Social Support
In the Adjustment of Adolescent Girls

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By

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SOCIAL SUPPORT IN THE ADJUSTMENT OF ADOLESCENT GIRLS

BY

SONIA EARLE

A practicum submitted to the Faculty of Graduate Studies of the University of Manitoba in partial fulfillment of the requirements of the degree of

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INTRODUCTION

Social networks have traditionally been and continue to be, important resources for meeting a variety of human needs. In recent years, researchers in the human sciences have studied and written about the role of networks and social support in buffering stress, satisfaction of needs, alleviation of psychological distress, prevention and remediation of illness (Caplan, 1974, 1976; Cassel, 1976; Cobb, 1976; Dean & Lin, 1977; Rovkin & Streuning, 1976; Tolsdorf, 1976). Gottlieb (1981) refers to the social support network as aiding adjustment to stressful life events and suggests network changes that provide different types of relationships for different types of supports. The concept of social support and mutual aid is basic to the recent development and continuing growth of many different types of mutual aid/self-help groups (Katz & Bender, 1976). These have flourished since the 1960's, an era of questioning of every institution and social delivery system. With the breakdown of traditional supports of family, church, community, and economic cut-backs in social services, the helping professions have moved towards an approach that utilizes natural helping and mutual support systems.

There has been a flood of literature on social support and mutual aid. Similarly, the phase of human development known as adolescence has also been extensively studied and written about. It continues to be of great concern to parents, teachers, and all of us who work with adolescents. Parents feel it is a stage they must brace themselves against; it is a time of anxiety over losing control of their child, of having

little trust that he/she can make responsible decisions. Teachers and counsellors find the troubled adolescent particularly difficult; parents and schools blame each other for the adolescent's lack of motivation, boredom, discipline problems, experience with drugs, sex, and dropping out. Our legal system vacillates between punitive and permissive approaches in dealing with the adolescent, while politicians regularly debate the legal age for adult status.

Literature on the treatment of parent/adolescent conflict describes a variety of approaches, with the focus of treatment mainly on the parents and adolescent together (Hall, 1984). Many agree that group work is the most effective treatment modality, rather than individual or family therapy, especially in cases of abused or neglected adolescents who have problems with aggression, self-concept, relationships with peers and adults, capacity to trust others (Wayne & Weeks, 1985). Network and social support theorists suggest that a situation-systems-network framework should be considered for more effective social work practice, within which other treatment modalities might be applied, i.e. individual, family, or group (Driedger, 1981).

Objective and Rationale

The challenge for social workers today seems to be in establishing treatment programs that find their rationale in the nature of the people they serve and the new pressures confronting them. It seems no longer appropriate to treat the individual or family in isolation, when one considers the impact on the family of rapid technological change, the state of our economy, and the breathtaking rate of cultural change.

As a social work student in the graduate program, and as a result of my experience as a school social worker in a large middle class high school, my decision to study and apply principles of social support in the area of parent-adolescent conflict was based on several factors:

1. The number of families referred for help with acting-out teenagers had tripled over the past three years.
2. Parents expressed many common concerns regarding parenting approaches and communication problems with their teens. These parents felt angry, guilty, helpless and some felt isolated with their problems. The teens expressed strong feelings of being misunderstood or ignored, of loneliness and anger, and some had serious suicidal thoughts.
3. Some of these people had previous contact with helping professionals, often two or more at the same time, and felt confused and discouraged by what they perceived were conflicting messages.

From my readings of the literature and research on adolescent development, parenting, network and social support, a rationale evolved for combining these theories and concepts in an intervention based on mutual aid and social support. This practicum was therefore designed for the purpose of applying these principles to an intervention with mothers and their teenage daughters. The assumption is that mothers are still the major source of support and parenting, and serve as role models for their teen daughters. Furthermore, mothers and daughters experience mutual developmental needs in adolescence, i.e. the adolescent's tasks are to attain independence and to form an identity

(Erikson, 1968). The mother's developmental task is to gradually relinquish control, to successfully launch her daughter, and to eventually become more of a peer with her.

The introduction of two separate support groups for mothers and teens was based on the expectation that social network and social support issues would be especially relevant for both groups during this period of transition, and that they would be different than at any other ages or stages of development for both groups (Soc. Casework, 1984).

The following were the objectives of the practicum:

1. To review current theoretical and research literature on adolescence, parenting, social support and mutual aid.
2. To apply these concepts in working with conflicted mothers and their teens.
3. To show how network assessment can aid in the understanding of parent-adolescent conflict.
4. To develop skills in the application of network and social support concepts to social group work practice.
5. To develop skills in initiating and working with mutual aid groups.

Expected educational benefits include:

1. Gaining a better understanding of the principles and techniques of networking (particularly in the area of network building, rebuilding, linking, mutual-aid), and how and when these might be applied in social work practice.
2. Developing knowledge and skills in initiating and participating in voluntary mutual-aid groups.

This practicum report is designed to relate the worker's procedures, activities and experience in accomplishing the stated objectives.

Chapter I provides a review of literature on 1) adolescence, 2) families, 3) problems of parenting adolescents, and 4) parenting skills necessary for adolescents.

Chapter II presents a selected literature review of social work with groups. The rationale for combining social group work and social support networking in the treatment of adolescents and their parents is included.

Chapter III describes the treatment group as the method of intervention. Included in this chapter is a description of the pre-group phase: the setting, method of recruitment for the two groups, group composition, purpose and structure.

Chapter IV of this report describes the practicum experience in relation to the Teen Group. The beginning, middle and ending phases are described. Evaluation results are illustrated.

Chapter V describes the worker's experience in relation to the Mothers Group throughout the beginning, middle, and ending phases. Evaluation is included.

Chapter VI contains the rationale for combining the two groups and the intervention used. Results of evaluation are discussed.

Chapter VII summarizes the worker's practicum experience and contains concluding remarks and recommendations.

The appendix consists of copies of questionnaires, diagrams, and exercises used in the group session.

CHAPTER I

ADOLESCENCE AND FAMILIES

ADOLESCENCE

For those of us who live and work with adolescents, it is important to understand as much as we can about the complex stages of adolescent development, the internal and external forces impacting on the adolescent. This phase of life is a period of change and transition, and considered by many authors as a particularly vulnerable one, since decisions made at this time tend to influence later adjustment (Erikson, 1968).

Studies of adolescent development draw on a variety of theoretical perspectives from several disciplines. Much of the early literature is pathologically oriented (Hall, 1904; Freud, 1904; Blos, 1962, 1967), and suggests that this is a period of acute and sustained upheaval which is necessary for the individual's adjustment. Rutter and others, in 1976, however, refuted this view and concluded from their studies that most adolescents did not show emotional disturbance. Similarly, Douvan and Adelson (1966) and the Offers (1968-70), found the incidence of severe crisis to be low during this period. The dramatic conflicts of adolescents do not appear to be as prevalent as depicted in psychoanalytic literature.

Self-Esteem and Identity

A meaningful developmental theory that applies to early, middle and

later adolescents is Erik Erikson's concept of identity formation and psychological moratorium. Synonymous with identity formation is adolescent socialization: "the differentiation of oneself as a distinct personality, related to, but not bound by one's family and society". Erikson suggests that identity formation begins in childhood through identification with parents, teachers, relatives, peers, and religious groups. The sum of these eventually make up who the person is. Culture and identity formation cannot be separated. As well, rapid societal change and ambiguous role models can create confusion in the adolescent, and confront the individual with external problems that may interfere or postpone identity formation. Michelson, Levine, et al. (1978), refer to the impacts of technological advances, the multiple options open to young people, and altered family structures as important issues that the adolescent today must cope with, in addition to his/her own rapid changes in mind and body.

Physical, psychological and social change therefore all occur simultaneously. These, together with earlier childhood experiences, influence the development of the adolescent to an adult. Physical development is influenced by heredity, social class, nutrition, and climate, and the culture will determine whether the change is viewed with ceremony and pride, or if it is taboo. The feelings an individual develops about his/her body in adolescence, i.e. pride, shame, confusion and anxiety, may remain as part of his or her identity in later life (Michelson, 1978).

Piaget (1958) outlined a stage theory of cognitive and intellectual development, that is, each stage must be mastered before the next can

be attained. The abstract reasoning that begins in early adolescence is important for later decision-making that will establish the person eventually as an individual with a distinct and separate identity. New cognitive skills enable adolescents to analyze their own thoughts and feelings and therefore increase their self-consciousness and level of introspection. They become more adept at hypothesizing about the thoughts and motives of others and become intensely concerned with their peers' thoughts and feelings. They experience an intense self-consciousness and a strong concern for being liked and accepted. Piaget's theory then, suggests how cognitive development affects the emotional state of the adolescent. As these young people acquire more sophisticated cognitive skills, they also begin to conceptualize morality differently and will question rules that do not appear to be in their best interests. This aspect is often a great irritant to parents and teachers.

Since adolescence is characterized by intense self-examination and interest in interpersonal relationships, it is not surprising that "the degree to which adolescents experience a sense of significance will affect both their self-concept and their behavior" (Jones, 1980). Maslow (1968) stated there were several basic needs that must be met before an individual can function effectively, and until these are met, the individual will not be able to progress in a positive direction of growth and development. Maslow defines as basic, the need to experience a sense of significance by being loved, accepted and respected by significant others in one's life. Carl Rogers (1961), has also stated the need to experience positive relationships in which the individual is

unconditionally accepted and understood. Another human psychologist, William Glasser (1961), emphasizes the quality of the adult-adolescent relationship, the degree to which the individual feels valued by the adults, and the relationship of positive feelings to successful school performance and motivation.

Along with the need to experience a sense of value and importance, the adolescent needs to establish a feeling of competence and power (Jones, 1980). Within the family, this means allowing the adolescent to have a part in making decisions that affect him/her. Within the school setting, this means academic achievement, ability to form peer relationships and participation in school activities. Competence in relating to others, in self-awareness, and in academic and vocational competence are all seen as relating to the success of individual adjustment. Family, school, and community support are required to achieve this level of growth and development.

As stated, with increased cognitive functioning, adolescents begin to develop an ability to understand and manipulate abstract, conceptual issues, thereby understanding and gaining control over larger parts of their environment. They want, therefore, to be treated more like adults. They need increasing amounts of responsibility from family, school and community, and an opportunity to express and experiment with their newly acquired skills and knowledge. This does not mean that the family should relinquish total control of the adolescent to outside sources. The family continues to play an important role and parents are still the most important persons in the adolescent's life. Issues of control and support are considered in more detail in the section dealing

with "Problems of Parenting Adolescents" (p. 26). However, it is useful here to refer to the following:

> Control as well as support can be considered an expression of parental concern and interest in the child. Control reflects the parents' interest in molding the child's behavior so it will conform to accepted social standards. A developing self, or ego, needs a certain amount of control imposed on it, a degree of structure to its environment, against which it can define itself. Part of this structuring are the standards that the parents present to the child (values, beliefs, attitudes), and part of it are the rules governing the child's behavior imposed by the parents. The child needs a wall against which he can bang his head; this wall should be firm but flexible so as not to confine, but allow development of the self.
>
> (Gecas, V., 1974)

Similarly, in the words of Douvan and Adelson (1966), "the problem the parent faces is loosening the control to the child's capacity to regulate himself, letting the reins slacken at the right time in the right way, neither holding them so tightly that the child resists, nor releasing them so lightly as to endanger him."

Peers

With the gradual moving away from the bonding systems of the family towards autonomy and independence, there is a strong desire to belong to other groups, those of one's own generation. Havinghurst (1952) states that the major developmental task of adolescence is the ability of achieving new and more mature relations with agemates of both sexes. This becomes a vital necessity for adolescents. The need for identification with peers, experimentation of various sexual relationships, and a well-sustained effort to separate from parents, is particularly strong in middle-adolescence (15 to 18 years). There may be

periods of mourning and feelings of loss during this time. This may be paralleled by a similar response by parents who themselves have difficulty in allowing the teenager to work out feelings and strivings for increased independence and separation from the family. Konopka (1966) quotes Ann Frank from "The Diary of Ann Frank" (New York Library, 1952): "For in its innermost depths, youth is lonelier than old age."

Although this may not be entirely so, loneliness is a new experience for the adolescent, and one must experiment in a variety of ways to deal with it (peers, pets, ideologies). It is well known that severe loneliness underlies all the feelings that are associated with drugs, delinquency, suicide (Jacobliner, 1965). It should be noted that it is fairly common for adolescents in our society to have feelings of loss, loneliness, and even thoughts of suicide, and need the opportunity to express these feelings. They are a cry for help, love, and understanding. The following excerpt clearly illustrates the adolescent's hopes, the frustrations, disappointments, and feelings of loneliness which are commonly associated with drug usage:

> When we were little kids, we looked forward to growing up, getting bigger, getting smarter, having more to say about our lives and how we live them. We liked looking ahead because our tomorrows seemed to be full of rainbows and adventures ...
>
> But what happened to the rainbows? Our lives got unmanageable, out of hand ... and we were lonely a lot of the time ... we thought drugs were the answer ... we wanted to belong to a group, and maybe that group did drugs ... we thought doing drugs would make us feel less lonely.
>
> (Nelson, Norland, 1983)

Peers, then, play an important role in providing support and developing a belief system, in assisting the individual's personal

identity. Peers become the "lens" through which the teenager defines himself or herself (Michelson, 1979). According to Streever and Wodarski (1984), parents and significant adults influence the child's identity and self-esteem less (during this stage), than the all-important peer group.

The psycho-social crisis for the teenager is Erikson's fifth stage of the life cycle, that is, "identity versus alienation". The child will choose whether he/she will move towards autonomy and independence or forever remain a child. It is the peer group that serves as a transitional world for the adolescent and a positive resolution will result if the teenager becomes part of a group that meets acceptable social standards and provides a sense of belonging and support. However, a teenager with low self-esteem, for whatever reason, is more susceptible to participating in negative peer groups, where he/she feels accepted, or he/she may become further demoralized and withdraw from social contact. Streever et al. (1984) report that in families where parents are unhappy and conflicted, teens engage in high levels of rebellious individual and group behavior; parents who share decision-making, where there is authority with reason and frequent communication, tend to have children who strongly identify with them. Similarly, schools that provide environments that meet the adolescents' psychological and developmental needs will greatly reduce unproductive behavior, encourage learning and extra-curricular involvement (Jones, 1980; Gordon, 1957).

Youth Culture

Youth culture is not a new phenomenon, but in order to understand

peer culture of today, it is important to consider the significant pressures exerted on youth at the present time:

1. Demands of education: longer periods of education, greater accumulation of intellectual and technical knowledge are required in today's highly technological, changing society. Identity resolution, therefore, takes longer due to the long years of professional training; skills may be obsolete by the time an individual completes his/her learning.
2. High unemployment.
3. Male and female roles are changing.
4. Greater sexual display, in the media, etc.
5. More sexual variety, i.e. homosexuality, multiple partners. Reduced "double standard" for males and females.
6. More and earlier sexual experience, availability of contraception, abortion.
7. Politicization of sexuality related to abortion laws.
8. Extended singlehood; less are marrying.
9. Later and fewer children.
10. Less single parents are relinquishing, more are parenting.
11. High incidence of separation/divorce/blended families - different parenting roles.

(From Gladstein, M., Workshop on Adolescent Sexuality, Ortho, 1984.)

The problems that confront parents, educators, and professionals are self-evident from the above listing. It may be that we shall have to rethink that which is acceptable for the adolescent, as we see our adolescents growing up in a vastly different social milieu from the

previous generation. Perhaps, as some of the literature suggests, it is not so much that there is a "generation gap", but that parents will need to develop greater skills in communicating with their teens.

Adolescent Sexuality

The transition to adolescent sexuality is one of the most dramatic and observable events in adolescence. The way an individual handles interpersonal and sexual relations depends on several factors:

1. Physical attributes.
2. Integration of parent-child relationships.
3. Peer group relations and peer pressure.
4. The particular context in which he/she lives - economic and socio/cultural environment.
5. Wide contemporary standards, levels of liberalism.
6. Religious attitudes.

(Michelson et al., 1979)

Our culture today does not have clearly defined behaviors to guide the adolescent and seems ambivalent about sexuality, as evidenced by the increased incidence of separation, divorce, common-law relationships, and pre-marital sex. There is increasing permissiveness in these areas as well as in our attitudes to birth control for young teens, abortion, and homosexuality. The positive side to this is that there is more openness, honesty and intimacy in interpersonal relationships and more importance placed on the nature and quality of relationships (Sorenson, 1973). There is the belief that one has the right to make one's own decisions. On the other hand, with less conformity to traditional

codes, and this belief that one has the right to make personal decisions, the adolescent is faced with numerous options that make these choices difficult, especially when he/she may not have reached a sufficient level of development to make. The level of parental permissiveness and the effect of the peer group are of extreme importance in this area. There is agreement in the literature that the interplay of all these factors promotes the formation of sexual behaviors and attitudes that the adolescent will hold as an adult (McConville, 1973; Michelson, 1970; Reiss, 1967; Group for Adolescent Psychiatry, 1968).

There is disagreement in the literature regarding the size of the trend towards adolescent involvement in full sexual activity, though there is clear evidence and agreement that there is earlier sexual involvement for a large number of adolescents (Levine et al., 1979). The double standard for girls and boys is decreasing (Gagnon, 1971), and options of multiple partners, monogamy, sexual "adventuring" are more acceptable to both groups.

There continues to be controversy over school based sex education and the question of birth control. However, as some sources point out, "while presence of contraceptive information is not a major cause of coitus, the absence of it is a major cause of pre-marital pregnancy" (Reiss, 1966). Students today are critical of sex education programs that discuss only the mechanics of sexuality. They want a wide range of discussion of human sexuality, including discussion of ethical, philosophical issues, the emotional/psychological aspects of sexuality (Michelson, Levine, Spina, 1979). This is understandable based on the belief that they have the right to make their own decisions regarding

pre-marital sex, abortion and the other issues mentioned.

Sex education, therefore, is not only a matter of providing contraceptive material or information, but should involve the wider concept of sexuality. Studies indicate that most boys and girls do not talk freely with their parents about sex, due to the youngster's uneasiness to approach the parents, or the parents' unwillingness (Sorenson, 1973). Most information is received from peers, school, or physicians who more and more are agreeing to prescribe contraceptives without parental consent or knowledge. Those who do not use contraceptives and are sexually involved, usually the younger adolescents, are not ready cognitively or emotionally to accept adult sexuality, and tend to be influenced by the various myths concerning pregnancy.

Sexuality and Authority

Parents, teachers and school personnel, must understand that sex is a potent means, often a powerful weapon, with which adolescents cope with authority:

> Still more than being an end in itself, sexuality can serve all manners of non-sexual ends. Adolescence is also a crucial phase during which one comes to grips with authority, and learns to move into positions of responsibility and authority. It is inevitable that sexuality often becomes a vehicle for the expression of a youngster's attitude about and towards authority. Unless one understands something of these non-sexual uses of sex, a great deal of teenage sexual behavior will appear incomprehensible, if not irrational.
>
> (Gadpaille, 1970)

This author suggests that, in North American culture, overt sexuality belongs to authority and authority belongs to legally defined adults. It is treated by adults as a possession, withheld from youth and represented as a reward, "a fringe benefit of authority status".

Believing that children are asexual, or forgetting their own early sexual behavior, or believing it "bad", they agree to ignore their children's sexual interests, providing the children keep these interests and activities to themselves. This invites conflict, particularly in adolescence, when instinctual drives are strong and the adolescent is moving into the area of heterosexual relationships.

In this respect, the child's parents are the most influential models of sexuality and authority. Their sexual interaction and family power structure exert influences at interpersonal and internal levels.

Sex, associated with authority, according to Gadpaille, can be described at three levels:

1. In the relationship with cultural authority,
2. In the relationship with parental and interpersonal authority,
3. In the aspirations towards personal, internal autonomy.

(Gadpaille, 1970)

Cultural Authority: Many adolescents comply to traditional definitions and parentally derived prohibitions with little conflict. Others may adhere to peer group values superficially, though parental values usually remain. However, many youths defy the authority ownership of sex by refusing to wait for adult status or to comply with traditional rituals (marriage). The negation of adult stereotypes and compliance is seen in the active pursuit of boys and sex by girls, women's demands for rights of sexual freedom, and acceptance of non-dominant roles by men. More and more, the greater the options, the more youth feels they should have the right to choose for themselves.

Parental Authority: Parents are the most significant others as models of authority and as sexual beings. Individual differences exist, however, in the highly personalized ways in which the child's parents handled and expressed their own sex and authority. Depending on who uses sex, how and upon whom, sexual identity can become intermingled and confused with power identity. The gender and sexuality of the parent who has the more authority, and that of the more submissive parent, will exemplify how authorities use sex and how sex is used on authorities.

Children, therefore, may be exposed to a variety of expressions of sex, i.e. loving and considerate, coercive, cruel and violent, perfunctory and physical, non-sex, where it is used for power, masochistic sex. The sexual behavior of the adolescent may be a reflection then, of the same-sex or more powerful parent, a defiance of the more authoritarian parent, a healthy rejection and differentiation from disturbed parental power-sex models, or a healthy identification with the appropriate parent.

Sex and Autonomy (Internal): Autonomy refers to "the internal emotional development of the adolescent which eventually develops in the capacity to make decisions and regulate his/her life in accordance with external reality and internal needs" (Gadpaille). This author suggests that it is during this period when both sexual and power-authority attitudes are developed and become associated with intense emotions. Added to the normal psycho-social changes occurring, there may be additional stresses and conflict arising from difficulties in integrating sexuality with the assumption of authority and its responsibilities.

In this context, certain situations may occur:

1. A delay in the development of normal sexual interests may suggest a wish to deny or avoid oncoming authority and responsibility, i.e. the wish to remain a child.
2. An early involvement in heterosexuality which may suggest an attempt to deny the reality that adult sexual function and the assumption of adult responsibilities are linked. This is perhaps one reason why some adolescents frequently ignore the possibility of pregnancy.

Adolescent Girls

While a large part of the literature on adolescence applies to all young people, adolescent girls need special understanding because of the development of their reproductive capacity, the changing role and expectations of women, and a society that is ambivalent about this change. Some authors suggest that boys find it easier to adjust in a society that is still predominantly controlled by men, despite the growing emancipation of women (Hemming, 1967; Konopka 1966, 1976). Perhaps boys escape some of the problems that girls face, because parents are more anxious about girls and their potential for teen pregnancies, sexual assault and rape.

Between 1950 and 1970, Canadian studies showed that despite a certain amount of sex education in schools and availability of contraception, most unwanted pregnancies occurred out of wedlock in the under twenty age group (Michelson, Levine, et al.). With some liberalization of Canadian abortion laws in 1969, more pregnant girls who stay single,

choose abortions. However, with more accepting public attitudes, more and more girls today are deciding to keep their babies, leaving lesser numbers for adoption. It is interesting to note that in the last decade, there have been more specialized services to pregnant teens and teen mothers, in the form of better medical care, programs for improving nutrition, providing practical assistance and information and support groups. Unfortunately, in many areas, with economic cutbacks, these services are being reduced or withdrawn.

Adolescent Sexuality

I. Manitoba Facts

a) Some Statistics - The Manitoba Maternal and Child Health Directorate estimate that there were 1,722 live births to teenagers in Manitoba in 1983. There are nearly 60 teen pregnancies each week in this province, which means one in every 15 teenage girls experiences a pregnancy each year. The majority of births are to teens who live in areas with the least access to services, i.e. Northern Manitoba is almost twice as high as in Winnipeg. The costs for teenage pregnancy and delivery, therapeutic abortion and social assistance was approximately 8.5 million dollars in 1983.

b) Health Risks - Studies show that adolescent mothers, particularly those who are still growing, and their babies, may experience higher health risks due to delayed prenatal care or irregular attendance at prenatal care. Care is often delayed because the teens do not know the signs of pregnancy or do not accept the fact that they are pregnant (Manitoba Department of Health, 1984). Heavy smoking and substance

abuse also pose health problems for the mother and child.

c) Limited Educational and Employment Opportunities - Pregnancy is often a cause for high school drop-out and later upgrading or retraining is often impossible due to family responsibilities. Many of these youngsters are doomed to poverty and welfare for the rest of their lives.

d) Single Parenting - The Directorate further estimates that every year in Manitoba, over 1,000 new teen-headed single-parent families are created: (1) 80-90% of single teen mothers keep their babies, and (2) half of the teen marriages preceded by pregnancy end in divorce within four yours.

e) Limited Parenting Skills - Teen parenting affects the health and development of their children: (1) many teens are too young and without emotional parental support, to cope with the stress of parenting on their own, and (2) children of teen parents have been found to be at greater risk for physical abuse, delinquency and drug addiction, than children of older mothers.

f) Stress and Isolation - Studies show that financial hardship and change of lifestyle create many personal problems for the teenage parent (Barrera, 1981). It is estimated by the Department of Health that the suicide rate for this group is seven times higher than for teens without children.

II Sexually Transmitted Disease

Teens can be drawn into sexual relationships before they are emotionally or physically ready. As mentioned previously, many do not

make the link between sex and responsibility and are directed by physical and emotional needs of the moment. Because teens (boys and girls) may have many partners, they are very susceptible to S.T.D., about which they know very little and do not know how to protect themselves. The Directorate estimates that 684 new cases of gonorrhea were reported in 15-19 year olds in Manitoba in 1984 (Manitoba Department of Health, 1985). Gonorrhea is a particular threat to females because initial symptoms are unrecognizable in 80% of females. If untreated, it can produce pelvic inflammatory disease, which may result in sterility. The need for information, a clear understanding of one's values, and available health services are important issues in helping the adolescent become more responsible.

III Parents' Role in Sex Education

Many parents feel uncomfortable and unprepared to discuss sexuality and birth control even though they believe they should have open discussion of these areas with their children. Parents need information and support to help them communicate more openly and frequently about sexuality. Studies have shown that children who confide in their parents tend to postpone sexual activity and use contraceptives when they do have sex (Department of Health, 1984).

The Department further suggests that Family Life Education provides parents with a structured program around which they gain knowledge and are enabled to discuss their feelings about sexuality with their children. The benefits of communication with positive and realistic attitudes include growth of the adolescent's self-esteem, increased

coping abilities and ability to relate to others, reduced anxiety about their sexuality, and an overall positive and healthy attitude related to their knowledge of sexuality.

Family life education, therefore, as well as availability of health services, increased communication between parents, adolescents and counsellors, are important requirements for developing positive sexual values and responsible sexual behavior. For girls, because of their special position, communication with parents and more so with their mothers, is essential, not only on sexual matters, but on the whole subject of what it is to be a woman, and a mother in today's society.

FAMILIES

Major family theorists and practitioners (Minuchin, 1974; Scherz, 1970; Langsley and Kaplan et al., 1968), view the family as an open, socio-cultural system in transformation. At different periods of development, the family is required to adapt and restructure to accommodate to both internal and external change. It adapts in such a way that maintains continuity and promotes the psycho-social growth of each member. Each developmental stage requires negotiation of new family rules, and formation of alternate responses which serve to regulate family members behavior. Conflict is normal during the transitional periods, and if not resolved, will result in more severe problems in subsequent stages.

Throughout the life cycles of the family, then, there is always partial or lack of resolution of issues as the family passes through each stage. However, development occurs throughout life, behavior and

personality remain flexible (Streever and Wodarski, 1984). This positive approach to change suggests that individuals at any age have untapped resources and strengths that can be mobilized for further growth and development.

There are certain universal psychological tasks which arise for the family and the individual which interrelate and influence each other. These tasks for the family, according to Golan (1978), are emotional separation versus interdependence, closeness (intimacy) versus distance, and self-autonomy versus other responsibility. For the adolescent, these tasks are separation and the working out of dependency needs, closeness and establishment of sexual identity, autonomy and development of self-control and self-worth. Conflict occurs between the needs of the family to regulate interaction and the needs of the individual to attend to his/her own tasks.

Golan further points out that in the family of the adolescent, there is an identity crisis not only for the adolescent, but for the family at the same time (Golan, 1978). Tasks not mastered earlier become more difficult for the whole family. Parents may not understand the adolescent's divisive tactics, and that he/she must do this to establish his/her own identity. Conflict may be expressed in terms of clash with family values, standards of behavior, school achievement and sexual interests. At this time, parents' personal conflicts may be aroused and marital problems may emerge. If these are not identified and resolved, the vulnerable adolescent may be scapegoated. Hopefully, the time is passing when the adolescent is considered the "Identified Patient", as if he/she grows in a vacuum, rather than in the social

field of his family, community and society.

This author recommends a large educational input into treatment of situations where families and individuals may not be informed about age-stage normative behavior. Parents and adolescents often lack the skills and attitudes needed for successful disengagement of a child from parental controls (Robin, 1980). Since there is more than one developmental crisis involved, it would be appropriate to share information of the following:

1. Information of the adolescent stage of development.
2. The parents re-awakening of their own adolescent conflicts.
3. The current crisis of the parents' middle-age period.
4. Clarification of values and expectations as related to role shifts arising from the adolescent's search for autonomy and individuation.

For the adolescent girl, research shows that the mother's influence is particularly high at this time. As well, conflict between mother and daughter is prone to rise at this stage, which can completely cut off the help and support the mother could provide (Hemming, 1957). Konopka (1976), in her intensive work with adolescent girls, found that the majority of girls in her studies, named mothers as the persons they felt closest to among adults. Even those who felt alienated from them, yearned for a mother, and felt sadness, pain and regret. While some girls may be in conflict or competition with their mothers, others are able to develop more of a peer relationship with their mothers. This latter relationship develops particularly where mothers have careers of their own, and the emphasis is far less on pleasing the male.

As a result of social changes of the late 1960's and 1970's, it is estimated that more than two-thirds of mothers in North America are working women (Shreve, 1984). While mothers have always been role models for their daughters, mothers of today, who combine work and family successfully, convey a very different attitude to their daughters than did women of the past. The well-known feminist author, Betty Friedan, has stated that "the next generation of young women will start from a different place - a more confident place about what it means to be a woman" (Friedan, 1982, p. 44). To be sure, young girls today are facing a new set of problems and options, and the prospects are both attractive and formidable.

Questions arise as to whether the children of working mothers will grow up to be better persons and parents, whether they will be overwhelmed by trying to live up to the standards of one or two achieving parents. Will they have to abandon their historical role of nurturing for a career, or can they accomplish both? Will sexual stereotypes be eliminated or reinforced? These questions regarding the significance of the role of the working mother and the new pressures on her, are currently being researched by developmental psychologists. New theories will no doubt be emerging that are in step with the social realities of our time.

Problems of Parenting Adolescents

When discussing parenting of the adolescent, it is important to distinguish between the parents' role in dealing with the youngster as compared to the older adolescent.

During early adolescence, parents are still able to place necessary limits on their child's behaviors. During middle adolescence, (approximately 15 to 18 years), parenting must move away from control towards a process of two-way interaction that is open and honest, in which both the adolescent and the parents clarify their needs and expectations. Parents and adolescents will disagree over decision-making and conflict will occur when parents try to maintain the dominance of earlier years. While some conflict is normal, serious behavior problems may develop that can be seen as a result of inappropriate parenting during this period (Conger, 1977).

There are many factors that can affect parenting at this time, as parents try to cope with their difficult and changing role. Jones (1980) cites the following:

1. Defensiveness - Parents often lack knowledge of the middle adolescent's needs and an awareness of their own mid-life crisis. Their guilt and anxiety about the possibility of being ineffective parents may lead to a breakdown of communication and a decrease of positive adult modelling behavior at a time when it is most crucial.

> It is important to recognize that when a peer group assumes an unusually dominant rule in the lives of adolescents, often it is due to as much, or more, to the lack of attention and concern at home, as to the inherent attractiveness of the peer group. Adolescents who were strongly peer-oriented, were found to be more likely than those who were adult oriented, to hold negative views of themselves and their peer group (Conger, 1977, p. 331).

Along these lines, Levine (1979) points out that adolescents with a low self-concept who lack a set of values and beliefs, have difficulty establishing self-identity and are therefore

highly susceptible to involvement in anti-social groups, drug usage, and the like. These are not clinically disturbed youngsters, but persons who accept easy answers as a result of feelings of loneliness and isolation. Rosenberg (1978) has also shown that this susceptibility is increased in adolescence with low self-esteem.

2. Parents Experiencing a Difficult Stage of Life: Parents find themselves losing a part of their identity and parental esteem as adolescents begin to challenge their authority. They may try to cling to a parenting role that is no longer appropriate. It is a time in their life cycle when they are questioning their careers and marriages and therefore require support and understanding when these issues are difficult to resolve. Parents' positive adjustment to their own issues is necessary in order that they respond effectively to their adolescent's strivings for emancipation.
3. Parents Must Adapt to New Skills and Attitude Change: Adolescents need the opportunity to debate and dialogue about their ideas and concerns. They will naturally question their parents' authority. Major conflicts may arise if parents apply severe authoritarian measures which can result in increased confrontation, adolescent withdrawal, or leaving home (Haley, 1980). The breakdown of communication, usually in a highly charged emotional atmosphere, leaves the parents as well, with a sense of isolation.
4. Lack of Support for Parents and Families: Traditional

functions of the family are increasingly overtaken by social institutions. Schools and social agencies are required to fulfill many of the responsibilities that were formerly the domain of family and community. (Whether they can do this seems questionable.) The decline of the extended family, movement to large urban centres, changes in lifestyles and family forms, have left the family with greatly reduced supportive resources. Michelson et al. (1979), in studies of issues confronting the adolescent in a modern urban context, emphasizes the effects of our changing society, on parents, as well as on adolescents. Parents tend to face many unknowns, "lack of blueprints", in a social milieu where age groups are isolated from one another and where community bonds are lacking.

In recent years, various types of parent training programs have been implemented to assist parents in their tasks. Gordon's "Parent Effectiveness Training" and Dinkmeyer and McKay's "Systematic Training for Effective Parenting" are by now well-known programs which deal with communication skills and application of natural and logical consequences. Jones (1980) suggests that a much greater emphasis must be placed on helping parents clarify and cope with their changing role in relation to the adolescent. The newly acquired concepts, attitudes, and skills will be a major influence on the adolescent's behavior and self-concept as well as improving the parent-adolescent relationship.

Other research outlines various parenting approaches which can contribute to the more serious, power-related conflict, demonstrated as defiance of parental and other authority (Stewart & Zaenglein-Senger,

1982). Where parents have lost their ability to exert authority, they struggle for the right to make decisions concerning significant areas of behavior. This can have serious consequences for the adolescent and can result in drugs, alcohol, school drop-out, sexual delinquency.

The following parenting techniques that are considered to generate defiance and incorrigibility are:

1. Destructive Parenting: This is characterized by inconsistent dominance or discipline by parents. An unstable home atmosphere drives adolescents to adopt subcultural values and behavior of delinquent groups to compensate for their stressful home situations.
2. Compensatory Permissiveness: Parents identify with the adolescent and provide them with material benefits and freedom that they lacked in their own childhood. These parents expect acknowledgement and compliance in return for the sacrifices they have made, and when none is forthcoming, mutual resentment and reduction of communication occurs.
3. Conditional Permissiveness: These parents place their own needs over the needs of their adolescent. The youngster gets what he/she wants without parental interference, only as long as he/she remains compliant. In this way, the adolescent perceives his/her behavior is under his/her own control. This control is not easily given up, as he/she feels the power has been gained through his/her compliance. Parents may over-react to their loss of parental power and may impose severe restrictions and withdraw privileges to which the adolescent has grown accustomed.

4. Indifferent Permissiveness: With this type of parenting, the adolescent is expected to create few problems and demands little from the parents. There is little emotional attachment with the adolescent; material needs are met, but no requirement to perform duties or share responsibilities. This seems to be more common among affluent families. The adolescent may feel he/she is being bought off by parents, that they don't really care about him, and can therefore do as he pleases. Intense over-reactions, excessive discipline, and physically aggressive behavior can result as parent and child suffer this type of alienation from each other (Stewart, Zaenglein-Senger, 1982).

Again, parents often are not aware that the changing needs of adolescents require an alteration of parenting roles, i.e. what may have worked for the younger child is ineffective for the adolescent, who is gaining the capacity and strength for independent decision-making. Adolescents do have real power, and parents who attempt to dominate increase the likelihood of open conflict and adolescents retaliation. Attempts to negotiate differences are usually difficult at this point, if a foundation for negotiation has not been established earlier in childhood.

In summary, these times of rapid social change provide no clear rules for parenting that will ensure success. Parents need to be made aware of the impact of their parenting styles on the behavior and lives of their youngsters and to learn new and more effective parenting skills.

Parenting Skills Necessary for Adolescents

The focus for the parenting of middle and older adolescents should be one of establishing positive, egalitarian relationships with the adolescent, with mutually satisfying interactions and productive conflict-resolution (Glasser, 1969; Satir, 1967; Gordon, 1970; Driekurs, 1964; Ginott, 1969). From a social work perspective, parenting skills required to reduce parent-adolescent conflict are as follows:

1. Parents should set an example of good communication, supervise and guide, take an interest, respect the adolescent's desire for independence, communicate expectations verbally and non-verbally, not over-react, and listen (Bienvenu, 1969). Gordon (1970) also suggests that parents should use democratic practices in which parents listen to their teens, actively and passively, avoiding "the twelve blocks of communication". James Hall (1984) elaborates on the goals for parents:
   a) Parents should increase the amount of time they talk with their teens; allow the teen to talk more than the parent. Increase supportive dialogue, decrease negative communication. They should take turns talking in a democratic manner, praising often.
   b) They should model problem-solving skills for their teens.
   c) Their expectations should be made clear in a non-threatening way.
   d) They should ask questions, clarify, and express their own feelings and opinions, and develop empathy for each other.
   e) They must control anger and stress, and learn to disagree

without open conflict. Refrain from labelling, i.e. lazy, stupid, etc.

2. Parents should give accurate and thoughtful sex education early, and avoid making sex something separate from the rest of life. David Elkind (1979) identified sexuality as a significant family issue, as a result of his studies on the effects of decreasing age of the onset of puberty on the problems of adolescence.
3. Parents must learn and demonstrate conflict-resolution skills (as stated above). Not only will reciprocal positive interaction occur, but conflict management will generalize across other situations.
4. Parents must develop skills for what Jones called "mutuality and empathic assertiveness". In order to develop effective communication skills with their teens, parents must learn empathic assertiveness skills which emphasize an honest expression of feeling. For this to occur, parents must understand the adolescent's needs and wants and have an awareness of the need to change their own role. This author further suggests the following:
   a) Parents must learn to communicate their concern and affection in appropriate ways, even when the adolescent's behavior is annoying or hurtful.
   b) They must look for options in dealing with stressful situations with their teens, rather than "giving in", in an attempt to avoid conflict and make the situation more comfortable for themselves.

c) They must be aware of the rights of others, that is, to be aware of the ways their own behavior infringes on the rights of their teens, i.e. not listening; giving arbitrary rules and punishments; responding with cliches; verbal, physical, or sexual abuse.

d) They must provide teens with opportunities to make their own decisions, accepting that they have the same basic rights as parents, i.e. to be treated with respect, concern, and dignity.

e) Skills for clarifying expectations, and negotiating these with adolescents. Parents must be willing to compromise to avoid the likelihood of confrontation.

f) Skills for productively managing anger and diffusing angry interactions which are often destructive. Such discussions should be postponed to another specified time, or written notes can be exchanged. An objective mediator can also be helpful.

Parenting Issues as Related to the Mother-Daughter Relationship

While a certain amount of the adolescent's confrontative behavior is developmentally normal, the problems of growing up are highly affected by social and environmental factors. Societal changes in our culture since the 1960's have had a great impact on the family, on traditional family structure, the role of parents, and on young people who are bombarded with vast amounts of information and alternatives. The conflicts youngsters face today arise from pressures to achieve,

peer pressures to experiment with sexuality, the need for a self-identity and choice of a lifestyle that may be in opposition to parental standards. Because teens are confronted by a vast number of value-laden issues today, they are apt to feel confused by their feelings and the choices available to them.

Mothers, who are the prime role models for their adolescent daughters, are experiencing their own transitional problems at a time when their teen girls are undergoing developmental change. They may be in conflict about their own sexuality, their parenting roles as nurturer and achiever. There may be painful issues surrounding separation/ divorce, financial and employment concerns. While there have always been working mothers, there are currently more women who are juggling both roles of career and family life, either as a matter of necessity or through their own choice. The mother's degree of adjustment to these various stressors will have a great influence on the adolescent girl's perception of her mother, her own self-identity and self-esteem, and will either help or hinder her transition from adolescence to adulthood.

On the positive side, women's struggle for equality with men and changing values and attitudes have resulted in women (and mothers) embarking on new and exciting life experiences that model creativity, self-reliance and independence. Studies suggest that independent and achieving mothers engender similar qualities in their daughters and that these daughters have higher career aspirations, greater self-esteem, and are more socially adaptable than daughters from non-working mothers (Yale University Child Study Centre, 1984). Secondly, studies suggest that feminine and masculine traits are not as irreconcilable as

traditionally believed, i.e. achieving mothers who rate high in both masculine and feminine traits were self-reliant and assertive, as well as tender, affectionate, and nurturing (Brooks-Gunn, Educational Testing Services, New Jersey, 1984). Thirdly, mothers who model equality with men, rather than dominance by men, help reinforce today's adolescent belief in the equality of both sexes.

On the negative side, an achieving, assertive mother can also present a girl with strong competition and a sense of having to live up to her mother's standards. While a girl sees more vocational and career options available to her, this may produce confusion and anxiety, and an inability to cope with the decisions and choices that must be made.

Secondly, as many women are combining careers and family, they may not be able to meet the heavy demands of work and home. They may be unable to set aside the time necessary for meaningful dialogue with their daughters, or to provide support, or to model and facilitate the problem-solving so important to the healthy resolution of the girl's developmental tasks. When these ingredients are not available, there is greater than normal dependence on the peer group, or a boyfriend as a major support figure.

Thirdly, a mother's feelings about her femininity, her sexual role, and her role as a mother will be communicated to her daughter. Severe conflict can be the result of the mother's role insecurity, unresolved feelings of fear and guilt related to her own childhood and adolescent experience. Mother-daughter interaction may be stressed by distrust and lack of confidence in the girl's ability to make responsible decisions related to her psycho-sexual development.

Mothers today must realize that, although they may be ambivalent about their own sexuality, modern adolescent girls have been exposed to a much more permissive society and will therefore be less conforming to traditional codes of behavior. They will want the right to make their own personal decisions regarding pre-marital sex, birth control, marriage, and having children. Parents' ability to discuss these issues knowledgeably, in an atmosphere of trust, to support and empathize, will have a profound effect on the adolescent girl's development and adjustment.

As stated earlier, mothers of adolescents are experiencing their own mid-life transitional problems, at the same time that their teens are establishing self-identity and seeking increased independence.

Chapter II will discuss various models of social group work and the rationale for the particular model chosen as an intervention in working with adolescent girls and their mothers.

CHAPTER II

SOCIAL GROUP WORK WITH TEENS AND THEIR PARENTS

Introduction

Social group work with teens is particularly appropriate as we consider the adolescent's need to find security in and through his/her own peer group. The need to compensate for feelings of loneliness and to communicate effectively, learning to handle the heterosexual drive, establishing one's own identity, and beginning to choose one's own values and lifestyles, are the tasks that must be accomplished for future growth and development. Group work as a treatment tool can provide the feedback, support and challenge required to help achieve these goals.

Group work with mothers of adolescent girls with behavior problems, can provide a mutual-support system as they share their concerns, learn more effective parenting skills, and develop an awareness of their own stage of transition.

Working with both these groups simultaneously can help facilitate the changes that must occur in both, to allow the adolescent's eventual normal separation from the family.

I. Model of Social Group Work Chosen and Rationale

In practice settings, there are numerous variations of treatment groups to serve a variety of human needs. A typology of treatment groups based on the purpose of treatment has been developed by Toseland (1984, p. 21-22).

PURPOSE OF THE GROUP

Selected Characteristics	Education	Growth	Remediation	Socialization
Purpose	To educate learning through didactic presentations, discussion and experience.	To develop members' potentials. Awareness, insight and development through discussion and growth-producing experiences.	To change behavior. Correction, rehabilitation, coping and problem-solving through behavior change interventions.	To increase communication and social skills. Improved interpersonal relationships through program activities, structured exercise, role plays, etc.
Leadership	Leader as teacher and provider of structure for group discussion.	Leader as facilitator and model.	Leader as expert, authority figure or facilitator, depending on approach.	Leader as director of the group's actions and programs.
Focus	Individual learning focus. Structuring of group for learning.	Either member or group focus, depending on the approach. Individual grows through group experience.	Focus on individual members' problems, concerns or goals.	Focus on group as a medium for activity, participation and involvement.
Bond	Common interest in learning.	Common goals among members. Contract to use group to grow.	Common purpose with separate member goals. Relationship of member with worker, group or other member.	A common activity, enterprise, or situation.
Composition	Similarity of educational or skill level.	Can be quite diverse. Based on members' ability to work toward growth and development.	Can be diverse or composed of people of people with similar problems or concerns.	Depending on location of group and purpose, can be diverse or homogeneous.
Communication	Frequently leader to member, didactic. Sometime member to member during discussions. Self-disclosure low.	Highly interactive members often take responsibility for communication in the group. Self-disclosure moderate to high.	Leader to member or member to member depending on approach. Self-disclosure moderate to high.	Often represented in activity, or non-verbal behavior. Self-disclosure low to moderate and often non-verbal.

(Toseland, R., Rivas, R. An Introduction to Group Work Practice. 1984.)

Toseland suggests that parents' groups are often treatment groups because they are convened to meet the personal needs of their members. The group is bonded together by common concerns and needs, and the common purpose of the participants. Confidentiality is an important consideration as members usually disclose highly personal material. The weekly procedures are flexible which allows members to share concerns and problems they may be experiencing. Examples of growth groups are as follows:

1. "An encounter group for married couples.
2. A values clarification group for adolescents.
3. A consciousness-raising group sponsored by a women's community centre.
4. A group at a senior citizens service centre that focuses on how to make the most out of retirement" (Toseland).

The bond that develops in these groups develops from the participants' commitment to utilize the group to help each other develop their potential. It is a good idea to have diverse membership as their different characteristics will add to the growth experience. However, similar characteristics of the members encourage empathy more readily and increase the supportive interactions in the group. Schwartz (1974), suggests that groups are an "enterprise" in mutual aid.

Remedial groups are widely used. They help individuals change their behavior, cope with their personal problems, or are used for rehabilitation after a social or health crisis. This type of group is usually referred to as a "psychotherapy group" in the medical model, with the connotation that the individuals are "sick" and are being

treated to be brought back to health. These groups are used in social work to help members achieve their goals.

Toseland's examples are:

1. "A psychotherapy group for out-patients at a community mental health centre.
2. A group of people who want to stop smoking, sponsored by a voluntary health association.
3. A first offenders group.
4. A drug addiction group sponsored by a hospital."

Although there is a common purpose, the individuals may have different problems; the focus may be on one member at a time, both by the worker and others in the group. Much planning needs to be done before initiating this type of group since suitability and commitment will need to be assessed.

Educational groups are aimed at increasing the members information and skills, i.e. adolescent sexuality group. Learning, reinforcement and discussion are used to accomplish goals. A useful method is to use a personalized approach to learning which considers the developmental learning needs of individual group members, as in the case of the above example.

In socialization groups, the participants learn through doing, and thereby improve interpersonal skills.

The treatment model chosen for this particular program is based on the purpose for which each group was organized:

Adolescent girls' group

1. To facilitate growth in terms of the developmental tasks of

adolescence; to promote socio-emotional functioning as well as task accomplishment.

2. Mutual support.
3. Linking with peers and adults in mutually satisfying interactions.
4. Network changes: creating new linkages or reinforcing old ones.
5. Provision of information on matters of interest and concern to adolescents.

Mothers' group

1. To educate and provide information on age-stage normative behavior, and on the developmental needs of the adolescent girl.
2. Remediation of mother-daughter relationship through acquisition of new and more appropriate parenting skills required in the parenting of adolescents.
3. Establishing a social support and mutual-aid system which is critical in times of change and transition.

The underlying assumption in working with these two groups simultaneously is firstly, that mothers are the prime role models for their daughters, and therefore have a great influence on their daughters throughout adolescence; secondly, most parents really do care about their children and are concerned about their welfare. They really do want them to grow up to be happy, well-adjusted adults with the best that life has to offer.

Perhaps the following references will help clarify the rationale

behind this worker's choice of intervention.

> Too little attention has been paid to the fact that adolescence, not only in spite of, but rather because of its emotional turmoil, often affords spontaneous recovery from debilitating childhood influences, and offers the individual an opportunity to modify or rectify childhood exigencies which threaten to impede his (or her) progressive development. The regressive processes of adolescence permit the remodelling of defective or incomplete earlier developments; new identifications and counter-identifications play an important part in this."
>
> (Peter Blos, 1962
> On Adolescence, p. 10)

Regarding the parents' perspective:

> It is not surprising that many of todays nuclear families are showing signs of stress. Frequently geographically transient and socially mobile; isolated from the extended family, lifelong acquaintenances, and stable cultural conditions; living in urban 'honeycombs' or almost equally impersonal and ephemeral suburban 'bedroom communities'; often cut off from effective involvement in, and influence on, the societal institutions that are playing an ever more dominant role in their lives and those of their children; many traditional functions emasculated, but legal and moral responsibilities undiminished. All these circumstances have clearly increased the difficulties of the adolescent period, both for parents and their adolescent children.
>
> (J. Conger, 1977
> In Adolescents with Behavior Problems, V. Jones, 1980

Combined group

The purpose for combining the adolescent girls group with their mothers' group in the last three sessions of the program was:

1. To allow them to hear the same information together, on value-laden topics, such as drugs, sexuality, and to discuss these issues in a structured, positive atmosphere.
2. To allow the mothers an opportunity to see their daughters from a different perspective, in terms of intelligent, thoughtful, responsible individuals.

3. To therefore, bring about more positive mother-daughter linkages.

Stages of Group Development

A group's social structure evolves as the group develops through various developmental stages. There is usually a pre-group stage, a beginning stage, a middle stage and an end stage. Toseland suggests that the model of group development by Garland, Jones & Kolodny (1976) is the most complete, although many different models have been written about by many authors. Studies that have been conducted by Shaw (1976) and Smith (1978) suggest that "groups move through stages but the stages are not constant across different groups" (Toseland, p. 73).

Most writers agree on the following:

1. The beginning stage (after the planning stage), involves organizing and convening the group. Group feelings are expressed after a process commonly known as the approach-avoidance conflict.
2. The middle stage, after the group members test the worker's role, involves development of greater group cohesion and deeper interpersonal relationships. Task performance, involving problem-solving, performing, maintenance and maturity, can now take place. Feedback and differentiation of roles accompany this process. This is where most of the group's work is accomplished.
3. In the ending of groups, as applied to treatment groups, the members are involved in a process of separation during which group feeling and cohesion are reduced.

The following of these stages of group development by this worker, has been a helpful guide for considering and applying useful and appropriate interventions and strategies at the different stages of the group's growth.

Leadership

Leadership models should vary depending on the particular type of group with which the worker is involved. According to Toseland, the worker should consider purpose of the group, type of problems, the environment, the group as a whole, and the members.

For instance, in the remedial model, the worker acts as a change agent and intervenes in the group to accomplish specific goals that group members and the worker have decided on. This is mostly a leader-centered approach. In the reciprocal model, in which group members form a mutual aid system for each other, the worker is a mediator and a resource person who facilitates interaction in socioemotional areas as well as task accomplishment. In groups where participants are eager, competent and interested, it is suggested that the worker take a less active role, and be more of an enabler. This makes the model more group centered, rather than individual centered. As the worker helps to facilitate communication, interaction, understanding, feedback, and mutual aid, the members help one another, rather than depending on the worker to solve their problems.

The following diagram will help describe the two models of social group work and leadership functions which were combined in this practicum (adapted by Toseland, p. 83, from Pappell & Rothman, 1980).

	Remedial Model	Reciprocal Model
Purpose	To restore group members who are behaving dysfunctionally	To form a mutual aid system to achieve optimum adaptation and socialization
Focus	Changing individual dysfunction	Creating a self-help, mutual aid system between all group members
Role of Worker	Change agent who engages in study, diagnosis, and treatment to help group members attain individual treatment goals	Mediator between needs of members and needs of the group and the larger society enabler contributing data not available to members
Type of Group Members	Clients who are not functioning adequately and need help in coping with life's tasks	Partners who work together sharing common concerns
Methods Used in the Group	Structured exercises, direct and indirect influence, in and outside of the group, to help members change behavior patterns	Shared authority where members discuss concerns, support one another, and form a cohesive social system to benefit one another

It should be noted that it may not be appropriate for the worker to encourage discussion on topics that go beyond the purpose for which the group meets. For example, since this practicum focuses on the mother-adolescent daughter relationship, and the developmental needs of the teenager, it would be inappropriate to focus on school curriculum or qualifications of teaching staff.

Among the more important skills in group leadership is helping to resolve conflicts among members within the group and outside the group. These include moderating, negotiating and mediating. Sometime it is helpful for the worker to meet the persons outside of the group in order to resolve a particular conflict.

The worker should not give advice and instructions, but rather should encourage members to share what they know with each other (Toseland, from Shulman, 1979). To accomplish this, the worker should work to develop helping networks in which life experiences, information, opinions and views, and resources are shared amongst members. They are thus enabled to rely on each other for problem-solving and goal-accomplishment. These experiences are more apt to be generalized outside the group after group termination.

Assessment

This process is ongoing in the life of the group and helps in applying intervention strategies.

1. Individual assessment of intrapersonal, interpersonal and environmental areas.
2. Group as a whole focuses on group dynamics.
3. Group's environment, i.e., various community supports and resources which can be mobilized that will contribute to the group's functioning. Attention should be paid to the sponsoring agency and/or institution since these are a source of support.

Structure and the Setting of Time Limits

In terms of this practicum, a certain amount of structure was indicated to encourage members to use their own resources, to share mutual concerns and efforts in dealing with problems, thereby creating a mutual support network between members. Toseland indicates there is

disagreement in the literature as to the effectiveness of structuring, but generally, the indication is that, structured interventions are at least as effective as unstructured ones. Too much structure however, may decrease the participants commitment to the group.

Another way of structuring is seen in the setting of time limits and is appropriate for group treatment that facilitates growth and development. Toseland recommends long-term groups for treatment of anti-social adolescents, because these groups focus on immediate concerns but within the context of broader long-term goals (i.e. developmental issues).

Endings of Treatment Groups Need Special Consideration

It is said that in the ending phase, members and workers form lasting impressions of the group. Toseland points out that participants let down their defences as the group process develops; they share personal and intimate information about themselves and learn to trust each other. The mutual aid and support they receive from each other forms close bonds that are considered very valuable by the members. Termination may, therefore, be accompanied by strong emotional reactions.

The ending of a group should result in positive feelings. This is accomplished if:

1. The members feel they are capable of accomplishing goals.
2. The members feel they are in control of their own lives.
3. They feel they have been helpful to others.
4. They feel pride and a sense of accomplishment in completing the group experience.

Toseland recommends certain tasks for ending groups:

1. Generalizing change efforts.
2. Promoting independent functioning of individual members.
3. Helping members with their feelings about ending.
4. Planning for the future.
5. Making referrals as necessary.
6. Evaluation.

If members indicate they wish to continue meeting, a re-contracting is needed. When members decide to meet on their own in the future, they will be initiating a self-help group with which the worker may be involved in a different role, i.e. providing material support to a group, acting as a resource person or consultant, making referrals to the group.

II. Use of Social Support Networking and Self-Help

For the practitioner,

> A social network implies a particular method of analyzing a given support system, as well as an implication that the system is linked together with multiple ties. The advantage in analyzing an individual's support system using a social network is that the networker can get a more precise understanding of those personalized relationships which form the support system.
>
> (L. Maguire, 1983)

Furthermore, on the subject of social support networking and mutual aid, Evans and Northwood (1979) point to the importance of observing the naturally changing use of and structure of supportive networks as people move from one stage of life to another. They suggest that intervention should include evaluation and possibly modification of the natural help

structure of the individual. Social support networks are not so much absent, as they are underestimated, misused, or inappropriate for certain situations.

Barrera's studies (1981) similarly indicate that intervention should first assess the quality of social support. For example, in working with the drug-abusing adolescent, the focus should be on weakening dysfunctional linkages and strengthening functional ties.

Other sources dealing with the study of networks, stress the context of the particular behavior and treatment approaches that are not limited to the individual or the isolated family. The focus is on the strengths within the individual, the family and others in the network. Studies demonstrate the relationship of social support in areas of health maintenance, bereavement, life transitions and psycho-social transitions (Caplan, 1974; Katz & Bender, 1976; Walker et al., 1977; Parad, 1965; Gottlieb & Maguire, 1980). Other research has developed mapping instruments that clearly identify connections where they exist within a variety of systems with which the individual is involved (Attneave, 1973; Hartman & Laird, 1983).

Gottlieb (1981) describes preventive networking as a powerful intervention in the mental health field which addresses people at risk, before serious problems occur. Preventive measures would apply to persons at transition points, i.e. teens on the brink of delinquency, life events such as separation/divorce or retirement. Common to all of these is the loss of support. The intervention would focus on restructuring and enhancing the support network or using existing ties to improve the quality of support. Where resources are lacking, or

where there is a need to replace old reference groups with new ones, new peer contacts might be developed for exchange of problem-solving strategies and establishment of new norms.

A distinction is made between self-help and mutual aid groups, as opposed to naturally developed networks. The difference is mainly with regard to the degree of formal organization rather than any other characteristics. Self-help groups are "networks of people who consciously define memberships, goals, and purposes, whereas natural networks are groups of people with shifting memberships and no explicit and conscious purpose for existing" (Maguire, p. 82, 1983). Self-help groups develop and communicate through a series of 'links' between people which are based on shared interests and concerns. These groups convene for mutual aid and support and for accomplishment of agreed-on tasks.

It is generally agreed that self-help groups have in common the following:

1. Helper therapy principle, i.e. you help yourself by helping others;
2. It is peer-oriented;
3. The client (or person) is involved in the problem;
4. The resources and talents of people in the group are utilized to help overcome identifiable problems or concerns;
5. The individuals are active, as opposed to passive participants and are involved in face-to-face interactions.

(Katz & Bender, 1976; Maguire, 1983)

The bonds within mutual aid or self-help groups that influence

change are based on the feeling of belonging. Maguire refers to Leiberman (1979), who states that people who share the same concern develop a sense of belonging in a group, which becomes more cohesive, supportive and accepting of its members. The cathartic experience of being able to express strong feelings and emotions also strengthens the bonds within the group.

There are many ways that social workers can work with self-help groups:

1. They can assist in establishing self-help groups, i.e. identifying a need, obtaining sponsorship, arranging for a meeting place.
2. As mutual educators, i.e. professionals sharing information with the groups.
3. Provision of consultation to groups, in collaboration, rather than from a professional stance.
4. Referrals can be made to the self-help group by the professional. The group can be an adjunct or alternative to existing social services.

Networks, therefore, have many different functions and have stimulated a variety of treatment approaches. The dimensions of network intervention are seemingly endless and offer a challenging opportunity for the practitioner's creativity in the field of social work practice. The problem becomes to find the best use of network for a given situation.

Use of Social Support Networking in this Practicum

It has been stated in a previous section that the intervention undertaken by this worker is concerned with facilitating the developmental tasks of the adolescent girls by engaging their mothers in a treatment group that focuses on parenting, mutual aid and social support.

The reasons for choosing and combining the remedial and reciprocal treatment approaches to serve the various group purposes have been outlined. Appropriate leadership skills with regard to these interventions have been discussed.

To summarize, the group is a medium for:

1. Facilitating social support.
2. Initiating links between individuals with common concerns.
3. Initiating mother-daughter links as well as outside links.
4. Social support networking.

The worker's networking role can be described as:

a) A brokerage resource, i.e. liaison between the student and the school;

b) A mediator, mediating between the needs of the system and the needs of the student; and

c) An advocate for resources, i.e. drug prevention programs and sexuality seminars.

The next chapter will describe the methods used by this author to accomplish the stated goals of this program.

CHAPTER III

METHODS

The method of intervention was the use of the treatment group as a medium for mutual aid, growth, education, and remediation. The worker's role was mainly that of facilitator to promote interaction and social support. Various other roles which the worker undertook will be described later under separate headings.

Obtaining sponsorship and sanction was the first requirement, a necessity for a graduate student, but also in terms of creating a supportive environment for the groups' members. This was done by first discussing the program plan with the graduate studies supervisors and obtaining their acceptance of the proposal. Sponsorship was then obtained from the administration of the Child Guidance Clinic, since the program was seen to be in keeping with this agency's goals and services. Thirdly, sanction was obtained from the high school from which the clients were recruited. The principal and vice-principal felt the program would be a valuable adjunct to the social work service already being provided by this worker. Since school staff support was essential and could be a source of referral, the worker attended two staff meetings at different intervals to describe the purpose and time-frame of the group program.

All group members were advised at the outset of the practicum, in which they would be involved, that the process and its findings would be discussed with the graduate school advisors and other students. To avoid breaches of confidentiality, the worker obtained written authorization

from each group member, granting permission to discuss and share relevant information. A Child Guidance Clinic form was used for this purpose.

The steps involved in planning, organizing and participating in the teen girls' and mothers' pre-group stages will be discussed under the following headings:

- setting
- recruitment of members
- size, composition and structure
- initial contracting and group purpose

Teen Group

Setting - Meeting Place and Time:

Since the girls remained at this high school most of the day, they agreed to meet in one of the study rooms, off the library, which was convenient and afforded privacy.

We decided on weekly meetings, Mondays at noon, which the girls felt would be an easy day to remember. It would also follow the weekend, which was a good time to meet to discuss weekend events.

Recruitment:

This was done from the worker's caseload, except for two girls who wanted to come on their own after hearing about the group. One of these girls continued, and the other was not able to obtain parental consent to continue. Most of the girls' mothers attended the parent group.

Size, Composition, Structure:

Ages of the girls ranged from 15 to 18 years. Since age alone does

not indicate level of functioning in adolescence, the maturity and level of development were considered in selection of the girls. Their ability to communicate, motivation, and common problems were also assessed. The girls who were selected showed a willingness to meet with others who shared common concerns, in an effort to help each other find solutions to their problems.

The size of the group might have been larger to begin with, to allow for drop-outs. However, the attendance was usually between five to seven girls, which was adequate for the development of interaction and cohesiveness.

Most of the girls came from middle class backgrounds and lived in the local area of the school (except for one). There was a cultural variety, which added zest and interest, and reinforced the reality that everyone was different and accepted. Materials and activities to give the group structure included pre- and post- self-concept questionnaires, network maps, use of art and poetry, films, lunch outings, and the final combined meetings with the mothers.

Initial Contracting:

Weekly sessions, as recommended in the treatment literature (Toseland), seemed appropriate for this type of group. The Monday noon hour meetings allowed one and a half hours, which was adequate most of the time. However, as the group progressed, and there was more interaction, the meetings occasionally extended into their class time. School staff were generally accepting of this, and there were no major problems. Individual interviews were held during the week, between sessions, as necessary.

The group contracted for at least 10 sessions at which point re-contracting would be discussed.

Mothers Group

Setting - Meeting Place and Time:

Monday evenings were considered by the group members as the best time to meet, as these were usually free of activities. All the mothers, except two of them, had full-time jobs. One was also working on her masters degree, as well as carrying a full-time job.

The suggestion made by one of the members to meet in alternate homes was quickly discarded by the group, as they felt they were all too busy to prepare the house and snacks. It also might become too competitive in this sense.

An alternative could have been to meet at the Child Guidance Clinic, but since this facility was out of the school area and neighborhood, this idea was also discarded by the members.

The group decided to meet in the school's staff room and a permit was obtained from the Winnipeg School Division for its use in the evenings. The area was comfortable, with couches and chairs, had a kitchen area for coffee, and afforded privacy. Also, since the members felt the school was an important part of their child's life, it seemed the logical place to meet.

Recruitment:

Most of the members were drawn from the worker's caseload at the Child Guidance Clinic. It was important initially to speak with each of the girls individually, to obtain their views and agreement to have

their mother's participation in a parallel group. Since the worker was already involved in family contact with most of these cases, a phone call to each of the mothers explaining the purpose, was enough to enlist their interest and participation. Where the parent was not known to the worker previously, an initial interview was carried out in which the purpose was described.

Size, Composition, Structure:

Important to group process is size, similar purpose and need. Corresponding to the teen group, five mothers attended the first session on November 5, 1984, with the idea that up to five more would join later. In all cases, there was a medium to high degree of mother-daughter conflict.

In considering the group composition, the worker assessed such factors as ability to communicate, social skills, maturity, their general level of education, and their motivation to be involved. This was done in the pre-group phase through contact with each member. A reasonable level of skill in articulating ideas and opinions held, a capacity to listen and to respond rationally, were basic requirements for group participation. While these factors were important to help them identify with each other's concerns more easily, and thereby provide support, two of the mothers were of different cultural and educational backgrounds, and had different lifestyles. One of the mothers lived in a different neighborhood, although her daughter attended this high school. These two people were to give the group more opportunity for considering different viewpoints and perspectives.

Materials used to provide a desired low degree of structure (so as

not to inhibit interaction) were questionnaires related to degree of parent-child conflict, availability of supports, as well as a final evaluation form.

Initial Contracting: The members had busy schedules and already had heavy demands on their time. At the same time, their motivation to be involved in the group was high, particularly as they realized that other mothers were having similar problems with their teens. They expressed a genuine interest in getting together to talk about this, and to help each other find solutions to their problems. On this basis, they contracted for ten parent sessions and possibly one or two combined groups later on. In most cases, the parents and girls agreed, from the outset, that combining the groups too early would not be a good idea because of their present level of conflict.

Evaluation Procedures

The evaluation procedures were designed to illustrate changes in behaviors from the beginning to the termination of the group sessions.

Pre- and post-questionnaires were used to measure changes in the teens' self-concept. A mapping device, pre- and post-intervention, was chosen to illustrate network changes that occurred as a result of intervention. A network assessment instrument stimulated interaction and served as a diagnostic tool.

Pre- and post-measures were applied to the members of the mothers group to measure the changes in the degree of parent-adolescent conflict and changes in the social support networks of the group members.

The following are the evaluation measures which were applied:

Teen's Group:

1. Measures of Self-Appraisal Inventory (Grades 7-12, Instruction Objective Exchange, 1972):

   This self-concept questionnaire (Appendix, Figure 6) was used for each member pre- and post-intervention. The rationale for applying this measure was based on the fact that self-concept is directly related to personal adjustment and well-being (Barrera, 1981).

   Interventions were based on the initial assessments. The post-intervention results were indicators of changes that had taken place and of the effectiveness of the program.

2. Eco-Map (Laird and Hartman, 1983): This mapping device (Appendix, Figure 2) was chosen on the basis that social networks are important resources for people in trouble (Evans and Northwood, 1979).

   The diagram provides an assessment of the adolescent in her environment. Connections within the total system are identified as "strong", "tenuous", or "stressful". Resources which are available or missing are also identifiable.

   The map was used pre-intervention as a diagnostic tool. The results of pre- and post-intervention were indicators of changes in the adolescents social support systems and of the effectiveness of the program.

   Copies of the maps used by one of the participants, pre- and post-intervention are included in Appendix, Figures 3 and 4.

3. Personal Networking Assessment Instrument (Maguire, 1983);

The assessment form (Appendix, Fgiure 5) was used as an "ice-breaker" and as an additional diagnostic device in the early part of the middle phase.

Mother's Group:

Parent Questionnaire (Appendix, Figure 1) was designed by this worker and administered pre- and post-intervention. It was a diagnostic device to assist the worker in planning appropriate individual and group intervention. Post-intervention results were indicators of changes in degree of parent-child conflict and changes in support networks. A section for personal comments was included.

This chapter has dealt with the method of intervention, the planning and pre-group stage of the groups' development and a description of evaluation procedures. The following sections will discuss the various stages of the groups' life, along with the worker's role and participation.

CHAPTER IV

TEEN GIRLS GROUP

Introduction

The objectives for the teen girls group were as follows:

1. To facilitate growth in terms of the developmental tasks of adolescence; to promote social/emotional functioning.
2. To encourage interaction which would provide the feedback, support, and challenge necessary for accomplishment of individual and group goals.
3. To help develop skills in decision-making and problem-solving.
4. To facilitate linking with peers and adults in mutually satisfying interactions.
5. To bring about network changes by creating new linkages or reinforcing old ones.
6. To provide an opportunity for more positive mother-daughter linkages; to reduce parent-adolescent conflict.

The worker's role in planning, organizing and participating in the teen girls pre-group phase has been described in Chapter III. The beginning, middle, and ending phases will now be described, followed by a summary and evaluation of the teen group.

Beginning Phase (November 5 - 19, 1984)

The worker's objectives for this phase was 1) to establish a sense of trust between the members and between the members and the worker, 2) to assist the group in identifying some individual and group goals, and 3) to promote a sense of togetherness.

SESSION I: The first meeting on November 5, 1984 was attended by four girls. The other three that were to come were absent. The worker began by introducing herself again, restating the purpose, welcoming them and acknowledging that we were all a bit nervous since this was very new for all of us. The worker explained that she was also a student and would be learning as well from this experience. Realizing that confidentiality and trust were important factors to deal with at the outset, the worker encouraged discussion of this. Considerable time was spent on this topic, as this was something they had in common, here and now. At the same time, the group members were actively checking each other out, in terms of music they liked, teachers and courses, and religious beliefs. The girls decided that no information or names should be shared with anyone outside this group, or with their mothers, whom they knew would be meeting that evening.

To begin some initial goal setting, the girls were paired together to talk about their ideas in terms of this task. They then returned as a group to share ideas. Though they were unsure of what they expected or wanted from this type of group, they used the time to get to know each other better, on a slightly more personal level. They shared with each other feelings of low self-confidence, depression, anger, and anxiety around family conflicts. This came out in statements like "life is the pits", "I hate my parents because they want me to be perfect, to make up for my two brothers", "I really get scared when my dad and my brother fight, because it might get worse", "I feel like just taking off!". The quiet girl, an "A" student, wearing all black, stated her marks were going down because she can't concentrate. Three of the girls said they spent a lot of their time in their own rooms at home.

The girls had shared concerns and needed to know what to expect. The worker again praised them for being so open about their personal situations and expressed hope that we would find ways of helping each other. The use of films, speakers, or other activities might also be considered. We could also look at different ways of solving problems and making decisions.

The meeting ended with the girls' promise to remind the other three girls about the next meeting.

The worker was able to form some initial assessments of the girls and of the group even at this point. They needed help in finding ways of reducing various stressors to enable them to get on with their own lives. Some were legitimately angry or depressed by factors in their home environments, and this was validated by the worker during the meeting. They all needed to learn other, more positive ways of handling anger, ways that would be less destructive to themselves. One of the girls was skipping classes, staying out late, and fighting with her father. Another was avoiding peers and her family, and "hiding" in her room with music tapes and books. Similarly, another had unrealistically high academic expectations for herself and almost crippling fears that she would not attain these. The youngest of the group lacked the social skills required to relate to peers, using defences of avoidance and denial, stating that she didn't need friends. As a group, the girls needed to establish a sense of trust in each other and with the worker.

SESSIONS II & III: The second group meeting was attended by seven girls; the third, by five girls. Three of the girls had attended all

three sessions so far. A sub-group of three other girls formed during the second meeting. Their behavior became quite disruptive, the 17 year-old regressing to a younger level with the two 15 year-olds, all using noisy, foul language. Introductions were brief, as these girls were not able to settle down despite the worker's attempts to make them feel more at ease. The focus was therefore redirected to the other group members. As the quieter member brought out her concern for falling grades, the worker encouraged others' interest and support. Despite disruption, a theme began to emerge: "How can you change something that isn't up to you to change. You have no power." This girl described a serious family problem and showed insight into her powerlessness in the situation. Others began to share a little more about their family relationships. A supportive atmosphere developed between the four girls, as they agreed, "Thank God we have our own rooms". This also added humor which relieved their anxieties. It also had a relaxing effect on the three disruptive members and they became more attentive.

The confidentiality issue again came up for discussion as further "testing" of each other and the worker continued.

The third meeting was attended by five girls, two of whom were new to the group. The older members described what they thought was the purpose of the group, i.e. to help each other with their problems. One of the new members stated she was failing her courses and there was a lot of fighting between her and her mother, who was a single parent. She (the girl) also had trouble getting up in the morning. The other 'new' girl was Japanese, an "A" student, and new to Canada. She spoke English fluently, but was avoiding peer contact. There were also

problems of conflicting cultural values, as the girl was trying to adapt to the Western culture.

With the introduction of new members, confidentiality was again stressed by the older members. The worker summarized the group's general progress so far and encouraged the new members' input. There was tension rising again, and one of the younger girls began running around the room which created an opportunity for a discussion of different ways of expressing feelings. They identified with the anxiety the girl was feeling and felt it was a good way to relieve tension. Others stated they expressed feelings through poetry and several agreed to bring in poems they had written.

Three themes had now emerged:

1. Powerlessness, which was interpreted by the worker as a need to develop skills in problem-solving and decision-making, which would enable the girls to experience a greater sense of control in their lives;
2. Identification and constructive expression of feelings; and
3. Communication: how does one "connect" with other people, peers and adults.

These themes were articulated by the worker as constituting the purpose of this group. Feedback was encouraged, and the members agreed they wanted to pursue these goals. Other group goals were also agreed on:

1. To come on time.
2. To share positive remarks about people in the group.
3. To listen and respond.

Individual goals were also beginning to be clarified. One of the girls decided she would say "hi" to at least two new students everyday. The quiet girl said she would make eye contact in her conversations with people. Another stated she would get up in time to get to classes.

To assist with further assessment and evaluation, the self-concept questionnaire was explained and given to each of the girls to complete and return the following Monday.

With regard to absence of the other three members, the girls decided that they were probably not interested in this type of group and would probably not come back. It was interesting that the "attenders" did approach the "disruptive" ones in the hallway during the week, but were rebuffed. This showed their concern for these girls, even though they felt that the present group was beginning to function, to "work" more effectively without noisy disruption. They also knew that the worker was seeing the three girls in individual sessions.

Summary of Beginning Stage

The objectives of the beginning stage as described in the literature (Toseland), are introduction of members, statement of purpose, providing an atmosphere which enables sharing and expression of needs and expectations, setting goals and contracting.

Although this group had not completely stabilized in terms of full and regular attendance, four of the girls had formed a nucleus of membership, with others attending from time to time. This small group had clarified the purpose of the group and had set some individual and group goals, as mentioned.

The worker's role has been:

1. To develop and direct the interaction necessary for definition of the group's purpose and goals, as well as some individual goals. Further goals emerge as the group develops.
2. To model concerns and caring in order to encourage the girls to be supportive of each other as they share feelings, views and experiences.
3. To begin to build a supportive network within and outside the group.

Middle Phase (November 26, 1984 - January 14, 1985)

SESSIONS IV - IX: During these sessions the group established supportive interaction and developed group and individual goals. Helping the group members achieve these goals is the prime task for the worker during this phase (Toseland). Interventions occurred at different levels, i.e. the group member, the group as a whole, and the school environment.

The six sessions during this phase were attended regularly by the four girls who now had a cohesive group, with a deepening, trusting relationship with one another. One other girl might have returned to the group had she not been "ordered" by a guidance counsellor to attend the group. In defiance, she had refused. (This suggests the need for greater interpretation to guidance regarding the nature of the group.) The four regular attenders will be referred to as C., Y., J., and L.

Introduction of a tape recorder in the fourth session served to focus on the theme and problems of communication. The girls were

adamant at not wanting to be taped. C. could not trust the worker's supervisor (for whom the tape would have been made), if she couldn't see his reaction to what she was saying. The group agreed that the worker should invite the supervisor to one of the sessions. In connection with this, trust became an important issue for discussion. C., who is the quiet one who dresses in black, described how much she hates her father who calls her "a bitch". J. and Y. sympathized with C., discussed how their parents don't trust them either and treat them like little girls. J. elaborated on the conflict with her mother and their negotiated agreement to treat each other as roommates. J. agreed to let her mother know if she was not coming home for the night, to relieve her mother from worry. L. pointed out humorously that it's difficult to get up for school if one parties all night. She stated she has a similar problem. Y. offered to phone J. every morning to help her get to classes on time.

The identity question received much attention during session IV. C., the girl who wears black and avoids eye contact, portrayed a poor self-image and confusion about her self-identity. She made an appeal for feedback from the group members. She could not understand how much she had changed since junior high when she was an "A" student; she dresses differently now, doesn't care about her marks, and feels depressed and sick most of the time. She is considering failing this year. (The worker assessed that this was a cry for recognition and support, and encouraged the others to pursue this with C.). Y. suggested failing may surely get her parents' attention, but that her self-respect would suffer since good grades <u>are</u> important to her (to C.). C.'s concern that peers think she's a snob is picked up by J. and

L., and interpreted as shyness. C. is able to admit she doesn't know how to talk to people.

The group members role-played several simple situations to illustrate social skills. This was done in a humorous fashion, especially by L. who immersed herself in the role of a downcast, shy teenager, attempting to carry on a casual conversation with a boy. C. herself role-played the part, in rehearsal for the real world outside.

Initial linking of the teen girls with their mothers was done by the worker, by bringing back information from the mothers' group. In preparing for the joint meetings, the mothers agreed to leave the topics up to the girls. The girls had no difficulty deciding on three topics. In their own words:

1. "Drugs, drinking, and smoking pot;
2. Decision-making; and
3. Meeting people - talking to people (not like Dale Carnegie stuff), especially to boys".

Discussion of these topics generated good interaction in subsequent meetings as they shared views on drinking, intimacy as opposed to sex, and abortion. They dispelled the myths of pregnancy. Information was exchanged about resources for medical care, birth control, and abortion. Three of the girls had been exposed to different types of violence, and were able to share their valid feelings of anger and sadness.

The worker created opportunities for practice with personal decision-making. Hypothetical problems were proposed, alternative solutions brainstormed, and consequences of decisions reached were

evaluated. As much as possible, the worker redirected questions to the group members and reinforced their excellent ability to find solutions.

This process involved a great deal of time as individual values had to be clarified and considered. One of the real life situations discussed was concerned with one of the girl's mothers, a single unmarried parent, who decided to have her baby against her family's advice. Emotional supports of many of her family and friends disappeared after the baby was born. The girls considered the weight of having to make such a decision and the value of social support in difficult situations. The Japanese girl shared the values of her culture, attitudes to abortion, and available resources there. Contraceptive methods were discussed with humor -"sex is romantic, but you don't spoil it just because you take the pill" or, "you have to be practical, you know".

As the girls struggled to clarify their own values and with issues of authority, the noon hour meetings stretched to two hours. The worker was able to obtain continued support from school staff for these sessions to continue. The worker also arranged to meet with two of the girls, their mothers, and the guidance counsellor, for a review and restructuring of their academic programs (to allow them some academic successes).

Throughout this middle phase, the worker reinforced the girls' efforts to accomplish their individual goals and stimulated support from the members for each other. C., the withdrawn member, had begun to go out socially, had been to a U. of W. dance, and had talked to a boy she liked at school. This latter endeavour she wanted to drop, but the girls felt she hadn't tried hard enough, and she'd better try again.

Y. had found a tutoring job and was attempting to resolve some value conflicts with her parents. The girls also had an opportunity to look at the strength of networks and support systems as we worked on an "ECO-MAP" (Laird & Hartman) and the "Personal Networking Assessment" form (Maguire, 1983).

Summary of Middle Phase

The girls' intense involvement and their efforts in accomplishing their individual goals throughout this period, has been described.

Interventions used to facilitate mutual aid and social support were discussed. Assessment was on-going and the various interventions used were geared to the evolving needs of the group members.

Ending Phase (January 21 - February 4, 1985)

SESSIONS X & XI: Part of this period was used for completing the post-group self-concept questionnaire, and following up on authority issues, i.e. complaints about teachers and parents. Y. confronted the three other girls with their lack of responsibility about attending classes. The theme became one of "It's hard to work; it's hard to change." She herself complained about her over-protective mother who insisted she be driven home at night. L. reminded Y. that "it's dumb to take risks, you're a female, and your mother is right!" The interaction was angry, directed outside, not at each other.

The worker felt this anger might be connected with the group's termination and suggested we discuss where we want to go from here. The worker stated they could consider continuing the present group as one of

the options. The gains they had made to this point were identified and praise was given for finishing something they had started. The group members expressed relief and unanimously agreed to continue, following the combined group sessions. It would be important to use the feedback from the joint sessions for further intervention.

We celebrated with lunch at J.'s home. She surprised us all with her fine culinary talent.

Synthesis

The first three sessions were marked by highly emotional verbal and non-verbal behaviors that reflected the uncertainty and anxiety of the unfamiliar experience into which the girls were about to enter.

Nine girls participated more or less regularly, until a nucleus of four eventually made up the group. A sub-group of three girls which quickly developed in the early stages, threatened to dissolve the group before it "got off the ground". Two of the girls never returned to the group, but were treated individually.

Confidentiality was a major issue, especially with introduction of new members. Once the group had stabilized in membership, there was less concern. The group contracted to meet for 10 weekly sessions during lunch hours.

Several group goals became established in the fourth session. These included identification of feelings, development of communication, decision-making and problem-solving skills. Group members set individual goals for themselves which were based on specific individual needs.

As group interaction increased throughout the middle phase, there

was a great deal of mutual sharing of each other's efforts to accomplish their goals. Issues of identity, sexuality and authority were dealt with. Moral, social, and cultural values were explored. The girls were developing a sense of self, apart from their parents. There was an increased awareness of their strengths and ability to make more responsible decisions. A supportive network developed inside the group as well as outside, as they made meaningful social contacts with new peers.

The last two sessions constituted the ending phase. The worker summarized their progress and praised their efforts in accomplishing goals, and finishing something they had begun, i.e., the group program.

It should be pointed out that the developmental phases of the group's progress did not follow a strict pattern. New themes continued to emerge with the increase of mutual support and trust.

The ending phase was also another beginning, as we recontracted for further weekly meetings until the end of the school year. Not only would this provide a longer period of time for consolidation of skills, but it would provide important feedback after the combined mother-daughter sessions.

The worker's role in the group was to facilitate mutual aid and social support which promoted development of skills necessary for more positive personal and social adjustment. The worker acted as a model for caring, support and concern. In the networking role, the worker acted as a brokerage resource (liaison between the school and the student), as a mediator, mediating between the needs of the system and the needs of the child (school conferences involving student, parent, principal and teachers), and as an advocate for resources (need for drug

education and sexuality seminars for all students).

Assessment of individual and group functioning was done simultaneously along with the worker's other tasks throughout each session and between sessions. Interventions were based on these assessments.

The following are the results of the self-concept questionnaire which were administered pre- and post-intervention (Measures of Self-Appraisal Inventory, Grades 7-12, Instruction Objective Exchange 1972). The inventory is divided into five scores. Total scores and subscores in each area are given. The scores are indicators of the areas:

1. Total Score (T)

   Sub-Scores

   2. Peers (P)
   3. Family (F)
   4. School (S)
   5. General (G)

CASE #1. November 1984	February 1985
1. T = 6/62 = 9%	1. T = 28/62 = 45%
2. P = 2/16 = 12%	2. P = 9/16 = 56%
3. F = 1/16 = 6%	3. F = 4/16 = 25%
4. S = 2/14 = 14%	4. S = 6/14 = 42%
5. G = 1/16 = 6%	5. G = 9/16 = 56%

CASE #2. November 1984	February 1985
1. T = 25/62 = 40%	1. T = 40/62 = 64%
2. P = 7/16 = 45%	2. P = 13/16 = 80%

3. F = 6/16 = 37%	3. F = 7/16 = 43%
4. S = 6/14 = 42%	4. S = 8/14 = 57%
5. G = 6/16 = 37%	5. G = 12/16 = 75%
CASE #3. November 1984	February 1985
1. T = 37/62 = 60%	1. T = 40/62 = 64%
2. P = 9/16 = 56%	2. P = 11/16 = 70%
3. F = 7/16 = 43%	3. F = 9/16 = 56%
4. S = 8/14 = 57%	4. S = 6/14 = 42%
5. G = 13/16 = 80%	5. G = 15/16 = 93%
CASE #4. November 1984	February 1985
1. T = 31/62 = 50%	1. T = 33/62 = 53%
2. P = 12/16 = 75%	2. P = 12/16 = 75%
3. F = 6/16 = 37%	3. F = 5/16 = 31%
4. S = 4/14 = 30%	4. S = 6/14 = 42%
5. G = 9/16 = 56%	5. G = 10/16 = 62%

Summary of Scores:

Case #1 showed the most dramatic increase in total self-concept. Peer, family, school and general categories showed significant increase.

Case #2 showed significant increase in peer and general categories. There was an increase in family, school and total self-concept categories.

Case #3 showed an increase in all categories except the school category. This may have been due to the revision of the girl's academic

program which was occurring at this time and which allowed her to continue in school.

Case #4 showed an increase in all categories, except in the family category which showed a slight decrease.

All group members showed improvement in most categories. In all cases, the total self-concept improved.

The results indicate that the use of the group treatment method for facilitating social support is effective in increasing the self-concept of these adolescent girls (Grade 10-12).

Scores obtained on two other adolescent girls who were not participants in the group program, but who were seen in individual treatment, are as follows:

CASE #1. November 1984	February 1985
1. T = 21/62 = 33%	1. T = 28/62 = 45%
2. P = 8/16 = 50%	2. P = 11/16 = 69%
3. F = 5/16 = 31%	3. F = 6/16 = 37%
4. S = 2/14 = 14%	4. S = 5/14 = 36%
5. G = 6/16 = 37%	5. G = 5/16 = 31%

CASE #2. November 1984	February 1985
1. T = 23/62 = 37%	1. T = 19/62 = 30%
2. P = 9/16 = 56%	2. P = 8/16 = 50%
3. F = 4/16 = 25%	3. F = 3/16 = 18%
4. S = 4/14 = 29%	4. S = 3/14 = 21%
5. G = 6/16 = 37%	5. G = 5/16 = 31%

These results indicate a slight increase in overall self-concept in Case #1, and a decline in self-concept in Case #2.

Evaluation

Social support and mutual aid concepts have been applied successfully in the treatment of adolescent girls to promote positive change in self-concept and social-emotional adjustment. The group treatment model was an effective method for creating new linkages and expanding their peer network.

Example: One of the girls had witnessed family violence and had been sexually assaulted a year ago by an acquaintance. During the first two group meetings, this girl had boasted of smoking pot and drinking on week-ends. The other group members tried to ignore her. However, they become concerned about her absence from the following group meeting. They discussed ways of bringing her back into the group. One of the girls suggested simply telling her that they wanted and needed her participation in the group. Three of the girls sought her out at school and encouraged her to return. The concern that was shown enabled the girl to reveal her desperate feelings of aloneness and to share her hurt and pain. The group gave her a feeling of belonging and self-worth. A serious discussion of the destructive effects of drugs and alcohol followed. The bonding or linkages that occurred through this experience was most evident when the girls began inviting her to their homes and going out with her socially.

Another example was in the case of the group member who depended entirely on her boyfriend and denied the need of other friendships. She

often did not come home at night and complained of her mother's "constant harassment." She found commonality in the group through the excellent writings of poetry. The group members encouraged her to pursue these talents and were delighted when she shared these with the group. They were able to identify with the feelings expressed in the poems, which permitted further exploration of each others experiences and points of view. The relationships that developed for this girl, through the support of her peers, helped her become more responsible for herself in a variety of ways. She was able to get up in time for school since she was spending more time at home. Her future seemed brighter as she was gradually able to establish some future goals for herself that had previously seemed futile.

Positive feedback and encouragement between group members enabled the girls to experiment with new ways of relating to one another and in forming satisfying relationships outside the group. They learned to reach out for support when they needed it.

The girls reported improvements in their relationships with their mothers and were learning to negotiate conflicts around parental expectations and values. This meant that they were putting these new skills into practice and were experiencing a degree of success.

Other areas of their lives may remain stressful, as in the case mentioned above, but these teens have a better understanding of what they can and cannot change. This new awareness has provided the girls with greater freedom to develop their own strengths and to accomplish the necessary tasks of adolescence.

This worker would recommend a greater use of social group work

within the high school setting, community or agency setting. The school setting permitted this worker to utilize this environment as an additional source of support for the group members.

CHAPTER V

MOTHERS GROUP

Introduction

The workers objectives for the mothers' group were as follows:

1. To facilitate interaction and a sharing of concerns, views and experiences, as related to parenting adolescents.
2. To develop a sense of group cohesiveness that would promote mutual-aid and a network of social support.
3. To facilitate the identification and accomplishment of individual and group goals.
4. To provide information on skills required for parenting adolescent girls.
5. To increase the members' individual self-awareness as related to parenting.

The group's objectives were as follows:

1. To examine the nature of parent-adolescent conflict and to help each other in finding solutions to their problems.
2. To develop more positive mother-daughter relationships.
3. To share concerns and exchange views, opinions, and information in relation to the problems they were experiencing as mothers.

Methods used and steps taken in the pre-group stage have already been discussed.

The total number of group members who participated was ten. The average number in attendance at each meeting was six. Of the ten who began the program, six attended regularly and completed the program.

The program began November 5, 1984 and ran for ten sessions until January 28, 1985. The group contracted for sessions to run once a week, on Monday evenings for two to three hours. The group met at the high school, which was most convenient for most of the members.

To help identify the backgrounds of the members, it may help to consider them in their various roles, apart from the mother role. Among the group were: a bank supervisor, wife of a government official, a volunteer, four nurses (one of which was a nursing administrator), a travel agent, a telephone operator, and a group home worker. There was an abundance of resources here. The six that attended regularly were highly motivated to improve the mother-daughter relationship. There was occupational and cultural diversity which added to the richness of the program and created stimulating interaction.

Beginning Phase

SESSIONS I & II (November 5 - 12, 1984; Attendance - Five Members)

The group members formed a circle with their chairs and introduced themselves to each other. The worker introduced herself, stated her roles as mother, wife, and school social worker at Child Guidance Clinic. The function of the agency was briefly explained. The group was advised that this group program was part of her graduate studies. One of the mothers stated she was also in the process of completing a thesis, as well as working at a full-time job. With more emphasis on "the learner" than on the professional, the worker outlined the initial group purpose as "a support group for mothers to talk together about problems with their teens; to help each other find solutions". The

question of confidentiality was quickly dealt with. The agreed to respect the need for it and indicated they wanted to "get on with" the program.

The worker suggested the dyad technique of sharing information with each other and with the total group. The worker connected parallel concerns and identified these as mothers' feelings of guilt and inadequacy, the special problems for working mothers, and problems of communication between mothers and their daughters. There was also concern expressed around their teens' peers who were seen as a negative influence. With these disclosures, the worker's personal experience with difficult teens was questioned, which the worker shared briefly with the group. This established trust and gave the worker some credibility which enabled the members to share more of themselves.

Further discussion of group purpose was encouraged. The group agreed to focus on sharing their experiences and views in an effort to find solutions to their stated concerns. The members indicated they were relieved to find they were not alone with their problems.

The second session was attended by seven mothers. Two were new to the group: one was a single parent who was the only member who lived outside this neighborhood; the other was a Japanese woman who was most perceptive in terms of the groups' uncertain reaction to her. She attempted to put them at ease by stating she was there because she was a mother who was having problems with her daughter. The worker was able to draw parallels with two other members who also had different national origins and lacked the support of extended family members.

There were other sources of tension in the group. Despite a

restatement of group purpose to the new members, one of the new mothers broke into an angry outburst, relating serious marital problems. The response was initially one of shock, as the members were not yet prepared for expression of such feeling, although several members showed empathic support. She was accepted as she was, even though she used foul language, as they identified with her distress. Eventually she was able to see some humor in her situation. The others laughed with her and relieved the tension. The worker suggested meeting with her after the group session to help her with the problem she described.

Conflict between two group members developed around two different parenting approaches, i.e., permissive vs. strict and authoritative. The worker was able to diffuse the tension by encouraging the others to share their views and experiences. An attempt was made to direct the discussion towards specific individual goals. One of the members blamed herself for her daughter's problems. She wanted help in finding a better way of responding to her provocative behavior. She suspected the girl was on drugs; she was skipping classes and her school grades were falling. A whole new area of concern was opened up and a strong interest in identifying drug behavior and the effects of drugs was expressed. Since there were several nurses in the group, this was discussed from a medical point of view at this time. The group decided to invite a speaker at some point on this subject.

The worker summarized the session from the point of view that there were questions of parenting, communication and drugs that individuals wanted to pursue, as well as "what is normal/abnormal adolescent behavior?".

It was apparent to the worker that a power struggle between two of the members had emerged. The dynamics within the group indicated that the others were aligning themselves with the member who was supportive and helpful by providing a phone number for a needed resource by another member in the first meeting. The other factor that needed attention was the lack of active participation by two other members. The group had become more specific in defining their goals, i.e. information on adolescent development and communication skills. They have begun thinking in terms of supportive networks and will complete a parent questionnaire (indicator of parent-child conflict and level of support).

Middle Phase

SESSIONS III - VIII (November 19, 1984 - January 14, 1985; Attendance at Sessions: 3rd - 5 members; 4th - 6; 5th - 4; 6th - 5; 7th - 3; 8th - 6).

The power struggle had been settled - the other member never returned. (The worker made contact; she (mother) felt the group was not for her or her daughter. She felt her daughter might become more depressed.) Two of the mothers who attended regularly did not have their girls in the teen-group; they had dropped out of the teen-group. The acknowledged "helper" member showed leadership potential which would be useful for the group to continue later, as a self-help group.

The middle phase was extremely active in interaction, strengthening of support, providing material aid (one of the members offered to find hospital employment for the "poorer" member of the group from another neighborhood).

Discussion on the topic of premature sex for teens was handled with sensitivity and concern. One of the members had great difficulty accepting that her 15 year-old was sexually active. This mother became extremely emotional and received support from all the members. The worker directed the discussion in terms of the relationship between our own adolescent conflicts and our reactions to our children. Others shared experiences in this regard.

At various points, the worker brought reading material on psycho-social-emotional development and used the flip chart to demonstrate adolescents' normal needs and changes in parenting approaches required, i.e. control vs. two-way interaction. There was a sharing of feelings regarding our own stage of transition. The group members were able to look more at themselves and how their behavior affects the children, how they get their values. This self-awareness encouraged self-monitoring, which members learned to do and report back to the group.

The Japanese member was exceedingly interested in the subject of values and shared her views on this, as well as her family relationships. She stated she had some problems with her daughter. "Kids should know what society is, but they should know their own values." She was referring to stories her girl tells her about drugs in the school, and young people drinking. The group was supportive, recognizing the difficulties she had to face in a new country and culture. She stated that in her family, her mother had a mediator role between father and brother.

The group members, at another point, strongly condemned a mother's form of discipline of her eight year-old child. The worker prompted the

members to empathize with the mother's pain and frustration and encouraged constructive discussion based on their own experiences with younger children. One mother recalled that her daughter had been a hyperactive child, difficult to manage for several years. She found that spending quiet times with the child, reading stories or singing to her, particularly at bedtime, were very helpful. Another mother shared her insight, stating that children often cannot articulate their needs, but demonstrate them through their behavior. She suggested the child needed individual attention. He was getting the attention in a negative way. This member was able to identify with the responsibility of raising three children, as she had three of her own. This opened up a discussion of the enormous pressures on working mothers. One mother stated she had the feeling of "being sucked dry."

The opportunity arose for group members to examine their support systems and community resources available to them. One member stated she knew many people, but they were no help to her. Three mothers shared their feelings of desperation and guilt because they felt forced to call on the police to help with their daughters. The worker encouraged discussion of alternatives to the "Toughlove" approach with which most of the members strongly disagreed. One member reported on a series of A.F.M. Meetings she had attended and gave the name of her contact person. Information was shared concerning S.T.E.P. Teen programs that were available. The worker noted, and expressed the observation, that support did not seem to be available from relatives or close friends, or that members were not utilizing potential supports in their environment. It became evident that most of these families were

isolated; relatives lived too far away and colleagues at work were not considered close personal friends. The notion that support could be available "took root" however, as evidenced by later reports; one member telephoned her sister in B.C., and another took two weeks leave from work to visit her family in Washington.

Two group situations that were potential areas for sidetracking the group's purpose occurred. Following discussion of concerns related to some of their daughter's early sexual activities, several of the members lay the blame on the school's attendance policy. The scapegoating of the school became temporarily contagious. Several of the members spoke of taking a petition of neighborhood signatures to the superintendent. At this point, the members were asked to redefine their group goals. The quiet member (the Japanese mother) stated that this action would not be consistent with their goals as they were here primarily to find better ways of communicating with their daughters. The worker refocussed on their sexual concerns, and suggested the need for a speaker on sexuality.

The other situation occurred in Session VIII. Several school staff were involved in their own meeting in the school that evening. One of the teachers stayed behind to inquire about her participation in the mother's group. She was having problems with her 15 year old daughter. Several members indicated that this would be an uncomfortable situation for all concerned, but suggested (to the worker), that a group for teachers might be possible. The worker met with the teacher afterwards to refer her to an appropriate resource.

Many other examples of mutual aid and social support could be

described. The support network was strong, deep bonds had developed through the members' interaction. Two final, but especially significant developments: one of the members had become severely depressed over the Christmas holidays, took time off work, but attended the group sessions. The worker encouraged psychiatric follow-up, of which she was fearful. The group members were very comforting and made sure she went for her medication (she had had previous psychiatric help). Another member, after a fight with her ex-husband, came to the group a little bruised. The group encouraged her to obtain a restraining order. She was later offered a job in a hospital by one of the members.

The group was becoming a self-help group. The worker's role diminished and became that of a resource person. The worker was invited to attend the third session of the self-help group. Questions were raised with the worker about opening up the group to mothers of teenaged boys. Aware of the possible change in focus, the group decided to proceed in that direction.

Ending Phase

SESSIONS IX & X (January 21 - 28, 1985)

The group's accomplishment of forming a strong mutual aid and social support network was commended. They decided to continue meeting (and adding members), following the combined sessions of February 5, 1985, February 11, 1985 and March 4, 1985. Speakers were from the Alcohol Foundation of Manitoba, Women's Clinic, and St. Vital School Division. The topics were "Drugs and Alcohol", and "Sexuality".

The worker will continue in a resource and referral capacity. A

guide book for self-help groups was made available to the two group leaders.

Synthesis and Evaluation

Mothers Group

The mothers group met for 10 weekly sessions, November 5, 1984 to January 28, 1985. The total number who participated was ten; the average attendance was six. Of the ones who started the program, six completed the 10 sessions.

The treatment group with mothers was used to accomplish these goals:

1. Improvement of skills required for parenting adolescents.
2. Development of mutual aid, social support and social networks. Interaction between members provided multiple opportunities for support, feedback, mutual-aid and learning.
3. Development of greater self-awareness in relation to the members own needs, and to the change in parenting role, i.e. the need for two-way interaction versus attempted control.

The group members' concerns were around loss of communication with their daughters, negative teen-peer relationships, effects of drugs and alcohol, and premature sexual relationships.

The heterogeneity of the group was such that a cohesive group developed which enabled the sharing of emotions and a variety of experiences, promoting social support and problem-solving. A strongly supportive mutual aid network was established.

Group and individual goals were clarified, and since the members

were bright and highly motivated, they put significant effort into accomplishing these goals.

The focus was both on the individual member and on the group as a whole. Intervention at one level affects the other (Toseland). When focus was on one individual, an effort was made to involve the members in the helping process, which facilitated sharing and social support. Several instances described have illustrated these dynamics.

Potential leadership was evident by the second session. This particular member demonstrated a warm, helping capacity and the others responded.

In later stages of the group process, members were able to be confrontational on issues such as inappropriate disciplinary measures and spousal violence. Since this was done in a supportive atmosphere, new parenting skills were learned.

Group members were able to make parenting changes in relation to their teen daughters. They self-monitored and reported their successes (or failures) to the group.

The Parent Questionnaire (Appendix, Figure 1) which was developed by the worker, was administered to seven members pre- and post-intervention. The questionnaire was a diagnostic tool for the worker which provided additional feedback for planning appropriate intervention strategies. For the members, it helped to identify areas of concern and areas where supports were lacking or available to them.

Summary of Results of Parent Questionnaire (March 2, 1985):

1. Parent-child relationship: Six cases reported improvement. One remained the same (unsatisfactory).

Improvement was a result of newly acquired abilities to recognize and verbally support positive behaviors in their daughters.

The "unsatisfactory" relationship was reported by the mother who had shown serious depressive symptoms for which she eventually received medical attention. She was able to recognize, however, that her depression contributed to the stressful mother-daughter relationship, as well as to her marital relationship.

2. Satisfaction with child's school report: Three cases reported a greater degree of satisfaction. Three reported no change. One reported a decrease in satisfaction.

   School progress reports which the parents obtained from the guidance counsellor, indicated improved attendance and participation in three cases. Three other students continued to do well academically. One student was considering leaving school at the time the post-questionnaire was given. The mother, therefore, reported a decrease in satisfaction with the school report.

3. Satisfaction with child's peer involvement: Three reported improvement, two reported "not sure", two remained the same (satisfactory).

   Improvement in three cases was based on: a mother's perception of her daughter's increased self-confidence and social skills, and new peer relationships; a mother's observation that her daughter had acquired several girlfriends and relied less

on her boyfriend; a mother who felt that her daughter was spending less time with a negative peer group. The "not sure" respondents were not well acquainted with their girls' peers to form an opinion.

4. Satisfaction with support from immediate family: Three reported improved support, three remained the same (satisfactory), one reported a decrease in support.

   "Improved support" respondents felt they were learning to talk more openly and honestly with family members. One member reported decreased support due to changes in the family unit, i.e., the grandmother and uncle had moved out of the family home.

5. Satisfaction with support from personal network: All seven cases reported increased support.

6. Size of personal network: Six cases reported an increase of four to five. One member reported no change.

   Increased support and increased size of personal network was reported as a result of new connections made within the mothers group.

7. Degree of parent-child conflict: Six cases reported a decrease in conflict. One member reported no change (a great deal).

   The decrease in conflict was seen by these members as a result of increased ability to use problem-solving skills and greater awareness of the social-emotional needs of their adolescent girls. No change was reported by the mother with depressive symptoms, whose daughter dropped out of the teen group after the second session.

The results of the questionnaire indicate that the group treatment method for facilitating social support was particularly successful in effecting significant positive change in the areas of:

a) Parent-child relationship.

As stated above, most of the mothers and teen girls were beginning to talk with each other more frequently, without open conflict.

b) Support from personal network.

The group members expressed positive feelings to each other about the supportive connections they had made as a result of their group experience. They felt they gave and received support as they shared personal experiences, deep emotions, concerns and ideas.

c) Parent-child conflict.

While mothers described improved use of problem-solving skills with their teens, the girls, in their own group, also referred to occasions during which they were able to talk with their mothers (and in one case, with the father), about differing values and reasonable expectations. The result was a reduction in parent-child conflict and improvement in two-way interaction.

In addition, the following comments were obtained from the Parents Questionnaire which was completed by the members after intervention:

- received "support, ideas, strategies to try"
- "sympathetic listening, information received"

- "emotional support, became more knowledgeable through group interaction"
- "very helpful to me personally, relieved my feelings of aloneness"
- "wanted group to continue for a longer period of time"
- "the support and contact helped me overcome some rough times"
- "more help from this group than other agencies I've had contact with - a 'sit and wait attitude, the child will grow out of it'"
- group was helpful; we were all helped by the leader
- "wanted more combined mother-daughter sessions"
- "our problems didn't shock anyone"
- "the speakers' goals filled the requirements"

In conclusion, the treatment intervention used demonstrated the unique potential of the support group in help-giving and help-seeking.

In terms of social networks, the members developed new linkages for support within the group, and strengthened their linkages with their daughters. The members kept in touch with each other between meetings to ensure attendance at group sessions and reported the reasons for any absences. There were several close attachments formed within the group, but these strengthened the supportive quality of the group, rather than dividing it. Several members provided practical aid and valuable support to two other members during periods of considerable stress, after termination of the program.

Members developed an awareness of the support capacity of their

networks. This support was apparent within the group as trust and intimacy developed from the sharing of deep emotions, concerns, and personal experiences. The most important quality of the mothers group was the feeling of togetherness and the realization that they were not alone with their problems. The members encouraged, supported, confronted each other, and received and gave help in many different ways. The worker's role diminished as members were able to identify specific areas of concern and need in themselves and each other. They had formed a cohesive group and responded to each other with support, sharing of resources and practical help. Two leaders had emerged by the end of the program who took responsibility for continuation of the group as a self-help group.

The worker, as a resource to the group, provided consultation and materials related to self-help groups.

CHAPTER VI

COMMON ELEMENTS

Intervention

Although the worker had planned to combine the two groups in a "linking" intervention mid-way through the program, the teens did not feel they were ready to face their mothers in this type of interaction. The three joint meetings were therefore postponed until the separate group programs were completed. This was an indication that the level of parent-child conflict had been substantially reduced.

The rationale for the joint sessions was to create an opportunity for the mothers and their teens to hear speakers on topics of Drugs and Alcohol, and Sexuality in a structured, supportive environment. The intervention was designed to initiate communication on subjects that were usually taboo between mothers and daughters.

The three joint evening sessions, three hours each, were held at the high school during February and March, 1985. Each session was attended by six teens and their six mothers, and one teen attended on her own. There was a total of 13 persons at each session. The worker's role was to stimulate interaction.

Results

Session I: Speaker from Alcohol Foundation of Manitoba

The speaker was a reinforcer of the skills and concepts that the teens and mothers had learned in their own groups, i.e. communication, trust, and co-operation. Points to be considered by both were:

1. Parents are not responsible for their teens' drug behavior - teens are responsible for their own behavior.
2. Teens do have lots of power; they can manipulate and divide their parents.
3. Parents have so much guilt. What about societal pressures? It's a bad time for both.
4. Symptoms of drug-use are lack of friends, "odd friends", spend time in their rooms, uncommunicative, lying, poor school attendance, and items found in room.
5. Parents aren't perfect, and they know it. But they are still trying to teach them what's good for them.

Information was given regarding A.F.M. programs offered to teens and their families.

Though there were many non-verbal behaviors, no one left the group meeting, not even after the coffee break. The speaker was humorous and spoke the "teen's language". Interaction was between mothers, between teens, between mothers and their own teens, and unrelated teens.

Feedback from the teens and parents: The speaker took "middle of the road" approach - there are reasons for parents' concerns and there are reasons why kids take drugs. Some of the parents wanted more information on the dangers of drugs.

Feedback from the speaker: Some of the teens wanted to know how to help friends on drugs. They didn't want to tell their parents too much in case it would be used as "ammunition" later. He was impressed with the over-all quality of the teens and their potential.

Session II: Sexuality. Women's Clinic.

The speaker dealt with "then" and "now" sexuality, with a focus on the characteristics of a sexually healthy woman and the changing role of women in the 1980's. Though the presentation was interesting, there was a lack of information on birth control, S.T.D., and abortion.

Attempts at reducing the anxiety level of the group were not too successful. Though the group was divided into small groups of four, mothers and daughters not related, the topics given for discussion were fairly unstructured, and did not deal with here and now issues which concerned the members.

The mothers and teens were outspokenly frustrated by the theoretical nature of this first session on sexuality. However, participation in the second session was considerably heightened as a result of the foundation that was laid in this session.

Session III: Sexuality. Resource Consultant, St. Vital School Div.

The speaker, attractive, in mid-twenties, related to the girls very quickly and created a climate that was conducive to discussion. The mothers respected the speaker's knowledge and the ease with which she gave accurate information on the female response cycle, birth control, and sexually transmitted diseases.

Mothers and teens were encouraged to express their feelings about talking to each other about sex, and to discuss their concerns about sexuality in the 1980's. The girls felt their mothers were too judgemental; the mothers had grown up in an era when the subject was taboo. The mothers expressed concerns about teen pregnancy, teen peer pressure

to be fully sexually active, availability of contraceptives without parental consent, and sexual display in the media. The teens expressed resentment towards adult "know-it-all" attitudes; they generally disagreed with the issue of pre-mature sex, suggesting they were more mature than their mothers were at this age. They agreed with their mothers with respect to greater availability of options open to them and therefore, greater difficulty with decision-making related to birth control and sex. Most of the girls felt they would discuss sex with the person with whom they have a relationship, rather than with their mothers. They wanted "space" to develop their own relationships and to make their own decisions.

At one point, the large group was divided into several groups of four, i.e. mothers and daughters who were not their own. Each group was given a case study and a decision-making sheet to complete. Hypothetical situations involved the following:

1. A mother's concern that her daughter was having sex with her boyfriend. What should the mother do?
2. A 17 year-old girl must decide whether or not to have sex with her boyfriend whom she has known for one year.
3. The consequences of S.T.D.: the girl must have treatment and decide how to tell her boyfriend.
4. A girl's difficulty talking to her mother about sexuality.

The group re-assembled to share various views and values which were considered throughout the decision-making process.

The final combined group discussion focussed on societal norms and personal drives, i.e., when to say "yes", when to say "no". Thoughtful

views were expressed, which indicated that although the girls' own personal values would influence their decisions and their relationships, they also wanted support, understanding and information to help them make these decisions.

This combined session revealed some enhancement of communication around the subject of sexuality. Mothers and teens related feelings of embarassment about talking with each other about sex. Mothers stated that they grew up with a lack of information from their parents on this subject, which was considered taboo. There was a gradual exchange of views on birth control, homosexuality and abortion. Despite a difference in attitudes on these subjects, there was agreement that societal norms had changed, that the pressures of today were different for these adolescents, and therefore, decision-making required consideration of a greater variety of options.

Mothers and daughters began sharing feelings and experiences with each other. As the girls expressed their values and expectations in terms of intimacy and trust in their heterosexual relationships, the mothers were able to support the teens in their strivings for meaningful relationships, with or without sex. The mothers expressed the hope, however, that the younger teens would delay full sexual activity until they were older.

The risks of pregnancy were discussed. Immediately following this combined session, two of the mothers were able to discuss sexual involvement, in a direct manner, with their daughters and agreed on the need for contraceptive measures.

In general, the worker's and the groups' goals for re-establishing

meaningful linkages between mothers and daughters was accomplished. The results of the parent questionnaires have illustrated positive change in parent-child relationships. The members of both groups were able to hear and share information, views, and concerns with each other on the subject of sexuality, which had not been possible prior to the combined group experience.

Summary

These speakers' programs were effective in providing information and in initiating communication in these areas between teens and their mothers.

As a participant observer in the combined sessions, the worker was surprised by the powerful impact of social support on communication between mothers and their daughters.

It was evident that both mothers and teens had a desire to communicate with one another and had much to share with each other. The genuine expressions of concern, the sharing of views, impressions, and uncertainties, provided opportunities for growth of mutual respect and understanding.

The girls were beginning to see their mothers as people who did not have all the answers, who were struggling with their own sexuality, and who were equally affected by changes in societal norms and values. The mothers were able to see into the adolescent world and appreciate the increased options and pressures confronting their teens today.

The strong desire for more open, honest communication had been expressed by both groups. The support network of these mothers and teens was a beginning in that direction.

CHAPTER 7

CONCLUSIONS AND RECOMMENDATIONS

The focus of this practicum has been on mutual helping rather than on individual treatment. By combining resources in a social support framework, a powerful network for mutual aid was developed.

The program was guided by my knowledge of social group work, social support networking, the complexities of adolescent development, and parenting.

I found the group approach an effective and logical method of intervention with adolescent girls, since they are in the process of defining themselves, within their own generation. However, they require many supports to accomplish their adolescent tasks. Mothers can provide a supportive, understanding relationship to assist the girls in their development and growth into adulthood.

Members of the mothers group were also found to be in need of nurturance and support. They were able to receive and to give these to each other in the group situation. My observations of the mother-daughter relationship revealed a great desire on both sides to communicate openly and honestly. The combined group sessions were a catalyst for two-way interactions between most of the mothers and their daughters. One mother described the process: "Parenting has changed because society has changed. It can't be black and white - there are so many gray areas."

The student has accomplished the objectives of the practicum by linking the social group work approach with social support networking

methods, in the treatment of adolescent girls. The combined approach was effective as follows:

1. Positive linkages occurred in the girls' peer networks, within and outside the group.
2. The teens showed improved self-concept and social-emotional adjustment.
3. The school environment was successfully utilized as an additional support for the teen girls.
4. Mothers and their teens learned to negotiate differences related to expectations and values which helped to reduce parent-adolescent conflict.
5. The development of a cohesive mother' group, based on social support and mutual aid, increased self-awareness as related to parenting and salient issues that affect their own lives.
6. By combining the mothers' and teens' groups in the final sessions, positive linkages were re-established between the teen girls and their mothers.
7. Through the use of a strengths approach, inherent in the process of mutual aid and social support, the mothers' group made a successful transition to a self-help group which has continued with expanded membership.

My involvement with this program has convinced me of the enormous potential of combining the social group work approach with social support intervention. It was exciting to be able to provide the groups with an opportunity to share their abundant resources, in a mutual helping process.

I was able to experience a variety of worker roles throughout my involvement in this program. The knowledge of the literature enabled me to develop these skills in practice. I feel confident they will be valuable in providing a more effective service delivery in a variety of treatment situations.

Finally, my recommendations are as follows:

1. Social workers must be willing to attempt alternative approaches in working with adolescents and their families.
2. There should be more emphasis in practice settings on group treatment within a network framework because of its valuable potential. It should be considered a necessity when working with adolescents.
3. Opportunities for developing greater skills in the area of social support networking should be given greater priority. Supervisory or worker peer support groups should be available.

The learning and practical experience for this worker was extremely rewarding, professionally and personally.

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APPENDIX

PARENT QUESTIONNAIRE

Name: _____ Date: _____

PART I

Which category best describes: (circle one)

1. Your parent-child relationship?

VERY SATISFACTORY SATISFACTORY NOT SURE UNSATISFACTORY VERY UNSATISFACTORY

2. Your satisfaction with your child's school report?

VERY SATISFACTORY SATISFACTORY NOT SURE UNSATISFACTORY VERY UNSATISFACTORY

3. Your satisfaction with your child's peer involvement?

VERY SATISFACTORY SATISFACTORY NOT SURE UNSATISFACTORY VERY UNSATISFACTORY

4. Your satisfaction with support from:

a) your immediate family?

VERY SATISFACTORY SATISFACTORY NOT SURE UNSATISFACTORY VERY UNSATISFACTORY

b) from your extended family, ie. parents, relatives?

VERY SATISFACTORY SATISFACTORY NOT SURE UNSATISFACTORY VERY UNSATISFACTORY

5. Your satisfaction with support from your personal network, ie. friends, neighbors, workmates, others?

VERY SATISFACTORY SATISFACTORY NOT SURE UNSATISFACTORY VERY UNSATISFACTORY

PART II

1. Degree of parent-child conflict?

A GREAT DEAL SOME LITTLE VERY LITTLE NOT AT ALL

2. How many friends does your child have?

0 - 1 - 2 or 3 - 4 or more

3. Number of people in your kinship network, ie. immediate and extended family?

1 or 2 - 3 or 4 - 4 or more

4. Number of people in your personal network, ie. friends, neighbors, workmates, others?

0 to 5 - 6 to 10 - 10 or more

PART III

Additional Comments:

PARENT QUESTIONNAIRE

Name: _____ Date: _____

PART I

Which category best describes: (circle one)

1. Your parent-child relationship?

___ VERY SATISFACTORY SATISFACTORY NOT SURE UNSATISFACTORY VERY UNSATISFACTORY

2. Your satisfaction with your child's school report?

VERY SATISFACTORY SATISFACTORY NOT SURE UNSATISFACTORY VERY UNSATISFACTORY

3. Your satisfaction with your child's peer involvement?

VERY SATISFACTORY SATISFACTORY NOT SURE UNSATISFACTORY VERY UNSATISFACTORY

4. Your satisfaction with support from:

a) your immediate family?

VERY SATISFACTORY SATISFACTORY NOT SURE UNSATISFACTORY VERY UNSATISFACTORY

b) from your extended family, ie. parents, relatives?

VERY SATISFACTORY SATISFACTORY NOT SURE UNSATISFACTORY VERY UNSATISFACTORY

5. Your satisfaction with support from your personal network, ie. friends, neighbors, workmates, others?

VERY SATISFACTORY SATISFACTORY NOT SURE UNSATISFACTORY VERY UNSATISFACTORY

PART II

1. Degree of parent-child conflict?

A GREAT DEAL SOME LITTLE VERY LITTLE NOT AT ALL

2. How many friends does your child have?

0 - 1 - 2 or 3 - 4 or more

3. Number of people in your kinship network, ie. immediate and extended family?

1 or 2 - 3 or 4 - 4 or more

4. Number of people in your personal network, ie. friends, neighbors, workmates, others?

0 to 5 - 6 to 10 - 10 or more

PART III

1. What type of help did you find in this group, or from individuals in this group?

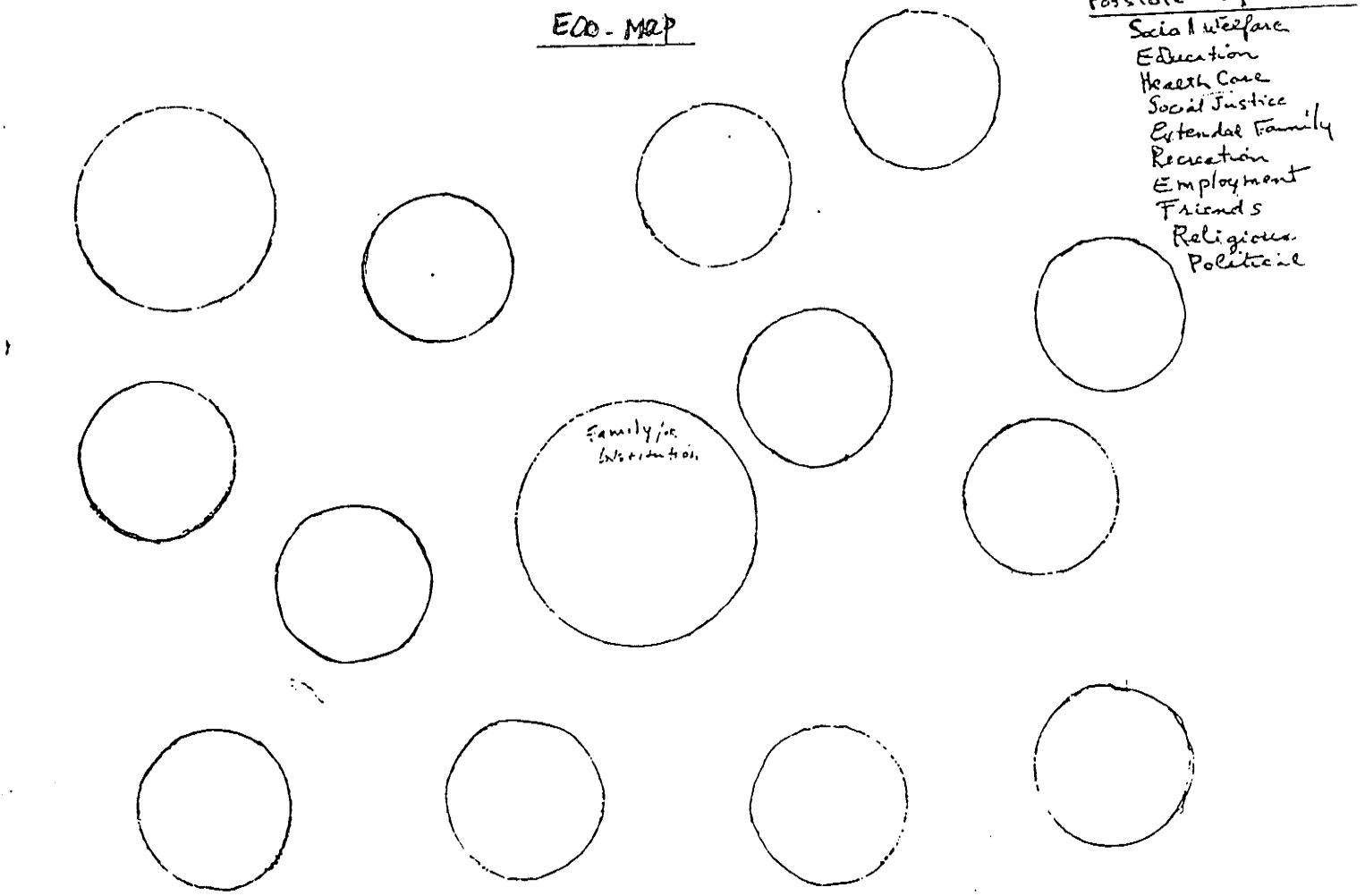
1.
2.
3.

2. How did this occur?

PART IV

Additional Comments:

Eco-Map



Possible Systems:
- Social Welfare
- Education
- Health Care
- Social Justice
- Extended Family
- Recreation
- Employment
- Friends
- Religious
- Political

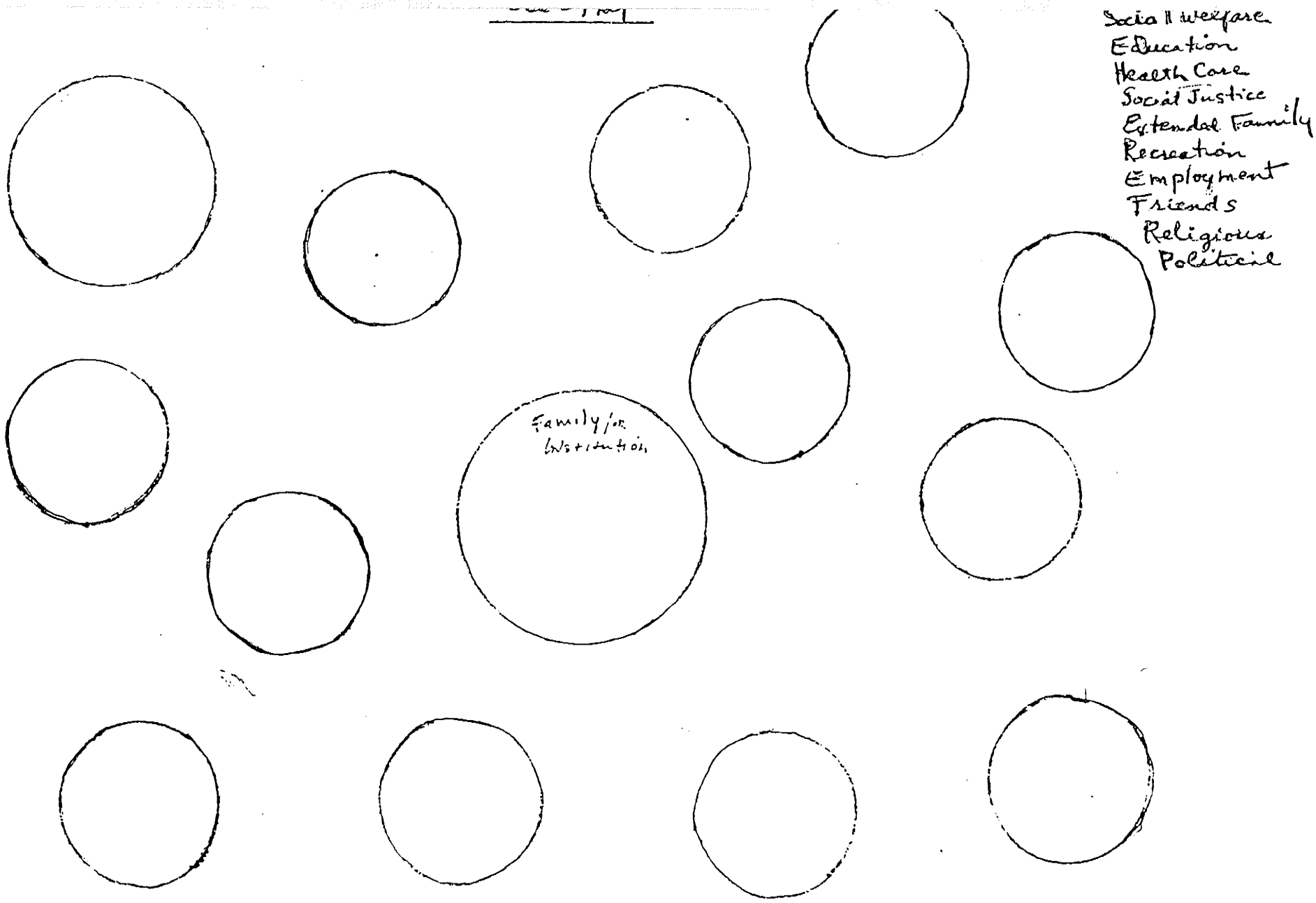
Fill in connections where they exist

——— Strong

- - - - - Tenuous

+++++++ Stressful

Adaptation from: Hartman & Laird
"Family Centered Social Work Practice," 1983.

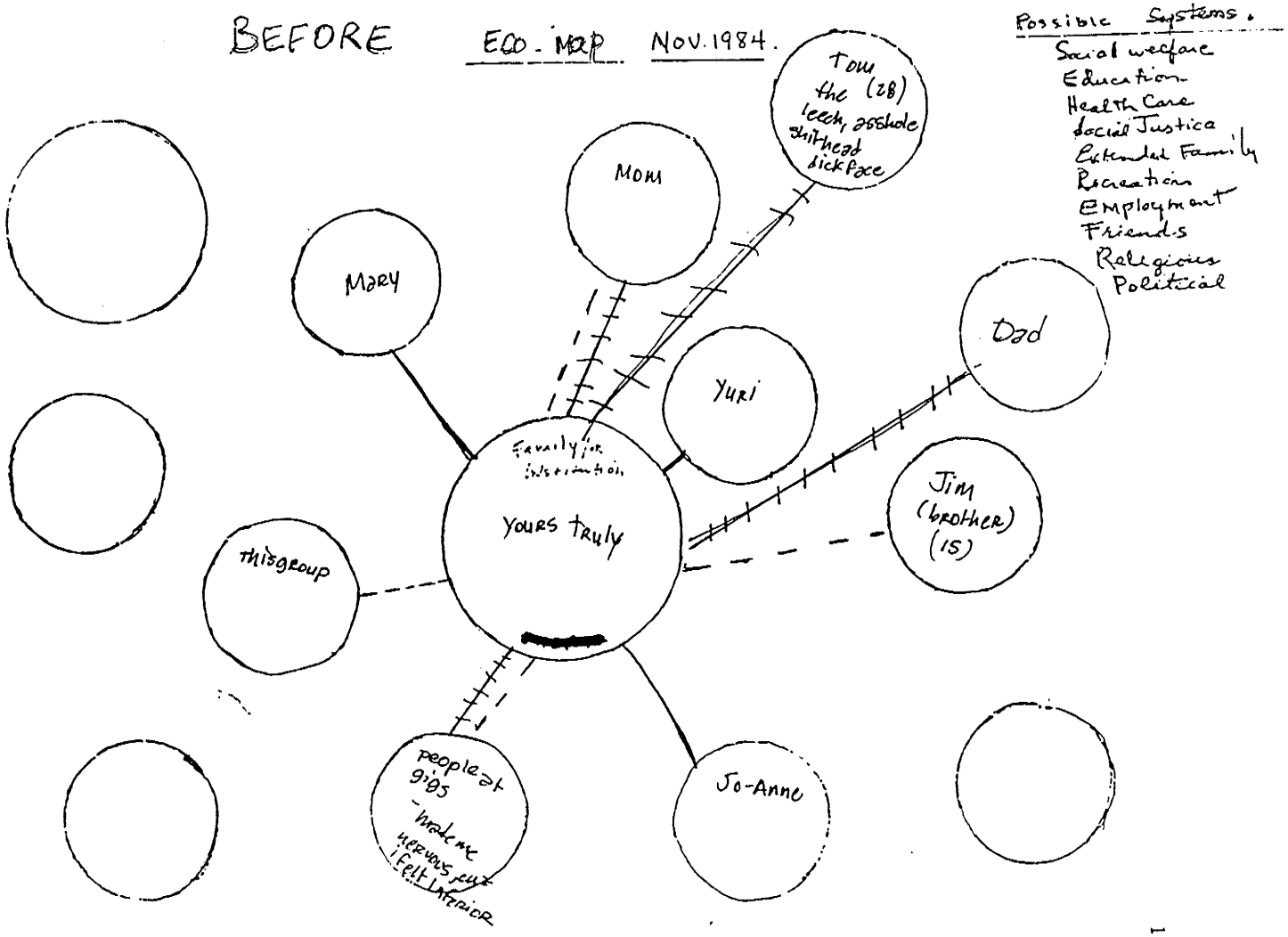


Fill in connections where they exist

——— - - - - ||||||

Strong Tenuous Stressful

Adaptation from: Hartman & Laird
"Family Centered Social Work Practice," 1983.



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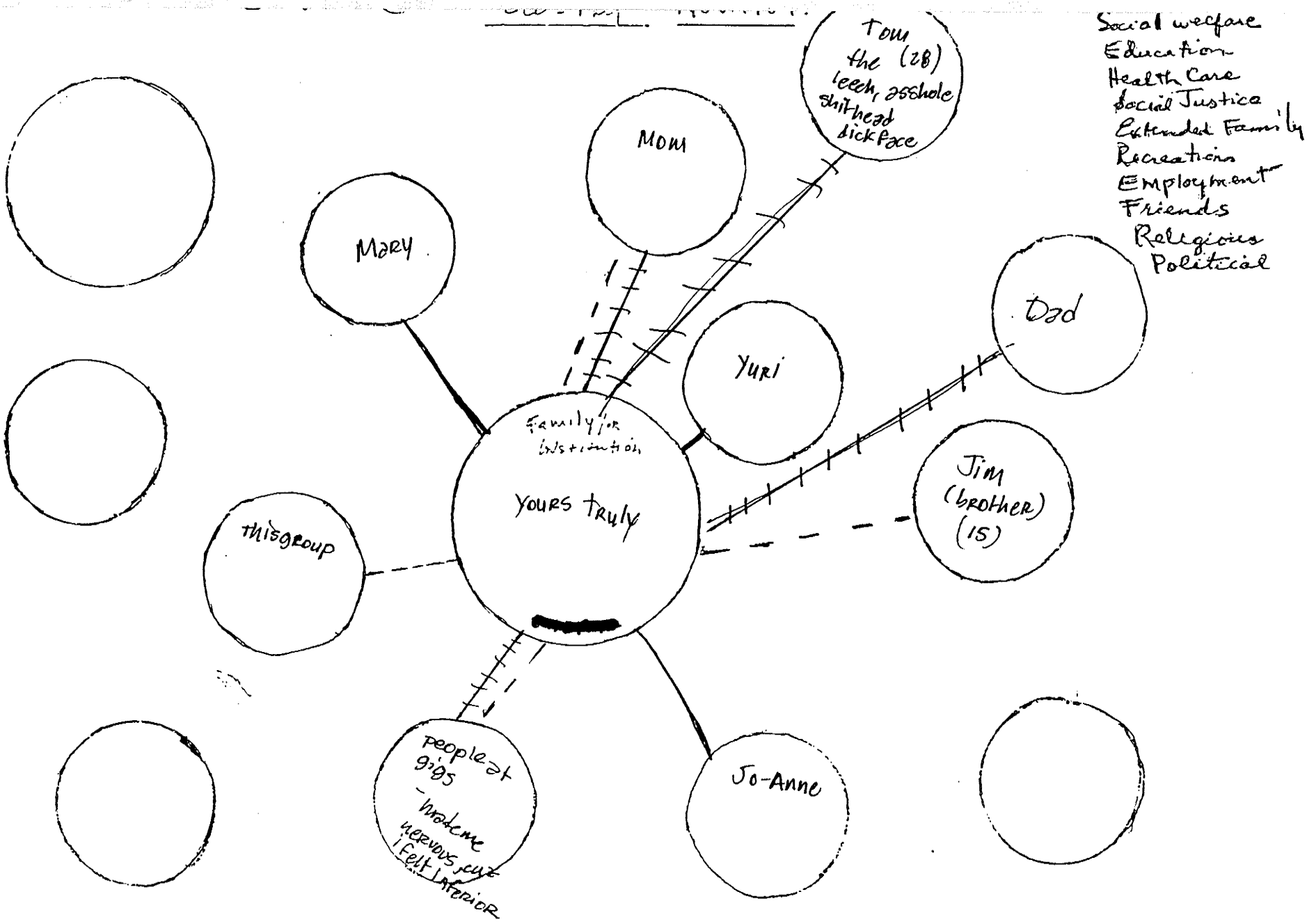
Fill in connections where they exist

Strong ——— Tenuous - - - - Stressful ||||||

Adaptation from: Hartman & Laird
"Family Centered Social Work Practice," 1983.



Fill in connections where they exist

Strong ——— Tenuous - - - - Stressful ||||||

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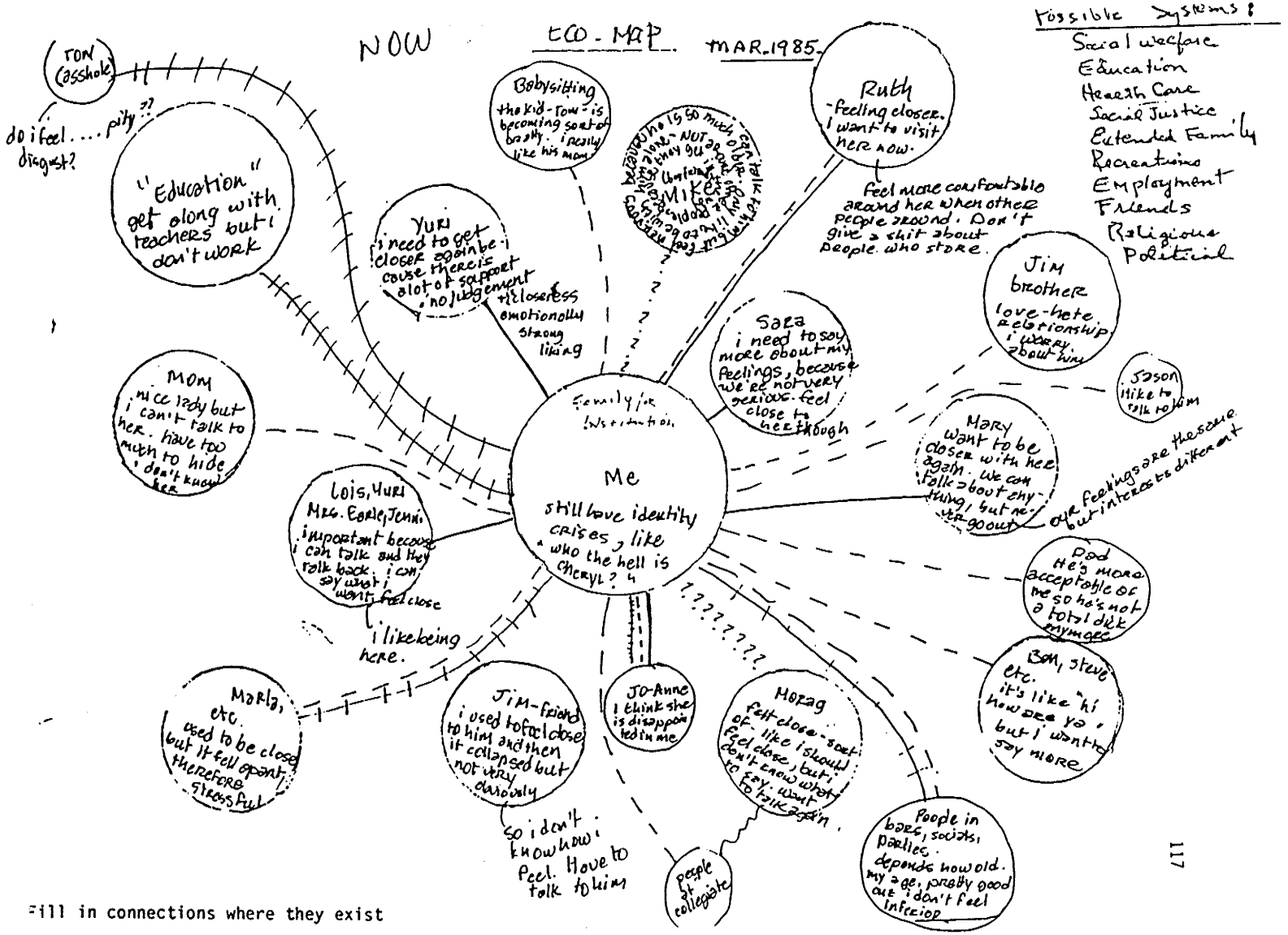

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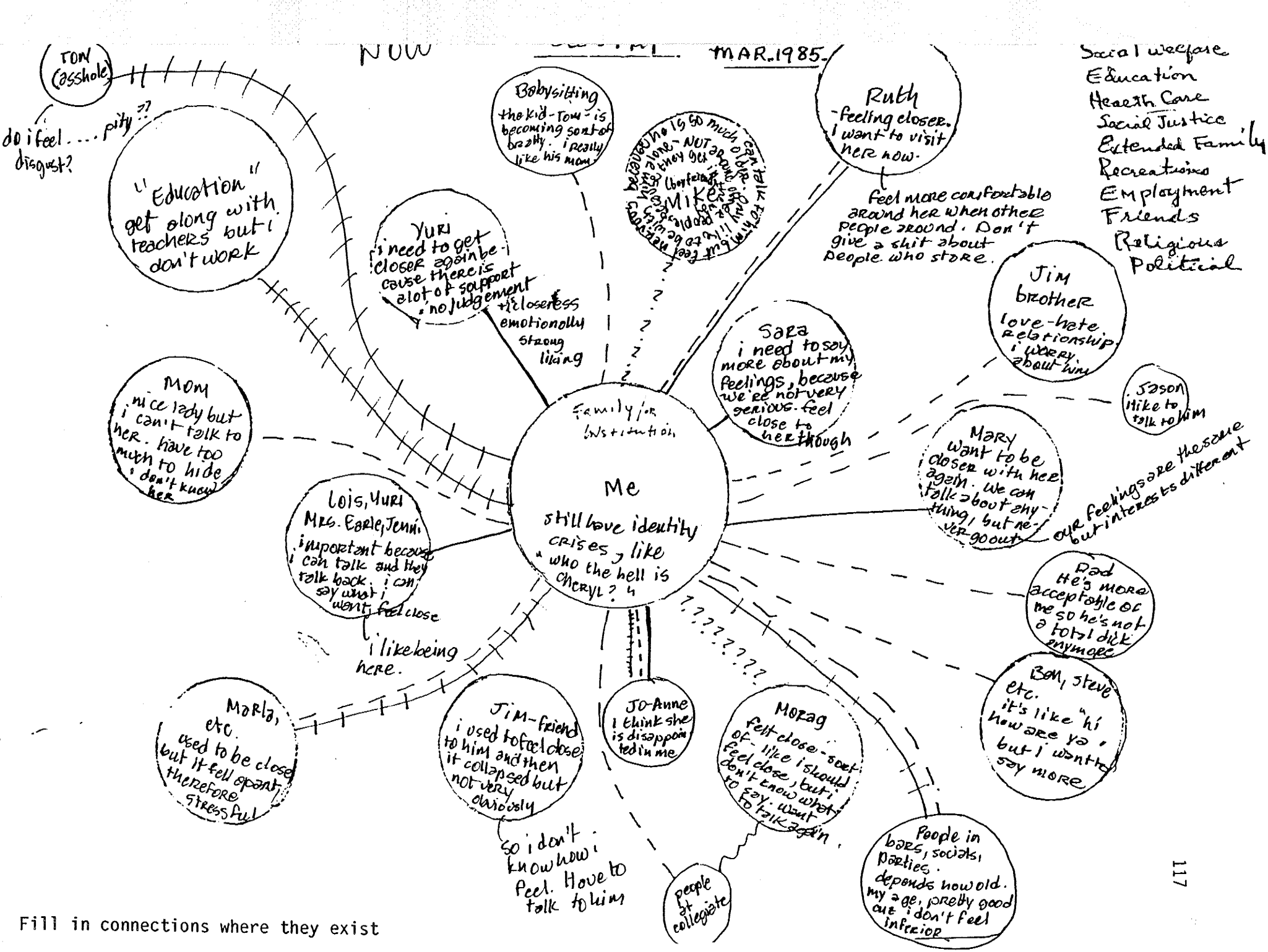

Fill in connections where they exist

——— Strong

– – – – Tenuous

|||||| Stressful

Adaptation from: Hartman & Laird
"Family Centered Social Work Practice," 1983

Name, Address, and Telephone Number	Relationship (Relative, Friend, Neighbor, Work, Professional Helper or Other)	Willingness to Help (High, Medium, Low)	Capabilities Social/Emotional (briefly comment)	Resources Material/ Contacts (briefly comment)	Frequency of Contact (Daily, Weekly, Bi-weekly, Monthly, Less)	Duration of Friendship (Month, 6 Mos., Year, 1-5 Years, Longer)	Intensity (Direction and Degree of Affection and Comfort -briefly comment)
1.							
2.							
3.							
4.							
5.							

Figure 4.4: Personal Networking Assessment Instrument

SELF-APPRAISAL INVENTORY

Grades 7 - 12

Subject # _____

Name: _____

Grade: _____

Sex: _____

		Yes	No
1.	School work is fairly easy for me		
2.	I am satisfied to be just what I am		
3.	I ought to get along better with other people		
4.	My family thinks I don't act as I should		
5.	People often pick on me		
6.	I dont't usually do my share of work at home		
7.	I sometimes feel upset while I'm at school		
8.	I often let other people have their way		
9.	I have as many friends as most people		
10.	Usually no one pays much attention to me at home		
11.	Getting good grades is pretty important to me		
12.	I can be trusted as much as anyone		
13.	I am well liked by kids my own age		
14.	There are times when I would like to leave home		

	yes	no
15. I forget most of what I learn		
16. My family is surprised if I do things with them		
17. I am often not a happy person		
18. I am not lonely very often		
19. My family respects my ideas		
20. I am not a very good student		
21. I often do things that I'm sorry for later		
22. Older kids seem to like me		
23. I sometimes behave badly at home		
24. I often get discouraged at school		
25. I often wish I were younger		
26. I am usually friendly toward other people		
27. I don't usually treat my family as well as I should		
28. My teacher makes me feel I am not good enough		
29. I always like being the way I am		
30. I am just as well liked as most people		
31. I cause trouble to my family		
32. I am slow in finishing my school work		
33. I often am not as happy as I would like to be		

		Yes	No
34.	I am not as nice looking as most people		
35.	I don't have many friends		
36.	I feel free to argue with my family		
37.	Even if I have something to say, I often don't say it		
38.	Sometimes I am among the last to be chosen for teams		
39.	I feel that my family always trusts me		
40.	I am a good reader		
41.	It is hard for me to make friends		
42.	My family would help me in any kind of trouble		
43.	I am not doing as well in school as I would like to		
44.	I find it hard to talk in front of the class		
45.	I sometimes feel ashamed of myself		
46.	I wish I had more close friends		
47.	My family often expects too much of me		
48.	I am not very good in my school work		
49.	I am not as good a person as I would like to be		
50.	Sometimes I am hard to make friends with		
51.	I wish I were a different person		

	Yes	No
52. People don't usually have much fun when they are with me		
53. I am an important person to my family		
54. People think I am a good student		
55. I am not very sure of myself		
56. Often I don't like to be with other kids		
57. My family and I have a lot of fun together		
58. There are times when I feel like dropping out of school		
59. I can always take care of myself		
60. Many times I would rather be with kids younger than me		
61. My family doesn't usually consider my feelings		
62. I can't be depended on		

Dear

Would you kindly complete the enclosed questionnaire and return it to me in the self-addressed envelope within the next few days?

Please also add your comments (PART IV) on the following:

1. What did you think of this type of group intervention, that is, a mothers' and daughters' group, bringing the two together with the two speakers for the last two sessions?

2. What did you think of the speakers and the methods they used?

3. What did you not get out of the total experience that you wished you had?

I would also ask you to add any suggestions that you feel would be beneficial to me in my further work with support groups. Please use back of questionnaire for extra space.

Thank you for your sincerity, your involvement, and your cooperation.

Yours sincerely,

Sonia Earle
School Social Worker
Kelvin Unit

SE/bc