appearance and attributes, freedom from anxiety, popularity, and happiness and satisfaction. Children indicate whether each item applies to them by selecting "yes" or "no". This test usually requires only 10 to 15 minutes and is suitable for children aged 7 to 18. The scale's psychometric properties have been reported as good. Results should be interpreted with caution for group members who have taken the test, but are above the stated standardized age range (Piers, Harris & Herzberg, 2002).

*The Individual Student Rating Questionnaire.* The Individual Student Rating Questionnaire (Appendix A) is a measure designed by the group facilitators. It is formatted on a Likert scale, from 1 (*Not At All*) to 4 (*Severely*), and demonstrates how the

adolescents feel about different aspects of the group. Its purpose is to determine if the adolescents felt that different aspects of the group either helped or did not help them.

*The Post-Group Measure Questionnaire.* The Post-Group Measure Questionnaire (Appendix B) is designed by the group facilitators to obtain additional information on the adolescents' views of the group. It has 8 open-ended questions that the adolescents answered upon completion of the group.

### Procedure

#### *Recruitment of Participants*

The school team (teachers, guidance counselors, principals and clinical workers) selected the participants for the group based on their at risk behaviors. These behaviors included skipping classes, being socially withdrawn, acting out, and family disclosure of emotional difficulties. This information was passed on to the group facilitators (the student school psychologist and school mental health worker) as group members were chosen. Other participants were selected because of their involvement in previous groups, which they appeared to benefit from; these students requested continued involvement in girls' school groups.

After the list of adolescent girls was compiled, the group facilitators spoke with each to gauge interest in participating. They were told about the purpose of the group, the questionnaires involved and the study itself. During these initial interviews, several students referred their friends to become part of the group as they felt their friends could benefit from the group too. If a new appropriate referral was made, the group facilitators interviewed the friend and asked if she wanted to join. After the interviews were completed, the girls who wished to participate obtained parental permission for the group.

The original list of at-risk girls totaled 18 girls. However, after screening these girls, only seven agreed to participate in the group. In addition, four friends were referred to the group. In total, 11 girls expressed interest in the group and wished to participate in the study. This recruitment process involved a convenient sample because the students selected were at risk for depression or suicide. This process is similar to previous recruitment processes used at the same school in the past.

#### *Pre-program Implementation*

Before commencing the study, the student school psychologist applied for and was granted permission from the University Education Research Ethics Board (Appendix C) and the school principal (Appendix D) to perform the research on the group at the school. Once the girls agreed to participate, the student school psychologist telephoned the parents to inform them about the group and study. The parents were told about the topics and received information about the research elements. After this, both the parents and girls were asked to sign a permission form if the girl wished to participate in the research (Appendices E and F) and be in the group (Appendix G).

#### *Program Implementation*

The group ran for one hour, once per week, for a total of 14 sessions. The sessions were held at a high school in midwestern Canada. The group had two facilitators: the school's mental health worker and the student school psychologist. The mental health worker supervised the student school psychologist.

The group followed a conversational and process-oriented style to address such topics as self-esteem, planning for the future, negative thinking, healthy relationships and dealing with difficult people. The mental health worker had previously used this program

with a similar group, but did not have measurable outcomes in place. The contribution of this study was that it examined the elements of increasing hope by goal setting using the PATH process and examining group process.

### *Session Structure*

The group followed a similar format throughout the 14 sessions. The structure was:

1. Welcoming/entering the room. The girls were given time to ground themselves and settle in.
2. Nurturing and group cohesion. The girls passed around and ate the provided snacks, which helped enhance the joining aspect of the group and group cohesion.
3. Check-in. This was a structured, turn-taking activity, where each girl had the opportunity to state how she felt on a scale from 1 to 10 (1 *very sad* to 10 *very happy*). The girls also had the chance to discuss how their day was going and how their past week had gone (Appendix H).
4. Task/activity.
  - o The first two sessions consisted of introductions, filling out three pre-test questionnaires, and reviewing the group rules.
  - o Sessions 3 through 12 included either:
    - i. Problem solving around an issue raised in check-in.
    - ii. Discussion related to identified topics in the group, including self-esteem, healthy relationships, dealing with difficult people and planning for the future.
    - iii. Question box.

- The final two sessions focused on group termination, which included filling out the five post-test questionnaires and reflecting on the girls' overall experiences.

5. Wrap-up. At the end of each session, a summary of the task was reviewed and everyone said

### *Treatment*

The main treatment method followed several different models, including planning for the future using the Planning for Alternative Tomorrows with Hope (PATH) program (Pearpoint, O'Brien, & Forest, 1993), changing negative thinking, and increasing self-esteem using a cognitive behavior therapy model. Other elements discussed during the group sessions included coping skills and dealing with difficult people. Because negative thinking about the world, self and future is the essential features of depressive symptomatology in the negative cognitive triad of Beck's (1967) depression theory, reframing cognitive distortions, increasing self-esteem and planning for the future were examined.

*PATH.* The purpose of using the PATH program was to help the individual girls focus positively on their futures to increase hope. Group members achieved this by thinking about the future, setting goals and planning how to obtain those goals so they may become reality. The elements of the PATH program were modified to be more of a group effort rather than an individual one. This occurred because elements of the program were too hard for some of the girls. The six components of PATH used in this study are outlined below with specific examples in Appendix I:



1. Touching the Dream: In this first step, the girls explored images of how they want their future to be. Then they found their purpose or "North Star". To help engage these adolescents in identifying their goals and dreams, they were asked to make a collage. In this activity, the girls looked through several magazines and cut out pictures of goals and dreams they had for themselves. The girls glued these pictures on a piece of construction paper and made a "Dream Collage".
2. Sensing the Goal: The girls looked backward from the future to describe their positive desirable futures as if they had already happened. They also explored their feelings about how it felt to accomplish their goals.
3. Grounding in the Now: The girls described the present and explored how it felt.
4. Identifying People to Enroll: The girls thought about whom they needed to involve to help make change possible and how to get these people to participate.
5. Recognizing Ways to Build Strength: The girls looked at ways to improve their skills, relationships and knowledge.
6. Charting Actions for the Next Few Months: At this point, the girls looked at the kinds of things that must be done to realize their goals over the coming months.

The PATH process was modified and adapted to meet the needs of the girls in the group, which included fewer steps and smaller, successive stages of development.

*Cognitive restructuring.* Cognitive behavioural therapy was used to reframe negative thinking and look at cognitive distortions. The facilitators reviewed the girls' negative self-talk and discussed a more positive approach to thinking things through (Appendix J).

*Self-esteem.* Cognitive behavioral therapy was used to promote self-esteem, another focal point of the group. Several activities or self-esteem exercises were utilized during the group sessions, the first called the "naming activity". This required all the girls to name five things they liked about themselves. The girls who came up with five were reinforced, while the girls who had difficulty with the activity received help and encouragement through positive affirmations.

Another self-esteem-building activity was the "positive actions list". Here the girls were to think about a positive action and enter it on an accomplishment sheet. The girls wrote down several positive actions they had recently accomplished (helped clean up after dinner, opened the door for the elderly) and followed each up with a positive statement about what the activity said about them (helpful, kind, considerate).

A third self-esteem-building activity was the "name positive characteristics of others" activity. The facilitators drew the name of one group member out of a hat. This girl was to listen to the other group members tell her a positive characteristic about herself. The facilitator wrote each statement on the flip chart paper for everyone, including the chosen girl, to see (Appendix K).

*Other issues.* Additional issues pertinent to the adolescent girls were dealing with difficult people, addressing conflict with each other, and problem solving around these conflicts (Appendix L). Also discussed were forming healthy relationships and developing healthy coping skills. During the girls' exploration process, issues were dealt with as they arose. The question box was an idea that surfaced in a leader post-group discussion where the facilitators observed the girls' need for control over the topics

discussed. The question box was utilized when needed as a way to provide structure to the group's agenda.

### *Data Collection*

Each participant completed three preliminary questionnaires (Suicidal Probability Scale, Children's Depression Inventory and Piers-Harris Children's Self-Concept Scale) to assess baseline levels of emotions and at-risk behaviors. The group facilitators spoke to the school psychologist about the girls who scored high on these scales, which indicated possible depression or suicidal ideation. Throughout each session, observations were made about attendance, participation, individual issues and group dynamics.

During the final session, the participants completed three questionnaires identical to the preliminary questionnaires to measure any observable changes in their at-risk behavior. They also filled out two post-test questionnaires about the group (Post-Measure Questionnaire and Individual Student Questionnaire).

### *Results*

The evaluation of this study employed both qualitative and quantitative results.

#### *Qualitative Results and Group Process*

The qualitative data consists of observations and reflections about the group's behavior throughout the sessions. Through the group process and individual processes, the girls experienced both personal and interpersonal growth. The group dynamics generated an overwhelming richness of data. Therefore, a broad scope was examined using an across-session approach (groupings based on progressive phases of psycho-educational group development). The framework used was Tuckman's (1965) five-stage

theory of group development: forming, storming, norming, performing and adjourning.

To review session-to-session activities, please see Appendix M.

The girls progressed through these five stages of group development mentioned above. Even though they moved between the stages at their own pace, most of the girls gradually came together in each of the stages. However, they did not always move through the stages in a hierarchical order.

*Stage one, forming.* During this first stage, the girls came together to participate based on a common goal that the facilitators identified (at risk for depression and suicide). This homogeneous issue contributed to the forming stage of the group and gave the girls a sense of belonging. Forming was exhibited throughout the first three sessions where the girls were initially very compliant. They were dependent on the facilitators to guide them on what they were to do, what the group was about and how to behave. The girls were orientated to the task and did what they were asked to do. For example, they came to the group, sat down at the table, and filled out the questionnaires they were asked to complete. They asked questions about the group, what they were going to do in the group and what they could expect from the group. At the outset, the girls would come to group and quietly look around at each other. Most of them appeared shy, quiet and cooperative. The room felt tense and anxious at times. No personal issues were initially volunteered, but after several sessions, the girls initiated more discussion. It also became apparent that dyadic relationships were being formed. Girls sat next to each other and talked among other group members during each session.

As the group progressed, the girls began to push the group rules and structure. They tested the facilitators and the group process by acting silly, talking when it was

inappropriate during a task, and interrupting. However, the girls were easily redirected as part of the forming process. A few girls chose not to share food, but they were also easily redirected to do so. Several girls sat quietly and were hesitant to participate. However, other girls opened up to test the group structure by making personal statements such as "my mom has a drinking problem" or "I was kicked out of my house" to see how the facilitators and group members would react. It appeared as though the reaction of the group affected whether or not those members felt they could trust the group. The general reaction to these comments was supportive, and trust started to occur slowly. The facilitators implemented more structures and hidden rules to deal with this ambivalence of member inclusion in the group and made the girls feel they were in a safe and predictable environment. For example, when it appeared that the girls were feeling too overwhelmed when discussing personal issues, a more structural approach was implemented, which the girls wrote any private questions they had without identifying themselves. Then each day a question was picked from a box and the girls discussed the issue (Appendix M). This strategy provided some structure to the overwhelming problems and limited difficult discussions.

*Stage two, storming.* The girls experienced many storming behaviours throughout the group, however, even though the group had problems in sorting itself out (which is normal in-group development), the group still had a great cohesiveness in spite of this. The storming stage was one of the predominant phases that the girls moved in and out of during the course of the group. The storming phase is typically characterized by externalized conflicts, anxieties and poor cooperation. Since conflicts were externalized,

it appeared for the time being that the girls' individual anxieties regarding their suicidal thoughts and depressive effects were lifted.

The intensity of the storming phase varied from session to session depending on the topic and the dyadic relationships; however, the most severe storming behaviors occurred about halfway through the sessions. Here the girls consistently pushed the rules and boundaries. There was an emotional response to task demands due to anxiety about the group process and the topic. Some girls would not comply with the task; for example, the girls would say, "Do we have to do this?" and then continue to avoid doing the task. The facilitators would intervene providing a choice, establishing safety within the group, problem solving around the situation and providing empathy. This usually resulted in the girls making choices that were more positive.

When the topic became too difficult to talk about (either group content or discussing a statement that another member made), several girls would not pay attention, act silly or break the rules. The girls demonstrated these behaviors by falling off their chairs, passing gas and laughing loudly. These behaviors were dealt with differently on each occasion depending on the group mood and how the girls were coping with the topic. Most of the time, the facilitators would provide more structure, re-direct the girls to try to get them back on task and review the group rules. However, when it appeared that the topic was too overwhelming for the girls, the group facilitators would temporarily back away from the issue and discuss it when the group appeared ready to handle it.

Other storming behaviors were demonstrated when a few of the girls dominated the process and would show disrespect to the facilitators or other group members by not listening or continuing to talk about topics of personal interest. At these times, the girls

were redirected to the group structure, group rules, and a group discussion about what the girls felt was acceptable and respectful. In one instance, a girl left the group when she did not agree with the facilitator. (However, she returned the following week.)

There also was much intergroup conflict between the girls. Strong dyads were being formed and on two occasions, one girl got into an argument with another girl. Due to the strong dyadic relationships, groups of girls would "gang up" on others who were not part of their dyad. Members of one dyad would speak harshly to other girls and be mean to them (e.g., turn their chairs away from them, call them names and give them mean looks). Many of the arguments resulted in fights that took place outside of the group. A few of the girls attempted to be peacekeepers to help the girls being "ganged up" on. They would try to problem solve and resolve the conflict. Healthy resolution in the storming phase occurs when the group members solve their own problems and are not solely dependent on the leaders. During these conflicts, the facilitators provided reflection of affect, maintained safety by reinforcing the rules and invited the girls to engage in solution-focused strategies to solve the conflict (Appendix L). The facilitators did not allow the "ganging up" and discussed taking responsibility for one's own actions. The facilitators turned this experience into a teachable moment and educated the girls on conflict and basic human needs (Appendix M).

During this active severe storming phase, the feeling of safety and predictability within the group was somewhat compromised. The following sessions were characterized by a brief return to the forming process where the girls were compliant, quiet and careful about what they said. This retreat to a familiar rule bound phase enabled the group members to rebuild safety and trust.

*Stage three, norming.* Even though the girls moved in and out of the storming stage, they usually achieved a norming stage within each session and towards the middle to the end of the group. This norming phase is characterized by the members' ability to "hold" the group rules on their own. The girls were quick to trust and act as a cohesive unit, and appeared to enter this stage almost directly after stage one. Because of their commonality, the girls identified with a sense of belonging within the group and were cooperative in-group tasks. This was demonstrated when girls who were not attending school, had been suspended, moved away and subsequently returned, or dropped out of school still regularly attended the weekly sessions (see page 55). Another example of norming occurred when the facilitator wrote a note to the low attendees to invite them to the sessions. More low attendees attended the next session to please the group facilitators, and even continued attending for a short period afterward because they felt they were part of the group. Relationships appeared to form and strengthen even outside of the sessions. This was revealed when the girls shared what they had done together after school or during the weekend. It was also shown by their choices to sit beside specific group members and their excitement to see each other during their time together.

It appeared that, while in the group, the girls generally felt safe and trusted each other. Nevertheless, it took several sessions for some of the girls to become comfortable in discussing serious issues. Minor upsets in trust did occur after a storming stage but, for most of the girls, the feeling of safety was quickly re-established. Comfort and trust were encouraged each week through using a similar session structure with predictable routines as well as consistency in the group members and facilitators. Trust, comfort and safety were expressed through the girls' freedom to express their emotional concerns and their



ability to convey acceptance with each other. Most of the girls began to open up, express problems and identify some of their fears, hopes and dreams. For example, the girls initiated many serious topics, such as suicide, alcohol, family issues, self-esteem, school difficulties, negative thinking, drugs and sexual assault. When one girl was talking about an issue, others frequently would add their experiences around that concern and try to be helpful and empathetic. The girls aimed to be attentive and respectful by listening closely to what the facilitator and other group members had to say. There was a sense of belonging and unity between all group members.

During this stage, the girls were better able to focus on the task. Because the girls were more cooperative and engaged, their anxiety diminished. During most of their sessions, a norming phase was established despite the previous storming stage. Most of the group work was completed in this norming phase, including topics such as planning for the future, changing negative thought patterns and self-esteem (Appendix I, Appendix J & Appendix K).

*Stage four, performing.* Due to the limited number of group sessions (only 14) and the combination of a complex adolescent population defined as having a variety of psychosocial stressors, the performing stage of the group process was approached but never fully realized. The girls did trust each other (shared personal information), had good group morale (empathetic and proper affect), had a strong sense of group identity (followed group structure and formed strong dyadic relationships), were loyal to the group (good attendance), and exhibited a good sense of belonging (attended the group even when they were suspended from school, had strong dyadic relationships, and asked if they could continue with the group during the next school year). However, active

participation varied among members. Some participants were more dominant and more verbal than others. A number of the girls could work independently; however, many required prompting to become refocused and reinforced for on-task behavior. Group energy was not always focused at the task at hand because of the individual needs to address personal issues. Although insight and self-reflection were beginning to be manifested, the girls' practical, day-to-day basic needs of survival tasks that were external to the group impeded their optimal growth in this area (e.g., girls getting kicked out of the house, mother in the hospital for attempting suicide, or dealing with a sexual assault case).

*Stage five, adjourning.* During the last few group sessions, the group task was how to terminate and say good-bye. Most of the girls said they liked the group and wanted to continue it during the next school year. Statements expressing the girls' desire to continue the group occurred during the four final group sessions. During the very last group session, there was a sense of excitement because of a party and the girls were very talkative. The party started 30 minutes prior to the group session and continued for 15 minutes into the group. Many girls said their good-byes, and it was apparent that the relationships made during the group, as well as ones that had previously existed, were strengthened and would continue. There was a definite sense of loss for some of the girls and the facilitators. This was demonstrated through hugs, the girls' expressions of loss like "I'll miss you guys," and the closeness to tears in the eyes of many members. After the group had terminated, the girls were brought back so they could be given some of their work which the facilitator had held back in order to laminate it. Some of the girls

expressed their heartfelt thanks and said how much the materials and the group meant to them.

### *Group Process Summary*

The group process revealed the girls' abilities to externalize anxieties, solve conflicts, express their ambivalence and feel despair. This was balanced with a sense of togetherness, connectedness, cooperation and belonging. The girls externalized their internal feelings (ambivalence, anxiety, sadness) by processing them verbally (talking or arguing), which can be helpful for adolescents at risk for depression. Through verbalization and attendance, the girls felt a sense of belonging, which allowed them to feel connected and supported. This connection and support is the essence in helping girls with depression or at risk for depression and suicide, and may have increased hope in their lives.

### *Within-Phase Grouping of Individual Sessions*

Not only did the group as a whole go through a series of progressive stages, but also within each individual session, the five stages of group process were achieved. The group always started out in the forming phase. Each week the girls would come to the room, find their seats and initially be quiet. As more group members entered the room, the girls started to talk more. They would also be compliant, passing around the food and answering the check-in question. The girls became comfortable within the group setting and entered the norming stage of group development. During check-in, they shared personal details of their lives, participated in other group discussions and appeared to trust the others. Group content was discussed after the check-in and during this norming stage.

The girls frequently moved from the norming stage, where most of the content was taught, to the storming stage when concepts and group discussions felt too serious or overwhelming. They would flip between being inattentive to sharing and helping others. While learning the PATH program and discussing personal positive qualities, more storming behaviors were exhibited, as the girls had difficulty thinking about their future and were easily frustrated when they tried to see themselves in a better way. However, when the focus of the exercise changed, the norming stage was re-entered. Other times of storming occurred when the group temporarily became unstructured, as when a conflict between group members occurred or the girls did not agree with the facilitators. (The storming phase was predominant across all group sessions.) At times, the storming phase would take over the duration of the group session, (e.g., when the girls fought with each other). At other times, the storming stage would last several minutes until they were refocused by the other girls or the facilitators. The intensity of the storming stage would vary from session to session depending on the topic and the structure of the group. The most extreme behaviors exhibited by the girls were yelling and physically leaving the sessions. These behaviors were dealt with therapeutically and the facilitators worked with the girls on how to solve the conflict. The most common behaviors exhibited during the storming phase were talking at inappropriate times, acting silly and not listening to the facilitators. The girls had to be refocused and redirected constantly. At times, the facilitators had to remind the girls of the group rules. Usually order was restored quickly and the girls went back into the norming stage.

The performing stage was approached in several of the sessions but was never fully realized. At the end of every session, there was a review of the lessons learned and

the girls said good-bye to the facilitators until the next week (adjourning stage). The structures the facilitators put in place helped the girls move through these progressive phases in each individual session (see Session Structure subsection, page 28).

### *Interventions*

Throughout the sessions, the girls spoke about sensitive issues and frequently reverted to storming behaviors as described. The main storming behaviors, which occurred, were inattention, refusing to complete tasks, “ganging up” behaviors and conflicts between the girls. The content of the group was chosen because of the facilitators’ awareness of teenage difficulties and of their group dynamics. The group facilitators took a psycho-educational role and provided much structure to help with this difficult population. The group facilitators handled all problems in the group in similar ways.

To handle situations where the girls were inattentive, refused to do work, or appeared to have unacceptable behaviors, the facilitators took more adult direction, provided more structure and re-directed them back to the content and reinforced these positive behaviors. The facilitators also re-established the safety of the group. However, if the girls had difficulty refocusing, then the facilitators would back off the topic as a recognition that the storming behavior was due to their anxieties. Their anxieties may have been too high to deal with the topic and a ‘safer’ topic was discussed. This distractibility was an indication that the group was not ready to move forward during that time.

Other situations that arose were conflicts between the girls and “ganging up” behaviors in which the facilitators intervened by providing reflection of affect and by

trying to maintain safety by reinforcing the rules. The facilitators acknowledged the conflict, conveyed empathy and provided an opportunity to discuss it. The facilitators also invited the girls to engage in solution-focused strategies to solve immediate problems or conflicts. Structure and focus helped reduce the anxiety of these girls.

### *Case Studies of Individual Students*

The girls went through a series of stages of group development as a whole. However, the individuals in the group went through their own stages at their own paces. Not all the girls came together in a group stage at the same time. To illustrate the group process and the development of individual girls in the group, the following case studies will discuss two girls. They were selected because they experienced the group differently and at times had opposite behaviors. The first example discusses a teenager with many problems who has a support system within the school and somewhat among her peers. The second example discusses a teenager who does not have any external supports inside the school but does have some peer support. Both girls have similar issues with different personalities and different ways of coping.

This analysis is subjective and relies on field notes and memory. The writer has recorded the stages of group process for each girl and has interpreted them with the view of a student and a clinician. It is recognized that some of the examples given may be interpreted in other stages of group process, but they were placed according to the context of the group and what it felt like.

Girl A. Girl A is 14-years-old and comes from a divorced home. She lives with her mother and sister and occasionally visits her father. She stated she constantly fights with her mother and wishes she lived with her father. Girl A becomes aggressive when

she is angry by punching inanimate objects, such as fences and walls. She regularly skips school, has difficulty with schoolwork, likes to drink alcohol, and is in and out of relationships. Girl A has stated she has wanted to kill herself several times and is currently seeing the school psychologist to work on issues with her parents, self-esteem, depression and suicidal ideation.

Initially, during the first few group sessions, Girl A stated she did not want to attend the group and ended the group process by wanting to continue with the group sessions. She went through all five stages of the group process.

*Forming.* Girl A did not want to attend the group and made it clear she was only there because the school psychologist made her go. She had a consistent frown on her face and always looked upset to be present at the first few sessions. However, she did what was asked of her, even if it was hesitantly. Girl A made statements to test the group facilitators and the other members (e.g., "I am going to be kicked out of my house" and "The teachers all suck"). After she made these comments, it appeared she was waiting for a response to determine if she could trust the group and how she should feel about the others. The facilitators usually responded with compassion and interest. As the group progressed, Girl A started to form dyadic relationships with the other girls.

*Storming.* During the first five sessions of the group, Girl A verbally showed her displeasure about being in the group (e.g., "This is stupid" and "Why am I here?"). She would challenge the content of the sessions activities and say, "I don't want to do this." She was led off-topic by other girls, and when others were being disrespectful by not listening, Girl A would do the same. A few times when several girls "ganged up" on Girls F and H, Girl A joined them. Interventions used were re-direction, problem solving,

structure, providing evocative empathic responses, and discussing the group rules and respect.

*Norming.* As the sessions continued, Girl A began to demonstrate a strong sense of belonging by attending all the sessions even when she was suspended from school or not attending any other classes (page 55). She also formed strong dyadic relationships with the other girls and would "hang out" with them on the weekends. As the group progressed, Girl A became very respectful of what others said by listening and trying to help them problem solve. She even had an active role in redirecting those who were being disrespectful by saying in a loud voice to be quiet and listen to the facilitators.

Girl A also demonstrated that she trusted the facilitators and the group process by talking about her feelings of being sad and angry. She expressed her feelings and shared issues with the others, including, "Sometimes I want to kill myself," "I hate my mother and want to live with my father," "I just punched a hole through my wall because me and my mom got into a fight" and "My sister is in the hospital and I am worried." Girl A even gave the facilitators her cell phone number in case she was to move to her father's house. She started to smile more, always showed up on time, shared her feelings, helped problem solve other girls' difficulties, and formed strong dyadic relationships with many of the other girls. The norming stage of group was the most predominant stage of group that Girl A was in throughout the group sessions because these above-mentioned behaviours occurred during the majority of the duration of the group.

*Performing.* Girl A was one of the few who did successfully make it to the performing stage of group process. She demonstrated a sense of cohesiveness with the other girls and facilitators, demonstrated an intrinsic drive to complete the tasks happily,



and participated in all the activities. She also established altruistic behavior by completing a task for an absent member.

*Adjourning.* Upon the completion of the group, Girl A said good-bye to the other girls and demonstrated a sense of loss by stating she would miss the group. She even asked if there would be another group in the fall that she could attend. She also illustrated her attachment and comfort by asking if she could still see the facilitators after the group was terminated.

*Check-In Rating Scale.* Girl A's day-to-day feelings, which were characterized by her check-in scores (Appendix H), ranged from 2-8.5 using the 1-10 scale (10 being feeling really happy). When Girl A expressed feeling unhappy, it was usually due to herself or a family member becoming ill, losing her temper at home, or school going poorly. She felt most content when she had a good conversation with a parent or had the opportunity to express her feelings, even if it was in a negative way. It was clear that many things occurred in the course of her day that influenced how she felt at any given moment.

*Rating Scale.* Girl A found the group to be enjoyable and helpful. According to her Individual Rating Scale Response (Appendix N), she found the people, group experience and content to be a lot helpful to very much helpful. The most helpful components for her were about self-esteem, talking, sharing, making new friends, listening and the food. Girl A also stated in the Post-Group Measures (Appendix O) that talking was the most helpful part and she felt supported because she could share her problems. She would recommend the group to others.

*Pre- and Post-Test Data.* Further evidence that the group was effective can be found by examining Girl A's pre- and post-test data (Tables 1, 2 and 3). Trends indicated overall improvement in almost all of the areas in the CDI, Piers Harris 2 and Suicidal Probability Scale. This suggested that, upon completion of the group, Girl A had a higher self-esteem, had more hope, was happier and had less suicidal ideation.

Girl G. Girl G is 15-years-old who lives with her mother and occasionally visits her father, as her parents are divorced. Girl G has many arguments with both parents and has had Child and Family Services involvement in the past. During the course of the group sessions, she moved in with her father and attended another school for 3 weeks. After this time, she came back to live with her mother. Girl G has attempted suicide in the past, frequently drinks alcohol, uses drugs, is sexually active and has some attendance concerns. She appears to have difficulty focusing for long periods of time and has difficulty sitting still. During the group process, the facilitators wondered if an attentional assessment with Girl G had ever been conducted.

*Forming.* Girl G attended her first session during the third meeting because her friend referred her after it started. Girl G came to the group because it appeared she was seeking support for her problems. The other members were still in the forming stage when she joined, so she was allowed in the group. Girl G was very verbal and came to the group with some anxiety, as shown by squealing, giggling and much talking. She had an effect on the group process, as she was not only verbal but also very loud. Her presence appeared to have affected the other members, as they were more hesitant to participate after she had joined.

Despite the other members still being in the forming stage, it appeared there was a noted regression for the entire group upon Girl G's arrival. This regression was short-lived (one session), as the next time she attended, she appeared less anxious and showed a sense of humor, which helped the others feel more at ease. During the check-in, Girl G tested the others by saying, "My mom is drinking and it pisses me off." Even though she appeared comfortable, it seemed she was anxious and trying to determine the safety of the group, waiting to see how others would react to her statement. *Storming*. When topics became difficult to discuss or Girl G wanted to talk about her own agenda, she would act out by not listening, talking over other girls or being silly (e.g., belching, passing gas, falling off her chair). This behavior appeared to be indicative of avoidance, anxiety about the topic or having difficulty with attention. This was disruptive and at times disrespectful. Girl G needed frequent refocusing, was very difficult to redirect, and needed to be reminded about the rules several times throughout the sessions. She predominantly moved in and out of this stage for all of the sessions.

Girl G also had some conflicts with Girl F over a pre-existing problem, which had occurred before the group started. Girl G would give Girl F dirty looks, purposely ignore her and publicly announced her distaste for her in front of the girl. This display of what appeared to be negative interpersonal behaviors was recognized as unacceptable to the expectations of the group, but it was known that Girl G was in a state of personal conflict. The facilitators addressed this by educating the girls about personal needs and respect, and putting back some of the responsibility onto Girl G. Girl G was also privately spoken to and told about how the interactions were not appropriate and respect toward the others was to be given. Her behavior somewhat improved after this talk.

*Norming.* Girl G's attendance was consistent and she did not miss a single session while she was living in the area. When moved to live with her father, she did not attend. During her last day at this school before her move, she stated she came to school that day only to attend the session and say good-bye to her fellow group members. Girl G missed three group sessions due to this move. At one point, she moved back with her mother without informing any of the facilitators. When Girl G returned to her mothers, she came back to the group sessions on her own initiative. Despite her absence, upon her return, she behaved as if she had never left. She appeared to have a strong sense of belonging and security in the group. Although she was disruptive during the sessions, Girl G always participated in the discussions and was engaging.

Girl G appeared to have a sense of trust within the group. She shared very personal information about her life with the facilitators and the other girls, making such statements as "My mom told me that she did not want me anymore," "My mom is drinking and I want to tell her to stop" and "I tried to kill myself a few years ago." It appeared that at this norming stage, she was comfortable enough to discuss her problems and ask for help, which appeared to be therapeutic. However, at times it also appeared that even though Girl G trusted the group members, she displayed poor judgment and a lack of boundaries. This was demonstrated with the timing and severity of her disclosures, which would make several of the girls uncomfortable. The facilitators would try to help with the problem if it was at an appropriate time; however, if it was not Girl G's turn, than her problem was put on hold. Still she was quick to trust and was able to use the group experience for her own personal problem solving and was able to share with others even though sometimes it resulted from a lack of boundaries.

*Performing.* Girl G presented many performing behaviors but could not maintain them even though she had the desire to participate and a strong sense of belonging. However, due to her own personal skills and short tenure in the group, she was able to fully achieve the norming stage but could not attain the performing stage. Girl G frequently regressed into the storming stage.

*Adjourning.* Girl G did demonstrate a sadness that the group was ending. She became misty-eyed and gave most of the group members hugs. She told them and the facilitators that she would miss them. Girl G was one of the most vocal girls about wanting another group in the fall, which demonstrated that she enjoyed the group.

*Check-In Rating Scales.* Girl G's check-in scores fluctuated daily depending on what had happened at home or with her boyfriend (Appendix H). Her daily check-in ranged from 6 to 9.5 (10 being very good). Her good days seemed very dependant upon her boyfriend and what they would do together later in the week. However, her bad days appeared to occur due to fighting with her mother. It was clear that many things occurred in the course of her day that influenced how she felt at any given moment.

*Group Rating Scales.* Girl G appeared to find the group enjoyable and helpful. She stated she discovered something about herself, which made her feel very good. After completing the self-esteem exercises, Girl G said she liked hearing that she was good at cheering up people, as she did not know this. Even during the Post-Group Measure Questionnaire (Appendix O), Girl G rated the most helpful part of the group as "Seeing that I put smiles on people's faces". She also felt as if she developed friendships, as demonstrated by her response to what she liked about the group of "Meeting People". The most important gains made by Girl G were that she now knows what to do when

things go wrong and it was nice that she got to see what people thought of her. Girl G did recommend the group to others. According to the Individual Rating Scale (Appendix N), she rated the group from a little to very much helpful. She found talking, making new friends and the food to be the most helpful.

*Pre- and Post-Test Data.* The effectiveness of the group was indicated by Girl G's pre- and post-test data (Tables 1, 2 and 3). Trends indicated overall improvement in the CDI and Piers Harris 2. This may suggest that, upon completion of the group, Girl G had a higher self-esteem and was happier. However, some negative trends were displayed, which could indicate that Girl G was more hostile with less hope upon the completion of the group. This may be partially explained by her unstable home life, poor relationship towards a group member and mood fluctuations.

#### *Case Example Summary*

The two girls in these case studies both felt a sense of belonging and trust within the group. They participated and shared their feelings and experiences. However, each of the girls moved through the stages at their own rate. One girl successfully completed all stages and was intrinsically motivated, while the second girl came close but could not maintain a performing stage. While examining these case examples, it appeared that the more support the teenager had, the better she did within the group process.

#### *Girls' Ratings of the Group*

Overall, the girls who participated rated the group positively. Comments from the Post-Group Measure Questionnaire indicated that all the girls would recommend the group to someone else. All the girls also stated they felt supported in the group. The most helpful component of the group for one of the girls was that she had a chance to talk

and a put smile on other people's faces. The gain for several girls was they got to see what others thought of them and that helped build their confidence. The least helpful components of the group, as stated by several of the group members, were the presence of one particular girl (Girl F) and the requirement to complete the questionnaires (Appendix O).

The girls faced many concerns on a daily basis. During check-in, several of them would share why they felt the way they did on that particular day. Issues ranged from the negative ("My mom is in the psychiatry ward") to the positive ("Everything is going well"). All these issues influenced the girls' day-to-day functioning (see Appendix H).

#### *Attendance*

An attendance comparison was used to examine the median split of the group (page 55). The median number of sessions attended was 8.0. The "high attendees" will be explained by using the girls who attended 9 or more sessions, while the "low attendees" will be discussed with the girls who attended 8 or less sessions. These numbers were chosen because there was a definite split between the frequency of attendance. The girls who attended 9 or more sessions generally participated more and appeared to have more dyadic relationships than those who attended 8 or less sessions. It was apparent that the more a girl attended, the more sense of belonging she had within the group. Both the high and low attendees attended even when they were suspended from school. The high attendees usually started the sessions by talking with other high attendees and, occasionally, the low attendees. The high attendees sat by each other and, when an argument occurred, took another high attendee's side. They formed many strong dyadic relationships that were shown by their talking to each other within the group and

spending time together outside of the group. Moreover, the high attendees felt as if they were important members, not only within the group but also among peers. These girls may have felt popular within the group.

The high attendees sometimes acted as a cohesive unit, which had both positive and negative outcomes. The more the girls attended, the more they participated. The high attendees disclosed more personal information about themselves than the low attendees did, which demonstrated trust within the group. Each of the high attendees also participated during the content of the group. However, the high attendees were more easily swayed off topic when there was a disruption.

For the low attendees, despite their poorer attendance, the majority of these girls still appeared to have a sense of belonging. Many of them intermittently came to the group even when they were suspended indefinitely from school or kicked out of their homes. These girls appeared to strive to have a connection to the school and their peers. The group may have offered a sense of safety and predictability that they were otherwise lacking. However, the low attendees did not appear to form as strong dyadic relationships with other group members and did not talk to the other girls as frequently. Only one of the low attendees spent any time with the high attendees outside of the group. On top of this, a few of the girls who were low attendees were those who were "ganged up" on by high attendees. The facilitators did not tolerate this "ganging up" behavior and they took charge to diffuse the situation and the gang,

The low attendees did participate in the group, but not to the same extent as the high attendees. It appeared that trusting the other girls was more difficult for them. Most of them had anxieties, were shy and spoke about safe topics (e.g., what they did on the



weekend). These girls appeared to be more overwhelmed with stress than the high attendees. About 83% of them appeared to experience more personal issues with school or home than the high attendees did. These girls were suspended either indefinitely from school or kicked out of their house and were looking for places to live. These life circumstances really affected their attendance. Because of this, it appeared that many of the low attendees stayed in the forming stage for longer periods of time. However, it should be noted that these girls coming to the group at all was a success in itself.

#### *Attendance Summary*

These observations suggest that girls who have some support and better coping skills gain more knowledge and insight from the content of the group. The group is also beneficial to them because they feel connected to the school, make friends and have a sense of belonging. However, girls who are struggling with life circumstances appear to yearn for a safe, predictable place to go when life is chaotic. These girls felt the group was a safe place and helped them be more connected to the school. They also did appear to gain insight and knowledge, albeit to a lesser extent than the high attendees.

*Attendance Chart*

Name	Feb. 28	Marc h 7	Marc h 14	Marc h 21	April 4	April 11	April 18	April 25	May 2	May 9	May 16	May 24	May 30	June 6	N
A	X	X	XS	XS	X	X	X	X	X	X	X	X	X	X	14
B		X	X	X	X	X	X	X	X	X	X	X	X	X	13
C		X	X		X	X		X						X	6
D	X	X	X	X		X	X	SH	SH	SH	XSH	SH	SH	XSH	8
E	X	X	X	X	X	X	X	X	X	X	X	X		X	13
F		X				X	X	X	X	X	X		X	X	9
G			X	X	X	X	X	Move	Move	Move	X	X	X	X	9
H		X	X		X	X	X	X		X	X				8
I		X	XSH	SH	SH	SH	SH	SH	SH	S	S	S	S	S	2
J	X	X	S	S	S	S	XS	S	S	S	S	S	S	S	3
K	X	S	S	S	S	S	S	S	S	S	S	S	S	S	1

X = the girl attended the session.

S = the girl was suspended from school

XS = the girl attended the session even while being suspended from school

H = the girl was kicked out of her house

SH = the girl was suspended and homeless

XSH = the girl attended while being suspended and homeless

*Results of the Quantitative Analysis*

Descriptive and inferential statistics were used in this quantitative analysis of the data. To develop a descriptive view of the data, means and standard deviations are presented on the attendance, self-rating scale, pre- and post-test measures, and the individual student questionnaires. Following this descriptive view, inferential statistics were applied to test for significant differences between pre- and post-test scores and to determine if there were significant relationships between variables. Specifically, paired t-tests were used to test for significant differences in the total and subscale pre- and post-test scores on the CDI, Piers Harris 2 and Suicide Probability Scale. Analysis of Variance (ANOVA) was employed to detect any differences in these variables according to rate of attendance. Correlational analysis was used to gain further insight regarding how, if at all, all of the variables relate to each other. These statistics were used to look at overall group improvement. It should be noted that these statistical analysis should be interpreted with caution, as the sample size of the pre- and post-tests were very small.

Descriptive statistics were used for the participant ' ratings on a scale of 1 to 10 on how they felt that day (Table A). Means ranged from 5.25 on the first day to 9.07 on the last day of the program. The mean ratings in between these two dates varied, but with the exception of April 11, April 25 and May 30, ratings were either consistent with the week before or increased. Despite some of the inconsistencies, a paired samples t-test was conducted on the average rating in the first meeting as compared with the average rating in the last meeting. This paired t-test yielded a statistically significant difference between the ratings of these two dates (Table B). The average on June 6 ( $M = 9.07$ ,  $SD = .673$ ) was

significantly greater than the average rating on March 14 ( $M=6.13$ ,  $SD=2.74$ ),  $t(5) = -3.000$ ,  $p < .05$ .

Descriptive statistics of the pre- and post-CDI measure were then used (Table C and D). This contains a total of 27 items, each scored in a range of 0-2. There are six Negative Mood items (possible maximum raw score 12), four Interpersonal Problem items (possible maximum raw score 8), four Ineffectiveness items (possible maximum raw score 8), eight Adhedonia items (possible maximum raw score of 16) and five Negative Self-Esteem items (possible maximum raw score 10). Altogether, these subscales have a possible composite maximum raw score of 54.

As a group, the participants' scores, with the exception of the Interpersonal Problems scale, decreased over the time of the program. However, the paired t-tests indicate that none of these differences were statistically significant (Table E). The Negative Self-Esteem scale, however, approached significance. It is possible with a larger sample size that significant differences would have been found.

The descriptive statistics of the pre- and post-Piers Harris 2 measure are found in Table F and G. This contains 60 items scored as 0 or 1 point for a maximum raw score of 60. The Behavior scale contained 14 items, the Intelligence scale has 16 items, Physical Appearance 11 items, Freedom from Anxiety 14 items, Popularity 12 items, and Happiness and Satisfaction 12 items.

This data shows there were increases in mean scores in all the subscales as well as in the total score. However, the paired t-tests indicate that none of these differences were significant (Table H). While the paired t-test for Happiness and Satisfaction's p-value is less than .05, which would conventionally indicate a significant difference, when

adjusting the alpha level for the 7 multiple tests, this result is not significant, as the adjusted p-value is .007. Physical Appearance also reaches close to significant levels.

The descriptive statistics for the pre- and post-Suicide Probability Scale are found in Table I and J. This contains a total of 36 items. Each item's score ranges from either 1-5, 1-4 or 0-2. The highest possible score is 115 and the lowest is 32. The Hopelessness subscale contains 12 items, and the raw score range is from 8-49. The Suicide Ideation subscale contains 8 items with a raw score range of 8-39. The Negative Self-Evaluation scale has 9 items with a raw score range of 7 to 27. The Hostility subscale has 7 items with a raw score range of 7-32. Overall, these tables show that, with the exception of the Hostility and Negative Self-evaluation scale, the participants showed decreases in the mean scores on these subscales. However, as found with the CDI and Piers Harris 2 scales, the paired t-tests show these changes in scores from pre- to post- were not statistically significant (Table K).

Table L: Descriptive Statistics: Attendance

	N	Minimum	Maximum	Median	Std. Deviation
Total Number of Meetings Attended	11	1	14	8.00	4.551

Table L (above) indicates the median number of meetings attended was 8.00. The minimum number of meetings attended was 1 with the maximum being 14. The next analysis categorizes the participants into "high attendees" and "low attendees". Those participants who attended 8 meetings or less were designated as low attendees, those who attended 9 or more were considered high attendees.

An Analysis of Variance (ANOVA) for each pre- and post- measure was run (Table M). Since the small sample size did not provide for the ideal analysis, a repeated measures MANOVA to be conducted, separate ANOVAs were run. In total, 36 ANOVAs were conducted. In order to protect against inflated Type I error, the alpha level was adjusted accordingly from .05 to .001. Under this criterion, there were no significant differences between the high attendees and low attendees on the pre-post- measures. This indicates that while the participants started the program without any significant differences on the pre- measures, regardless of their attendance habits they did not differ significantly on the post- measures. However, several factors did approach significant levels, including Popularity, Physical Appearance and Freedom From Anxiety. The higher attendees became more comfortable with their physical appearance as the group progressed, had less anxiety and felt that they fit in better.

The next analysis employed the "change" scores from pre- to post-measure. In order to calculate these scores for each participant, the pre-test scores were subtracted from the post-test scores for each measure. The separate ANOVAs on these change scores according to attendance level (high attendees versus low attendees) are shown in Table N. In order to protect against inflated Type I error, the alpha level was adjusted from .05 to .002 due to the 18 multiple, related analyses. With this criterion, none of the change scores were found to be significant. This analysis indicates that when examining the pre- and post-test measures, on average there were no significant change differences for each participant.

However, several areas approached significant levels including CDI change, CDI ineffectiveness and Suicidal Ideation. This may suggest there was much more of a change

of scores (for the better) in the areas of well-being and not being depressed, feeling they can have more control over their lives, and the more they attended, the less suicidal they became.

The descriptive statistics for the Individual Student Questionnaire was a questionnaire given to participants on the last meeting of the program (Table O). The girls were asked to respond to each component of the program in terms of how much they enjoyed or liked each aspect. A Likert Scale was used, where 1 meant "not at all", 2 meant "a little", 3 meant "a lot" and 4 meant "very much" (see Appendix N). Overall, scores range from 1 to 4. Participants were asked to respond to four categories, "People", "Activity", "Group" and in its own category, "Food". On average, "Planning for the Future" (Activity) and "Sharing" (Group) received the lowest scores (2.14, each). "Food" received the highest average score (3.57), and the second highest score was "Talking" (Group) with an average of 3.29.

The next set of analysis was correlational analyses. Although the sample size is small and results need to be interpreted cautiously, the relationships described by this analysis are useful. The Pearson correlations among the Student Questionnaire items in relation to the total number of meetings attended was used (Table P). As would be expected, several significant correlations exist among the Student Questionnaire items. For example, "Planning for Future" (Activity) was highly and significantly correlated with "Thinking about how you view things" (Activity),  $r = .849$ ,  $p < .05$ . "Thinking about how you view things" (Activity) was also highly and significantly correlated with "Talking" (Group),  $r = .872$ . "Making new friends" (Group) was highly and significantly correlated with "Talking" (Group),  $r = .824$ ,  $p < .05$ . In addition, "Making new friends" (Group) and

"Food" were highly and significantly correlated,  $r = .772$ ,  $p < .05$ . Since all these correlations are high (which indicates strength) and positive (which indicates direction), these statistics indicate that as ratings on one of these questionnaire items increase, so does the other. As ratings decrease on one item, it likewise decreases on its correlate. More interesting are the items that significantly correlate with total number of meetings attended. Table P shows that the total number of meetings attended correlates highly and significantly with "Sharing" (Group),  $r = .854$ ,  $p < .05$ . This indicates that those participants who attended a greater number of meetings also indicated "Sharing" as one of the more beneficial aspects of the program. Similarly, as participant attendance increased, the ratings of "Make new friends" (Group) also increased,  $r = .837$ ,  $p < .05$ .

The next correlational analysis investigates relationships among the change scores on each of the pre- and post-measures and meeting attendance. The correlations shows there was a strong, significant relationship between total number of meetings attended and the change score in the Negative Self-Evaluation subscale of the Suicide Probability Scale,  $r = .788$ ,  $p < .05$  (Table Q). This indicates that the greater the number of meetings attended, the greater the change from pre- to post-measures on this scale.

#### *Summary of the Quantitative Analysis*

Overall, the participants' data varied greatly. For example, on the rating scale, although there was a significant increase in ratings, according to the paired group's t-test between the first and last meeting, the ratings for meetings in between these two time points varied a lot. The girls' were definitely "in the moment", and these ratings reflected the issues and feelings they were having on that particular day. The program was too short to see any long-term effects in relation to these week-to-week ratings.



Similarly, for all but the "Interpersonal Problems" subscale of the CDI, there was a favorable, downward trend between the pre- and post-tests. Although these differences were not statistically significant, the trend is still supportive of some improvement in the girls' thoughts and feelings on these dimensions. This is another finding that would likely develop and strengthen had the program continued beyond June 6, as well as if the sample size was larger. A larger sample size would facilitate detecting any existing statistical significance.

The same can be said for the Piers Harris 2 and Suicide Probability Index. While there were no significant differences found (therefore no statistically significant improvement), trends were encouraging and would have likely strengthened over a greater amount of time and over a larger sample of participants.

On average, the girls attended 8.60 meetings, although that varied drastically, as one girl attended only 1 meeting and others attended all or nearly all. This too played a role in their improvement between pre- and post-measures. Inconsistent attendance makes progress and improvement in the objectives of the program more difficult. It also is reflective of how difficult the girls find their day-to-day issues, as indicated by the rating scale data.

In terms of differences between high and low attendees (defined numerically as below and above average attendance), there were again no significant differences. As with the findings on the other quantitative measures, this is likely due to sample size and length of time. However, the measure "Popularity" in the Piers Harris did approach significant levels.

The individual student questionnaire presented encouraging responses from the girls. For instance, Food, Making New Friends and Talking all ranked highly, with averages between 3.0 ("a lot") and 4.0 ("very much"). The remaining qualities received average scores between 2.0 ("a little") and 3.0 ("a lot"). These positive responses support the notion that the girls did indeed feel that they benefited from the program in different ways. These elements of the program were found to correlate significantly with each other and were very strong, several of them above .75 positive. This indicated that the girls' who enjoyed/benefited from one element of the program, also benefited from other elements, while those who did not report benefiting from a particular aspect likewise reported they did not benefit from the others.

It was also encouraging to find that one of the "Sharing" elements was positively correlated with attendance rate, as was the change in the "Negative Self-Evaluation" subscale of the Suicide Probability Scale. Again, these correlations indicate greater attendance rates are related to finding "Sharing" more beneficial/enjoyable as well as larger (in the anticipated direction) changes in the "Negative Self-Evaluation" subscale.

### Discussion

The purpose of this study was to facilitate an increase in hope in adolescent girls at risk of depression by helping them plan for the future using the PATH, increase their self-esteem, change their cognitive distortions and set other goals in a group setting. Further goals included helping the girls feel supported and be less at risk for depression and suicidal ideation after participating in the group. The main objectives were: (a) Have the girls plan for their future, (b) help the girls feel supported and have a sense of belonging, (c) increase self-esteem, and (d) help change negative ways of thinking

(interpreting ambiguous comments more positively and turning pessimism into optimism).

Given that peer groups are appropriate for self-development and adolescents within the same age group are more likely to share concerns or issues, therapy groups provide adolescents with the support and secure base needed to explore many difficult issues (Corey & Corey, 2002). These feelings of belonging and perceived social support dramatically reduce the feelings of depression (Hetherington & Stoppard, 2002). The girls experienced the group process by going through the five group phases of forming, storming, norming, performing and adjourning, according to Tuckman's (1965) theory of group development. The girls went through these phases over the 14 group sessions as well as within each session. The group was structured to be predictable and safe to allow for adequate progression through the process. Thus, every session was similar in that it started with a check-in and finished with a wrap-up. Many sessions were held at the same location with the same facilitators, helping to alleviate some anxieties the girls may have had.

The group was set up to act as a "secure base" for the girls, which enabled them to trust and feel supported. In the storming, norming and performing phases, the group process helped the girls take their internal processes (e.g., ambivalence, anxiety and sadness) and externalize them through either talking or arguing. This method can be helpful for adolescents at risk for depression. The girls participated, shared personal feelings and empathized with other members, thus demonstrating the trust they had amongst each other.

In the norming and performing stages, several topics were explored: planning for

the future, building self-esteem and changing cognitive distortions. During these stages and because of the importance of these issues, the girls were able to trust, cooperate and act as a cohesive unit. Due to this unified effort, much of the work around these topics was explored during these two stages.

During the course of the group and in the norming phase, it was apparent the girls were very much focused in the here-and-now. They had difficulty trying to think about the future when they were struggling with the present, which is consistent with Maslow's hierarchy of needs. Maslow's theory states that humans seek to satisfy basic needs before they seek to satisfy higher needs. In order of importance, the basic needs are physiology, safety, love/belonging and esteem. The higher need is actualization. The basic concept is that the higher needs on the hierarchy only come into focus once all the lower needs are mainly satisfied (Wikimedia Organization, 2007). Many of these girls did not have their basic needs met and therefore found it difficult to focus on an actualization goal, such as planning for the future. Sometimes several girls tried to avoid the issues by being unfocused and talkative (storming). However, with the facilitators' redirection, modeling and providing examples, plans for the future were made during the norming and performing phases.

The PATH program (a program designed to help people plan goals for their future) was implemented as a way to increase hope, however, the girls had some difficulty with this and needed a modified program which included fellow group members helping plan personal goals. Gains that were evident may indeed have been the result of this program. However, hope may actually have been the result of something else. Most of the girls appeared to feel supported, connected, and have a sense of

belonging (norming and performing) as shown by their verbalizations and attendance. It has been shown that social supports and social networks promote resiliency and increase hope in adolescents' lives (Dwyer, 1999; Stanton-Salazar & Ricardo, 2001).

Furthermore, the girls exhibited a decrease in risk behaviors (increased self-esteem, feeling happier and less suicidal ideation) by the end of the group. It is well known that feelings of belonging and connectedness lower at risk behaviors, including depression and suicidal ideation in adolescents (Bacon & Hector, 2002; Eggert et al., 1995).

Therefore, hope may have been inspired among the girls by the connection and social support they experienced by simply participating in the group, and not by any specific intervention. However, hope could have been encouraged by a combination of the PATH program as well as the social support received.

Several of the girls came back consistently week-after-week despite two major disputes among several of the others (storming). These disputes occurred because the members were not getting along with each other outside of the group due to broken trust. Some girls even attended when they had been suspended indefinitely or had dropped out of school. One student moved away and returned to the school without the facilitator being aware she was back. She came to the session without even being told about it and continued on as if she had not missed one at all. Once again, it is apparent that the girls had a strong sense of belonging in the group.

When analyzing case studies of two girls who were high attendees, it appeared they both felt a sense of belonging and trust within the group. They participated and shared their feelings and experiences. However, each girl moved through the stages of group process at her own rate. The one girl, who had additional school support,

successfully completed all stages of the group process and was intrinsically motivated, while the second girl could not maintain a performing stage but achieved the norming stage. It appeared that having the outside school support helped within the entire process.

Compared to low attendees who attended 8 meetings or less, the high attendees appeared to gain the most from the process. They appeared to gain more knowledge and insight in the content of the group than the low attendees, as shown through active participation and progressing through the stages of the group process more quickly than the others. The group was also beneficial for these girls because it helped them feel connected to the school, deal with friends and have a sense of belonging. The more the girls attended the group, the more popular they felt. When looking at the ANOVA analysis comparing high attendees and low attendees in the Piers-Harris 2, the Popularity factor approached significant levels, implying that those girls who attended more often felt they fit in better with their peers and were more supported within the group than the lower attendees were. When analyzing the post-group measures, the data suggested the more often the girls attended, the more they shared with other members and made new friends.

Feelings of being supported were not only evident in the high attendees but the low attendees as well. In the low attendees' daily life, they appeared to have less outside support and struggled with the circumstances of life more than the high attendees. This was demonstrated through their statements and disclosures. The girls, who attended at least three sessions, felt a sense of loyalty and belonging towards the group, which was shown by attending even on an intermittent basis despite their lives being unpredictable and devastating. Most of them did share some personal information and did trust the

other girls, although it took them longer to do so. They may have continued attending, even on a sporadic basis, because they felt a sense of belonging and the group was seen as a place where they were always accepted and openly invited to participate. These low attendees appeared to yearn for a safe, predictable place to go when life was chaotic. The group acted as this safe place, which helped connect these girls back to the school. However, the girls who did not attend at least three sessions and remained in the forming stage, dropped out of both the group and the school, and may not have felt the same sense of belonging as the others.

All of the girls who filled out the post-test questionnaires found the group process itself to be helpful and expressed that they especially liked the people, activities and food. Talking and food were rated as the most helpful parts of the sessions, and the girls stated they would recommend this group to others. There were many positive correlations with helpful group components found in the post-test questionnaires, including "making new friends" being highly and significantly correlated with "talking" and highly correlated with "food". This may suggest they felt new friends were someone to talk with and food was a way to socialize with new friends. The girls not only enjoyed the food but also enjoyed the symbolism of eating together, the relationships built and the trust established. The girls truly appeared to enjoy the social aspect of the group. Adolescent girls especially need to feel popular, have a sense of belonging and be able to fit in (Frank & Young, 2000). The group experience appeared to accomplish this for these girls as they rated all elements of the group as helpful.

Self-esteem was a major focus during the norming phase and the girls appeared to experience an increase in their estimation of themselves, as demonstrated by the

improvement in the post-test scores and through their verbalizations. Increased social support and the content of the sessions may have contributed in making the girls feel better about themselves. Examples of increased self-esteem were taken from the post-test measurements, which included responses such as "Seeing that I put smiles on people's faces" and "Confidence" (Appendix O) as being the most helpful part of the group. Indeed, it was the most important gain made in-group. Supporting data was also seen in the Paired Sample test results and data analysis. In the CDI, Negative Self-Esteem reached near significant rates from the pre- to post-test. This suggested that the girls' self-esteem increased by the end of the group. Another factor, Physical Appearance in the Piers-Harris 2, reached close to significant rates using the paired sample tests and ANOVA change. This may imply the girls thought they were more attractive at the end. Along with this, those who were high attendees appeared to have a more positive change in the way they viewed themselves than the low attendees. Furthermore, there was a strong, significant relationship between the total number of meetings attended and the change score in the Negative Self-Evaluation subscale of the Suicide Probability Scale. This may suggest that the more meetings that the girls attended, the more their self-esteem increased.

Negative perceptions were examined and reviewed during the course of the sessions. On average, the girls found this to be "a little" to "a lot" helpful. They stated they tried to become more conscious of the way they thought about issues and were taught how to challenge any negative thinking.

Situations that occur in the world cannot always be controlled. Depression and suicidal ideation are prevalent in an adolescent's ever-changing life. Because of these



facts, several analyses were conducted to determine if the group process and topics helped decrease suicidal ideation and depressive symptoms and increase hope. Several areas of analysis approached significance when the data was analyzed using ANOVA: CDI change, CDI ineffectiveness and Suicidal Ideation. This may suggest that, upon the completion of the group, the girls felt happier; thought they had more control over their lives; and the more they attended, the less suicidal they became.

Other interesting findings were discovered by observing the girls in the group. All were facing many personal issues that affected them on a day-to-day basis (e.g., being kicked out of their home, having a parent attempt suicide, and experiencing a sexual assault). Considering all of the emotional turmoil, the girls who attended regularly functioned reasonably well. Most of them were able to attend classes and show up for many group sessions, which was considered a major success in itself. Despite these girls being at risk for depression and suicidal ideation, they still had the ability to experience a sense of safety and connect within the other girls. This group thus gave them some new coping skills to help deal with their lives.

Following completion of the study, it was brought to the attention of the researcher that the seven girls who declined in participating in the group all dropped out of school before the end of June, according to the student records personal. Of those who participated, most continued attending school or at the least came to the group fairly regularly. This may be another indication of the success of the group and a positive correlation effect, suggesting that those girls who feel like they are part of a group and reach the norming phase are more connected and linked to a school or other institution as opposed to girls who do not feel they are part of any group.

## Post-Script

### *My Experiences*

Not only did the group process affect the girls, but it also had an impact on me as a student, a professional and a woman. I did not realize how rich the experience would be.

I realized that my original goal of teaching the girls the PATH program was a wonderful idea, but these girls were too much in the here-and-now to complete it all successfully.

To compensate for the girls not being able to come up with their own ideas, we came up with ideas as a group and modified the program to make it easier. When I learned that the PATH program was too difficult for the girls, I was worried but consulted my co-facilitator in how we could still incorporate elements of the program. We did this successfully but did not rely on the PATH program as the focus of this study.

This situation led me to reflect on the group experience and come to realize that even though the group content was essential because the girls learned from the lessons, the group process was the most helpful and made the biggest impact on the girls. The girls were provided with a framework that they used to help process and reflect their experiences in the group. I believe that the group process, the experience and the reflections they made is what made the group a success. Having a safe, tolerant, predictable place where one belongs appears to make the biggest impact on teenage girls and depression.

Working with such a high needs population also had an emotional effect on me. As a student, I was thankful to have an experienced co-facilitator with me to help teach and guide me through the difficult times. I found that after most of the sessions I would feel mentally exhausted. I felt tired and welcomed the opportunity to debrief with my co-

facilitator. Once I got home, I thought about the girls, their difficult situations, and their strength and courage. There were also some funny moments (personal funny stories shared, girl falling off her chair, and jokes) which signified trust and comfort, that I would recall with a smile. I found myself replaying the happenings of the group and re-thinking the way I handled and could have handled the situation. I would worry about the girls and their situations. I still worry and wonder what happened to one of the girls who was highly suicidal and dropped out of school and the group.

Even though this experience was emotionally draining, it was personally very rewarding. I felt as though I made a difference in the girls' lives, which is very intrinsically satisfying. It is a great feeling to know that something you have done could have really helped someone. Knowing that the girls were receptive to me and respected me also meant a lot. I really enjoyed the whole group process and this group of girls will always hold a special place in my heart.

### *My Contribution*

I feel I made a strong contribution in these girls' lives. Other than co-facilitating and teaching the girls, I feel that just caring about each of them made an impact. A few girls would seek me out after the session to speak with me privately. I would also ask the girls, who looked or said something troubling, to stay and speak with me for a few minutes after the session was completed. These girls were appreciative and very receptive to me. I feel that the girls felt an instant connection to me because of my easy going, nonjudgmental and caring personality and younger age, which was helpful because they saw me as more of a peer than an authority figure and thought I might be able to understand them better. I also contributed in helping them feel welcome with a sense of

belonging in the group. I wrote out invitations to upcoming groups and gave out party invitations to the last session. I also spent a lot of time trying to make the room feel warm and inviting by purchasing scented candles, table glitter and a tablecloth. During several of the sessions, I gave the girls laminated inspirational quotes and laminated their self-esteem cards (Appendix K). One of my biggest personal rewards occurred when I handed out the laminated self-esteem cards several days after the conclusion of the group. One girl looked at me with tears in her eyes and said, "Thank you, you don't know how much this means to me."

### Limitations of the Study

Despite the identified positive outcomes, this study had several limitations. First, the group process provided an overwhelming amount of rich data which could not all be captured by the researcher. The group was tremendously dynamic and captured only a snapshot of the girls' lives. It was impossible to observe everything that occurred while trying to co-facilitate. Videotaping the sessions or asking someone to take ongoing and detailed notes could have resulted in a more in-depth analysis of group and individual processes.

Second, as is always the case, statistical results need to be interpreted with caution when there is a very small sample size, which may influence statistical significance of the data. With only 11 girls participating and only two case studies described, it is not possible to use these results to generalize about other populations. A third limitation was that test-retest reliability might have been affected by "practice" effect. It is not known how much influence previous testing affected the way participants filled out the questionnaire the second time. Fourth, any results from this group do not necessarily

apply to the entire population of adolescents or different settings owing to the nonrandom selection of group members. Fifth, there was no control group to help determine if any positive effects were due to the group process or to other uncontrolled factors. However, the identified non-participants tend to indicate group process is implicated since they all dropped out before the end of June while the majority of the participants kept coming to school.

The sixth limitation is that personal life events may have affected the study outcomes independently of the group. For example, the girl who was kicked out of her home may have been in the storming phase of the group process longer than the other members. She may have had more depressive thinking even after the group was over because of her temporary homelessness, fear for her safety and lack of self-worth.

### Conclusion

Adolescence is a critical phase of development, especially for teenage girls, which may promote low self-esteem, hopelessness, depression and suicidal ideation. Given that peer groups are appropriate for development, support and therapy groups have become more popular in the school setting to assist with these concerns. This group was successfully implemented in a school setting and focused on being a safe place for the girls to attend. The group provided a sense of belonging, dealt with improving self-esteem and changing negative thought patterns, and provided strategies to plan for the future by using the PATH program. It was hoped that the group experience would not only teach the girls these new skills to make them feel better about themselves, but that the immediate risk of suicide and depressive symptoms would decrease and hope for a brighter future could be established.

The results of this study suggest that the girls' self-esteem did improve; they reported feeling that they had a sense of belonging and hope appeared to be established. The girls had some difficulty planning for the future using the PATH program, as they were very much in the here-and-now as some of them had to deal with some very trying issues. It appears that while the group content was helpful, it was secondary to the overall experience. More important was providing a safe place for the girls to express themselves and explore issues without being judged.

In conclusion, this study lends support to the importance of group process for "at risk" adolescent girls in a school setting. Suicide and depression are growing concerns among today's youth (Galambos et al., 2004). Having positive social supports is associated with declines in depression and suicide (Muyeed, 2006). These feelings of support through the group process may have increased hope in these adolescent girls' lives. Even though the sessions were well planned out, this study shows the girls benefited primarily from the process itself and secondarily from the content. The high attendees benefited more from the content than the low attendees did, though all girls felt the group was a safe place where they belonged.

Many of the girls had problems at home and school, which resulted in poor attendance records. It would be helpful, regardless of school attendance, to have a place within the school setting for troubled youth to go where they could feel welcome, safe and accepted. Having such a support system in place may help these girls feel less depressed, more hopeful and more connected with their peers. Moreover, these supports may even help to enhance an overall connection to the school.

There is a very limited research base for the PATH program and group therapy

being used in the school system. Further research is required when examining adolescents at risk for depression. Some examples of possible research include examining the relationship of school attendance and the group process, reviewing other helpful interventions in the schools for depressed adolescents, and examining how much support is necessary in the schools. I would also recommend that all schools offer a supervised group for troubled students. The group can be tailored in content to a variety of problems, or just be a group where one would work on crafts and chat about his/her day. The key is to create a place for troubled students where they can feel a sense of belong.

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## APPENDIX A

## INDIVIDUAL STUDENT RATING QUESTIONNAIRE

1. Please rate to what extent the following parts of the group **helped you**, by using a check mark.
2. Please rate to what extent you **enjoyed** the same parts of the group by marking them with an X.

	Not At All	A Little	A Lot	Very Much
<b>People</b>				
Other Group Members				
Group Leaders				
<b>Activity</b>				
Planning for the Future				
Self-esteem				
Thinking about how you view things				
<b>Group</b>				
Sharing				
Talking				
Making new friends				
Listening				
<b>Food</b>				

## POST-GROUP MEASURE QUESTIONNAIRE

1. What did you like about group? Why? Please give an example(s).
2. What did you dislike about the group? Why? Please give an example(s).
3. Describe two important gains for you that resulted from your experience in the group.
4. What about the group was most helpful to you?

5. What about the group was the least helpful to you?
6. How supported did you feel in the group? Explain and give example(s).
7. Are you better able to catch and challenge negative thought patterns? For example, if a relationship is ended then instead of thinking 'it is all my fault' you would challenge this thought, and might think instead that 'we both made mistakes, even though we did as well as we were able'.
8. Would you recommend group to someone else? Why or Why Not?

APPENDIX C

UNIVERSITY EDUCATION RESEARCH ETHICS

BOARD



RESEARCH SERVICES &  
PROGRAMS  
Office of the Vice-President (Research)

244 Engineering Bldg.  
Winnipeg, MB R3T 5V6  
Telephone: (204) 474-8418  
Fax: (204) 261-0325  
[www.unmanitoba.ca/research](http://www.unmanitoba.ca/research)

APPROVAL CERTIFICATE

14 February 2005

**TO:** Kelly Gregorash  
Principal Investigator

**FROM:** Stan Straw, Chair  
Education/Nursing Research Ethics Board (ENREB)

**Re:** Protocol #E2005:009  
"Group Support in a School Setting for Adolescent Girls at Risk for  
Depression"

Please be advised that your above-referenced protocol has received human ethics approval by the **Education/Nursing Research Ethics Board**, which is organized and operates according to the Tri-Council Policy Statement. This approval is valid for one year only.

Any significant changes of the protocol and/or informed consent form should be reported to the Human Ethics Secretariat in advance of implementation of such changes.

**Please note that, if you have received multi-year funding for this research, responsibility lies with you to apply for and obtain Renewal Approval at the expiry of the initial one-year approval; otherwise the account will be locked.**

*Get to know Research ...at your University.*

## APPENDIX D

## PRINCIPAL PERMISSION TO COMPLETE RESEARCH

This letter is in support of the research proposal: "Group Support in a School Setting for Adolescent Girls at Risk for Depression", by Kelly Gregorash, M.Ed candidate; University of Manitoba, Faculty of Education.

The group will be supervised by a member of the \_\_\_\_\_ School Division Student Support Program, Cheryl Chorneyko. The School Psychologist will be available for consultation as necessary.

The students will be excused from classes with the understanding that it is their responsibility to complete any assignments. The staff at \_\_\_\_\_ will support the students by encouraging their attendance in the group and in the completion of their assignments.

On behalf of \_\_\_\_\_, I am in support of this research study.  
I can be contacted at \_\_\_\_\_.

Respectfully submitted,

Principal

## APPENDIX E

## PERMISSION FORM FOR PARENTS OF THE

## GIRLS' GROUP, UNIVERSITY OF MANITOBA RESEARCH

Research Project Title: Group Support in a School Setting for Adolescent Girls at Risk  
for Depression

Dear Parents,

As a continuation of the support already being provided, a suburban high school in Midwestern Canada is offering a Girls' Group. This group is intended to provide support to female students. We would also evaluate the effectiveness of this group process for female adolescents at risk for depression. Various issues will be covered throughout the group including building self-esteem, strengthening skills in dealing with difficult people and situations, increasing awareness of healthy versus unhealthy relationships, changing possible negative thought patterns, and facilitating the development of positive goals for the future. One possible risk of participation is that the discussion of sensitive topics may cause your child some discomfort. If your child becomes discomforted at any time, there will be support available to her during or after the group. The group will involve 10 weeks of one hour weekly sessions. These one-hour sessions are equivalent to one class period each. Your child will not be penalized for missing classes, however, your child will be responsible for the completion of missed assignments during this time. The staff will support your child by encouraging her attendance in the group and in the completion of her assignments. A member of the student support team, Cheryl Chorneyko, and a University of Manitoba graduate student in school psychology, Kelly Gregorash, will facilitate the group. Your child will be asked to fill out three regularly used questionnaires during the first and last session of the group. These three questionnaires will take approximately 30 minutes in all to complete.

The first questionnaire is called the Piers Harris Self Concept Scale. This scale provides a general idea of how children feel about themselves. It is broken down into categories such as behaviour, intellectual and school status, physical appearance, anxiety, popularity and happiness and satisfaction. The second questionnaire is called the Child Depressive Inventory. It examines mood, relationship problems, ineffectiveness, anhedonia, anxiety and self-esteem. The third measure is called the Suicide Probability Scale. It provides information about hopelessness, suicidal ideation, self-evaluation, and hostility.



Upon the completion of the group, your child will be asked to fill out two additional evaluation forms. The purpose of these is to address how your child perceived the group, what she found the most helpful to her and to help us understand the pros and cons for future groups. These two additional forms will take approximately 20 minutes to complete. Therefore, it will take a total of 50 minutes to complete the five questionnaires during the last group session. Your child's name and answers to all of the questionnaires and forms will be kept confidential. The hard data will be stored in the mental health worker's locked filing cabinet in the school. The data will be destroyed by shredding after it has been completely analyzed. The overall results of this research will be kept anonymous. An opportunity will be provided for the participants and their families to attend a feedback session with refreshments. A feedback pamphlet will also be available at the end of the study to provide you with information about the overall results.

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you a basic idea of what the research is about and what your child's participation will involve. If you would like more details about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to allow your child to participate. In no way does this waive your rights nor release the researchers or involved institutions from their legal and professional responsibilities. Your child is free to withdraw from this study at any time, and/or refrain from answering any questions that you or she prefers to omit, without prejudice or consequence. Your child's continued participation should be as informed as your initial consent, so you should feel free to ask for clarification and new information throughout your child's participation.

**Cheryl Chorneyko**, Mental Health Worker

**Kelly Gregorash**, School Psychology  
Graduate, M.Ed. Faculty of Education  
University of Manitoba

**Dr. Riva Bartell**, Thesis Advisor  
University of Manitoba

This research has been approved by the University of Manitoba Ethics Review Board. If you have any concerns or complaints about this project, you may contact any of the above-named persons or the Human Ethics Secretariat at 474-7122. A copy of this consent form has been given to you to keep for your records.

---

Signature of Parent or Guardian

## APPENDIX F

PERMISSION FORM FOR THE ADOLESCENT GIRLS IN THE  
GIRLS' GROUP, UNIVERSITY OF MANITOBA RESEARCH

Research Project Title: Group Support in a School Setting for Adolescent Girls at Risk  
for Depression

Dear Students,

As a continuation of the support already being provided, a suburban high school in Midwestern Canada is offering a Girls' Group. This group is intended to provide support to female students. We will also evaluate the effectiveness of the group process in female adolescents at risk for depression. Various issues will be covered throughout the group including building self-esteem, strengthening skills in dealing with difficult people and situations, increasing awareness of healthy versus unhealthy relationships, changing possible negative thought patterns, and facilitating the development of positive goals for the future. One possible risk of participation is that the discussion of sensitive topics may cause you some discomfort. If you become discomforted at any time, there will be support available to you during or after the group. The group will involve 10 weeks of one hour weekly sessions.

These one hour sessions are equivalent to one class period each. You will not be penalized for missing classes, however you will be responsible for the completion of missed assignments during this time. The staff will support you by encouraging your attendance in the group and in the completion of your assignments. A member of the student support team, Cheryl Chorneyko, and a University of Manitoba school psychology graduate student, Kelly Gregorash, will facilitate the group. You will be asked to fill out three regularly used questionnaires during the first and last session of the group. These three questionnaires will take approximately 30 minutes in all to complete. The first questionnaire is called the Piers Harris Self Concept Scale. This scale gives you a general idea of how adolescents feel about themselves. It is broken down into categories such as behaviour, intellectual and school status, physical appearance, anxiety, popularity and happiness and satisfaction. The second questionnaire is called the Child Depressive Inventory. It examines mood, relationship problems, ineffectiveness, anhedonia, anxiety and self-esteem. The third measure is called the Suicide Probability Scale. It provides information about hopelessness, suicidal ideation, self-evaluation, and hostility.

Upon the completion of the group, you will be asked to fill out two additional evaluation forms. The purpose of these is to address how you perceive the group, what you found the most helpful and to help us understand the pros and cons for future groups. These two additional forms will take approximately 20 minutes to complete. Therefore, it will take a total of 50 minutes to complete the five questionnaires during the last group session. Your name and answers to all of the questionnaires and forms will be kept confidential. The hard data will be stored in the mental health workers locked filing cabinet in the school. The data will be destroyed by shredding after it has been completely analyzed. The overall results found within this research will be kept anonymous. An opportunity will be provided for you and your families to attend a feedback session with refreshments. A feedback pamphlet will also be available at the end of the study to provide you with information about the overall aggregated results.

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you a basic idea of what the research is about and what your participation will involve. If you would like more details about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to allow your child to participate. In no way does this waive your rights nor release the researchers or involved institutions from their legal and professional responsibilities. You are free to withdraw from this study at any time, and/or refrain from answering any questions that you prefer to omit, without prejudice or consequence. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification and new information throughout your participation.

**Cheryl Chorneyko**, Mental Health Worker

**Kelly Gregorash**, School Psychology  
Graduate, M.Ed. Faculty of Education  
University of Manitoba

**Dr. Riva Bartell**, Thesis Advisor,  
University of Manitoba

This research has been approved by the University of Manitoba Ethics Review Board. If you have any concerns or complaints about this project, you may contact any of the above-named persons or the Human Ethics Secretariat at 474-7122. A copy of this consent form has been given to you to keep for your records.

---

Signature of Participant

## APPENDIX G

## GROUP PERMISSION FORM

## EDUCATIONAL SUPPORT SERVICES

## REQUEST FOR ASSISTANCE

CONFIDENTIAL

Please make duplicate copies of both sides of this form. Return the original copy to the Educational Support Services Office. One copy is to be inserted in the student's school clinical file and another copy is to be provided to the parents/guardians.

School	MET No.	Teacher	Date
Name	Family Name	Given Names	Birthdate (Mo.) (Day) (Yr.)
Address	Home Phone No.		
Mother	Bus. Phone No.		
Father	Bus. Phone No.		
Legal Guardian			
Child resides with			
Siblings (name, age, school)			
Languages spoken in home (if other than English)			
Other schools attended and grades (if known)			

**ACADEMIC INFORMATION** (academic strengths and weaknesses, specific disabilities, or grades repeated)  
 Attach resource report if appropriate

## RELEVANT HEALTH AND SOCIAL INFORMATION

Vision: Date Screened	Does Student require glasses?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hearing: Date screened	Normal <input type="checkbox"/>	Loss <input type="checkbox"/>	
Education			
Name of family physician	Address		
Other significant medical information			
Currently known to other agencies	<input type="checkbox"/> Please specify		

## PERTINENT FAMILY INFORMATION

Attendance a concern?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yes, give details		

**REMEDIAL ACTION TAKEN BY SCHOOL:**

Guidance Counsellor Involvement

☐

Reading Recovery

☐

Resource Teacher Assessment/Programming

☐

Math Intervention Program

☐Other ☐

Please Specify \_\_\_\_\_

Please attach relevant documentation:

Individual Education Plan (IEP) ☐Behaviour Action Plan ☐Academic Improvement Plan (AIP) ☐**REASON FOR REFERRAL:** \_\_\_\_\_

\_\_\_\_\_

**DATE OF PRE-REFERRAL CONSULTATION MEETING:** \_\_\_\_\_

names of school staff and clinician (s) involved in pre-referral consultation: \_\_\_\_\_

\_\_\_\_\_

**TEAM RECOMMENDATIONS FOR CLINICAL ASSISTANCE:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Case open to:

Social Work

☐

Psychology

☐

Speech/Language

☐

Physiotherapy

☐

Reading Clinician

☐

Consultant for Deaf &amp; Hard of Hearing

☐Behaviour Team ☐

\_\_\_\_ Consultation

\_\_\_\_ Facilitation in developing a Behaviour Intervention Plan to be implemented within the home school

\_\_\_\_ Comprehensive assessment to be conducted off-site to determine future programming &amp; placement

\_\_\_\_ Other (Please Specify) \_\_\_\_\_

Case Manager: \_\_\_\_\_ Position: \_\_\_\_\_

educational Support Services offers specialized help to students and their families. The services are provided by teams which are comprised of Social Workers, psychologists, Speech/Language Pathologists, Reading Clinicians, Consultants for the Deaf and Hard of Hearing, and Physiotherapists. One or more of the above clinicians may become involved in assisting with specific needs. Information will be shared with you. We work closely with school personnel and provide them with verbal and written information to assist in programming and in understanding the student's needs. If other resources such as psychiatry or audiology are needed, you will be contacted. Statistical information may be collected on a periodic basis. All identifying information will be kept confidential.

I have read and understand the information above.

I consent to the referral.

\_\_\_\_\_  
Parent/Guardian's Signature or Client if over age 18

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Making Request\_\_\_\_\_  
Principal's Signature

## APPENDIX H

## CHECK-IN RESULTS

*Scale from 1-10 (1 is very sad and upset, 10 is very happy)*

*Reason: Typically, the girls would be told that they could explain why they feel this way if they wanted and were asked how they felt their upcoming week would go. \*Exception: April 11- Check-in discussed how hard or easy each girl thought it is to get through school. 1=Very Hard, 10=very easy*

Name	Feb .28	Mar 7	March 14	March 21	April 4	April 11	April 18	April 25	May 2	May 9	May 16	May 24	May 30	June 6
<b>Check In A</b>			4	5	8	*2(scho ol)	DK	2	10	7	3	6	2	8.5
Reason			Hope week goes OK	Things not going well. Don't know how week will go.	Week bad	School is boring. I don't like the teachers .	I'm doing good but am mad. I want to quit school in May.	I'm still sick	Happy that I messed up. I broke my thumb.	Week should go good. The week-end will be good because I called dad yesterday and he said that I could live with him instead of my mom.	My sister is in the hospital.	I'm tired. I put a hole through the wall because my parents went through my room. Broke my knuckles. I also broke up with boyfriend.	I feel like I'm going to die. Was in hospital last week for cracked knuckle. Week will go crappy.	I am going to go to bed because I am so tired.
<b>Check In B</b>			9.5	9.5	7.5	*7(scho ol)	8	10	2	5	9	9.5	7.5	9

Reason			Week will go OK	Good, got a car.	Week Ok. Will have a good week-end.	I can listen, pay attention and attend but have a hard time doing the class work.	I will have a good week.	I had a great week-end and am going to have a really good week.	Not a good week coming up. I don't want to say what is wrong.	I don't feel good. I write my drivers test on Friday. I had a crappy weekend because I was sick	I am happy that girl D is here. Not sure how the week will go but May long should go well.	Had good week-end. Have to see how week will go.	Week went OK. Week will go OK because I am seeing my boyfriend	I don't know how the week will go. I had a good week.
Check In C			5		5.5	*8(school)		7						9
Reason			Hope week will go better		Will be working this week.	School is easy.		Week is going to go well.						The week was good. The week will go well.
Check In D			8	9.5		*3(school)	6.5				6.5			9.5
Reason			Week will go good	Yesterday was birthday. Hung with friend. Wants to win court case.		Haven't been to class because I hate the teachers. It is stressful.	I'm upset with girl H. This week will not go well. I'm going to be grounded.				Mom kicked me out of home. Week will be stressful and better.			I have been back for 7 days at home. I am keeping in line and am applying for a job. The week will go alright.
Check In E			7.5	8	4.5	*8(school)	8.5	D/K	5	10	9	9		10

Reason			Hope week will go better.	Happy but tired. Mom is suicidal.	Happy but not. Spring break is good but not sure how week will go.	(No answer given)	Week will go well.	I hate Mondays and am not sure how I am feeling I am tired and can't concentrate. I have lots to do.	I am happy but sad. My mom is in the Psych. Ward.	I am so happy except for last class. This weekend was OK. I was drinking on the weekend and driving fast in the city with a friend.	I want day to finish so I can go home. Mom is coming home from hospital today. I also got in a fight.	Week is going well. My and my boyfriend 10 month anniversary today.		Last week I had a sports banquet. Going good.
Check In F						*5(school)	7	6	8	9	10		10	8
Reason						I don't go to one teacher's class.	I'm getting grounded. I don't know how this week will go.	Week is going to go well.	Week will go OK.	I had a good week. This week will go OK	Week will go well.		Week was good. Week will go OK.	Week is good.
Check In G			8	7.5	8.5	*4(school)	6				10	8	6	9.5



Reason			Hope week goes better. Mom is drinking.	Good Day because of boyfriend.	Spring Break is painful and sweet. This week will go quiet.	Mom told me that she did not want me. CFS is involved. I am living with my auntie.	I'm not feeling well. Last week got grounded. I hope this week goes well.				I am happy because my boyfriend is coming over and will be 'banging' him. I am happy that I am now at home with mom again.	I'm tired. Had a good long weekend. Hopefully week will go well. Girl D has been staying at my house but was not respectful of the rules. Now I don't know where she is.	I'm tired. I don't remember last week. Spent weekend fostering puppies. I don't know how the week will go.	I got to see my little niece! Week will hopefully go good.
Check In H			6		7	*5(school)	5	4		10	9			

Reason			Week will go OK		Going to have a good week because going to all my classes.	Sometimes school is hard for me.	(No answer given)	I'm sad because girl G is moving. My mom is also in the hospital going for surgery.		Weekend was good. If today is good then tomorrow will be bad.	I think a girl wants to beat me up. I'm not sure how the week will go.			
--------	--	--	-----------------	--	--	----------------------------------	-------------------	---	--	---	--	--	--	--

Check In I			1											
Reason			Week will not go well. Kicked out of house											
Check In J							5							
Reason							Things are OK but I am stressed out and am looking for work. I miss seeing my friends at school.							

## APPENDIX I

### PATH PROCESS

*PATH program* helped the girls look at setting goals for the future. The girls came up with these responses:

Step 1: (North Star) The girls worked on a colleague about how they envisioned their future. Some ideas were as follows: become a paramedic, have a family, study forensic science, have a house, become a model, get a car.

Step 2: (Looking back about how they obtained the goal). Attend classes, Graduate high school, and don't get mixed in the wrong crowd.

Step 3: What is happening now? Drugs/Alcohol, failing, attending, not attending, passing, sleeping in, dating.

To do: Don't sleep in, get better alarm clock. Have friend wake you up, get to bed earlier, learn to deal with teacher, do homework.

Potential problem: Get pregnant, getting hit by a car, drinking, driving, doing drugs.

Solution: Condoms, birth control, abstinence, walk on the sidewalk, side of road into traffic.

Step 4: Enroll to help: friend, brother, boyfriend, Girl G, Girl B, step mom and step dad, Girl A, step dad, mom.

Step 5: Ways to build strength: all your courses, get to classes, get out of bed, money, get a job, get a job, get along with teachers, eat healthy, be organized, be responsible, and wash your hands.

Step 6: Planning for the next few months: September Goals: Come to class, don't get mixed in the wrong crowd, study hard, be happy, positive attitude.

## APPENDIX J

## COGNITIVE RESTRUCTURING

*Cognitive distortions:* activity done to help the girls reframe their negative thought patterns:

Negative thought: I'm fat. How does this thought feel: crappy, ugly, wanna be anorexic.

What do about it: not eating, stay in, low self-esteem. A way to rethink this negative thought would be replacing it with a positive thought: instead of I'm fat think I'm athletic.

How does this thought feel? Fit, good, look good, happier. What do you do about it: increase self-esteem.

Negative thought: I'm dumb, my but is big, I'm fat.

Rethink positively: try harder, study more, wrong clothes for body type, everyone comes in different shapes and sizes, no one is perfect.

## APPENDIX K

## SELF-ESTEEM: NAME POSITIVE CHARACTERISTICS OF OTHERS

*Self-esteem:* Positive characteristics that described how the girls viewed each other. In this exercise, the girls went around the group and said one nice characteristic about the girls being discussed. These positive affirmations were written down for all to see.

During one session, the girls copied all the positive statements about themselves onto a business card. One side included all the positive statements while on the other side the girls drew a picture. The facilitators then laminated these cards and gave them back to the girls after the group was complete.

Girl A: positive attitude, helpful, pretty, nice, stick up for self, motivational, competitive, observant.

Girl B: independent, athletic, happy, perceptive, tactful, good friend, funny, energetic, patient, special, responsible, polite, empathetic, tries to help others.

Girl C: creative, nice hair, hard working, smart, sweet, reliable, imaginative, honest, friendly.

Girl D: friendly, energetic, considerate, loyal, brave, independent, perceptive, outspoken, understanding, kind, helpful, dedicated, cheerful, courteous, cooperative, concerned for others.

Girl E: humorous, helpful, outspoken, confident, smart, good friend, lovable, harmonizer, cheerful, calm, friendly, cautious, energetic, responsible, reliable.

Girl F: mentally strong, brave, respectful, sweet, kind, friendly, happy, patient and calm, outgoing.

Girl G: funny/hilarious, creative, friendly, cool, determined/brave, polite, assertive, spontaneous,

open minded, confident, energetic, fun.

Girl H: cutie, calm, good friend, funny, well intentioned, cheerful, loyal, kind, friendly, considerate.

## APPENDIX L

## DEALING WITH DIFFICULT PEOPLE: PROBLEM SOLVING CONFLICT

*Problem Solving Conflict:* Throughout the group, several girls were in conflict with one another. This is a list that the girls compromised to help solve the conflicts: Problem solving action: beat up the person, let it go, talk about it, apology, box of chocolates, jelly donuts, don't talk about personal stuff with anyone, and talking one to one. List of how to cope when you are upset: hanging out with friends, call mom, alone time, scream into pillow, count backwards from 10, and talk to a person.

## APPENDIX M

## INDIVIDUAL GROUP SESSIONS

*Session 1*

For the first group session on February 28, 2005, the 11 girls were called to the office and told to proceed to the conference room. Six of the girls arrived at the conference room, they were invited in and asked to take a seat. In order to create a warm, supportive atmosphere, the room had been decorated with a tablecloth, table glitter and burning scented candles. Donuts were on the table for the girls to snack on. After everyone had arrived, the girls took turns introducing themselves. They passed around the donuts and ate them while the facilitators explained the instructions for a set of questionnaires that the girls were to fill out. When the girls finished their snack, the questionnaires were handed out and the girls were asked to complete them. They worked on the questionnaires for the remainder of this initial session. While some girls asked questions about the questionnaires, most of them completed the questionnaires quietly, although a few spoke aloud as they did them. After the girls were finished filling them out, they left.

*Observations.* The girls appeared somewhat shy and quiet during this first session. They still needed to become familiar with the process and to get to know the other girls. They were definitely in the forming stage of group development.



*Session 2*

For the March 7 session, the girls were paged to the office and sent the conference room. Once again, the tablecloth, table glitter and snacks were on the table. Four new girls showed up as well as the 5 out of the 6 original group members. The food was passed around the circle. The girls were asked to introduce themselves and state something that they liked. They did this with hesitation. The facilitators went through the rules, which were: (1) be respectful, (2) what is said in here stays in here (confidentiality) and (3) pay attention. Subsequently, the rules were reviewed. The girls were asked to explain in their own words what these rules meant, and all of them agreed to the rules. After they had a chance to visit among themselves, the facilitators told the original group members they could leave, as the new group members should stay behind to complete the questionnaires.

After all the questionnaires completed by all the participants were scored, the girls who indicated they had significant suicidal ideation or depression were referred to the school psychologist. The results of the questionnaires were shared with the school psychologist and follow-up was requested.

*Observations.* Several new girls showed up for this second session by recommendation from original members who thought their friends could benefit from the group. The girls appeared more talkative during this session, but still were somewhat guarded. This session remained characteristic of the forming phase of group development.

*Session 3*

The structure and setup for the March 14 session was the same as the previous sessions. Snacks were passed around and the girls completed their first check-in. On a scale of 1 to 10, they answered how they were feeling that day from 1 (*very sad or upset*) to 10 (*very happy*). They were also asked how they thought their week would go. Answers ranged from "it will not go well" to "the week will go good". The girls then problem solved around several issues raised in check-in. Girl I had been kicked out of her house, and the facilitators and other girls helped her come up with coping strategies and plans. Girl G, who had joined the group on this day, mentioned her family member's drinking problem. These issues were discussed as well as strategies for taking care of oneself although several girls frequently got off topic and needed refocusing.

The issues presented were overwhelming for some of the girls as they had difficulty coping with too much personal information. Because of this, the many other issues being presented, and the need for more organization and structure, the facilitators asked the girls to anonymously write down a question they wanted to talk about. This was helpful as it posed a structure to deal with everyone's concerns and it set a slower, safer pace for discussing these important issues. It also depersonalized the questions, which created a more comfortable environment for everyone to talk about personal issues and ask for help.

The process was one girl would draw a question out of the box and would read it. The other girls would take a turn around the circle giving a response to either answer the question or help come up with a solution. The questions the girls had anonymously written down included:

1. What kind of music do you listen to?
2. What should I try and tell my uncle what to do cuz he has a crack addiction!
3. What do you do when all your friends hate you because of an obsession with your ex boyfriend whom you still love?
4. What should I do when I can't go home cause I am not welcome there anymore?
5. What is the best way to cope with cancer?
6. What should I name my new boy pit bull puppy?
7. What should I do if your best friend is a hardcore pothead?
8. Why do some people think everyone should be like them and not who they are?
9. I don't know if I will win my sexual assault case! What should I do?
10. How do I stop my mom from drinking so much cause she yells at me stop
11. What should I do if one of my friends call me telling me that one of my friends are committing suicide?
12. What should I do when I get kicked out of my house?

This question box demonstrated the breadth of experience and issues that the girls were facing, not only in the group but on a daily basis.

The two questions which were reviewed during the session were "what kind of music do you listen to?" and "why do some people think you should be like them and not who you are?" The discussion with the girls was focused and went well.

After reviewing these questions, the facilitator asked the girls to think about other topics they wished to discuss in future sessions. They included abuse (sexual, physical, verbal and emotional), self-esteem, relationships and feelings, dealing with difficult people, family problems, coping, drugs/alcohol, and planning for the future.

*Observations.* During this session, the girls were very unfocused and talkative. It appeared they needed structure and predictability to feel safe in the group. A few of the girls also had difficulty sharing the snacks and needed to be reminded to share with the others. However, many of the girls did reveal very personal experiences and problems. They still appeared in somewhat of a forming stage because they were easily redirected and still tested the safety of the group. Nevertheless, it was apparent they began demonstrating a sense of safety and belonging (entering the norming stage of group process). This was shown with their sharing of personal experiences, and was especially demonstrated when Girl A and Girl I attended even though they were temporarily suspended from school.

#### *Session 4*

Only one facilitator (the student school psychologist) led the March 21 session because the mental health worker was ill. Since the conference room was already in use on this day, the group was held in a different room. The session structure was the same. The girls took turns around the circle and checked-in. Then two girls drew two questions from the question box. The questions asked were "What should I do if one of my friends calls me telling me that one of my friends is committing suicide?" and "I don't know if I will win my sexual assault case. What should I do?"

Due to the extreme seriousness of these questions, the plan for this session was put on hold while the facilitator discussed these topics for the remainder of the session. Girl E told how her mother had attempted suicide in the past, while Girl G explained how she had attempted suicide several years earlier, but did not want to commit suicide anymore. Feelings about suicide were then shared and explored, and the facilitator educated the girls on other ways of coping. Because this topic was so serious, several girls appeared uncomfortable. The topic was then switched to self-esteem and the girls were given a positive action and accomplishment sheet. During this activity, the girls were instructed to write down a positive action they had recently accomplished and follow it up with what that positive action said about themselves.

After the session was over, the facilitator spoke with Girl A whom she suspected had written the question about suicidal. Girl A admitted the question was about her so the facilitator assessed for suicidal ideation. The girl was able to contract not to attempt suicide in the next few months. The student school psychologist informed the school psychologist about the situation who already had been seeing this girl in a therapeutic setting and would continue to explore her suicidal thoughts.

*Observations.* There were only 5 group members who attended this session. These girls were very quiet, attentive and respectful. They understood the topic of suicide was serious and appeared like they wanted to help problem solve around this question. The girls listened closely to what both the facilitator and the other girls had to say. However, several girls appeared uncomfortable about the seriousness of the topic. It should be noted there seemed to be an increasing level of trust and that the girls shared more with each other. This session demonstrated a norming stage of group development.

*Session 5*

Due to the poor attendance at the previous group session, the facilitator (student school psychologist) wrote notes to all the members. One note was written for the those who did not attend the previous week, and another note was for the regular attendees. The girls were then called to the office to pick up their note during a break between classes. The notes were created to help the girls feel welcome, missed, and to enhance a sense of belonging among each other. The notes were as follows:

*Note 1 for the irregular attendees.*

To:

We missed you at Girls Group last week.

Our next Girls Group is on April 4, 2005 at 1:15 in the Conference room.

Hope to see you there!

From: Kelly Gregorash and Cheryl Chorneyko

*Note 2 for the students who had been attending.*

To:

Girls Group is on April 4, 2005 at 1:15.

Hope to see you there!

From: Kelly Gregorash and Cheryl Chorneyko

This fifth session on April 4 followed the regular structure. The girls sat down and passed around the snacks and check-in was done. After this, the facilitators introduced the topics of the day: experiencing pleasure and self-esteem.

For the first topic, the girls were given a list of pleasant activities they could incorporate into their daily living. The girls then checked the activities they could do on a regular basis to make them happy. They also received a list of little things that make life worth living, for instance a cool breeze on a hot day, the brightest star you have ever seen, or pizza delivered to your front door. The second list was reviewed and the girls added any other things they could think of.

The next topic was self-esteem. The girls were asked what they thought about themselves. Some replied positively about themselves, while others had negative comments. The negative comments were addressed and the positive ones were reinforced. After talking about this topic for several minutes, the facilitators asked the girls to write down five positive traits about themselves. Some girls had trouble with this; therefore, the group continued to work on the positive actions and accomplishment list. Here they were asked to write down a nice thing they had done for someone and what that said about them. Several of the girls had difficulty with this exercise as well, and required refocusing and guidance to complete it.

*Observations.* Girls B and G had difficulty concentrating on these topics and had to be constantly refocused, which is indicative of a storming stage of group development. However, the rest of the girls completed the exercises, but needed frequent encouragement and reinforcement as they worked on them. Overall, the group appeared to be in a norming stage of group development because much work was accomplished and a sense of unity was apparent.

*Session 6*

The session on April 11 followed the regular structure of snacks being passed around and check-in completed. This time during check-in, the girls were asked to rate how easy or hard they thought school was on a scale of 1 (*hard*) to 10 (*easy*). After check-in, the group continued the discussion about self-esteem which many of them still had difficulty discussing. Instead, they were laughing and had a hard time paying attention. One of the girls recognized the avoidance of this topic and lack of focus, so she gave everyone a piece of paper to write notes on instead of talking aloud. Another self-esteem-building activity was performed during this session. Several names from the group were drawn out of a hat. Everyone was told to say something nice and positive about those girls, so they took turns around the circle in stating one or two nice things. The statements were then put on flip chart paper for all to see. During the last five minutes, one question from the question box was discussed and problem solved by all the girls. At the end of the session, "Accept Me" positive affirmation cards were given out to each of the girls.

*Observations.*

The girls had difficulty talking and relating self-esteem to themselves. It was difficult for them to focus and they avoided the topic, with some girls showing signs of storming behaviors. However, when the focus switched to stating something positive about a fellow group member, they took this exercise more seriously. It was not as personal and more of a safe exercise. They focused better during this activity and readily shared kind words about their fellow members. At this point, the girls worked in the norming phase of group development.



*Session 7*

The April 18 group session followed the same structure, beginning with sharing snacks and completing the check-in. However, during the course of the check-in, it became apparent that Girls D and H were fighting. The group's focus switched and the remainder of the time was spent problem solving this situation with everyone taking part in the discussion. The facilitators had to give a long talk about being responsible for one's own actions as the girls were ganging up on one member and not looking at all areas of the problem.

The facilitators then tried to turn this fight into a teachable moment, explaining that the conflict between two people wanting a solution demonstrates a specific need for each person. The facilitators then discussed the basic needs of all humans including fun, freedom, survival, belonging, love-connectedness, and happy-fun.

*Observations.* Many of the girls were very upset and frustrated with this situation, as most of the members appeared to be in the storming phase. Several girls had difficulty empathizing with one girl. However, when Girl H became visibly upset, another girl consoled her. The girls tried to help the situation by problem solving and offering solutions to the argument. These helping behaviors are indicative of a healthy way of coping during the storming stage, and despite it, the girls still felt a sense of belonging. This was shown by having good attendance and Girl J attending even though she had been suspended from school for over a month.

*Session 8*

The session on April 25 started with the same structure. Snacks were shared and check-in was completed. Many of the girls were upset because Girl G was moving away to her father's house without much notice. Girl G came in to say good-bye to all the girls before she left the school.

This session focused on finishing the positive statements about others (self-esteem activity). When completed, they began to do a "safe" fun activity. They each worked on a "dream collage". The girls looked through several magazines and cut out pictures of goals and dreams they had for themselves. Then they glued these pictures on a piece of construction paper to make a "dream collage".

*Observations.* After the previous session which was very much in the storming stage, the objective of this session was to make the girls feel as safe as possible. Despite the previous conflicts, the girls seemed more comfortable with each other, although they still appeared to be in a part of the forming stage where they needed to re-establish trust among each other. The girls were quieter and more anxious during this session, and appeared vulnerable because Girl G was not there due to her move. However, they did slowly warm up and became more at ease. The girls enjoyed the "dream collage" activity, which may have helped restore the feeling that they were in a safe place. They demonstrated a readiness to share and get along and to return to the norming stage of group development.

*Session 9*

The session on May 2 began with the same structure. Snacks were shared and check-in was completed. During check-in, Girl E stated her mother had to go to a psychiatry ward. This issue was discussed and coping skills were reviewed. That session's main topic of the planning for the future was sidetracked because Girls B and F were fighting. The major portion of the time focused on problem solving around this situation. Despite this, these two girls still remained hostile at the end of the session. When they appeared calmer, they all worked on their collages and self-esteem cards (where the girls could write down all the positive comments the other girls had said about them).

At the end of the session, the student school psychologist spoke with Girl B about the conflict. Girl B stated that she was suicidal about one week ago, but was not feeling this way anymore. The facilitator contracted with Girl B, spoke about coping strategies, and problem solved around the current conflict. Girl B did acknowledge that her stress could have exasperated the conflict between Girl F. The information about Girl B's suicidal ideation was shared with the school psychologist and guidance counselor.

*Observations.* The girls were very tense and stressed, and once again appeared to be in the storming phase. Minimal group work was accomplished during this time. The majority of the girls sided with Girl B about the conflict. Girl F seemed to feel ostracized from the group. This was because some of the other girls were blaming instead of partaking in a resolution, despite the facilitators' attempts to encourage not blaming and accepting responsibility for one's own actions. However, the other girls did try to help problem solve and move from the storming stage back to the norming stage.

*Session 10*

The session on May 9 started again with snacks being shared and check-in completed. During this check-in, Girl A mentioned moving in with her father to get away from her mother. The facilitators discussed this issue with her during the session.

The main topic was discussing the PATH program and sensing goals. The girls talked about where they hoped and thought they would be one year from now. Responses included "passing all subjects," "with friends," "graduating" and "at the bar." Most girls tried to participate, but Girl E was the most responsive in completing this exercise. At the end of this session, the girls spoke among their friends and finished their collages.

*Observations.* The girls appeared to be quite relaxed, more focused and quieter. It was apparent that many were back in the norming stage. However, some anxiety towards the activity was shown when discussing the future. As things progressed, the girls' anxiety decreased and their work was accomplished.

Several of the girls were experiencing some personal difficulties. Girl B left to go to the bathroom and took a long time in returning. She stated she was having a bad day, and appeared to need a break because she was having a hard time handling the group. In private, the student school psychologist asked if Girl B wanted to talk about this, but she refused. In addition, Girl A experienced some difficulty when the school receptionist told her someone wanted to speak with her. Girl A thought it might be Child and Family Services. She left the group early to talk to the school psychologist.

*Session 11*

The session on May 16 started with the identical structure. Food was shared and check-in was completed. Girl G came back to live with her mother, returned to school,

and excitedly showed up for the group as though she had never been away. Several issues were discussed during check-in, including safe sex and Girl D being kicked out of her home and subsequently suspended from school. However, Girl D still came!

The final topic was finishing the discussion about Planning for Alternative Tomorrows with Hope (PATH). This included talking about their goals, what was happening now, and people to enroll to help them achieve their goals. To do this, the facilitators spoke directly about getting a relationship, building a relationship and connecting with adults.

*Observations.* Despite several girls sharing much personal information, others appeared to be holding back a little. Some of the girls may still have been struggling with the safety of the group. Girl E left halfway through the session when the facilitator challenged her thinking process and she responded by storming. Despite this, the rest of the girls were in the norming stage and appeared connected, with a sense of acceptance and belonging. This was shown through attendance and working on content: Girl D attended after being suspended from school and Girl G returned as soon as she moved back into the area.

### *Session 12*

The session on May 24 started with the same structure. The girls shared the snack and completed check-in. Girl D was absent and the girls were worried about where she was because she had been kicked out of her house and staying at Girl G's house for awhile until she was asked to leave there. Since then, no one in the group had seen her. Due to this event, a discussion followed about respecting rules at home, asking for help and support, and depending on others. The final topic was planning for the future,

which included planning goals for the next few months and how to achieve them.

*Observations.* The girls appeared to switch back and forth from not listening to polite listening, as well as from storming to norming continuously throughout the session.

They appeared to have some difficulty in planning goals because they were very much in the here and now. A successful event during this session occurred when Girl B, who was very distractible (Girl B), asked if she could be the chart writer. This activity engaged her more than participation alone did and she entered the norming stage.

### *Session 13*

The session on May 30 started with the same structure. The girls passed around the snack and completed check-in. The PATH program was completed, and the facilitators reviewed and summarized all the work the girls had done in previous weeks. The focus of the activity changed to discussing negative thinking and self-talk. The facilitators explained cognitive distortions and practiced changing a negative thought pattern. While this discussion was taking place, any girl who had not completed her self-esteem card did so.

*Observations.* The attendance was poor during this session with only 4 girls attending. Several of the girls appeared to be daydreaming and had difficulty remaining focused, especially during the PATH process. However, when the topic switched to changing negative thought patterns, the girls were able to pay better attention. Many shared very personal information about depression, abuse, pregnancy, drugs and alcohol. They were very trusting of everyone and approached the performing stage in group process.

*Session 14*

Invitations had been given to all the girls in advance to attend this final group session on June 6. The facilitator even invited several of them personally who had not been attending. Seven girls came to this session. To celebrate the last session and all of the girls' hard work, they were thrown a pizza party.

The session began with the sharing of food. However, some girls had difficulty with this and took more than their share. The girls enjoyed talking for a while before the session started. After all the girls had finished eating, check-in was completed. This session focused on reviewing all the major themes including the PATH program, self-esteem and cognitive distortions. Flip chart papers from all the previous sessions were taped on the wall. Once the review was over, the girls were asked to complete five questionnaires: three of the same ones they had filled out at the beginning of the group and two additional ones. Most of the girls were able to complete the questionnaires in the allotted time; however, Girl G had difficulty focusing and needed to finish one the next day.

*Observations.* The girls went through many group stages during this session, including storming, norming and adjourning. They were excited and talkative during this last group session, while some girls were a little disrespectful when others were talking, and a few needed to be refocused. A couple of them were upset about completing the questionnaires, but did so because they wanted to keep the facilitators happy. This demonstrated a sense of respect and group loyalty. Many of the girls were upset that the group was over. Some girls reacted by testing the facilitator and other group members

(i.e., not sharing, being distracted) while others became teary eyed and told everyone they would miss them.

### *After the Group*

After the session was completed, the student school psychologist called each girl to the office to give her a package with all of her work from the past 14 weeks. The facilitator also laminated the self-esteem cards and returned them to the girls as a reminder of all their positive attributes. These materials were intended to remind the girls about the group and everything they learned and experienced. Many of the girls were very appreciative of these materials, especially the self-esteem cards. They expressed their thanks through words, facial expressions, and some even became teary eyed again. This is characteristic of the adjourning phase of group process.

### *Summary of Observations*

The group appeared to provide a sense of belonging and support for these girls, many of whom attended consistently. Girls came back despite the two major disputes among some of them. Three girls even attended when they were suspended from school. One girl moved away and subsequently returned to school without the facilitators being aware that she was back. This girl came to the next session as if she had not missed one, without even being told about it by the facilitators. Attending was a success in itself (See page 55).

The group was also a place where the girls could trust. Many girls discussed very personal issues with each other including abuse, suicide, sexual assault, family problems and self-esteem. The girls became friends, as demonstrated by their interactions not only within the group but also outside of the group.



During the sessions, the girls were very much in the here and now. They had trouble in trying to think about the future when they were struggling with day-to-day issues. At times, they would become disrespectful and unfocused. It appeared they did so when topics became too personal or the subject area was hard for them to discuss. Several of the girls avoided the subject, which seemed to be a way of coping. Some of the girls did share very personal details about their lives; however, other girls had difficulty being completely open with their feelings. In order to remain collected and grounded, the girls could not always discuss severely distressing issues at school.

The girls frequently tested the group limits, which is characteristic of the storming phase. The sharing of snacks was an issue because a few of them would take more than their share and needed to be constantly reminded to share. They may have been worried they would miss out if they did not take extra portions. They also may have been deprived in the past or were testing the limits of the group and facilitators. During two sessions, there was a conflict between two of the girls. This fighting may have compromised the feelings of safety the girls had. After the fighting was over, it took a few sessions to rebuild the sense of safety. However, safety was re-established (norming stage) which was shown through the girls' attendance, still discussing their feelings, and respecting each other.

## APPENDIX N

## INDIVIDUAL STUDENT QUESTIONNAIRE RESPONSES

1. Please rate to what extent the following parts of the group helped you, by using a check mark.
2. Please rate to what extent you enjoyed the same parts of the group by marking them with an X.

	Not At All	A Little	A Lot	Very Much
<b>People</b>				
Other Group Members	0	3	3	1
Group Leaders	1	3	2	1
<b>Activity</b>				
Planning for the Future	1	5	1	0
Self-esteem	0	5	1	1
Thinking about how you view things	1	2	3	1
<b>Group</b>				
Sharing	2	3	1	0
Talking	0	2	1	4
Making new friends	1	1	1	4
Listening	0	6	0	1
<b>Food</b>	0	1	1	5

This is how the individual girls rated this questionnaire. X what they found helped in the group.

Girl A

	Not At All	A Little	A Lot	Very Much
<b>People</b>				
Other Group Members			X	
Group Leaders			X	
<b>Activity</b>				
Planning for the Future			X	
Self-esteem				X
Thinking about how you view things			X	
<b>Group</b>				
Sharing				X
Talking				X
Making new friends				X
Listening				X
<b>Food</b>				X

Girl B

	Not At All	A Little	A Lot	Very Much
<b>People</b>				
Other Group Members				X
Group Leaders		X		
<b>Activity</b>				
Planning for the Future		X		
Self-esteem		X		
Thinking about how you view things		X		

<b>Group</b>				
Sharing			X	
Talking			X	
Making new friends				X
Listening		X		
<b>Food</b>				X

Girl C

	Not At All	A Little	A Lot	Very Much
<b>People</b>				
Other Group Members			X	
Group Leaders			X	
<b>Activity</b>				
Planning for the Future		X		
Self-esteem		X		
Thinking about how you view things		X		
<b>Group</b>				
Sharing	X			
Talking		X		
Making new friends	X			
Listening		X		
<b>Food</b>		X		

Girl D

	Not At All	A Little	A Lot	Very Much
<b>People</b>				
Other Group Members		X		
Group Leaders		X		
<b>Activity</b>				
Planning for the Future	X			
Self-esteem		X		
Thinking about how you view things	X			
<b>Group</b>				
Sharing	X			
Talking		X		
Making new friends		X		
Listening		X		
<b>Food</b>				X

Girl E

	Not At All	A Little	A Lot	Very Much
<b>People</b>				
Other Group Members			X	
Group Leaders	X			
<b>Activity</b>				
Planning for the Future		X		
Self-esteem		X		
Thinking about how you view things			X	
<b>Group</b>				

Sharing		X		
Talking				X
Making new friends				X
Listening		X		
<b>Food</b>				X

Girl F

	Not At All	A Little	A Lot	Very Much
<b>People</b>				
Other Group Members		X		
Group Leaders			X	
<b>Activity</b>				
Planning for the Future			X	
Self-esteem		X		
Thinking about how you view things				X
<b>Group</b>				
Sharing		X		
Talking				X
Making new friends			X	
Listening		X		
<b>Food</b>			X	

Girl G

	Not At All	A Little	A Lot	Very Much
<b>People</b>				
Other Group Members		X		
Group Leaders		X		
<b>Activity</b>				
Planning for the Future		X		
Self-esteem			X	
Thinking about how you view things			X	
<b>Group</b>				
Sharing		X		
Talking				X
Making new friends				X
Listening		X		
<b>Food</b>				X

## APPENDIX O

## POST GROUP MEASURE QUESTIONNAIRE RESPONSES

Girl A

1. What did you like about group? Why? Please give an example(s)
  - the food- don't know
  - People-cause you get to chat with friends
2. What did you dislike about the group? Why? Please give an example(s)
  - 2 girls
3. Describe two important gains for you that resulted from your experience in the group.
  - I don't know
4. What about the group was most helpful to you?
  - Talking
5. What about the group was the least helpful to you?
  - Nothing
6. How supported did you feel in the group? Explain and give example(s)
  - Well-cuz u could talk to friends and tell them ur problems
7. Are you better able to catch and challenge negative thought patterns? For example, if a relationship were ended then instead of thinking 'it is all my fault' you would challenge this thought, and might think instead that 'we both made mistakes, even though we did as well as we were able'.
  - Don't know
8. Would you recommend group to someone else? Why or Why Not?
  - Me cuz it was fun

Girl B

1. What did you like about group? Why? Please give an example(s)
  - Some of the activities
2. What did you dislike about the group? Why? Please give an example(s)
  - Doing these questionnaires
3. Describe two important gains for you that resulted from your experience in the group.



- I don't know
- 4. What about the group was most helpful to you?
  - A bit
- 5. What about the group was the least helpful to you?
  - Nothing. It was all helpful in one way
- 6. How supported did you feel in the group? Explain and give example(s)
  - Not bad. It was good.
- 7. Are you better able to catch and challenge negative thought patterns? For example, if a relationship were ended then instead of thinking 'it is all my fault' you would challenge this thought, and might think instead that 'we both made mistakes, even though we did as well as we were able'.
  - Yes
- 8. Would you recommend group to someone else? Why or Why Not?
  - 
  - Yes, cuz its fun

#### Girl C

- 1. What did you like about group? Why? Please give an example(s)
  - The people, everyone is really nice.
- 2. What did you dislike about the group? Why? Please give an example(s)
  - The time of group because I either had a spare and didn't know when it was or I had a comp. ads., where all of the work had to be done in class. Sorry for not coming more often.
- 3. Describe two important gains for you that resulted from your experience in the group.
  - I can't really think of anything but that doesn't mean that I didn't gain anything.
- 4. What about the group was most helpful to you?
  - I don't know...
- 5. What about the group was the least helpful to you?
  - I don't know.
- 6. How supported did you feel in the group? Explain and give example(s)
  - Fairly...no one really put anyone else down too much.

7. Are you better able to catch and challenge negative thought patterns? For example, if a relationship is ended then instead of thinking 'it is all my fault' you would challenge this thought, and might think instead that 'we both made mistakes, even though we did as well as we were able'.
  - I was not here for that but maybe
8. Would you recommend group to someone else? Why or Why Not?
  - Yes, it would probably be helpful and fun for someone else.

#### Girl D

1. What did you like about group? Why? Please give an example(s)
  - I liked the jelly donuts and just talking with my friends.
2. What did you dislike about the group? Why? Please give an example(s)
  - There wasn't anything that didn't like but writing a lot.
3. Describe two important gains for you that resulted from your experience in the group.
  - I really didn't gain anything
4. What about the group was most helpful to you?
  - There wasn't really anything helpful
5. What about the group was the least helpful to you?
  - I don't know
6. How supported did you feel in the group? Explain and give example(s)
  - I felt a little supported because I wasn't really here.
7. Are you better able to catch and challenge negative thought patterns? For example, if a relationship is ended then instead of thinking 'it is all my fault' you would challenge this thought, and might think instead that 'we both made mistakes, even though we did as well as we were able'.
  - Don't know
8. Would you recommend group to someone else? Why or Why Not?
  - Ya I guess because my friends said it was good

#### Girl E

1. What did you like about group? Why? Please give an example(s)
  - the food
2. What did you dislike about the group? Why? Please give an example(s)

- Interruptions from the adults
- 3. Describe two important gains for you that resulted from your experience in the group.
  - Confidence
- 4. What about the group was most helpful to you?
  - Talking without being interrupted
- 5. What about the group was the least helpful to you?
  - Interruptions!
- 6. How supported did you feel in the group? Explain and give example(s)
  - My friends. Solving problems
- 7. Are you better able to catch and challenge negative thought patterns? For example, if a relationship is ended then instead of thinking 'it is all my fault' you would challenge this thought, and might think instead that 'we both made mistakes, even though we did as well as we were able'.
  - Yes!
- 8. Would you recommend group to someone else? Why or Why Not?
  - Yes, cause it helps in some way or another

#### Girl F

- 1. What did you like about group? Why? Please give an example(s)
  - I like about group is you get out of class
- 2. What did you dislike about the group? Why? Please give an example(s)
  - I liked the hole group
- 3. Describe two important gains for you that resulted from your experience in the group.
  - Everyone is nice and not being mean to each other.
- 4. What about the group was most helpful to you?
  - How everyone talked about good things.
- 5. What about the group was the least helpful to you?
  - Everything is okay
- 6. How supported did you feel in the group? Explain and give example(s)
  - I felt like I was supported in this group

7. Are you better able to catch and challenge negative thought patterns? For example, if a relationship is ended then instead of thinking 'it is all my fault' you would challenge this thought, and might think instead that 'we both made mistakes, even though we did as well as we were able'.
  - Don't know
8. Would you recommend group to someone else? Why or Why Not?
  - Yes, I would because they would like to come in here.

#### Girl G

1. What did you like about group? Why? Please give an example(s)
  - Meeting people
2. What did you dislike about the group? Why? Please give an example(s)
  - Because there is a girl in it who I don't like
3. Describe two important gains for you that resulted from your experience in the group.
  - Got to see what people thought about me, what could happen if something went wrong
4. What about the group was most helpful to you?
  - Seeing that I put smiles on peoples faces
5. What about the group was the least helpful to you?
  - Hearing girl F talk
6. How supported did you feel in the group? Explain and give example(s)
  - Really supported because I cheer people up
7. Are you better able to catch and challenge negative thought patterns? For example, if a relationship is ended then instead of thinking 'it is all my fault' you would challenge this thought, and might think instead that 'we both made mistakes, even though we did as well as we were able'.
  - Sometimes
8. Would you recommend group to someone else? Why or Why Not?
  - Yes to see how you help people

TABLE 1  
INDIVIDUAL PRE- AND POST-TEST DATA

CDI

T-SCORES

	<b>CDI Total</b>	<b>Negative Mood</b>	<b>Interpersonal Problems</b>	<b>Ineffectiveness</b>	<b>Anhedonia</b>	<b>Neg. Self-Est</b>
<b>Pre-test A</b>	65	54	84	81	56	45
<b>Post- test A</b>	49	48	74	51	45	39
<b>Pre-test B</b>	46	43	54	59	42	45
<b>Post- test B</b>	38	37	54	38	38	45
<b>Pre-test C</b>	52	48	43	52	63	39
<b>Post- test C</b>	52	54	54	45	60	39
<b>Pre-test D</b>	63	48	54	74	63	58
<b>Post- test D</b>	57	43	54	74	60	45
<b>Pre-test E</b>	41	37	54	45	45	39
<b>Post- test E</b>	49	43	54	66	49	39
<b>Pre-test F</b>	47	48	54	52	52	45
<b>Post- test F</b>	47	38	43	66	45	39
<b>Pre-test G</b>	70	59	74	74	60	70
<b>Post- test G</b>	63	54	84	66	52	52

\*\*Trends going downward indicate improvement

\*T-Score ranges from 34-100+

\*50 is average

TABLE 2

PIERS HARRIS 2

T-TEST SCORES

	<b>Total</b>	<b>Behaviour</b>	<b>Intell.</b>	<b>Physical Appear.</b>	<b>Freedom from Anxiety</b>	<b>Popularity</b>	<b>Happiness and Satisfaction</b>
<b>Pre- test A</b>	41	33	38	52	46	60	41
<b>Post- test A</b>	44	28	40	52	58	60	54
<b>Pre- test B</b>	46	49	40	42	46	60	43
<b>Post- test B</b>	61	54	48	65	65	60	59
<b>Pre- test C</b>	44	62	38	40	46	39	51
<b>Post- test C</b>	48	62	49	45	48	39	59
<b>Pre- test D</b>	32	39	32	29	32	44	35
<b>Post- test D</b>	33	37	29	29	39	47	40
<b>Pre- test E</b>	52	41	48	65	58	60	59
<b>Post- test E</b>	46	35	38	65	51	60	59
<b>Pre- test F</b>	44	46	43	52	39	44	47
<b>Post- test F</b>	40	43	41	48	39	41	51
<b>Pre- test G</b>	30	28	34	33	39	29	37
<b>Post- test G</b>	34	31	36	36	41	33	51

\*\* Trends going upward indicate improvement

\*t-score range from below 20 to above 80

\*t-scores 40 and below are significantly low

TABLE 3  
SUICIDE PROBABILITY SCALE  
T-SCORES

	<b>Total</b>	<b>Hopeles sness</b>	<b>Suicidal Ideation</b>	<b>Negative Self- Evaluation</b>	<b>Hostility</b>
<b>Pre-test A</b>	74	68	78	62	73
<b>Post-test A</b>	62	55	66	57	76
<b>Pre-test B</b>	58	54	62	51	58
<b>Post-test B</b>	47	35	44	62	40
<b>Pre-test C</b>	57	58	44	62	40
<b>Post-test C</b>	52	55	44	51	40
<b>Pre-test D</b>	62	50	58	70	58
<b>Post-test D</b>	52	50	53	68	48
<b>Pre-test E</b>	59	48	60	51	69
<b>Post-test E</b>	58	50	45	54	70
<b>Pre-test F</b>	64	61	60	62	55
<b>Post-test F</b>	72	67	74	63	71
<b>Pre-test G</b>	64	63	44	67	60
<b>Post-test G</b>	79	71	44	62	76

\*\* Trends going downward indicate improvement

\* Significant scores are over 70

\* T-scores range from 25-85

\* T-scores over 70 are significant t-score but t-scores over 60 should be explored

TABLE A

## DESCRIPTIVE STATISTICS: ONE-TO-TEN RATING FOR EACH MEETING

	N	Minimum	Maximum	Mean	Std. Deviation
Rating March 14	8	1.00	9.50	6.13	2.74
Rating March 21	5	5.00	9.50	7.90	1.85
Rating April 4	6	4.50	8.50	6.83	1.54
Rating April 11	8	2.00	8.00	5.25	2.25
Rating April 18	7	5.00	8.50	6.57	1.37
Rating April 25	5	2.00	10.00	5.80	3.03
Rating May 2	4	2.00	10.00	6.25	3.50
Rating May 9	5	5.00	10.00	8.20	2.17
Rating May 16	7	3.00	10.00	8.07	2.52
Rating May 24	4	6.00	9.50	8.13	1.54
Rating May 30	4	2.00	10.00	6.38	3.35
Rating June 6	7	8.00	10.00	9.07	.673

TABLE B

PAIRED SAMPLES TEST: ONE-TO-TEN RATING OF FIRST MEETING AND LAST MEETINGS

		Paired Differences Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference		t	Df	Sig. (2-tailed)
					Lower	Upper			
Pair 1	Rating March 14 Rating June 6	-2.2500	1.83712	.75000	-4.1779	-.3221	-3.000	5	.030



TABLE C

## DESCRIPTIVE STATISTICS: CDI PRE-MEASURES

	N	Minimum	Maximum	Mean	Std. Deviation
CDI Total PRE	7	4	22	12.75	6.921
CDI Negative Mood PRE	7	0	4	2.00	1.291
CDI Interpersonal Problems PRE	7	0	4	1.57	1.397
CDI Ineffectiveness PRE	7	1	6	3.29	1.799
CDI Anhedonia PRE	7	1	7	4.29	2.563
CDI Negative Self-Esteem PRE	7	0	5	1.57	1.813

TABLE D

## DESCRIPTIVE STATISTICS: CDI POST-MEASURES

	N	Minimum	Maximum	Mean	Std. Deviation
CDI Total POST	7	2	18	10.14	5.014
CDI Negative Mood POST	7	0	3	1.43	1.272
CDI Interpersonal Problems POST	7	0	4	1.57	1.397
CDI Ineffectiveness POST	7	0	5	3.00	2.000
CDI Anhedonia POST	7	0	6	3.57	2.149
CDI Negative Self-Esteem POST	7	0	2	.57	.787

TABLE E  
 PAIRED SAMPLES TEST: PRE-POST-MEASURES CDI

		Paired Difference s Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference		t	Df	Sig. (2- tailed)
					Lower	Upper			
Pair 1	CDI Total PRE CDI Total POST	2.57	4.756	1.798	-1.83	6.97	1.430	6	.203
Pair 2	Negative Mood PRE Negative Mood POST	.57	1.134	.429	-.48	1.62	1.333	6	.231
Pair 3	Interpersonal Problems PRE Interpersonal Problems POST	.00	.816	.309	-.76	.76	.000	6	1.000
Pair 4	Ineffectiveness PRE Ineffectiveness POST	.29	2.563	.969	-2.09	2.66	.295	6	.778
Pair 5	Anhedonia PRE Anhedonia POST	.71	1.704	.644	-.86	2.29	1.109	6	.310
Pair 6	Negative Self-Esteem PRE Negative Self-Esteem POST	1.00	1.155	.436	-.07	2.07	2.291	6	.062

TABLE F  
 DESCRIPTIVE STATISTICS: PIERS HARRIS 2 PRE-MEASURES

	N	Minimum	Maximum	Mean	Std. Deviation
Piers Harris 2 Total PRE	7	19	49	35.29	10.626
Piers Harris 2 Behavior PRE	7	2	14	8.71	4.152
Piers Harris 2 Intelligence PRE	7	4	12	7.43	2.637
Piers Harris 2 Physical Appearance PRE	7	3	11	6.71	2.752
Piers Harris 2 Freedom from Anxiety PRE	7	2	13	7.86	3.388
Piers Harris 2 Popularity PRE	7	1	11	7.57	3.780
Piers Harris 2 Happiness and Satisfaction PRE	7	4	10	7.00	2.160

TABLE G

## DESCRIPTIVE STATISTICS: PIERS HARRIS 2 POST-MEASURES

	N	Minimum	Maximum	Mean	Std. Deviation
Piers Harris 2 Total POST	7	24	55	38.14	10.854
Piers Harris 2 Behavior POST	7	2	15	8.29	4.923
Piers Harris 2 Intelligence POST	7	3	12	8.00	3.215
Piers Harris 2 Physical Appearance POST	7	3	11	8.14	2.795
Piers Harris 2 Freedom from Anxiety POST	7	6	14	9.43	3.457
Piers Harris 2 Popularity POST	7	3	11	7.86	3.288
Piers Harris 2 Happiness and Satisfaction POST	7	6	10	9.14	1.464

TABLE H:

## PAIRED SAMPLES TEST: PRE-POST-MEASURES PIERS HARRIS 2

		Paired Differences Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference		t	Df	Sig. (2- tailed)
					Lower	Upper			
Pair 1	Piers Harris 2 Total PRE Piers Harris 2 Total POST	-2.86	6.817	2.577	-9.16	3.45	-1.109	6	.310
Pair 2	Behavior PRE Behavior POST	.43	2.299	.869	-1.70	2.55	.493	6	.639
Pair 3	Intelligence PRE Intelligence POST	-.57	3.359	1.270	-3.68	2.54	-.450	6	.668
Pair 4	Physical Appearance PRE Physical Appearance POST	-1.43	1.813	.685	-3.10	.25	-2.085	6	.082
Pair 5	Freedom from Anxiety PRE Freedom from Anxiety POST	-1.57	2.760	1.043	-4.12	.98	-1.506	6	.183
Pair 6	Popularity PRE Popularity POST	-.29	.951	.360	-1.17	.59	-.795	6	.457
Pair 7	Happiness and Satisfaction PRE Happiness and Satisfaction POST	-2.14	1.574	.595	-3.60	-.69	-3.603	6	.011

TABLE I

## DESCRIPTIVE STATISTICS: SUICIDE PRE-MEASURES

	N	Minimum	Maximum	Mean	Std. Deviation
Suicide Probability Total PRE	7	49	93	59.14	15.389
Suicide Probability Hopelessness PRE	7	11	26	17.00	5.228
Suicide Probability Suicidal Ideation PRE	7	8	33	13.86	8.668
Suicide Probability Negative Self- Evaluation PRE	7	12	21	15.71	3.402
Suicide Probability Hostility PRE	7	8	20	12.57	4.077

TABLE J

## DESCRIPTIVE STATISTICS SUICIDE POST-MEASURES

	N	Minimum	Maximum	Mean	Std. Deviation
Suicide Probability Total POST	7	39	87	59.14	18.498
Suicide Probability Hopelessness POST	7	8	30	16.71	7.868
Suicide Probability Suicidal Ideation POST	7	8	27	12.00	7.234
Suicide Probability Negative Self- Evaluation POST	7	12	20	15.86	2.673
Suicide Probability Hostility POST	7	7	22	14.57	6.729

TABLE K

## PAIRED SAMPLES TEST: PRE-AND POST-MEASURES SUICIDE PROBABILITY SCALE

		Paired Differences Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference			df	Sig. (2- tailed)
					Lower	Upper			
Pair 1	Suicide Probability Total PRE Suicide Probability Total POST	.00	17.851	6.747	-16.51	16.51	.000	6	1.000
Pair 2	Hopelessness PRE Hopelessness POST	.29	7.041	2.661	-6.23	6.80	.107	6	.918
Pair 3	Suicidal Ideation PRE Suicidal Ideation POST	1.86	9.442	3.569	-6.87	10.59	.520	6	.621
Pair 4	Negative Self-Evaluation PRE Negative Self-Evaluation POST	-.14	2.968	1.122	-2.89	2.60	-.127	6	.903
Pair 5	Hostility PRE Hostility POST	-2.00	5.260	1.988	-6.86	2.86	-1.006	6	.353

TABLE M

ANOVA: CDI, PIERS HARRIS 2, AND SUICIDE PROBABILITY SCALES BY  
ATTENDANCE CATEGORIES (LESS THAN 9 - LOW ATTENDANCE, NINE OR  
MORE - HIGH ATTENDANCE)

		Sum of Squares	df	Mean Square	F	Sig.
CDI Total PRE	Between Groups	22.533	1	22.533	.505	.504
	Within Groups	284.000	6	47.333		
	Total	290.000	7			
CDI Negative Mood PRE	Between Groups	.000	1	.000	.000	1.000
	Within Groups	10.000	6	1.667		
	Total	10.000	7			
CDI Interpersonal Problems PRE	Between Groups	1.875	1	1.875	.938	.370
	Within Groups	12.00	6	2.000		
	Total	13.875	7			
CDI Ineffectiveness PRE	Between Groups	11.408	1	11.408	7.231	.036
	Within Groups	9.467	6	1.578		
	Total	20.875	7			
CDI Anhedonia PRE	Between Groups	.408	1	.408	.054	.824
	Within Groups	45.467	6	7.578		
	Total	45.875	7			
	Between Groups	.408	1	.408	.114	.747

CDI Negative Self-Esteem PRE						
	Within Groups	21.467	6	3.578		
	Total	21.875	7			
CDI Total POST	Between Groups	17.190	1	17.190	.643	.459
	Within Groups	133.667	5	26.733		
	Total	150.857	6			
CDI Negative Mood POST	Between Groups	.964	1	.964	.551	.491
	Within Groups	8.750	5	1.750		
	Total	9.714	6			
CDI Interpersonal Problems POST	Between Groups	.048	1	.048	.020	.892
	Within Groups	11.667	5	2.33		
	Total	11.714	6			
CDI Ineffectiveness POST	Between Groups	2.33	1	2.333	.538	.496
	Within Groups	21.667	5	4.333		
	Total	24.000	6			
CDI Anhedonia POST	Between Groups	4.298	1	4.298	.918	.382
	Within Groups	23.417	5	4.683		
	Total	27.714	6			
CDI Negative Self-Esteem POST	Between Groups	.048	1	.048	.065	.809
	Within Groups	3.667	5	.733		



	Total	3.714	6			
Piers Harris 2 Total PRE	Between Groups	260.762	1	260.762	3.129	.137
	Within Groups	416.667	5	83.333		
	Total	677.429	6			
Piers Harris 2 Behavior PRE	Between Groups	.012	1	.012	.001	.982
	Within Groups	103.417	5	20.683		
	Total	103.429	6			
Piers Harris 2 Intelligence PRE	Between Groups	12.964	1	12.964	2.255	.194
	Within Groups	28.750	5	5.750		
	Total	41.714	6			
Piers Harris 2 Physical Appearance PRE	Between Groups	20.012	1	20.012	3.937	.104
	Within Groups	25.417	5	5.083		
	Total	45.429	6			
Piers Harris 2 Freedom from Anxiety PRE	Between Groups	32.190	1	32.190	4.390	.090
	Within Groups	36.667	5	7.333		
	Total	68.857	6			
Piers Harris 2 Popularity PRE	Between Groups	61.714	1	61.714	12.857	.016
	Within Groups	24.000	5	4.800		
	Total	85.714	6			

Piers Harris 2 Happiness and Satisfaction PRE	Between Groups	2.333	1	2.333	.455	.530
	Within Groups	25.667	5	5.133		
	Total	28.000	6			
Piers Harris 2 Total POST	Between Groups	297.190	1	297.190	3.627	.115
	Within Groups	409.667	5	81.933		
	Total	706.857	6			
Piers Harris 2 Behavior POST	Between Groups	2.012	1	2.012	.070	.802
	Within Groups	143.417	5	28.683		
	Total	145.429	6			
Piers Harris 2 Intelligence POST	Between Groups	5.250	1	5.250	.463	.527
	Within Groups	56.750	5	11.350		
	Total	62.000	6			
Piers Harris 2 Physical Appearance POST	Between Groups	25.190	1	25.190	5.813	.061
	Within Groups	21.667	5	4.333		
	Total	46.857	6			
Piers Harris 2 Freedom from Anxiety POST	Between Groups	55.048	1	55.048	16.514	.010
	Within Groups	16.667	5	3.333		
	Total	71.714	6			

Piers Harris 2 Popularity POST	Between Groups	51.857	1	51.871	19.945	.007
	Within Groups	13.000	5	2.600		
	Total	64.857	6			
Piers Harris 2 Happiness and Satisfaction POST	Between Groups	3.857	1	3.857	2.143	.203
	Within Groups	9.000	5	1.800		
	Total	12.857	6			
Suicide Probability Total PRE	Between Groups	160.190	1	160.190	.635	.462
	Within Groups	1260.667	5	252.133		
	Total	1420.857	6			
Suicide Probability Hopelessness PRE	Between Groups	.000	1	.000	.000	1.000
	Within Groups	164.000	5	32.800		
	Total	164.000	6			
Suicide Probability Suicidal Ideation PRE	Between Groups	157.440	1	157.440	2.683	.162
	Within Groups	293.417	5	58.683		
	Total	450.857	6			
Suicide Probability Negative Self- Evaluation PRE	Between Groups	48.762	1	48.762	11.797	.019
	Within Groups	20.667	5	4.133		
	Total	69.429	6			

Suicide Probability Hostility PRE	Between Groups	50.298	1	50.298	5.089	.074
	Within Groups	49.417	5	9.883		
	Total	99.714	6			
Suicide Probability Total POST	Between Groups	198.107	1	198.107	.540	.495
	Within Groups	1832.750	5	366.550		
	Total	2030.857	6			
Suicide Probability Hopelessness POST	Between Groups	133.762	1	133.762	2.184	.154
	Within Groups	237.667	5	47.533		
	Total	371.429	6			
Suicide Probability Suicidal Ideation POST	Between Groups	9.333	1	9.333	.153	.712
	Within Groups	304.667	5	60.933		
	Total	314.000	6			
Suicide Probability Negative Self- Evaluation POST	Between Groups	1.440	1	1.440	.174	.694
	Within Groups	41.417	5	8.283		
	Total	42.857	6			
Suicide Probability Hostility POST	Between Groups	3.048	1	3.048	.057	.821
	Within Groups	268.667	5	53.733		
	Total	271.714	6			

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TABLE N

ANOVA CHANGE SCORES ON CDI, PIERS HARRIS 2, AND SUICIDE  
 PROBABILITY SCALE BY ATTENDANCE CATEGORIES (LESS THAN 9 - LOW  
 ATTENDANCE, NINE OR MORE - HIGH ATTENDANCE)

		Sum of Squares	df	Mean Square	F	Sig.
CDI Change	Between Groups	74.298	1	74.298	6.049	.057
	Within Groups	61.417	5	12.283		
	Total	135.714	6			
CDI Negative Mood Change	Between Groups	.964	1	.964	.714	.437
	Within Groups	6.750	5	1.350		
	Total	7.714	6			
CDI Interpersonal Problems Change	Between Groups	.583	1	.583	.854	.398
	Within Groups	3.417	5	.683		
	Total	4.000	6			
CDI Ineffectiveness Change	Between Groups	22.012	1	22.012	6.319	.054
	Within Groups	17.417	5	3.483		
	Total	39.429	6			
CDI Anhedonia	Between Groups	4.762	1	4.762	1.880	.229
	Within Groups					

Change						
	Within Groups	12.667	5	2.533		
	Total	17.429	6			
CDI Negative Self-Esteem Change	Between Groups	.000	1	.000	.000	1.000
	Within Groups	8.000	5	1.600		
	Total	8.000	6			
Piers Harris 2 Total Change	Between Groups	1.190	1	1.190	.021	.889
	Within Groups	277.667	5	55.533		
	Total	278.857	6			
Piers Harris 2 Behavior Change	Between Groups	1.714	1	1.714	.286	.616
	Within Groups	30.000	5	6.000		
	Total	31.714	6			
Piers Harris 2 Intelligence Change	Between Groups	1.714	1	1.714	.130	.733
	Within Groups	66.000	5	13.200		
	Total	67.714	6			
Piers Harris 2 Physical Appearance Change	Between Groups	.298	1	.298	.077	.793
	Within Groups	19.417	5	3.883		
	Total	19.714	6			
Piers Harris 2	Between Groups	3.048	1	3.048	.357	.576

Freedom from Anxiety Change						
	Within Groups	42.667	5	8.533		
	Total	45.714	6			
Piers Harris 2 Popularity Change	Between Groups	.583	1	.583	.078	.791
	Within Groups	37.417	5	7.483		
	Total	38.000	6			
Piers Harris 2 Happiness and Satisfaction Change	Between Groups	.190	1	.190	.065	.809
	Within Groups	14.667	5	2.933		
	Total	14.857	6			
Suicide Probability Total Change	Between Groups	243.440	1	243.440	.810	.409
	Within Groups	1503.417	5	300.683		
	Total	1746.857	6			

Suicide Probability Hopelessness Change	Between Groups	25.190	1	25.190	.618	.467
	Within Groups	203.667	5	40.733		
	Total	228.857	6			
Suicide Probability Suicidal Ideation Change	Between Groups	243.440	1	243.440	4.177	.096
	Within Groups	291.417	5	58.283		
	Total	534.857	6			
Suicide Probability Negative Self- Evaluation Change	Between Groups	14.583	1	14.583	2.321	.188
	Within Groups	31.417	5	6.283		
	Total	46.000	6			
Suicide Probability Hostility Change	Between Groups	1.440	1	1.440	.038	.852
	Within Groups	187.417	5	37.483		
	Total	188.857	6			



TABLE O

DESCRIPTIVE STATISTICS: INDIVIDUAL STUDENT QUESTIONNAIRE:

LIKERT SCALE: 1 "NOT AT ALL", 2 "A LITTLE", 3 "A LOT", 4 "VERY MUCH"

	N	Minimum	Maximum	Mean	Std. Deviation
People - Other Group Members	7	2.00	4.00	2.71	.756
People -Group Leaders	7	1.00	3.00	2.29	.756
Activity - Planning for Future	7	1.00	3.00	2.14	.690
Activity - Self-Esteem	7	2.00	4.00	2.43	.787
Activity - Thinking about How you View things	7	1.00	4.00	2.57	.976
Group - Sharing	7	1.00	4.00	2.14	1.069
Group - Talking	7	2.00	4.00	3.29	.951
Group - Making New Friends	7	1.00	4.00	3.14	1.215
Group - Listening	7	2.00	4.00	2.43	.787
Food	7	2.00	4.00	3.57	.787

TABLE P

CORRELATIONS: INDIVIDUAL STUDENT QUESTIONNAIRE ITEMS AND TOTAL NUMBER OF MEETINGS ATTENDED

[illegible]

[illegible]

[illegible]

TABLE Q

CORRELATIONS: CHANGE SCORES ON MEASURES AND TOTAL NUMBER OF MEETINGS ATTENDED

[illegible]