PRACTICUM

Development and Implementation

of a

Group Therapy Program

in a

Residential Facility

by

Tanis Evans

A Practicum
Presented to the Faculty of Graduate Studies
in Partial Fulfillment of the Requirement for the Degree
Master of Social Work

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Winnipeg, Manitoba

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ISBN 0-315-86130-4

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DEVELOPMENT AND IMPLEMENTATION OF A GROUP THERAPY PROGRAM IN A RESIDENTIAL FACILITY

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TANIS EVANS

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

MASTER OF SOCIAL WORK

Acknowledgements

For the last ten years I have worked for adolescents in residential care. They have always challenged me, they have made me laugh and cry, but most of all, they have shared their lives with me. This sharing, which has taught me so much, provided the inspiration to give back a small piece of what I have learned. It is with both respect and admiration that I acknowledge all those adolescents who, each in their own special way, has left an imprint on my life. I am especially grateful to the eight adolescents who so eagerly participated in this practicum.

I would also like to thank the staff at B & L Homes for Children whose support was integral to the completion of this practicum. Special thanks must also go to Shane Rafferty, my co-facilitator. Although we didn't always agree, I am especially grateful for your input and the fact that you were not afraid to challenge me and my ideas.

My very special thanks goes out to my advisor, Kathryn McCannell, whose support and guidance was invaluable. Even during those bleak moments of frustration, Kathryn's belief in my ability encouraged me to overcome the difficulties and move on. Thank you Kathryn, for your knowledge, understanding and endless patience with my less than perfect spelling!

I would also like to sincerely thank Ruth Rachlis M.S.W. (Faculty, School of Social Work) and Cornelia Wicki M.S.W. (Klinic), the other two members of my committee, for their support, encouragement and input.

Last, but certainly not least, I would also like to thank both family and friends whose continual support and encouragement has always provided the backdrop for my endeavors. Your patience and understanding has always been there and for that I am indebted.

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INTRODUCTION

The purpose of this practicum was to both introduce and implement formal group therapy into the overall program in a group home for adolescents. As will be highlighted in the literature review, group therapy is an effective treatment modality for adolescents. It is this writer's opinion that incorporating a group therapy program into the overall group home program would greatly enhance the treatment received by these adolescents.

Over the last few years I have been employed in group homes for adolescents as a child-care worker. It has been my experience that for the most part group homes do not provide formalized group therapy. Group meetings are occasionally held, however, they are often of a disciplinary nature or focus on discussion of house rules. If regular meetings are a part of the overall program, it has been my experience that the group programs still lack a theoretical framework and therapeutic perspective. As such, meetings are planned in isolation from each other and lack the structure or continuity necessary for formal group work.

It is recognized by this writer that the present lack of such a program is in part due to the lack of a knowledge base in group therapy and its application to

group therapy with adolescents. The purpose of this practicum was to provide an introductory package designed to assist child-care workers in developing a group therapy program. Thus the literature review focuses on general group work theory, highlighting its application to group therapy with adolescents. Consideration is also given to the special nature of group home living and the corresponding implications this has on developing such a group program.

The second part of this practicum involved implementing a sample group therapy program within a residential setting. In order to provide an active learning experience for a child-care worker, I facilitated a short-term Self-Development Group in a group home, with a child-care worker from this home as a co-facilitator.

This practicum was evaluated along two dimensions. Group members were given the Hudson Index of Self Esteem (1982) and The Hudson Index of Peer Relations (1982) at the beginning, middle and end of the group program. The actual group program was evaluated by both the group members and the co-facilitator in the form of a questionnaire designed specifically for this practicum. A detailed discussion of both the evaluation procedure and the results of the measures is

contained within the body of this report.

The final chapter of this practicum report contains the summary and conclusions. Incorporated into this section are my recommendations for future work in the area of developing group work within residential settings.

PART 1 - LITERATURE REVIEW

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Chapter 1 - Introduction to Group Work

Groups are a part of everyone's experience. They "provide the structure on which communities and the larger society are built . . . and a means through which relationships with significant others are carried out" (Toseland & Rivas, 1984, p. 3). It is in these groups that members learn society's norms for acceptable and unacceptable behavior, develop meaningful relationships, receive feedback and acceptance and affirm a sense of belonging. From a therapeutic standpoint, therapy groups can be used as a microcosm of the more naturally occurring groups in a person's everyday experience.

The literature suggests three main viewpoints as to the focus of intervention when doing group work. For example, Douglas (1979) draws a distinction between Social Group Work and Group Psychotherapy. He sees the focus of Social Group Work as "promoting individual personality growth together with social development of the group as an entity" (Douglas, 1979, p. 25). In group psychotherapy, however, he feels the emphasis is more on the amelioration of pathological symptoms in individuals, the focus being on individual members rather than the group process. Other writers such as

Hartford (1971) place their emphasis on the "group as a whole as being the unit of intervention and place less emphasis on work with individuals in the group" (Toseland & Rivas, 1984, p. 4).

This dichotomy in theoretical perspectives, individual focus vs. group focus, has led some authors (Douglas, 1979; Toseland & Rivas, 1984) to propose a third approach to group work which involves a combination of these two perspectives. As previously mentioned, Douglas refers to Social Group Work as pertaining to both individual development and group development. Toseland and Rivas (1984) also propose this broader focus. They suggest that "when leading any group, workers should direct their attention to individual group members, the group as a whole, and the environment in which the group functions" (Toseland & Rivas, 1984, p. 4). In keeping with this focus, they define group work as:

> Goal-directed activity with small groups of people aimed at meeting socioemotional needs and accomplishing tasks. This activity is directed to individual members of a group and to the group as a whole within a system of service delivery (Toseland & Rivas, 1984, p. 14).

These authors further define groups as either being task or treatment groups. For the purpose of this practicum, I will be referring to treatment groups

when addressing the topic of group work.

By definition a treatment group is used to meet the socioemotional needs of its members. This could include modifying behavior, teaching new behaviors, assisting in socialization or providing an avenue for personal growth. Toseland and Rivas (1984) outline four primary purposes for treatment groups: 1) education 2) growth 3) remediation and 4) socialization. Although treatment groups may focus on any one of these areas exclusively, in reality most treatment groups represent a combination of these purposes. As will become evident in the section on Procedures in this report the group program I have developed involves all four of these areas.

Advantages and Disadvantages of Treatment Groups

There are a number of advantages and disadvantages to using a group approach over an individual approach. Some of the advantages to using group treatment include allowing for group members to "realize they are not alone with their problems" and providing "members with the opportunity to help others" (Toseland & Rivas, 1984, p. 8).

Sturton (1972) feels certain situations are particularly advantageous to a group approach. An example, would be 'treatment' situations with clients

who "need support and understanding from their peers and who would benefit from a chance to sort out peer-group relationships in a safe setting and who tend to reject help on a one-to-one basis (e.g. adolescents)" (Sturton, 1972).

Another advantage to group work is that it provides an arena in which to recreate problems members have experienced outside the group. For example, the group experience may "become a microcosm of much more personally significant forms of the client's social interaction--a forum in which the member meets and has to deal with those very types of social encounters which he/she finds painful and in which his/her embarrassment, incomprehension, lack of competence, unrecognized strengths and so on are revealed" (Davies, 1975, p. 36). Rather than hear about such difficulties as one would in individual therapy, the group worker can witness them in action. This then allows for problem areas to be recreated in the group and new, alternative behaviors to be rehearsed. "Group can provide members with multiple opportunities to engage in role-playing, testing new skills and rehearsing new behaviors in the 'safe' environment of the group" (Toseland & Rivas, 1984, p. 9). Furthermore, watching group members learn in this experiential fashion can

provide an opportunity for vicarious learning for all group members. As Toseland (1984) points out, opportunities for this type of vicarious learning are not as apt to occur in individual therapy.

Some of the potential disadvantages of a group approach, as outlined by Toseland and Rivas, include member conformity, especially of negative behavior, member dependency, and the possibility that one member's self-disclosure may be met by unsupportive or other negative responses from fellow group members. The group format also leaves open the potential for one member to be 'scapegoated' or for overly aggressive and/or assertive members to receive a disproportionate amount of attention and control in the direction the group takes (Toseland & Rivas, 1984). It is this writer's contention, however, that these disadvantages are only potential problems and therefore strategies incorporated by the group worker can serve to prevent such problems. These strategies will be more clearly outlined in the strategies and techniques sections of this report.

Group Leadership

The issue of leadership, as it pertains to group work in general and more specifically, in relation to group work with adolescents, is addressed throughout

this practicum report. For the purpose of this practicum, I used co-leadership. Although this was a necessity in order to provide an active learning experience for a child care worker, beyond this I also feel that the use of co-therapists is recommended.

Siepker and Kandaras (1985) point to the lack of empirical analysis as to the effectiveness of co-leadership, especially in relation to therapy groups for children and adolescents. What these authors do highlight however, along with other authors (Toseland and Rivas, 1984), are some of the advantages of using co-therapists.

Co-leadership provides a source of support and feed-back for the leaders as well as increasing the leaders' objectivity by providing an alternative frame of reference (Toseland and Rivas, 1984). "Two carefully chosen therapists can complement each other's strengths and weaknesses" while at the same time providing a "successful role model for relationships" (Siepker and Kandaras, 1985, p. 27). Further, this role modelling also provides "group members with models for appropriate communication, interaction and the resolution of disputes" (Toseland and Rivas, 1984, p.108).

This modelling component has further implications

if a male-female team is used. The co-therapists may then also provide gender role models and at times be viewed as symbolic parents (Goldenberg, 1985). I feel this latter point is particularly relevant to the use of group therapy in residential settings. These adolescents, by virtue of their developmental stage, are in the process of renegotiating their relationships with their families, and in many cases, attempting to resolve issues arising from family dysfunction. This process, however, is not occurring within the context of the family but rather within a somewhat artificial group living environment. Thus I feel that male-female co-leaders could be used to facilitate the resolution of both developmental issues as well as issues relating to past experiences within their families of origin.

Another advantage to using two leaders relates to the control element within the group. As will be highlighted later in this literature review, behavior control can be a major factor in running a group for troubled adolescents. Using two leaders however, can aid in limit setting and decrease the potential for disruption. If one member(s) is acting-out, one leader can deal with this member(s) while the other deals with the group as a whole.

Finally, having two leaders aids in the actual

execution of group activities such as role-plays and allows for easier use of sub-groups for problem-solving tasks and related exercises.

To conclude this section on leadership, a word of caution is necessary. Despite the advantages of co-leadership, both to the leaders and the group members, using two leaders requires extra coordination between the leaders. They must ensure that they are working together, with the same goals and expectations. To facilitate this, debriefing after each group session is extremely important. "During these meetings, co-leaders should review what they did well together, what difficulties they experienced, how they plan to work together during the next meeting and how members and the group as a whole are progressing" (Toseland and Rivas, 1984, p. 109).

Group Dynamics

In order to be an effective group leader one must first have a general understanding of group dynamics. Basic to this understanding is the concept that groups are, in essence, social systems. Further, "a system is made up of elements and their interactions (and thus groups) can be defined as people and their interactions" (Toseland & Rivas, 1984, p. 56). These interactions become what the literature commonly refers to

as group process. "This group process generates unique forces that influence group members and the group as a whole" (Toseland & Rivas, 1984, p. 26). It is these forces that become known as the group dynamics of a particular group.

Toseland and Rivas identify four fundamental areas of group dynamics which are especially important to understanding group development. "These areas include 1) the communication and interaction patterns occurring in groups, 2) the attraction of groups for their members, 3) the social controls that are exerted in groups, and 4) the culture that develops in groups" (Toseland & Rivas, 1984, p. 57). Borrowing from these authors' categories I will briefly outline the main components of each of these four areas.

1) Communication and Interaction Patterns:

Social interaction is the interplay between individuals and involves both the verbal and non-verbal components of communication. As such, whenever people are together communication occurs and this communication is intended to convey a message to the receiver of the communication. "Silence for example, can communicate disinterest, sorrow, thoughtfulness, or anger" (Toseland & Rivas, 1984, p. 58). Futhermore, people communicate information for many reasons. Some

of these reasons may include gaining or maintaining control, defending oneself, establishing relationships, gaining approval, or seeking support.

"Workers who are aware that group members communicate for many reasons can observe and assess the communication and interaction patterns of each group member and of the group as a whole" (Toseland & Rivas, 1984, p. 58). Futhermore, if groups represent a microcosm of a member's greater experience, communication patterns within the group can be seen as representative of a member's outside interaction patterns, and the inherent strengths and weaknesses of these patterns assessed.

Not only are messages or communications sent with a specific intent but they are also received selectively. "Selective attention refers to the screening of messages so that they are congruent with one's belief system" (Toseland & Rivas, 1984, p. 58). Thus, the receiving of communication is based on a member's past experiences, beliefs, values, and each member's perception of a particular communication will be uniquely different from all other members. Futhermore, "selected screening sometimes results in blocking of messages so that they are not decoded and received" (Toseland & Rivas, 1984, p. 58).

Another barrier to effective communication occurs when communications are distorted in their transmission. Such distortions may occur as a result of differences in race, social status, cultural background or due to external sources such as noise or other distractions.

Although as a group worker it is impossible to assess all communication occurring within a group, awareness of the aforementioned concepts is essential. Providing feedback of the communication occurring in the group, as it occurs, is one method of preventing misunderstandings or conflicts from arising out of distorted communications. Paraphrasing the content of messages and perception checking for the member's feelings regarding his/her message are two other techniques which can assist in gaining clarity in communication (Toseland & Rivas, 1984).

"In addition to becoming aware of communication processes, one must also consider patterns of interaction that develop in a group" (Toseland & Rivas, 1984, p. 59). For example, communication may be "leader-centered" whereby the leader is central to all communication, either sending or receiving. Communication patterns may also occur in a regimented fashion with members taking turns speaking or with one member

monopolizing communication with either the leader or a particular member (Toseland & Rivas, 1984). Finally, interaction patterns may be "free-floating" in which all members take responsibilty for communicating (Toseland & Rivas, 1984, p. 60).

This latter type of interaction pattern is referred to as "group-centered" communication. Toseland and Rivas suggest this is the most appropriate form of treatment group communication as it increases the amount of interaction, aids in attaining commitment to the group and allows members to communicate with each other.

In order to facilitate appropriate interaction patterns, the group worker should be aware of the major factors which contribute to their development and maintenance. This knowledge can also assist the worker in assessing ongoing patterns and implementing modifications where necessary. Toseland and Rivas (1984) outline four major influences on the patterns of interaction which develop in a group. Following their scheme, I will briefly outline each of these.

a) Cues and Reinforcers:

Verbal and non-verbal behaviors can be used by leaders and/or members to reinforce appropriate patterns or modify inappropriate patterns. For

example, "cues such as words, gestures, or selective attention can act as signals to group members to talk more or less frequently" (Toseland & Rivas, 1984, p. 60).

b) Emotional Bonds:

"Positive emotional bonds such as liking and attraction serve to increase interpersonal interaction and negative emotional bonds reduce solidarity between members and result in decreased interpersonal interaction" (Toseland & Rivas, 1984, p. 60). Common interests, socioemotional needs, past experiences, and demographic characteristics tend to facilitate the development of positive bonds between members.

c) Subgroups:

Subgroups within the main group occur in all groups, however, they can become a problem, especially in terms of interaction patterns, when alliances to the subgroup override alliances to the larger group. For example, subgroup members may challenge the leader's authority or become disruptive by talking amongst themselves. Members may also interrupt, not listen to, or engage in negative responses to those who are not a part of the subgroup (Toseland & Rivas, 1984). Strategies for preventing and/or alleviating these problems are outlined in the section pertaining to

strategies and techniques for leading an adolescent group.

d) Size:

Although the number of potential relationships increases as the group size increases, as size increases the opportunities to communicate decrease. Furthermore, as the size of a group increases "the number of potential relationships increases rapidly, placing greater emotional demand on the member, and creating the need for greater coordination of the group" on the part of the leader (Hartford, 1971, p. 163). As size increases so too does the potential for subgroup development (Toseland & Rivas, 1984). As well, individuals will tend to "specialize in some aspect of the interaction process . . . assuming more specified roles" and thereby lessen the occurrence of spontaneous interaction amongst members (Hartford, 1971, p. 164). If, however, the group is too small, there is the possibility of coalitions of two members against the third developing, which in turn becomes destructive to the overall group process. Futhermore, when "there are only two or three members the power of the relationships may become more important than the task" (Hartford, 1971, p. 161).

In terms of optimal size for a group, the

literature suggests five through seven to be most favorable (Hartford, 1971). In children's group therapy practice, there is also considerable agreement regarding an optimal size of five to seven. This size can be "increased by the therapist with the addition of a co-therapist" (Neuhaus, 1985, p. 70).

2) Group Attraction:

"Group attraction or group cohesion . . . can be defined as the result of all forces acting on members to remain in a group" (Toseland & Rivas, 1984, p. 65). Some of these forces, as outlined by Cartwright (1968), include the group goals and the incentives these carry, the motivation of a member in terms of his or her needs that can be met by the group, and the attractiveness of other members of the group, i.e. perceived benefit from being a part of the group and being able to achieve goals through the group that could not be achieved alone (Cartwright, 1968; Hartford, 1971; Toseland & Rivas, 1984). Douglas (1979) defines cohesion as the "satisfactions that members derive from being a part of the group with the willingness to work for and with the group with the recognition of belonging to the group, i.e. being 'included'" (Douglas, 1979, p. 68).

High cohesion within a group increases the influence of group members, helps develop trust and

improves the effectiveness of group functioning and the accomplishment of tasks and goals (Toseland & Rivas, 1984; Douglas, 1979). As cohesion increases it takes on a control function in that as "trust develops, greater pressure can be exerted on members and deviants can be excluded" (Douglas, 1979, p. 69).

In regard to treatment groups, Yalom (1975) found that cohesiveness leads to increased self-esteem, more willingness to listen to others, freer expression of feeling, better reality testing, greater self-confidence and the effective use of other members' evaluations in enhancing a member's own development (Yalom, 1975).

In terms of obtaining group cohesion, Douglas (1979) highlights the following factors as being important: 1) positive feedback to members; 2) the developmental stage of the group, i.e. trust takes time to develop; 3) status of the group; 4) awareness by the members that some of their needs can and will be met through the group; and 5) heightened interaction and therefore small group size (Douglas, 1979). Since a degree of group cohesion is necessary for a group to function as a group, it is important to recognize that it does take time to develop. Furthermore, a degree of

cohesion should be present before group tasks are begun (Douglas, 1979).

3) Social Controls:

"Social control is the term used to describe the processes by which the group as a whole gains sufficient compliance and conformity from its members to enable it to function in an orderly manner" (Toseland & Rivas, 1984, p. 67). This social control develops as a function of group norms and the establishment of roles and status (Toseland & Rivas, 1984).

Norms refer to the expectations and beliefs regarding appropriate and inappropriate behavior both for group members and for the group as a whole (Toseland & Rivas, 1984). "Norms develop as the group develops. As members are rewarded for certain behaviors and punished for other behaviors, norms become clarified and correspondingly, the amount of personal power and control needed from the leader is reduced" (Toseland & Rivas, 1984, p. 67).

"Roles are shared expectations about the functions of individuals in the group, and serve as a means of social control in groups by prescribing how members should behave in certain situations" (Toseland & Rivas, 1984, p. 68). Examples of such roles are: the initiator, the mediator, the clarifier, the gatekeeper,

the aggressor, the group clown, the harmonizer and the scapegoat. As members function in these roles, it will become expected that they continue to take on these roles. For example, "group members will learn to wait for the initiator to initiate or the mediator to mediate" (Hartford, 1971, p. 217).

It becomes the leaders' responsibility to re-inforce those roles which are productive for group functioning and discourage those roles which are destructive to either an individual's functioning in the group or to overall group functioning. "One danger in any establishment of roles within the group, whether related to individual functioning or group functioning, . . . is the establishment of stereotypes" as this serves to limit the range of acceptable behavior for any given member (Hartford, 1971, p. 218).

Members' status within the group also provides a social control function. For example, those members with low-status will tend to be the least conforming as they have little to lose. "Middle-status members tend to conform to group norms so that they can retain their status and perhaps gain a higher status" (Toseland & Rivas, 1984, p. 69). High-status members, although they usually conform, may, because of their position, deviate from the norms with little or no sanctions from

other group members (Toseland & Rivas, 1984).

Determining an optimal level of social control becomes dependent on the purpose of the group. For example, a highly structured, task-oriented group, which is required to be very efficient, would require a higher degree of conformity with less option for individual freedom. Less structured groups with more emphasis on individuality could tolerate a looser level of control and a broader range of acceptable behavior (Toseland & Rivas, 1984).

4) Group Culture:

"Group culture refers to values, beliefs, customs and traditions that are held in common by group members" (Toseland & Rivas, 1984, p. 71). This would be an especially relevant factor for a group made up of members from a sub-culture of the larger society. Group leaders should always be aware of from what larger environment the members originate and be sensitive to the effect this may have on group development and group process (Toseland & Rivas, 1984).

Stages of Group Development

In order to run a successful group program, the leaders must have a general understanding of group development and how this in turn influences the actual planning of each session. Although different authors

propose different models of group development "most models propose that all groups pass through similar stages of development" (Toseland & Rivas, 1984, p. 72). Some of these models have up to seven progressive stages, as is the case with Sarri and Galinsky's model (Heap, 1978). Regardless of which model is considered, however, they all view group development as a progressive process. Each stage of group development has corresponding tasks which must be completed before movement to the next stage occurs.

Gumaer (1984) outlines four main stages of group development entitled establishment, exploration, work and termination. In this section I will briefly outline each of these stages in terms of what dynamics occur and what the group tasks are for each stage.

1) Establishment Stage:

This is the first stage of group development. Group members will be somewhat anxious and insecure about the group and may demonstrate this by being restless, late arriving and giggly. These behaviors are normal and should not be considered disruptive and in need of consequencing.

At this stage the group leaders must establish the purpose of the group, provide structure and allow members the opportunity to get to know each other. The

focus of the group in this initial stage is to "aid in developing acceptance, trust and cohesion and to help members to become more self-aware and self-accepting" (Gumaer, 1984, p. 224). Special attention should be given to engage all members by soliciting interaction and providing verbal praise to reinforce these contributions, thereby encouraging increased participation.

The amount of self-disclosure at this stage will be relatively superficial. Positive feedback helps ensure feelings of security and mutual trust between members which in turn will help increase the level of self-disclosure.

2) Exploration Stage:

During this stage members "are no longer anxious about a new experience however will experience anxiety and defensiveness resulting from a fear of greater personalization" (Gumaer, 1984, p. 230). The prospect of self-disclosure can be very threatening and as anxiety increases, attempts to change the subject or an increase in members telling exaggerated stories of past experiences (delinquent behavior, drugs, alcohol) is common during this stage.

The leader's function becomes that of planning sessions that "gradually involve intermediate levels of self-disclosure and helping members explore and under-

stand the relationship of feelings and behaviors in self and others" (Gumaer, 1984, p. 230).

Gumaer (1984) also suggests that it is important to introduce the concept of feedback during this second stage. This refers to having the group members experience both giving and receiving positive feedback (compliments). Leaders should also model such behavior toward the members and also help link feelings and behaviors for the members when necessary.

3) Work Stage:

This stage has been described as the "essential life of a group" (Mahler, 1969, p. 152). During this stage the level of security and feelings of group cohesion allow for a maximum of self-disclosure and productive problem-solving.

The leaders' tasks at this stage include helping members to "1) continue to self-disclose at a deep level, 2) examine alternative ways of behaving, 3) examine consequences for behavior before initiating behavior, 4) identify socially ineffective and effective behaviors, 5) learn to assume responsibility for behavioral choice, 6) learn self-control, 7) learn effective decision making and problem-solving skills" (Gumaer, 1984 p. 231).

Confrontation of negative behaviors (feedback)

should also be incorporated into this stage combined, of course, with continued use of positive feedback. It is important to note that confrontation or negative feedback must be undertaken in a constructive fashion.

4) Termination Stage:

This is the final stage in group development. It is a period of integration and summing up of accomplishments made during the program. At this point members should have integrated the new behaviors and self-perceptions well enough to be incorporating them into their interactions outside of the group. Role-playing is helpful at this point to practise new skills as they may be used in the future, while still within the safe confines of the group.

Leader tasks during the termination stage (which consists of two to three sessions) should include identifying for the members the gains they have made while also helping them understand the ambivalent feelings endings arouse. Activities should be designed to move away from deep self-disclosure to more superficial self-disclosure levels, however there should be a continued emphasis on feelings and positive feedback. The final session should provide for some symbolic ending to complete the termination process. For example, members often enjoy using the final session for review

followed with a group party.

Although within the group home setting members will still be living together after the group program is completed, it is still important to acknowledge termination of the "group" and thus the aforementioned tasks and planning should occur.

These then are the four stages of group development. Each stage must be completed before the next stage begins and typically all groups develop in this fashion. With this general framework in mind I would like to now focus more specifically on adolescent groups. After briefly reviewing why adolescent therapy groups are an effective treatment modality, I will explore issues of particular importance for the facilitators (leaders) of adolescent groups.

CHAPTER 2 - GROUP INTERVENTION WITH ADOLESCENTS

Rationale for Group Intervention with Adolescents

The stage of adolescence involves the movement away from the family and increasing reliance on the peer group. The peer group helps adolescents form their self-concepts, achieve independence from family or caretakers, establish ways of relating to others and provides a forum for experimenting with various roles (Rogers, 1977). The peer group also provides "adolescents with support during the process of establishing self-autonomy and a haven of security during their initial (movement) into the larger world" (Rogers, 1977, p. 307). Other authors, such as Konopka, view the importance of group life as being the strongest during adolescence (Konopka, 1983, p. 38).

Group therapy with this age group can thus be viewed as capitalizing on the developmentally appropriate affiliation with the peer group. Berliner (1982), in her discussion of treatment groups for sexually abused adolescents states that "from a clinical, developmental standpoint, group is particularly appropriate as a treatment modality for teenagers" (Berliner, 1982, p. 11).

Treatment groups can provide members with the opportunity to vicariously learn about themselves

through the experiences of others in the group, re-enact past problems with relationships and engage in collective problem-solving, role-playing and rehearsing new, alternative behaviors. This peer feedback, inherent in group therapy, is viewed by Toseland and Rivas (1984) as particularly beneficial for adolescents. Group therapy with adolescents offers the opportunity for "getting support for feelings and actions, having access to information, sharing experiences, practising new behaviors and asking for help in a forum which is in keeping with the adolescent's developmental needs" (Berliner, 1982, p. 12).

Specific Leadership Issues for Adolescent Groups

"While the inclusion of a peer group can maximize the effectiveness of psychotherapy with adolescents (one) must not ignore the important role an adult, as leader, can play in the life of a developing teenager" (Hurst & Gladieux, 1980, p. 151). Although adolescence is a time for separating from parents (adults) and undergoing the process of individuation, the adolescent still requires a degree of structure and adult role-modeling from the adults in his/her life. Without this, the adolescent has no frame of reference from which to branch away, in attempts to complete his or her identity formation tasks. The children placed in a

group home facility, however, often lack this parental influence as they have little or no contact with their families. The group leaders, then, take on aspects of this role, providing for the adolescent both the role model of an adequate adult and the facilitator in the development of new, more adaptive coping mechanisms and improved interpersonal skills.

Although this age group can be a particularly difficult age group to work with in a group therapy format, some of these difficulties can be overcome by addressing the following issues highlighted by Hurst and Gladieux (1980) in their article entitled "Guidelines For Leading An Adolescent Therapy Group." These authors identify particular leadership qualities that are important in facilitating group cohesion and building trust.

Firstly, the leaders must immediately establish a tone of comfort and safety. "Lacking in the social skills and sophistication necessary to be comfortable in a group of unfamiliar individuals, adolescents are likely to become overly and unproductively anxious" (Hurst & Gladieux, 1980, p. 152). By establishing a safe relaxed atmosphere right from the start the leaders are then in a better position to model the very interpersonal skills these adolescents are lacking.

"An effective adolescent group leader is usually active and often directive, providing structure and setting limits without being domineering" (Hurst & Gladieux, 1980, p. 152). Leaders must also convey both caring for, and understanding of, the adolescent and their concerns. It is also important that leaders respect each member as an individual with his or her own special uniqueness. Adolescents are very quick to realize when adults are either patronizing or insincere in their attempts to understand them. As such, conveying this message on the part of the leader would predetermine group failure.

The group leader must also be able to express himself/herself on an affective level and be prepared for a degree of self-disclosure. This is especially important in terms of self-disclosure regarding the leader's own adolescence. "While the degree of self-disclosure is a matter of individual style and personal choice, some personal sharing seems essential as it enables the adolescent to identify with and develop insight into the personality and behavior of an important adult model" (Hurst & Gladieux, 1980, p. 153). It should be noted, however, that this disclosure is not intended to place the leader in the light of being "one of the guys/girls." It is also not meant to be a form

of re-working past personal issues. This is a common pitfall in working with adolescents and can quickly minimize therapeutic effectiveness. The potentially high level of emotional intensity in adolescent therapy groups requires that leaders be careful to scrutinize their own personal motives or agenda. "Personal material should be used only for facilitating the tasks of the group and only when the leader has objectivity and perspective on the relevance of an event to his/her own life" (Hurst & Gladieux, 1980, p. 153).

The final component mentioned by the above authors relating to leadership styles is that the "effective adolescent group leader must be comfortable with the use of physical contact (touching) as a means of re-assurance and control within a group session" (Hurst & Gladieux, 1980, p. 153). This does not mean that the group therapy should be used as a means to get adolescents to "blow" as is the focus at some treatment centers. I feel the philosophy of the group program should be consistent with the general philosophy of the group home setting which views physical restraint as a technique which should only be used in extreme circum-stances when physical safety of an aggressive member is in danger. The earlier reference to physical contact refers to using physical touch as a way of calming

anxious members. Placing your hand on the knee or shoulder of a member who is becoming agitated can help diffuse a situation before it becomes an incident. The use of physical touch also provides security and helps reduce the anxiety evoked by personal self-disclosure and serves to create feelings of warmth and security.

Beginning An Adolescent Therapy Group

The first group meeting is of special importance as it sets the tone for the remainder of the group therapy program. In order for the group to achieve its maximum potential, there are several tasks which the therapist must attend to during the initial session. The first task is to decrease the anxiety of the members and thus establish a tone of openness and safety. Secondly, the therapists must "define the group's limits and boundaries by clarifying the agreements and structure within which the group will function. Thirdly, they must engage the members' interests and evoke their sense of responsibility for determining the group's direction" (Hurst & Gladieux, 1980, p. 154). Fixed membership and regular attendance as well as insured confidentiality are also important to establish in the first session.

Attendance at group should be considered part of the group home's overall program. Since most place-

ments extend for a year, fixed membership could be guaranteed for this initial trial program. In the future, the existence of an ongoing group therapy program would require some modifications in order to effectively terminate those residents who were facing discharge. Sensitivity to the incorporation of new members would also dictate some program modifications. It is this writer's opinion, however, that this movement would not sufficiently alter the overall effectiveness of the group therapy program.

Confidentiality would be assured within some limits which the group would need to be made aware of during the first session. It is recommended that group leaders should not report back to other staff members, parents or teachers the specific content of the group sessions. If, however, information was given in group that the leaders had a legal responsibility to report, the group member would be informed that confidentiality would have to be breached. Secondly, if information was disclosed that was pertinent to a member's individual program or treatment plan, that child would be encouraged to share that information with his or her key worker. If this does not occur, and in the judgement of the group leaders a breach of confidentiality is necessary, such a decision would be discussed with

the child in question.

Total condidentiality within a group home setting would be unrealistic to guarantee. Further, such a guarantee might actually work to the child's detriment. For example, if a child disclosed in group that he was experiencing extreme anxiety during home visits out of fear that his step-father may once again assault him, not informing his key worker would result in the child's continued fear and anxiety during home visits. In an effort to deal with this anxiety, the child would quite likely resort to maladaptive coping mechanisms such as running, acting out or delinquencies.

Another task of the leaders during the first few sessions is "to convey the notion that each member is responsible for the group's development" (Hurst & Gladieux, 1980, p. 154). An important aspect of achieving this is to be very supportive of the member's attempts to begin conversation and engage others even if at times the content is off topic (discretion required). By placing responsibility for group development on the members, the role of the leaders, although still important, is somewhat demystified. This in turn helps give the adolescent a sense of personal power and feeling of importance to the group.

Strategies and Techniques for Leading an Adolescent Therapy Group

Hurst and Gladieux (1980) identify three main categories of techniques that are of particular importance when leading an adolescent therapy group. Using their headings, I will briefly describe them as they pertain to this proposed program.

1) Validation and Affirmation:

Although a therapist hopes for his or her group program to be a positive experience for all involved, the reality is that when running a group for adolescents there will be periods characterised by conflict, struggle and confrontation. When this occurs the leaders may well feel both hurt and angry and become overwhelmed with the dynamics that develop. "It is essential however that the group leader(s) create and maintain an environment that affirms and validates the worthiness and inner strength of the group and of each member" (Hurst & Gladieux, 1980, p. 155). It is very important that the leaders not begin the group with preconceived notions of what "should occur", or what gains "should" be, made as this becomes a set-up for disappointment if the leaders' private expectations are not met. Hurst and Gladieux (1980) stress that it is important for leaders to focus on what "is" happening as opposed to what should be happening and to

search for the positive content rather than focus on the negative. "This is especially important for adolescents whose self-image may be negative" to begin with (Hurst & Gladieux, 1980, p. 155).

Another important issue to be aware of when running an adolescent group is their tendency to "mask expressions of caring and desire for intimacy with sarcasm and put-downs" (Hurst & Gladieux, 1980, p. 156). Rather than confront such behavior it becomes the leaders job to identify the positive statements hidden in the adolescents' behavior and to help them learn to both recognize and express themselves in a more appropriate fashion.

Many of the adolescents placed in a residential setting have a fairly lengthy history of very tragic circumstances. As members begin to disclose this information, the therapists must be careful of their responses to the information. A common pitfall for new, inexperienced workers is to be overly sympathetic. While sympathy is important in terms of validation, the therapist must also help the adolescent focus on his/her feelings and provide assistance in identifying the full scope of the problem and how to more adaptively deal with the circumstances.

Another common mistake when working with adolescents, especially in a group setting, is to view their discussion of cars, videos, and rock music, as off topic and as a way of avoiding "dealing with the issues." Pushing the adolescent to discuss more "meaningful" topics, especially in the early stages of the group, however, will only serve to increase resistance and alienate the therapists. Rather, it becomes the leaders task to accept what they feel is important to discuss while at the same time using this as the avenue through which to direct more personal discussion. "It is usually best to begin where the adolescent is comfortable and, through reinforcement (verbal and non-verbal) and questioning, lead a member to material that requires greater self-disclosure or analysis" (Hurst & Gladieux, 1980, p. 156).

The adolescents' discussion of abstract or philosophical topics must also not be automatically viewed as avoidance of the more pertinent subject matter. Rather the leaders should be aware that for the adolescent, who is struggling with his/her own identity formation issues, the group therapy environment (especially if seen as safe) can become a "testing ground for the formation of values and the development of ideas" (Hurst & Gladieux, 1980, p. 157).

Hurst and Gladieux (1980) note that adolescents tend not to make connections and associations between experiences and events. This has also been my experience when working with troubled adolescents. Issues and conversations, without adequate direction, tend to retain their isolated focus. In a group therapy program it is therefore important that the therapist help the group members "recognise rather than deny these connections by stressing the continuity of issues both within each session and from one session to the next" (Hurst & Gladieux, 1980, p. 157). This should be done by summarizing at the end of each group session by the leaders with the assistance of group members. Issues not completely dealt with in one session should also be re-introduced in the next session.

As is the case in most groups, the adolescent therapy group usually contains people who differ markedly in their levels of maturity, self-confidence and ability to communicate. Thus, different strategies may be called for in order to encourage each person's growth within the group and to insure the validation and affirmation of each member (Hurst & Gladieux, 1980, p. 158).

One way these differences may manifest themselves in the group is by one or a few members remaining

silent. Especially in the group's early stages this may provide such members with a "safe out". By being passive they do not have to risk self-disclosure or take any responsibility for the group process.

In the early stages, when this occurs, the group leaders must take action to ensure each participant is engaged in some interaction by directing questions at them or requesting responses to others' comments. "As the group progresses and after much testing behavior, reticent members' reserve usually gives way to active participation" (Hurst & Gladieux, 1980, p. 158). Those members who do continue to remain detached as the group progresses may be reacting to several possible issues, which leaders should be aware of.

Their silence may serve as a way to protect themselves either from a preceived threat of criticism from others or as a way in which to ward off anyone's intrusion into their "life-space." "There are also group members whose silence comes not out of shyness and self-protection, but rather out of a wish to draw attention to themselves or to be withholding, punitive or rebellious" (Hurst & Gladieux, 1980, p. 158).

Regardless of the roots, a member(s) continued refusal to participate even minimally will have consequences both for the group and the individual(s).

Group members, although they may initially be very tolerant and attempt to draw these members in, will undoubtedly lose patience and eventually become angry and frustrated. For example, they may well grow to resent these member(s) as their lack of participation requires the responsibility for the group to not be shared equally. Furthermore, active members may feel less secure with personal risking if this sharing is not practised by all members. The trust established during the early stages could break down if the non-participation of one or two members is allowed to continue. It should also be remembered that those who choose to stay on the side lines are just as needy as those who more actively reach out.

One way of engaging such members is to begin by reinforcing their non-active, yet positive involvement with the group process. For example, a member may be actively listening, following the discussion and non-verbally responding to the dynamics. This is much different from a member who is there only because he/she has to be and who pays no attention to the content of the group discussion. In the former situation encouragement and positive reinforcment for their efforts may help serve to draw them into more active group participation.

Hurst and Gladieux (1980) also suggest using what they call the "indirect approach." For example, "if a group member discusses a personal dilemma, ask the silent member how he/she would handle the situation rather than prompting him/her for an equally personal revelation" (Hurst & Gladieux, 1980, p. 159). This approach serves to help draw the adolescent in, while at the same time respecting his/her need for some personal distance. Quite likely any responses given in this fashion will pertain to his/her own context and thus, even if indirectly, aid the silent member in integrating new problem-solving strategies.

2) Leader Sharing of Thought Process About The Group:

As stated earlier, it is important in adolescent groups for the leaders to be both open and sharing of their own feelings in order to facilitate interaction. There are several aspects to this sharing process that are important to consider when working with this age group.

Although there is often the temptation to deal with 14-17 year olds as adults, one must remember they are not adults and therefore do not have the sophistication of adults. Street life has given many of these children a superficial degree of sophistication much beyond their years and even the most seasoned

workers must remind themselves where these adolescents really are in terms of their cognitive development and emotional development. An area where this is especially relevant is in the use of interpretation. "When faced with interpretations and 'why' questions, adolescents tend to feel defensive, analysed, judged and alienated from the process of mutual discovery with an adult. Moreover, adult interpretations tend to be too cognitive and conceptually removed for an adolescents' understanding of his experience to be useful" (Hurst & Gladieux, 1980, p. 160). Furthermore, while the older adolescent may understand your interpretation and in fact see its merit, he/she may reject it solely on the basis of being an "adult's" opinion. Such resistance only serves to negate any potential learning that may have occurred as a result of the interchange.

A more productive approach involves responding to the adolescent by offering several possible alternatives and allowing the adolescent to then discover for himself/herself the explanation or solution which best suits his/her situation. It is very important for adolescents to be helped to develop this self-examination/problem-solving ability and one of the best ways to facilitate this is by involving them in "active learning."

Another way of incorporating this approach would be for the leader to respond by giving several alternative hypotheses using as an example, "If that happened to me I'd feel hurt, angry, and quite sad." "By actually identifying a range of possible feelings, the leader helps the adolescent obtain clarity, while still allowing choice and the opportunity to recognize (which) of the identified feelings are his/her own" (Hurst & Gladieux, 1980, p. 160). This would be an especially important technique for the adolescents in group homes. Their low self-esteem and past abusive relationships have left many of them unable to focus on their own feelings in an appropriate way and to accurately identify what feeling states are aroused by different situations. Their long histories of emotional pain and hurt have resulted in many of them repressing their true feelings, and instead focusing only on a narrow range, primarily anger. By using the aforementioned strategy, the leaders not only model the expression of a broad range of feelings but give "permission" to experience these feelings.

Hurst and Gladieux (1980) cite another concept that is important in facilitating group problem-solving. When faced with a difficult situation and/or behavior, as leaders there is a temptation to not

respond until you understand the dynamics and know what the solution is. Although this may be a more comfortable stance for the leaders, as it provides for a feeling of control in the situation, it takes away responsibility from the group member in question and from the group in general.

An alternative route is for the group leaders to open the dilemma up for group discussion. "Stating the dilemma allows for movement of group energy and spontaneity as the leaders are not encumbered with finding the "right" approach when they observe behavior or process that needs comment or attention" (Hurst & Gladieux, 1980, p. 160). Furthermore, this serves to directly involve the individual in question in the resolution of the problem rather than his behavior being "acted upon" by others. Another benefit derived from using this approach is that it identifies for the adolescents that not knowing the right answer is not necessarily a weakness or something that "adults" never experience. It also "effectively models the process of arriving at resolutions with the assistance of others" (Hurst & Gladieux, 1980, p. 160).

Another "effective therapeutic technique to use on many occasions involves the group leaders' sharing their reasons with regards to why they make a

particular intervention or shift the focus of the group from one topic to another" (Hurst & Gladieux, 1980, p. 160). This serves to help build group cohesion and more importantly takes away from feelings that the group is being directed by the adults arbitrarily. "Openness regarding why the leader takes a particular direction in the group allows the group members to have a better understanding of group goals, to feel included by the leader(s) rather than directed by them and to see that the group proceeds in a purposeful, rather than an arbitrary manner" (Hurst & Gladieux, 1980, p. 160).

Special Management Problems For Adolescent Therapy Group Leaders

"In an adolescent group, situations sometimes arise which require the leader's deft intervention and if left unchecked can prove detrimental for the individuals involved and impede group development" (Hurst & Gladieux, 1980, p. 161). The most common problems in adolescent groups are behavioral. For example, these may include aggression between members, disruptive outbursts, arriving stoned or drunk or the development of sub-groups which interrupt group process by engaging in side conversations, giggling, or whispering. "These behavioral problems can be viewed not only as management difficulties for the leader(s)

but also as attempts to resist or defend against the therapeutic process of the group and against expected or actual increased levels of interpersonal involvement or intimacy" (Hurst & Gladieux, 1980, p. 161).

Sudden outbursts, leaving the room for water or the washroom, or suddenly becoming competitive with the other members in terms of focusing on their own exploits as being bigger, grander and more daring, must not be viewed as solely a form of negative attention-seeking behavior. Rather this sudden bravado on the part of a group member is likely a mask from which to hide his/her feeling of insecurity, inadequacy and fear. As such it is important not to simply confront and consequence negative behavior but to work it through in the group process. The leaders must firmly acknowledge the disruptive behavior and its consequences for both the group and the individual while at the same time bring the underlying feelings into the open in a supportive and understanding fashion.

Group leaders should have rules and guidelines for dealing with seriouly disruptive behavior such as intoxication or violent outbursts, and these should be clarified at the beginning of the group program. These rules should be consistent with group home policy for such behavior. For example, if member(s) arrive for

group either stoned or intoxicated, or if a member becomes physically aggressive towards another member, they should be asked to leave the group. When the session is over, leaders can then discuss the issue with those in question and decide upon a course of action. Less disruptive behavior should be dealt with within the group context if at all possible. This could be done through discussion or, as in the case of members who engage in side conversation, by placing one of the leaders between disruptive members.

CHAPTER 3 - GROUP INTERVENTION IN RESIDENTIAL SETTINGS

Modifying Group Work Theory For Group Work In Residential Settings

The preceding sections have discussed group work theory and some of the issues pertaining specifically to group therapy with adolescents. This discussion has been an overview, focusing on groups in general. Since this proposal involves facilitating a group therapy program in a residential facility, attention must also be given to modifying this theory to meet the specific conditions inherent in a residential milieu. The following section will outline some of the considerations which must be taken into account when applying a general group theory framework to group programs in a group home.

One of the major differences between therapeutic groups operating out of an agency or out-patient clinic and therapy groups in a residential facility is the conditions under which these groups operate.

Composition of group membership is one of the conditions which varies greatly for these two types of groups. In more traditional therapy groups, membership is fixed for the duration of the group program. In a group home, however, "at any one time the unit might consist of residents who have just entered the unit, those who are about to leave and those who fall some-

where within this continuum" (Jacobs, 1982, p. 340). As such, members will each be at their own unique stage of acculturation within the group home setting.

This ever changing component of the group home environment requires some modification to the more traditional model of group development presented earlier in this report.

Jacobs (1982) conceptualizes group development in residential settings as evolving in progressive stages. Departure from the traditional "stage development" model occurs with the entry or departure of a member. "Just prior to the change and immediately following, the group will regress" to an earlier stage of group development, with the corresponding issues and tasks again becoming the object of the group process (Jacobs 1982, p. 342). When these issues have been resolved, the group will once again begin to progress through the stages of group development in a linear fashion until another membership shift occurs (Jacobs, 1982).

When facilitating a group within this type of an environment, the leaders must not only be aware of the stages of group development but also realise that old issues of acceptance, trust, and leadership, and the corresponding behaviors, will resurface as membership changes. Helping group members recognize and negotiate

these dynamics will serve to facilitate their resolution and thereby allow for a continued, progressive movement of the group as a whole.

Another major difference between traditional group therapy and group home "therapy groups" is the lack of a "time-out" in the latter type of group. Traditional group therapy involves the group meeting at a specified time and place, each session operating for one to two hours. When the sessions are over, group members disperse, each resuming his/her unique routine. This allows for a time out from the other group members until the next session. "This is not the case at the residential setting, where the meeting room may immediately be converted back into a living room and the 'group' members remain in close proximity to each other since they live together" (Gitelson, 1982, p. 355).

"Because the residents live with each other and are not able to get away, reflect or 'cool-off', it may be necessary to establish a more structured, controlled atmosphere when working with groups" in a group home setting (Gitelson, 1982, p. 361). Without this, the 'group therapy' experience may be too intense for the group members and result in excessive carry-over to the living unit manifesting itself as extreme acting-out

behavior between sessions. Gitelson (1982) points out, however, that this does not imply avoiding sharing of feelings or discussion of highly emotional topics. Rather, he suggests that the nature of the living unit may require the group move more slowly, with more structure imposed by the leaders.

Awareness of group development thus becomes crucial for leaders, as the stage of group development will determine how much emotional content the members may be able to deal with at any given time. Furthermore, the effects of entry or departure of members and the corresponding regressive effects this has on group development must also be taken into consideration when planning the content of group sessions.

A third issue inherent in the group home setting which has implications for a group therapy program is the non-voluntary nature of the members. Residents have been placed in the facility either by parents, agencies or the courts. A common reaction to placement is that they are not the ones with the problems but, rather, that fault lies with their families, or past caretakers. "Given this, the notion of negative resistance to participation should not only be expected but understood" (Gitelson, 1982, p. 360). Leaders must be sensitive to the fact that, for these children, being

involved in group therapy first means acknowledging "that there is in fact a problem" and this in turn can be extremely threatening (Gitelson, 1982, p. 360).

Group therapy literature suggests that in the planning stage it is important that potential group members "accept and identify with the major purpose for the group so that they can utilize the group meetings to their full advantage" (Toseland & Rivas, 1984, p. 124). Inherent in this statement is the idea that members 'want' to be there. However, as Gitelson points out, in a residential setting, "to talk about the client having to 'want' to be there initially, is to deny the facts that have brought the client to the setting" (Gitelson, 1982, p. 360).

When beginning a group program in such a setting, it is therefore important for leaders to recognize this dynamic and process it within the early stages of the group program. For example, Gitelson suggests that initially "participation in the group may have to be presented as a way of achieving one's goal--that is leaving the institution" or group home (Gitelson, 1982, p. 360). As the group develops, the leaders would then work towards helping the members "acknowledge that piece of the problem that he/she owns and then use the (group) milieu to work on it" (Gitelson, 1982, p. 360).

Although the nature of the group home environment precludes having "ideal" conditions for implementing a group therapy program, it is this writer's contention that these constraints should not prevent such a program from being successful. What is important is that the leaders be aware of some of the added dynamics resulting from the nature of the setting. The success of such a program, to a large degree, will rest on incorporating these added dimensions into the overall planning of the group sessions.

Rationale for Group Intervention in Residential Settings

"The major goal of residential care is the development and growth of the individual (through residence in the setting) to enable the resident to re-enter society" (Jacobs, 1982, p. 339). However, as Jacobs also points out, this goal is most often placed within an individualistic focus. For example, "the majority (of these settings) emphasize the individual, his/her individual needs and his/her individual treatment plan" (Jacobs, 1982, p. 337). Although I recognize the merit in treating each adolescent as a unique individual and focusing on his/her unique issues and problem areas within a one-to-one counselling format, I also feel that such a focus may preclude incorporating another valuable treatment modality, that

of the group itself.

As already outlined within the literature review, the peer group is fundamentally important to adolescent development. It is here they develop their self-concepts, achieve independence and experiment with new and different roles (Rogers, 1977).

The adolescents placed in group homes such as B & L Homes for Children (the practicum setting) have a wide variety of problem areas and many have long histories of family disruption, parental abuse/neglect and repeated school failure. They are often heavily involved in substance abuse, juvenile crime, running and self-mutilation upon placement. On a psychological level, their self-concepts and sense of self-worth have either never developed in a positive direction or have been distorted through negative life experiences.

Although these adolescents may receive varying degrees of individual counselling, by virtue of their being adolescents, they would benefit tremendously from the added experience of group therapy. Group intervention is an effective treatment modality for adolescents. "A basic assumption of group intervention with adolescents is that it helps in dealing with life situations and improving self-image through peer feedback" (Ragg, Heirnrich, Rowe, 1982, p. 621).

Group therapy can be successfully used to help develop trust, improve problem-solving skills, develop social skills, improve interpersonal communication skills and provide a safe place in which to rehearse new behaviors. Developing these interpersonal skills, in turn, provides an opportunity for these adolescents to experience success and positive feedback. Success, often a new experience for these adolescents, helps improve self-esteem and, correspondingly, helps them develop and integrate a more positive self-concept.

Everything the individual experiences contributes to the formation of his/her self-concept. Certain experiences, however, especially interpersonal contacts, play a more fundamental role than others (Rogers, 1977). "Through the acts and attitudes of others, individuals learn how they are perceived by others and they are influenced to perceive themselves in the same way" (Rogers, 1977, p. 43). If, in adolescence, the importance of the peer group is strongest (Konopka, 1983), then it follows that a positive experience within this peer group may serve to help the adolescent re-define his or her self-concept.

Rogers (1977) views adolescence as an optimum time for making a conscious effort to improve self-image. Furthermore, Hartford (1971) states that "although one

may have a particular image of self, this assessment can be changed through group experience. If one wished to induce such changes in a person, particularly to improve his/her sense of self--and to modify his/her socialization process--this may be arranged through planned group experiences" (Hartford, 1971, p. 36).

The purpose of this practicum was to implement formal group therapy into a group home facility. The rationale for incorporating this into the overall group home program lies in the fact that "the peer group or residential culture has an important impact on the resident while in care" (Jacobs, 1982, p. 350). As such, formal group therapy within these settings can be used to enhance self-esteem and improve self-concepts, which in turn will facilitate the overall treatment planning for the adolescents in group home settings.

PART 2 - THE PRACTICUM

PART 2 - THE PRACTICUM

CHAPTER 1 - INTERVENTION

Setting

B & L Homes for Children will provide the setting for this practicum. B & L Homes for Children is a private agency in Winnipeg, Manitoba, consisting of two group homes and one graduating home. The residents of these group homes come from a variety of circumstances, most notably court referrals, and Child and Family Services referrals. Their problem areas include family breakdown, drug and alcohol problems, delinquency and school related problems. Both group homes are classified as Level III by the Office of Residential Care and serve teenagers from 13-17 years of age. Both homes have eight adolescents. These adolescents are referred to B & L Homes for Children due to severe behavioral/emotional problems.

The group program was run in one of these homes for eleven sessions, once weekly for one and a half hours. This writer was the facilitator for the group program. A child-care worker from the group home acted as co-therapist. The group home used in this practicum was the Gertrude Street Home.

This group home is a co-ed facility consisting of eight adolescents, four male and four female. The age

range of the residents was from 14-17 years. These adolescents are placed for a minimum of six months with the majority of placements extending to at least a year. The discharge plans for these adolescents included returning home, foster care and independent living. All residents in this home attend school. In this home my co-facilitator was a male child-care worker.

Group Membership

Group membership was made up of those adolescents residing in the home at the commencement of the group program. Due to the nature of the setting, new placements and discharges could not be anticipated and therefore needed to be accommodated accordingly. As such group membership was considered to be open.

To further highlight the characteristics of the group membership, I will briefly describe each member and his/her particular problem areas. This is followed by Table 1 which further details the demographic characteristics of the group participants. In the interest of confidentiality, the names used in this report are fictitous.

Joe: Joe had only recently come into care. Although his family had a long history of social service involvement, this was his first time in placement. He

comes from a single-parent family and has one older brother. This brother is also in a group home (not this one). Joe's father died when he was four years old. Since this death, his mother has increasingly relied on drugs and alcohol to cope with her problems. Prior to coming into care, Joe was out of his mother's control, not attending school and acting out within the community (delinquencies). The placement goal for Joe was for him to return home.

David: David comes from a blended family. His mother remarried three years ago and since that time David experienced increasingly serious relationship difficulties with both his step-father and his step-siblings. David dealt with these problems by running and not attending school. Both he and his step-sisters were placed in separate groups homes. The goal was for David to return home. Both his step-sisters have already returned home.

Tracey: Tracey comes from a single-parent family. Her father deserted the family when the children were still very young. Tracey has had no contact with her father since he left the family. Her behavior prior to placement consisted of running, and extremely aggressive (physically) behavior towards both peers and siblings. Tracey has two younger sisters, who are also

in care, and one older brother. She was sexually abused by her older brother. The goal for Tracey was independent living.

Paul: Prior to placement at B & L Homes for Children, Paul had been in foster care for approximately one year. He originally came into care due to an adoption break-down. The behaviors exhibited both in his adoptive home and in the foster placement, prior to the breakdown of both of these, were truancy, alcohol abuse, delinquencies, and agressive behavior towards peers. Placement goals for Paul include independent living. There had been no contact between Paul and his adoptive family since placement.

Katie: Katie has been in and out of care since 1980. Her mother, a single-parent, has had a long standing drug and alcohol problem. Since she divorced Katie's father in 1979, she has had a series of common-law relationships. These relationships have all been short-term and Katie reports difficulties with all of her mother's partners. Prior to placement at B & L, Katie was truant, running and sexually acting out. The long-term goal for Katie was foster care until the age of eighteen.

Sally: Sally comes from a severely dysfunctional family. Her mother is schizophrenic and her step-

father is physically abusive towards both Sally and her mother. There was also a suspicion that Sally was sexually abused by her step-father although she has yet to disclose. Sally came into care at her own request. The placement goals are foster care with eventual independent living. Prior to placement Sally was sexually acting out and also involved in both drug and alcohol abuse.

Jerry: Jerry is the youngest of seven children. His mother remarried two years ago and since that time has had little time for Jerry. Jerry is the only child remaining at home. Since remarrying, his mother frequently travels with her new husband, leaving Jerry with relatives for extended periods of time. Jerry dealt with this rejection by acting out in the community. He was involved in numerous break and enters and several physical assaults. The placement goal for Jerry was long-term foster care.

Kristie: Kristie is of native origin. She and her three siblings were adopted by a white family. This adoptive family has a history of serious problems. The mother has been hospitalized in the past and continues to be treated, as an out-patient, for emotional/psychological problems. It was also suspected that the

father sexually abused Kristie. Her two younger siblings still live at home, however they too are experiencing difficulties and may soon come into care. Kristie's older brother lives on his own out of province. The placement goal for Kristie was independent living. She presently refused to have any contact with her adoptive parents and was attempting to re-establish a connection with her native heritage.

Further information regarding the age, time in placement and education of the members can be seen on Table 1.

Insert Table 1 about here

Procedure

The procedure involved in this practicum was two-fold. The first part of the procedure involved an educational component for the child-care worker who acted as co-facilitator. Although especially important for this particular child-care worker, all child-care staff were given the same information package. This package was a copy of my practicum proposal. I also conducted a seminar with the staff team from the group home during which I presented the contents of this proposal in detail. I met with staff weekly, prior to

Table 1

Demographic Information of Group Membership at Comencement of Group Program

N = 8

Name	Age	Time in Placement	Academic Level
Joe	14 yrs.	1 week	Grade 7 - modified
David	15 yrs.	3 months	Grade 8 - regular
Tracey	17 yrs.	1 month	Grade 9 - modified
Paul	16 yrs.	5 months	Grade 9 - modified
Katie	16 yrs.	1 1/2 yrs.	Grade 10- regular
Sally	16 yrs.	6 months	Grade 10- regular
Jerry	16 yrs.	5 months	Grade 8 - modified
Kristie	17 yrs.	1 month	Grade 11- regular

the group session, in order to discuss that particular session, address any issues and to answer questions regarding practicum. At this time I also encouraged feedback from the staff regarding the overall program. Immediately after each session I met with the co-facilitator to debrief and to also discuss both content and process issues of that particular session.

The second part of the intervention in this practicum involved the actual group therapy program. The program I designed is a Short-Term Self-Development Group. Although the focus of the group is quite general, it was designed to illustrate exercises pertinent to the various stages of group development and to also provide a well-rounded example of the use of the various exercises, media and techniques available to group facilitators. For example, I incorporated the use of games, discussion, video, films, music, guest lecturers, guided fantasy, role-playing and art work.

My reasons for choosing a general theme as opposed to a specific theme (for example, sexual/physical abuse or delinquent behavior) is two-fold. Firstly, formal group therapy is a new treatment modality for many child-care workers. Thus, an introductory group program package was necessary in order to provide a positive learning experience. Secondly, this general

format allowed for the inclusion of a wider variety of specific activities. Exposing child-care workers to this variety will assist them in developing their own style as group leaders by allowing them to experience using different approaches and thereby discovering what works best for them.

It was hoped that both facets of this practicum would serve to meet the following objectives.

Objectives for the Educational Component:

a) To provide child-care workers with a framework for group therapy which is applicable to group home settings.

b) To provide an active learning experience for one child-care worker as co-facilitator.

c) To provide a knowledge base that group home staff can use to incorporate an ongoing group therapy component into the overall program at B & L Homes for Children.

Objectives for the Short-Term Self Development Group:

a) To improve self-esteem and self-confidence of the group members.

b) To provide a secure environment for group members to discuss problems, issues, feelings, etc. as a group.

c) To help members improve their problem-solving

skills.

d) To help members improve their interpersonal communication skills.

e) To assist members in identifying their feelings and developing more appropriate ways of expressing them.

f) To provide a system of peer support and develop group cohesion within the group home setting.

An outline of the general group format follows. Specific outlines of each individual session are provided in Appendix A. A description of specific techniques used in this program, i.e. role-playing, can be found in Appendix B.

General Group Format:

1) Introduction:

- Boasts and Brags (10 minutes)

  the sharing of one thing each member did or said in the past week that he/she really enjoyed or was proud of (Berliner, 1982, p. 22).

2) Journal Sharing: (15 minutes)

- personal issues brought to the group
- discussions of previous week's homework assignment

3) Topic for the Week: (30 minutes)

- exercises
- discussions

4) Conclusion: (20 minutes)

- leaders tie together the session
- group shares a snack

For clarity, I will discuss the practicum using the following format. Utilizing Gumaer's (1984) model of group development, I will break the discussion into the four stages of group development; 1) establishment stage 2) exploration stage 3) work stage and 4) termination stage. The discussion of each stage will be further broken down into Part A and Part B. Part A will include comments on both the content and process issues pertaining to the group intervention. Part B will include a discussion of the issues regarding group programs in general in this type of setting.

CHAPTER 2 - DISCUSSION OF GROUP INTERVENTION

Establishment Stage - Session 1:

A) Group Intervention:

The basic goal of this session was to introduce myself and the program I would be conducting. I described why I was facilitating the group with a staff person and the general format that I would be following. We went over the group goals and group rules as outlined in Appendix A of this practicum report. Group members were encouraged to add to either the group goals or the group rules. Although a few members sought clarification, there were no additions to the list of goals. The group membership added the following rules--no smoking and no telephone calls during the session by either the leaders or the residents. I felt this latter rule was fairly significant. It symbolically marked the boundaries of our meeting times, serving to differentiate it from regular evening routine.

Journals were given to each member and their use explained. Members requested that they be allowed to keep their journals in the office between sessions. They felt that if they kept them in their rooms, they would run the risk of having others look through them. Recognizing that privacy and personal space is often

difficult to ensure in a group home setting, however age appropriate the need may be, I reluctantly agreed to this request. My reluctance was born out of the fear that if the journals were not in their possession they would be forgotten about between sessions. This in turn would defeat the purpose of using this technique as a way of tying sessions together through homework exercises relating the topics to their own experiences between sessions.

Although my co-facilitator was a staff person from the group home, and all the members knew each other, I did not know any of the group members prior to the first session. As such it was important that the initial session adhere to Humaer"s (1984) model of group development and allow adequate time for the establishment stage to unfold.

It should also be noted that one member, Joe, had only been in placement for several days prior to this first session and thus was not yet a member of the larger group home milieu. This had a noticable effect on Joe's behavior as he initially sat on the periphery of the group and did not engage in any interaction with the other members. As the meeting progressed, both facilitators focused on engaging all group members in interaction, with a special effort being made to in-

volve Joe. This proved successful, as Joe physically joined the group during the latter half of the session and also began initiating interaction with the other members during the group exercise.

The exercise used to facilitate the process of joining involved having all members construct a Collage of Self. Members were instructed to make a collage that described who they were now, their likes, dislikes and how they see themselves five years from now. Each member then introduced themselves to the group by sharing their collage.

This first session went very well. Initially there was some evidence that members were anxious as was demonstrated by their sometimes 'silly', 'giggly' behavior. This is normal at this stage of group development and as such was not consequenced by either facilitator. It was felt that having a staff person act as co-facilitator helped to alleviate some of the nervous, insecure behavior common during initial group sessions.

The group was ended with everyone sharing snack. This was to become a ritual, marking the close of each session.

B) Group Program:

Several issues regarding the general group program

came to light during the first session. The level of maturity, attention spans and general ability to articulate thoughts and communicate these to the group varied amongst group members. Upon examining the demographic information of the members this would not appear to be purely a function of age and the time in placement. Although there were no serious disparities amongst group members, the planning for each session would nevertheless need to accommodate these differences and modifications be made if necessary.

This issue also has implications for group work in group homes generally. A seventeen year old, close to discharge is clearly at a different level, emotionally and behaviorally, than a fifteen year old who has just been placed. Further, the individual needs of group members will vary according to their own individual issues. Careful consideration of these differences would be necessary to ensure the group experience was mutually beneficial for all. This issue is a departure from more traditional group work whereby common goals, issues, and experiences are often used to determine group membership.

A second issue related to the differences between traditional group therapy and group home 'therapy groups', is the lack of a 'time-out' between sessions.

In the latter type of group, group members remain in close proximity to each other, and resume 'regular' evening routine immediately after the session. As such, I felt it was vitally important to establish a boundary, if only symbolic, between the two right from the start. As a way to accomplish this, group snack was held at the end of the session. Not only was the sharing of snack intended to help develop group cohesion by rotating the 'cooks' weekly but it also served as a ritual to mark the end of the session. Further, the sharing of snack provided a 'time out'. The group interaction could move from the more emotional level of the session to a more light-hearted, less threatening level during snack, in preparation for resuming regular activities.

Exploration Stage - Sessions 2-3-4

A) Group Intervention:

There were several goals for this stage of the intervention. Primarily, I was hoping to develop group cohesion and build a level of trust and acceptance that would be required for the more personalized levels of self-disclosure involved in the following Work Stage. I focusued on some of the themes which would run throughout the group program trust, co-opeation, identifying feelings. However, exploration of these

themes was kept at a level external to individual group members. For example, when we discussed 'feelings' in session two, we talked about feelings in general. The group identified different feelings and acted them out in charades. We then broke into two groups and each group made a collage depicting several different feelings (angry, happy, lonely, sad, scared). The group rejoined and shared their collages, highlighting the vast differences in peoples perceptions and expression of these various feelings.

The goal was not to have members explore their own feelings and the differences in their expression of these feelings amongst group members. This would have involved a level of self-disclosure inappropriate to this early stage of group development. Keeping the discussion on a general level allowed for introducing the concept of individual differences in a non-threatening format. A positive acceptance of individual differences amongst people in general provided the ground work for moving towards the acceptance of individual differences amongst group members.

In session three we continued with this theme of identifying feelings, still keeping a more general frame of reference. In this session the group was divided into two groups. The group leaders assigned

members to each group so as to facilitate the mixing of group members. For example, room mates or dyads within the living unit were placed in separate groups. It had become evident that sub-groups existing within the group home in general were also being carried over into this group. As I was hoping to develop a new group from an already existing group, I felt it was necessary to promote the development of dynamics different to those already in place within the larger group home environment.

Group A was asked to develop a skit (role-play) which highlighted various feelings and what can happen when these feelings are not expressed openly and honestly. Group B was asked to develop a skit (role-play) which highlighted various feelings being expressed in an open, direct fashion and how this might influence a situation. The members were given the option of making up a story line or choosing one from their own lives. This session, which called for increased levels of co-operation, trust and self-disclosure, still allowed for members to choose the degree to which they were comfortable with personalizing the issues and concepts presented.

An indication that a level of trust was developing within the group was evident during the discussion

following the skits. Initially, the discussion had a very general focus with comments focused external to the individual members. However, this evolved into a more personalized discussion of feelings without the leaders prompting such a move. For example, discussion centered on how one member, Katie, had difficulty expressing feelings of sadness or hurt and would instead show these feelings as anger and hostility. Katie and the group members were then able to talk about some of the problems that evolve out of this and then entered into some problem-solving regarding more appropriate ways of expressing her feelings.

At this point I felt group cohesion and trust was beginning to develop. Group members had been able to complete the exercise without much assistance from the group leaders and group discussion was beginning to move to a more personalized level. It should be noted that this more personalized level brought with it increased anxiousness. For example, at times the discussion was presented in a humorous light. This did not appear to be done out of maliciousness, but rather indicated that the move to a more personal level was making members somewhat uncomfortable, therefore increasing the level of anxiety.

Session four focused directly on the concepts of

trust and co-operation and required group members to actively engage in both a co-operation exercise and the blind-folded 'trust walk'. This session was the first which focused directly on the members and their feelings regarding the issues of co-operation and trust. As trust is a very salient issue for adolescents in general and more importantly, for adolescents in a residential setting, I used an activity to highlight this topic. This was done in hopes of approaching the subject on a less threatening level. The 'fun', activity oriented, nature of this exercise proved very successful. The activity appeared to diffuse some of the anxiety around the issue of trust and in the discussion that followed, all members were able to personalize the issue. Feelings experienced while being led around the house blind-folded (apprehensive, scared, tense etc.) were very openly shared and also generalized to their own feelings around trust. The activity also served to differentiate the different levels of trust. Most members had little difficulty trusting their partners to lead them around the main floor of the group home. However, their anxiety dramatically increased when they had to trust their partners to lead them either upstairs or downstairs. This the group agreed involved a much greater degree of

trust and carried with it much stronger feelings of anxiety and apprehension. It was felt that experiencing these two levels of trust in the activity was very symbolic of the stage our group was at. Up to this point we had been developing the more superficial 'first level' of trust and were now entering the stage of the group program involving deeper levels of trust and self-disclosure.

Overall I felt very positive about the group process thus far. Few problems had arisen and those which had had been behavioral. There had been some very minor testing of the rules--interrupting, private conversations, during the first two sessions. This was very appropriate to early development and was dealt with by having a group leader sit between those members who engaged in such disruptions. Some of the silliness and increased anxiety which occurred in session three and four was not viewed so much as a disciplinary issue but rather as an indication that the group process was evolving towards the more personalized level necessary for entering the next stage of this program.

Group cohesion and a sense of group identity separate from the group living unit was also developing. The most obvious example of this was the group snack. Members assigned the 'cooks' job followed

through without exception and they did not have to be reminded of their responsibility as the meeting day was approaching. Futhermore, relatively elaborate preparation became the norm. The members had been told they could use convenience foods such as chips, or donuts etc., however, they chose to make snack from themselves preparing such items as cakes and fudge.

B) Group Program:

During this stage of the group program two major issues arose with implications for group therapy programming in this type of setting.

Of primary importance was the issue of group leadership. It is common in group homes for staff to be on a rotating schedule resulting in different staff being on shift on the designated night for 'group'. In this particular practicum, the child-care worker I was co-facilitating with was not at work on the evening of the fourth session. Unprepared for this, I mistakenly had a different staff person join the session. The group membership voiced no concern over this unexpected change, saying they were used to different staff. As an outsider, however, I noticed quite a reaction to the inclusion of a new leader. The members' way of interacting was quite different in the presence of this

person. For example, members accommodated this persons personal style which resulted in a louder more boisterous session. There was also more 'testing' behavior and the members who tended to be quieter, became even more reserved during this session.

As a leader, the presence of a new person affected my interaction, as I also had to accommodate a new personal style. As a result I found myself taking a less active role. Not having ever co-facilitated with this person, there was an absence of working rapport between the two of us.

Although this experience left me feeling very uncomfortable, I felt, the fact that the members all knew this person, helped to diminish the potentially destructive effects to group cohesion which might have otherwise occurred. As unsettling as this experience was, it vividly highlighted the importance of ensuring consistency in group leaders. The fact that all staff members know the residents and vice versa, in no way justifies rotating group leaders. In light of the subtle, yet dramatic effect this had on group process, I feel it is imperative that the group program must not accommodate shift scheduling but rather staff rotation must accommodate the needs of the group program. Prior understanding of this issue along with the support of

the staff team would be necessary to institute these changes.

For the remainder of the group intervention, my initial co-facilitator was the only staff person involved in the group sessions. An agreement was made that should he miss due to illness or shift scheduling, I would conduct the session on my own. As it turned out, session eight was the only other session he was not involved in.

The second issue that arose was the use of the journals. Little to no effort was being put into completing the weekly assignments and for each session at least one or two members would have forgotten their journals. When homework was completed, it was done on scraps of paper rather than being entered in their journals. This was addressed during the third session. Members gave several reasons for not following through. The primary reason appeared to be that they simply forgot. As mentioned earlier in this report, lack of privacy prompted the members to keep their journals in the office. Unfortunately, lack of immediate access resulted in lack of use.

The issue was dealt with by the group deciding that the journals would instead be used during the sessions. Short exercises rather than homework would

be used to help tie together the main points of each session. The first time we did this, I gained further insight as to the possible roots of members' reluctance to use the journals. Five of the eight members had great difficulty putting their thoughts on paper. Furthermore, the skill level was very low, with two members printing as opposed to writing.

Although I still feel journals may be a useful tool in group work with this age group, careful attention must be paid to the members' level of academic functioning. The disrupted lives many adolescents in residential care have experienced has often had a profound impact on their ability to achieve in school. Introducing journals as an expectation at the beginning of a group program may well be placing some or all members in a position of failure right at a time when, as a leader, you are trying to build a sense of trust and security.

Work Stage - Sessions 5-6-7-8

A) Group Intervention:

Session five through eight made up the work stage of this group program and hence involved the greatest levels of self-disclosure and exploration of issues salient to the members' own personal lives.

The general theme of these four sessions was communication. Session five dealt with communication in general, defining communication and the characteristics necessary to be both an effective sender and receiver of messages. To actively demonstrate the concepts and allow members to engage in sending and receiving behaviors, we played the Ungame. The Ungame is a board game designed to enhance interpersonal communication. A further description of this game can be found in Appendix B.

As a group, there were still members who were dominating the discussion and those who were less verbal. Using this game served to allow all members equal opportunity for participation. This in turn facilitated a sense of group cohesion and acceptance. For example, Jerry, the group clown, who had been somewhat apprehensive to sharing on a personal level, commented that he found it "neat" to be listened to when he was being serious.

Session six involved moving into the topic of communication breakdown. The theme was illustrated by listening to and discussing an old Beatles song, "She's Leaving Home" (Lennon & McCartney). The use of music prompted members to bring up other popular songs which illustrated the same theme. From there, they very

spontaneously connected the music themes to the themes which ran through their own lives. As the session progressed, so did the level of self-disclosure, with members sharing past incidents of communication breakdown in their own lives, primarily amongst family members. Material covered in the previous session was also incorporated as members looked at these examples with a problem-solving perspective. For example, they identified where the communication had gone awry and how those involved could have better handled the interchange.

As a leader, I felt this session had gone very well. All members participated and there was no indication that any particular member felt threatened by the level of self-disclosure. What this session served to highlight was how important it is to meet adolescents' on their own level, thereby incorporating what is important in their lives as a place to begin. Music permeates an adolescents everyday experience and provides an excellent vehicle through which to engage their interest. This fact was demonstrated by both the degree of involvement during this session and by the comments I received during snack and as I was leaving. Several members commented on how much they had enjoyed the evening and how I had run the session.

Session seven picked up where the last session had left off. We each took personal examples of communication breakdown, discussed where the problems lay and how such situations had developed. The group also hypothesized and then role-played various alternatives. Although the topic was still general communication, the group had moved into the realm of relationships and family dynamics and the issues these areas held for the individual members.

Session eight was designed to capitalize on the high level of group cohesion which had developed thus far while continuing with the theme of communication breakdown. Members were left with the task of developing a skit (role-play) that highlighted the topics of the previous few sessions. They were given free reign in terms of how they went about doing this and what format they chose. The only direction they were given was the following scenario. 'I had invited them to be guest speakers at an adult seminar I was teaching on interpersonal communication. As adolescents, how would they go about teaching adults about communication breakdown?'

The group response was incredible. In keeping with where this group was developmentally, they wasted little time in organizing themselves and attending to

the task. Although at times there appeared to be two members taking leadership roles (Katie and Paul), for the most part it was a co-operative effort, with each member contributing his or her ideas.

What evolved was a role-play of a family situation engaged in a complex interplay of poor communication, followed by a dialogue highlighting the problem areas and offering alternatives. In the discussion that followed, members related how this particular role-play highlighted specific individual issues with one member insightfully commenting on how they had, without thinking about it, chosen roles in the skit that corresponded to each of their own communication patterns. For example, in the role-play Joe played someone who acted tough and walked away from emotional situations. In real life, Joe is a 'runner', who, when he can no longer deal with his alcoholic mother or other emotional pressures, will withdraw into himself and then leave the situation.

In summary, the dynamics of these sessions clearly demonstrated how the group had progressed from the exploration stage to the work stage. The level of self-disclosure, group cohesion, and generally accepting attitude was evident throughout. There were no major behavioral issues during any of these sessions

with minor problems being addressed by the members themselves. For example, during the Ungame, one of the rules is no interrupting while the player makes an 'I' statement. Interruptions during the game were appropriately handled by group members and thus kept to a minimum.

The exercises used during this stage of the program worked well with this age group. The co-operative element involved in the exercises promoted cohesiveness while the variety of techniques helped to keep members interested. The fact that members so eagerly participated in these exercises demonstrated the importance of using activity oriented exercises, even during the stage of group development where a high level of self-disclosure in the discussion is desired.

B) Group Program:

As the group intervention continued several problems arose which were inherent in the group home setting. These included members missing sessions due to being on the run, or pre-placement visits or extended home vists, sudden discharges and the incorporation of new members. As a leader, these are areas you have little or no control over. For example, discharges, although usually planned, may also occur very suddenly. Children awaiting placement at a different resource are

moved as soon as an opening is available.

During this stage of the group, Jerry was moved unexpectedly. A planned foster home placement became available earlier than expected and he was moved between sessions. As a group we dealt with this leaving, however, it was after the fact and Jerry was not a part of the process.

A second sudden discharge occurred between the nineth and tenth sessions. Tracy had been involved in a violent incident and was discharged to a different facility due to the seriousness of this incident.

Sudden departures have a detrimental effect on the group in several ways, especially when they occur during the work stage of the group program. The major effect is a lack of termination. For the person who leaves there is no closure, no ending of what might have been a very emotional experience. For the group, a new unplanned issue must be addressed, the issue of loss. Until this has been resolved, group development may be affected, with the group actually regressing. This in turn may seriously effect the continuity between sessions as the group suddenly changes its focus to deal with the departure of a member.

In this particular intervention there was only a moderate response to Jerry's leaving. Jerry had been

the group clown and the members accepted him in this role. When Jerry left, David attempted to assume this role, however, the group was not as accepting of him in this position. As such we had an increase in 'silly' behavior from David and an increase in confrontative behavior from the other group members during the session following Jerry's departure. Nevertheless, the overall effect on group dynamics was still minimal.

It was felt that the minimal effect of Jerry's departure was in part due to the fact that there was not an immediate addition of a new member to the group. As such, in this particular intervention, the group did not have to re-negotiate some of the tasks involved in earlier stages of group development, ie. trust building and establishment of roles, as is the case when new members are added.

Since this delay in the placement of a new resident was rather uncommon in group homes, I feel the whole issue of departures and new arrivals of members has important implications for group programming in this type of setting. Although the departures cannot always be controlled, new membership can be. Had a new resident been placed when Jerry left, I would not have had him or her join the group mid-way through the program. In light of the time limited nature of this

intervention, the stage of group development when Jerry left and the high level of group cohesion which had developed, I feel the inclusion of a new member would have been too detrimental to this particular program to be considered.

This issue of changing membership is inherent in group home settings. As will be expanded on in my recommendations, I feel group programs in these settings should not be ongoing but rather time-limited (ie. 9 - 12 wks). Although any particular group might well have to negotiate the sudden departure of a member, incorporating a new member could be avoided by not having the new resident involved until the next group program begins.

Termination Stage - Sessions 9-10-11

Sessions nine, ten and eleven moved the group through the termination stage of this program. The topics, ie. values, peer pressure, sex-roles, although personalized by the members, did not involve the deep level of self-disclosure inherent in earlier sessions. Whereas earlier sessions had, in part, focused on past issues and problem areas, these sessions looked towards the future. For example, when dealing with the topic of peer pressure, members were asked to predict future situations and how these could be handled based on what

they had learned in our group.

Regarding termination specifically, I felt it was especially important to address this issue with the group in light of the fact that they had already experienced two unexpected departures during the program. Part of both sessions nine and ten was spent talking about endings and planning a positive ending for our group.

The final session involved a general review and verbal feedback to all members. We finished the session with a party. Rather than go out, the group members had chosen to order in pizza and prepare the rest of the meal themselves. In retrospect, I feel it was quite significant that the group chose to remain on familiar territory for our last session together and may well have been an indication that despite changes in membership, we had formed a group within a group!

In the next section of this report I will discuss the method of evaluation used in this practicum and the results of these measures.

PART 3 - EVALUATION

PART 3 - EVALUATION

Chapter 1 - Method of Evaluation

Evaluation of this intervention was incorporated into the practicum. In order to assess the child care worker's perception of the group therapy program, a questionnaire was given at the end of the eleven sessions (see Appendix C). The child care worker was asked to assess the actual program and to provide feedback in terms of future group program planning. Group members were also given a questionnaire at the end of the program, assessing the strengths and weaknesses of both the group program and the facilitators (see Appendix C). Opportunity was given for group members to indicate any changes in the program that they felt would be important for future group sessions. Finally, in order to evaluate the individual members with respect to the global goals of enhancing self-esteem and providing a positive peer experience, I used two additional measures. These were the Hudson Index of Self-Esteem (ISE) (1982) and the Hudson Index of Peer Relations (IPR) (1982) (see Appendix C). These were administered during the first, sixth and final sessions. The reason I chose these scales was that they are short, easy to administer and have been designed to be used as a repeated measure expressly for

single-system research (Bloom & Fischer, 1982). As such, scores "do not appear to change merely as a result of being administered repeatedly over time" (Bloom & Fischer, 1982, p. 149).

Hudson Index of Self-Esteem (ISE)

The Hudson Index of Self-Esteem is a standardized scale designed specifically for single-system research (Hudson, 1982). The scale "measures the degree of magnitude of a problem the client has with his or her self-esteem" (Bloom & Fischer, 1982, p. 148). The scale is made up of twenty-five items. For each item the respondent indicates his or her response on a five-point Likert scale ranging from 1 (rarely or none of the time) to 5 (most or all of the time). The "clinical cutting score" is 30. For those respondents obtaining scores above 30, self-esteem is considered a problem area for that person. Intervention would thus be aimed at reducing the ISE score to below 30 (Bloom & Fischer, 1982).

I used the ISE because it is an accurate and reliable measure of self-esteem which has been designed specifically to be used as a repeated measure. This scale has been reported to have internal reliability and test-retest reliability of 0.90 (Hudson, 1982). This scale has also been reported to have high face,

concurrent and construct validity (Hudson, 1982).

Despite the high reliability of this scale, there will still be some measurement error. As a rough guide, changes in the respondents' scores of five points or less over repeated administrations is considered a result of this measurement error. Changes of more than 5 points in either direction thus may be interpreted as reflecting real changes in the respondent's level of self-esteem (Bloom & Fischer, 1982). Another limitation of this scale is the potential for reactivity. Although scores do not appear to change merely as a result of being administered repeatedly over time (reliability), it is important to discuss with respondents the importance of accurate responses (Bloom & Fischer, 1982).

Hudson Index of Peer Relations (IPR)

The Hudson Index of Peer Relations (IPR) is a standardized scale designed to measure the degree or magnitude of a problem an individual has with his or her peer group (Bloom & Fischer, 1982). As with the ISE, this scale is made up of twenty-five items. For each item the respondent indicates his or her response on a five-point Likert scale ranging from 1 (rarely or none of the time) to 5 (most or all of the time). The "clinical cutting score" is 30 with scores above 30

indicating the respondent has difficulty in the area of peer relations.

I chose to use the IPR because it has been reported to be both an accurate and reliable measure of peer relations. Its reported to have an internal reliability and test-retest reliability of 0.90 as well as high face, concurrent and construct validity (Hudson, 1982).

As with the ISE, measurement error will be accounted for by requiring changes of five points or more in either direction in order to attribute changes in scores as indicative of real change in the respondents' peer relations.

Evaluation of Group Intervention

A) Group Members - Questionnaire Results:

A summary of the members' comments from the group questionnaire filled out at the end of the group program can be found in Table 2.

Insert Table 2 about here

Although this measure was very subjective, I feel some important points were made and that these in turn should be taken into consideration in future group programming.

Table 2 - Summary of Group Evaluation Questionnaire Conducted at the End of the Group Program

N = 6

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1) Did this group help you? How?

- yes
- it taught me to understand lots of things are important to keep a relationship going
- yes
- it taught me lots of different things about feelings
- yes
- it helped me learn about communication skills, also getting problems out in the open makes you feel better
- yes
- I learned more about communication and about my feelings
- no
- this was only because I missed several meetings because I was on pre-placement visits

2) What did you like most about the group?

- the participation of the whole group hearing how everyone feels
- the skits
- the skits and the blind-fold exercise
- the movie and the skits
- the group activities and making the collages

3) What did you like the least about the group program?

- it started late sometimes
- sitting down and listening
- some sessions were too long
- the length of the meetings because sometimes it got boring
- the journals

Table 2 - continued

4) What changes would you like to see in this group program?

- none, leave it the way it is
- better snack, more movies
- none
- shorter meetings
- shorter and sometimes we could pick the topics

5) What did you like the best about the staff who ran the group?

- taking the time and patience to make it work
- nice person
- friendly and easy going
- I liked the friendliness
- very nice people

6) What things could the staff have done better?

- I don't think they could have done any better
- explain things sometimes
- nothing
- started on time
- made it more interesting and less formal

7) Was it useful to have two group leaders? If so, why?

- it didn't really matter to me
- no
- yes
- yes, to keep the meetings in control
- yes, it gave different opinions, also there are too many kids for one person

8) What topics, problems or concerns would you like to be included in future group sessions?

- I don't know
- I would want to be involved in more skits
- I don't know
- sex, drugs, etc.
- alcohol abuse, future planning for school

All members agreed that the group helped them except for one member who missed several sessions due to pre-placement visits. This particular resident had been in placement since September, 1985, and therefore it was not appropriate to delay her extended weekend visits until the conclusion of the group program.

In terms of what the members liked the most, all listed activities, with skits getting the most mention. This is quite relevant in terms of future planning as it implies that activity oriented sessions have a very positive impact on the members. As a leader, I experienced this and generally found that the more unique the activity, the more productive the following discussion was. Non-competitive activities promote creativity, which in turn allows the adolescent to experience success. Adolescents in residential care often have a very poor self-esteem in part due to past failures. Providing them with an opportunity to exercise their creativity can thus facilitate the development of a more positive self-image by allowing them to experience success.

Another common remark on the questionnaires was that the sessions were too long. Although they were only an hour and a half (including snack), I feel this comment speaks to the limited attention span of this

particular group. I sensed no evidence of this during the actual activities, however, I did find that the momentum of the discussions that followed was somewhat time limited. Even during the work stage, when the depth of the discussions was so productive, I found it difficult to sustain these discussions for long periods of time. As this did not occur during the activities, as a leader, I would conclude that comments regarding the length of the sessions related more to the length of the discussions as opposed to the whole group session. These comments relating to time thus provide further support for using activity oriented exercises as opposed to verbal or pen/paper exercises.

A common negative comment on these questionnaires was that sessions did not start on time. This was not due to my late arrival but was rather a function of the group home routine. Unexpected phone calls requiring staff attention, later than usual dinner, or unexpected disciplinary issues, often resulted in the session starting when everyone was ready as opposed to a rigid time schedule. Not realizing that this bothered the members and since the delays were never more than fifteen minutes, I mistakenly did not address this issue with the staff and my co-facilitator. What this comment addresses is the importance of adhering to a

strict starting time. Ensuring a symbolic boundary and separate group identity from the group living unit almost becomes a contradiction if the group sessions fall into the household routine and begin when everything else is done. Rather, starting on time should be viewed with the same importance as establishing a group boundary between the end of the sessions and the resuming of regular evening routine.

B) Test Scores:

Table 3 provides a graph summarizing the members scores on the Hudson Index of Self-Esteem.

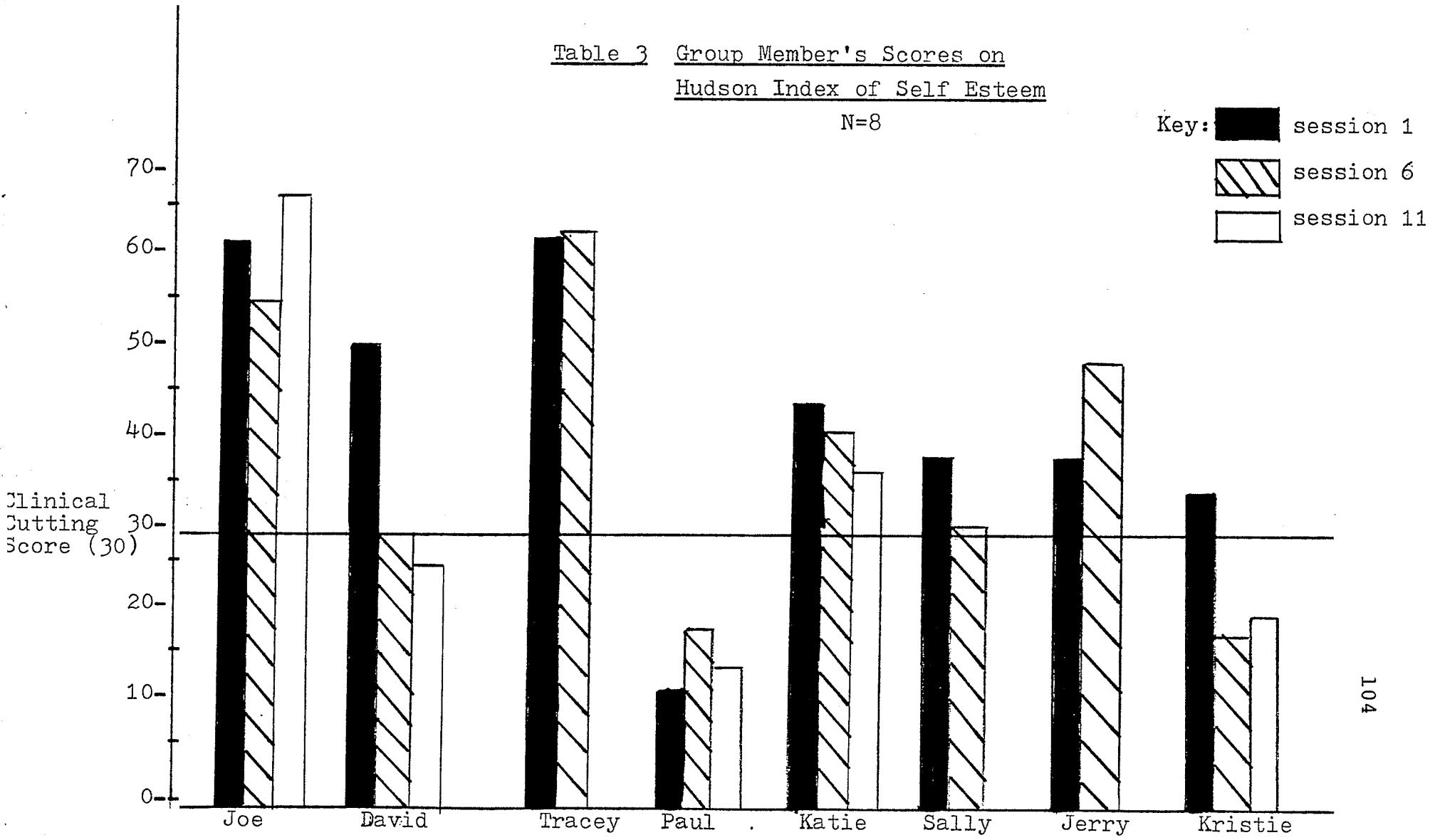
Insert Table 3 about here

The clinical cutting point on this scale is 30. With the exception of Paul, all members had scores which would indicate that self-esteem was a problem at the commencement of the group program.

Throughout the group program, four members (David, Katie, Sally, Kristie) had a significant decrease in their scores indicating that self-esteem was becoming less of a problem area. It should be noted, however, that at the end of the group program Katie and Sally still had clinically significant test scores despite

Table 3 Group Member's Scores on Hudson Index of Self Esteem

N=8



the aforementioned overall decrease.

Two members, Joe and Tracy, had very high scores (self-esteem a major problem area) and these scores remained relatively constant across repeated testing.

One member, Jerry, had an increase in his ISE score which would indicate that self-esteem was becoming more of a problem area for him. Unfortunately, Jerry was not present for the third administration of the test so one cannot comment on the extent of this trend.

There was only one member, Paul, who consistently had a score significantly lower than the clinical cutting score.

This data does not provide direct casual relationships between my intervention and the members levels of self-esteem due to several uncontrolled variables. For example, these residents lived in a therapeutic milieu and thus improvements in self-esteem could be the result of any aspect of the group home program or a combination of different elements. Further, what was beneficial for one may have had little or no effect on another. There was also no control over such variables as placement history, age, severity of difficulty upon placement and the length of time in placement at the commencement of the group program.

What these test scores do highlight, is that self-esteem is generally a problem area for these adolescents. Furthermore, of the four adolescents either discharged during the program (Tracy, Jerry) or soon to be discharged (Katie, Sally), all had clinically significant scores on the ISE at the end of their placement. The fact that self-esteem was still a problem area at the time of discharge, suggests that this is an issue of great concern, both for these particular adolescents, and for adolescents in residential care in general. Although one cannot apply these scores directly to my intervention, I do feel they highlight a serious need for intervention aimed at improving the self-esteem of group home residents.

Table 4 provides a graph summarizing the member's scores on the Hudson Index of Peer Relationships.

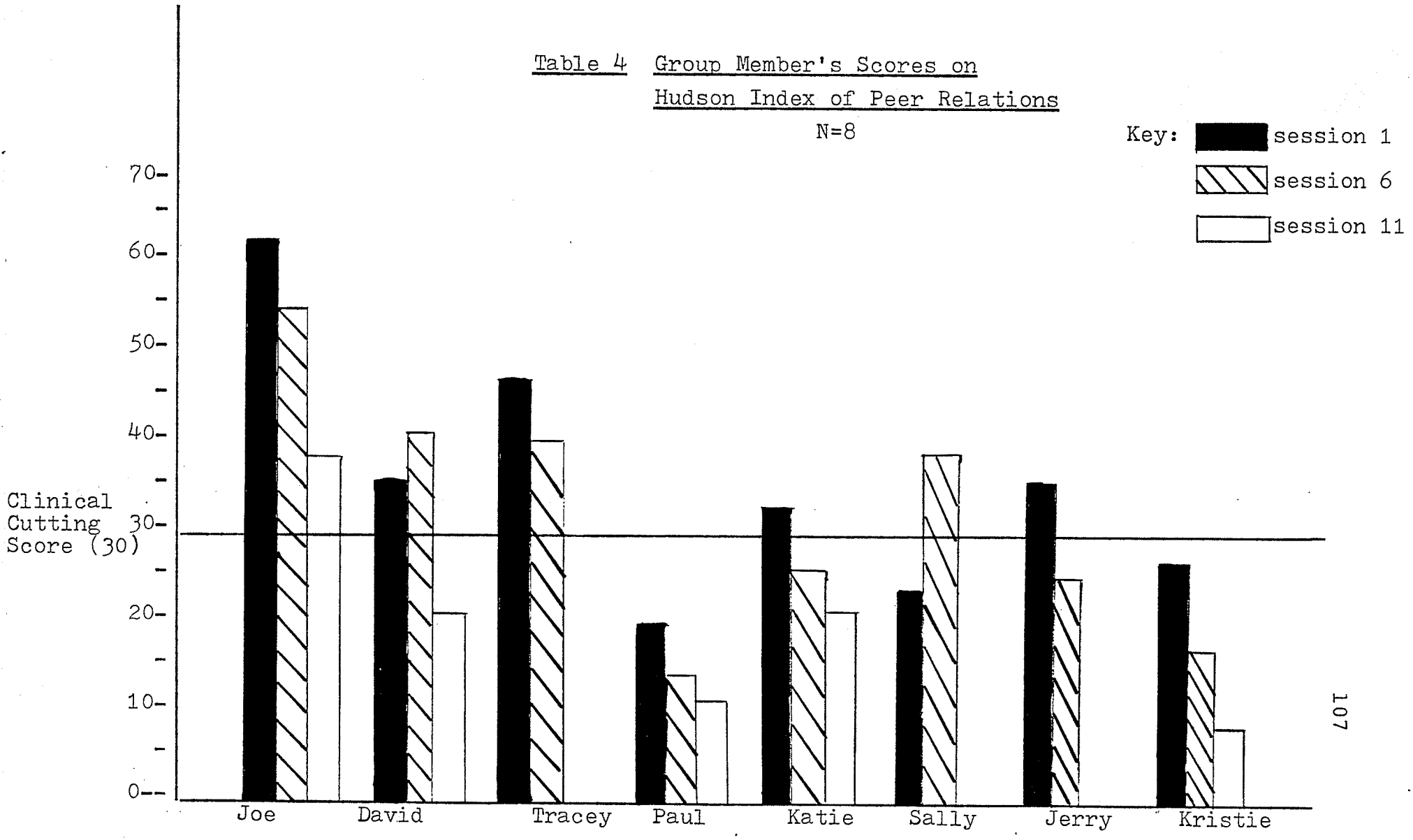
Insert Table 4 about here

The clinical cutting score on this scale is 30.

Joe, David, Tracy, Katie and Jerry all had clinically significant scores when the tests were first administered. Although there was a dramatic drop in Joe's score, at the end of the intervention his score indicated he still had a problem in the area of peer

Table 4 Group Member's Scores on Hudson Index of Peer Relations

N=8



relations. David, Katie and Jerry however had final scores below thirty which would indicate that at the end of the intervention, peer relations were no longer a problem area.

One member's score, Sally, increased dramatically, indicating that peer relationships became a problem area for her mid-way through the group program. Paul and Kristie on the other hand scored well below the clinical cutting score on all three measures.

As with the ISE, results from these measures cannot be used to form a casual relationship between this intervention and changes in problematic peer relationships. Furthermore, as with the ISE, there does not appear to be a correlation between the length of time in placement and the members score on the IPR. The two newest members actually had opposite profiles on the two measures, with Joe scoring clinically very high and Kristie scoring below the clinical cutting score on the last testing.

These test results do seem to point to the existence of a general problem in the area of peer relations. This in turn lends support for doing group work in this setting. What better arena for working with adolescents with peer problems than with their immediate peer group!

Evaluation of the Group Program

Co-facilitator - Questionnaire Results:

At the end of the group intervention, I had my co-facilitator fill out an evaluation questionnaire. Generally speaking, his evaluation of my overall practicum was very favorable. He felt I had provided a solid knowledge base (literature review) and had organized and presented the group program in a well thought-out fashion. He also commented positively in relation to the residents' response to both the group program itself and to my style as a leader. I found these latter comments very encouraging as he would have been privy to the group members' comments after I had left the group home.

With regard to group programs in general, within group home settings, my co-facilitator expressed some concerns. Although he agrees with the concept of using the existing group to engage in formal group work, his concern lies in the type of group program. In his opinion, characteristics inherent in a group home setting, ie. rotating schedules, irregular and often unexpected changes in membership make formal therapy inappropriate to the setting. Rather, my co-facilitator proposed that the group program should be more educational and task oriented. He agreed that the theo-

retical material pertaining to group dynamics should guide the child care worker when designing a group format, however, felt the focus should remain somewhat superficial and not move to levels of self-disclosure inherent in a therapy group.

Although my co-facilitator took this position in part due to the aforementioned characteristics of a group home setting he also strongly felt that child care workers were not trained therapists. As such he felt it could actually be detrimental to the residents to have these staff opening up issues that they were not trained to deal with. He also voiced concern that delving into highly emotional issues would have implications for the living unit as a whole, and that the intensity would be carried over in the remainder of the evening following a session.

What my co-facilitator proposed was that group homes should have group programs with an educational component rather than formal group therapy. These programs however should adhere to the theory of group development and their format be planned accordingly.

In response to my co-facilitator's evaluation, I feel it bears further comment and will address some of his issues in my summary and recommendations. I feel his concerns are quite legitimate. However, I also

feel other possible alternatives to some of the difficulties highlighted by this practicum exist.

In summary, I used two questionnaires which I designed specifically for this practicum in order to evaluate the overall strengths and weaknesses of the group program. It is recognized that these are highly subjective and subject to the biases of those filling out the questionnaire. For example, a desire to please the group leaders may have skewed the results in a positive direction. In order to reduce possible client bias, I did emphasize the importance of being honest when answering the feedback forms and also requested participants to fill them out anonymously.

The two standardized measures, Index of Self-Esteem and Index of Peer Relations, were used to evaluate the global goals for the group members. Although these scales have been shown to be highly reliable and valid, a direct casual relationship between changes in self-esteem and peer relations and implementation of this group program was not possible due to the uncontrolled variables inherent in the chosen setting. The fact that group members were living in a therapeutic milieu and were at varying stages of this placement when the program began are two of the variables not controlled for in this practicum.

Due to these uncontrolled variables and the fact that establishing casual relationship is not possible, baseline data was not taken prior to the implementation of this group program. It was not within the scope of this practicum to incorporate an experimental research design. The literature suggests that group therapy with adolescents is an appropriate treatment modality. The purpose of this practicum was to provide child care workers with a format for establishing such a program. Once established, it is recognized that a more rigorous research design, aimed at evaluating the effectiveness of such a program, would then be necessary.

It is felt, however, that despite the limits of the measures, the data provided by the questionnaires and standardized measures will be useful for future planning for both group programs and future evaluation strategies.

PART 4 - SUMMARY AND CONCLUSIONS

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Chapter 1 - Summary

One of the main goals of this practicum was to provide a child care worker from a group home setting, with a knowledge base in group therapy, followed by an active learning experience as a co-facilitator of a group program. The rationale for this was based on the premise that group therapy, as an effective treatment modality for adolescents (Berliner, 1982, Toseland & Rivas, 1984), would enhance the treatment received by adolescents in residential care should group home staff incorporate formal group work into the overall program. This practicum met with my original objectives in several ways.

Developing a Short-Term Self-Development Group and conducting this group program in a group home setting enabled me to actively engage a child care worker in an ongoing learning experience. The group program was based on the theoretical principles presented in the literature review. Prior to the commencement of the group program this literature review was made available to the child care worker as a way of providing this person with the theoretical constructs from which the group format was designed. The child care worker directly involved in my practicum felt it had been a

positive experience for him, as co-facilitating the group program provided a concrete example of the theoretical principles presented in my literature review.

With regards to the actual group program, I began this practicum with some specific objectives. These included improving members' self-esteem and peer relations, providing a secure environment for identifying feelings, engaging in problem-solving and finally, to improve members' interpersonal communication skills.

As the group members were living in a therapeutic milieu during the time of the group intervention, it was not possible to design an evaluation strategy that would objectively assess whether or not the group program met the aforementioned objectives. Furthermore, as members were at varying points in their placement at the commencement of this intervention, comparison between members in relation to improvements along the dimensions laid out in my objectives, were also not possible.

Despite these limitations, however, the self-report questionnaires filled out by members indicate that the intervention had a positive impact in the participants. Overall there was consensus that the group had helped them in the areas pertaining to my original objectives.

Beyond the original objectives, this practicum served to highlight some very important issues pertinent to my initial hypothesis; that group therapy can and should be implemented in group home settings by group home staff. In summarizing these I will first address the specific issues. This will be followed by consideration of the broader implications in my concluding remarks.

The literature suggests that it is important with a group of eight adolescents to use two leaders (Neuhaus, 1985). The difficulty raised by this practicum was that group homes often have rotating and staggered shift schedules. As such it can be difficult to ensure consistent leadership. There was, however, a dramatic change in the members' interaction when the group experienced a sudden change in co-facilitators. This clearly highlighted how important it would be in future group programs in this type of setting, to modify the shift scheduling to accommodate the need for consistent leadership.

A second issue which came to light during this practicum, was the movement of residents. Within a group home setting, at any given time, there is great variation amongst residents in terms of where they are in relation to their discharge date. Further, unex-

pected discharges and admissions are also not uncommon. As a result, the group program must accommodate both discharges and the introduction of new members. Jacobs (1982) suggests that this movement will have a regressive effect on the group, resulting in a renegotiation of issues from earlier stages of development before moving forward. Indeed, this particular group experienced a sudden discharge and the resulting role re-negotiating which followed.

Although one cannot totally eliminate this issue, I feel that certain steps could be taken to minimize the effects of changing membership. Rather than having an ongoing, long-term group, I feel short, eight to twelve week programs, would be most appropriate for this setting. This in turn would allow for closing the membership. New residents to the group home would not enter the group program in progress but rather wait until the next program commenced.

Discharges, planned or unplanned, are not so easily controlled for. If a resident suddenly leaves, the group must address the issues of loss and role renegotiation after the fact. If leaders know in advance of an upcoming discharge, the program should accommodate this accordingly, identifying the salient issues and assisting in their resolution.

Finally, with regards to specific techniques incorporated into this program, both facilitators agreed that activity oriented sessions met with the best response from members. The more unique and creative the exercise, the more fruitful the following discussion. Further, the use of music provided insight into how important it is to meet the adolescent where he/she is, and move from that point when planning activities. Positive feedback from group members provided further support for the use of activities to facilitate group process.

Chapter 2 - Conclusions

In conclusion, I feel this practicum met with my initial objectives. It provided a positive learning experience for the child care worker who acted as my co-facilitator while also providing both an enjoyable and constructive intervention for the group members. On a personal level, I increased my own theoretical knowledge base pertaining to group theory. Beyond this however, this practicum afforded me the opportunity to take the theory and apply it in a practical sense by developing and leading a group program. This is where the real learning took place. Although I still hold to my original conviction, that formal group work can and should occur within group home settings, this experience has altered some of my earlier views on how this should be executed.

Paramount to running an effective group program, in this setting, is the issue of establishing a group within the co-existing group which makes up the living unit. If the therapy group is to develop a separate sense of identity, certain steps must be taken to ensure a boundary exists between the two groups.

This can occur on several levels. Symbolically, snack time can be used at the end of the group to provide a transition period or 'time-out' between the

session and the regular evening routine. Strict attention should also be paid to beginning the group on time, utilizing a special room for group sessions and consistency in leaders. Leaders should also make attempts early in the program to modify group dynamics which are parallelling those already in existence within the larger unit. Sub-groups and previously existing dyads should be discouraged in an effort to allow for a new set of dynamics, unique to the therapy group, to develop.

Beyond these rather obvious maneuvers, however, I recommend that further steps also be taken. I feel the group program should be implemented by an outsider. This should be someone trained in group work who, with the co-operation of group home staff, could develop and implement a series of group programs aimed at focusing on the evolving needs of the residents. Although I still propose the use of a child care worker as a co-facilitator, having an outside professional involved in the group program would further serve to develop the boundary between the therapy group and the living unit as a whole, as that person's presence would be unique to the group sessions. This would also help to eliminate some of the potential problems in scheduling.

An area not addressed by this practicum was the

whole issue of what effects running a therapy group had on the living unit in general. If one adheres to a systemic perspective, changes or developments in the therapy group should have ramifications in the greater living unit. One can speculate that the positive development of group cohesion and the sense of co-operation and trust which developed within this self-development group resulted in similar, positive changes in the dynamics of the living unit. I therefore recommend that this speculation be further explored and tested. This would include developing an objective measure for documenting how changes within the therapy group influence the general living unit and incorporating this measure into future group programs.

Although this practicum left many unanswered questions and raised new areas to be addressed, the positive feedback from my co-facilitator, the unit supervisor and the residents themselves, all serve to strengthen my original hypothesis. I still firmly believe this type of program can have a positive therapeutic influence, thereby enhancing the treatment received by adolescents placed in residential settings.

In discussing where this particular group home would take the experience of my practicum, the unit supervisor agreed with its merits. Group meetings

would be continued within the overall program with greater attention being paid to planning and the incorporation of the theoretical components into this planning. Unfortunately, this is where it will stop. Recognizing the need for an outside professional to be involved in implementing a solid group therapy program, the reality is that funding for such an endeavor is not available to group home operators.

My final question is, how can funding be denied? Adolescents are brought into care as a means to provide a more positive alternative to their living situations and to provide treatment and assistance in working through their many problems. The literature supports the view that the peer group is a developmentally appropriate treatment modality for the adolescent (Berliner, 1982; Toseland & Rivas, 1984; Jacobs, 1982; Siepker & Kandaras, 1985). How is it then that we can take adolescents into care, place them in 'treatment facilities' and yet fail to utilize the greatest resource available to these adolescents--themselves?

I recognize that a lack of formal group work is not the only flaw in the present approach to the treatment provided by group homes. Despite this I strongly believe capitalizing on the strengths inherent in the setting, one being the adolescents themselves, is an

appropriate place to begin change. Time is long overdue to begin looking at new, alternative ways of providing treatment to those adolescents in residential care. Provision of the basic maintenance needs of food and shelter alone will not meet the social and emotional needs of these adolescents. As such, it is my belief that rather than discouraging group home operators, they should be both encouraged and supported in their efforts to implement pilot programs such as that proposed in this practicum.

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Appendix A

Session 1: Introduction

Introductions

- Reasons for the group.
- Describe the group, i.e. same two leaders each week, same time, how long the group will meet for each week and for how many weeks.

Explain the purpose of the group

- List goals on a flip-chart or provide handouts.
- Invite the group members to add to this list.

Explain the group rules

- List rules on a flip-chart or provide handouts.
- Invite the group members to add to the list.

Explain confidentiality and the exceptions

Journals

- Everyone is given their journal and the leaders explain how they will be used. (Refer to Appendix B for explanation of journals and their intended use for this group program.)

Exercise

- Collage of self.
- From an assortment of newspapers and magazines, members are instructed to make a collage that describes who they are, i.e. pictures that represent their likes, dislikes; how they view themselves.

Discussion

- Each member/leader shares their collage with the group as a way of introducing themselves to the group.

Closing

- Leaders tie everything together.
- Assignment of homework--list in journal things you would like to learn in this group.
- Snack--made by leader.
- Assignment of next week's "cook" for group snack.

Exercise taken from:
Canfield, J., & Wells, H. C. (1976). 100 Ways to Enhance Self-Doncept in the Classroom. New Jersey, Prentice-Hall, Inc.

GROUP RULES

1) What is discussed in the gorup remains in the group.

2) Attendance is required.

3) No member is to arrive stoned or drunk.

4) No swearing.

5) No interrupting when others are speaking.

6) No physical outbursts.

GROUP GOALS

1) To provide a "safe place" to discuss problems, issues, feelings, etc. -- a place where together we can learn about ourselves.
2) To improve self-esteem and self-confidence.
3) To help develop better interpersonal communication skills.
4) To better understand our feelings and to learn more appropriate ways of expressing them.
5) To improve problem-solving skills.

ADD ANY OF YOUR OWN PERSONAL GOALS

1)

2)

3)

4)

Session 2: Identifying Feelings

Introduction

- Boasts and Brags
- Introduce topic

Exercise 1 - Range of Emotions (charades)

Objectives

- To identify a range of emotions and how different people express these emotions.

Activity

- Have members identify different emotions.
- Write these down on separate pieces of paper.
- Place folded papers in a hat and then have everyone pick a piece of paper.
- Each member takes a turn acting out his chosen feeling while the others try to guess what it is.

Discussion

- It's o.k. to experience lots of different emotions, however, how we express them is also important.
- Discuss ways in which different people express different emotions.

Exercise 2 - Feelings Collage

Activity

- Divide the group into two groups.
- Give each group a large piece of poster board.
- Each group is to make a collage depicting the various feelings the group has identified.
- Leaders provide magazines, newpapers, colored markers, glue and scissors.

Discussion

- Discuss the collages making special note of differences in the way the two groups protrayed similar feelings.

Closing

- Leaders tie everything together.
- Assignment of homework--in your journal identify a time during the week when you feel happy, sad, lonely, angry, scared.
- Snack--made by group member.
- Assignment of next week's "cook" for group snack.

Session 3: Expressing Feelings

Introduction

- Boasts and Brags
- Introduce topic

Exercise 1 - How We Show Our Feelings

Objectives

- To highlight the importance of expressing our feelings.

Activity

- Leaders divide the group into two

Group A - Develop a role-play which highlights various feelings and what can happen when these feelings are not expressed openly and honestly.

Group B - Develop a role-play which highlights various feelings being expressed in an open, direct fashion and how this might influence a situation.

Discussion

- After performing the role-plays, have the group as a whole compare and contrast the themes from each role-play.
- Begin moving the discussion to personal level - how do members express their feelings in different situations etc.

Closing

- Leaders tie everything together.
- Snack -- made by group member.
- Assignment of next week's "cook" for group snack.

Session 4: Non-Verbal Communication

Trust/Cooperation

Introduction

- Brags and Boasts/Topic (see general outline)

Exercise 1 - Communications: Non-Verbal

Objectives

- To help members learn to cooperate and communicate without using verbal cues.

Activities - Instruction to the leaders:

- Make copies of each square pictured in diagram A on construction paper (same colors).
- Cut out squares and place one piece from each square into five separate envelopes.
- Form five groups (member/leaders) and give each group an envelope.
- Read instructions to the group.
- Emphasize that all communication is non-verbal; absolutely no talking is allowed.
- Instructions to the Group:
- Each group is to attempt to construct a full square.
- No member is to talk or to make non-verbal signals to any other member during the exercise.
- Any member may give any other member any of his or her pieces.

- No member may take a piece that has not been offered by another member.
- No member may signal another that he or she needs a piece.

Discussion

- Upon completion, allow members to talk about what they have just experienced.
- The purpose and importance of the exercise is to see the need for trust, cooperation, giving and receiving, etc. If they fail to bring this out in their discussion, leaders should help them out.

Exercise 2 - The Trust Walk

Activity

- Have everyone find a partner.
- One partner will be blindfolded and the other will be the guide.
- For approximately ten minutes the guide will lead the partner on a walk that has as much variety as possible.
- Guides are told that it is their job to ensure their partner's safety at all times.
- The entire exercise is to be done in silence.
- After ten minutes partners switch roles.

Discussion

- Upon completion of the exercise, leaders can facilitate discussion with the following questions:
- Were you able to trust your partner while blindfolded?
- Did you try and peek at any time? Why?
- Did you find it easier or harder to be the guide? Why?

Closing

- Leaders tie everything together, e.g. trust is important for our group.
- Sharing of snack made by group member.
- Assignment of next week's "cook" for group snack.
- Homework: in journal describe an event where you were cooperative this next week.

Exercise 1 taken from:

Counsellor's Resource Book for Groups in Guidance. Student Personnel Services, Department of Education, Province of Manitoba.

Excercise 2 taken from:

Danfield, J., & Wells, H. C. (1976). 100 Ways To Enhance Self-Concept In The Classroom. New Jersey, Prentice-Hall, Inc.

Session 5: Communication

Introduction

- Boasts and Brags
- Introduce topic
- Review - Feelings in general; how they are expressed differently by different people

Discussion

- Define communication, why it is important, etc. Explain what it means to be a good "sender" i.e. 'I' statements, being specific, verbal/non-verbal congruence, etc.
- Explain what it means to be a good "receiver" i.e. attending behavior, eye contact, awareness of non-verbal behavior, etc.

Activity

- Group play the Ungame - please see Appendix B for description of game

Objective

- To practice being good "senders" and "receivers"

Discussion

- Have members answer the following questions:

    1) What did I learn about communication my feelings to others?

    2) How did it feel to know that other group members were really listening to me? Explain.

3) Were some questions harder to answer than others? What ones were hardest?

4) Next time I go to explain my feelings to someone what can I do to make sure they really hear me?

Closing

- Leaders tie everything together.
- Sharing of snack made by a group member.
- Assignment of next weeks "cook" for snack.

Session 6: Communication Breakdown

Introduction

- Boasts and Brags
- Introduce topic

Exercise 1 - Communication Breakdown - How to Avoid It.

Objectives

- To show how communication breakdown can occur and how to avoid it.

Activity

- Open discussion with defining what communication breakdown is.

Part 1

- Ask for suggestions on how communication breakdown happens between people.
- i.e. - People stop listening to what others say.
  - People don't try to really understand what others are trying to say.
  - If a person feels no one is listening or understanding what he/she is saying, he/she stops sharing him/herself and their ideas.
  - If a person has stopped trying to talk, others do not try to look at either clues as to what he may be thinking or feeling.

Part 2

- Hand out copies of the song "She's Leaving Home" by (Lennon and McCartney).
- Play the song.

Discussion

- What communication faults did the parents in the song have? (not listening, not trying to understand, not looking for other clues, etc.)
- What communication faults did the daughter in the song have? (not trying to share her thoughts and feelings, erecting a wall around herself, etc.)
- What could the parents in the song have done to avoid this outcome and left the lines of communication open? What could the daughter have done?

Closing

- Leaders tie everything together.
- Assignment of homework--When listening to music during the next week, identify those songs which deal with communication breakdown. Try and write down the lyrics to one such song.
- Sharing of snack made by a group member.
- Assignment of next week's "cook" for snack.

Exercise taken from:
Counsellor's Resource Book for Groups in Guidance.
Student Personnel Services, Dept. of Education,
Province of Manitoba.

She's Leaving Home

Wednesday morning at five o'clock as the day begins
Silently closing her bedroom door
Leaving the note she hoped would say more
She goes downstairs to the kitchen clutching her handkerchief
Quietly turning the backdoor key
Stepping outside she is free
She (we gave her most of our lives)
is leaving (sacrificed most of our lives)
home (we gave her everything money could buy)
She's leaving home after living alone
For so many years. Bye, bye
Father snores as his wife gets into her dressing gown
Picks up the letter that's lying there
Standing alone at the top of the stairs
She breaks down and cries to her husband
Daddy our baby is gone.
Why would she treat us so thoughtlessly
How could she do this to me
She (we never thought of ourselves)
home (we struggled hard all our lives to get by)
She's leaving home after living alone
For so many years. Bye, bye
Friday morning at none o'clock she is far away
Waiting to keep the appointment she made
Meeting a man from the motor trade.
She (what did we do that was wrong)
is having (we didn't know it was wrong)
fun (fun is one thing that money can't buy)
Something inside that was always denied
For so many years. Bye, bye
She's leaving home, Bye, bye.

By: Lennon and McCartney

Session 7: Communication Breakdown

Introduction

- Boasts and Brags
- Review homework
- Introduce topic tying it to last week's discussion.

Objectives

- To move the discussion of communication breakdown from the abstract to the personal.

Discussion

- Ask the question "Can you give some examples from your personal lives which demonstrate a communication breakdown?"
- Ask each member to relate one example.
- Ask members "How do you prevent a communication breakdown?"

  i.e. with family members

  with friends, etc.
- Have members role-play examples of communication breakdown given by group members in the form of skits.
- Have members role-play more effective ways of communicating in each of the above skits.
- Use video equipment for this exercise.

Note: Since this exercise involves role-play, leaders must remember to de-brief the members. (Refer to the section on role-play in Appendix B).

Closing

- Leaders tie everything together.
- Assignment of homework assignment.
- Snack made by group member.
- Assignment of next week's "cook" for snack.

Session 8: Conclusion of Topic Communication

Introduction

- Boasts and Brags
- Review of material covered thus far.

  ie. identifying feelings
  sending/receiving
  communication breakdown

Exercise

- Leaders have the group as a whole develop a role-play integrating what they have learned thus far.
- Leaders provide them with the following scenario: "You have been invited to be guest speakers at an adult course I am teaching on interpersonal communication. Develop a role-play to include the material we have covered as a way of teaching adults about communication breakdown".
- If possible, give no further direction.

Discussion

- After the group presents its role-play, discuss themes etc.
- Have members relate the discussion to their own lives whenever possible.

Closing

- Leaders tie everything together
- Sharing of snack made by a group member.
- Assignment of next weeks "cook" for snack.

Session 9: Peer Pressure/Delinquency

Introduction

- Boasts and Brags
- Introduce topic

Exercise

- Watch the film "Nobody Waved Good-bye" (80 minutes).

Discussion

- Discuss the film.
- Relate the themes in the film to the members' present circumstances.

Closing

- Leaders tie everything together.
- Assignment of homework--in your journal, describe a situation this next week where you resist peer pressure. If you give in to peer pressure, describe the circumstances and how you might have handled it differently.
- Sharing of snack made by a group member.
- Assignment of next week's "cook" for snack.

re: film "Nobody Waved Good-bye"

Summary: "A story of teenage conflict--the predicament of a youth who rebels against his parents' middleclass goals and conventions but finds the world away from home a cold place to go

it alone. Ideals are no comfort when the need for money leads to shady practices. This film is the study of the sources of delinquency in an affluent society, mirroring many of the problems and frustrations of young people."

Film is available at the National Film Board

Session 10: Peer Pressure and Sex-Role Stereotyping.

Introduction

- Boasts and Brags
- Introduce topic and review the major points from last week's film.
- Review homework assignment from last week.

Objectives

- The purpose of this session is to engage in active problem-solving and to begin to shift the focus towards integrating material covered to the members' lives outside the group.

Exercise 1 - Discuss peer group pressure; what it how it effects group members, etc.

- Have members recall an incident where peer pressure resulted in them engaging in an activity that was either antisocial or in some other way bad for them.
- Role-play some of these situations--first enacting how the situation was handled and then re-writing the script, demonstrating how the situation could have been handled more appropriately.

Discussion

- Discuss the role-plays.
- Identify future situations group members may

find themselves in where they will be facing peer pressure.

- Identify how these situations can best be handled. (Members develop these solutions.)

Note: Since this session involves role-play, the leaders must remember to de-brief the members. (Refer to discussion on role-play in Appendix B.)

Activity 2

- Hand out copy of "Alligator River" story.
  (see attached copy)
- Read story to the group.
- Ask members to think about each character and their values and behavior.
  - Who do you like the best?
  - Who do you like the least?
  - Rank characters.

Discussion

- Discuss the story, ranking and questions.
- Relate this to expectations they place on themselves and members of the opposite sex.
- Define and discuss sex-role stereotyping.
- Discuss what sex-role stereotyping means and how society places pressure on all of us to conform. i.e. What does it mean to be masculine/feminine?

- Can men cry in front of others? Can men wear pink?

Closing

- Leaders tie everything together.
- Continue termination work--Plan party for final session.
- Sharing of snack made by group member.

Alligator River

Once upon a time there was a river full of snapping, dangerous alligators. ABIGALE, who was dearly in love with JOHN, lived on one side of the river. She was to cross the river to marry John, but that night a terrible storm smashed the only bridge to pieces. How was Abigale going to reach the other side now?

In tears, she approached SINBAD the sailor, who had a sturdy boat. Sinbad slyly said he would be happy to transport Abigale, IF she would have sex with him as payment. Abigale was undecided--she had vowed to wait for John, but how could she get across the river? She decided to accept Sinbad's offer, and off they sailed.

John was delighted to see dear Abigale, but when he asked her how she managed to convince Sinbad to give her a ride across the river, and she told him, John became very angry. He told Abigle the engagement was off, and that he never wanted to see her again.

Feeling shattered, Abigale went down the riverbank to see her good friend SLUG, and told him about the whole situation. Slug was furious with John for treating Abigale so shabbily, and stomped of to John's house and beat him up.

Think about each character, and their values and behavior. Who did you like the least? Who did you like the best? Rank them. Why did you decide to rank them this way?

Liked best - 1)

2)

3)

Liked least - 4)

source unknown

Session 11: Termination

Introduction

- Boasts and Brags

Discussion

- Discuss what has been learned, what gains have been made, etc.
- Focus on how you have seen each member grow over the last few months, making positive, personalized comments to each member.
- Solicit comments from the members of the group.

Activities

- Since the members of the group will still be living together after the end of the group, a possible suggestion for the termination party would be to go somewhere as a group, i.e. for pizza.

Appendix B

Role Playing/Behavioral Rehearsal:

Role-playing is an enactment technique. A situation or issue that has come up during the course of group discussion may be taken as a starting point. The leader sets up a role-play by having the owner of the problem and other members act out the situation. At key points the leader directs the "owner" to reverse roles and essentially "become" the other participant in his problem, i.e. mother, friend, father, etc. In this way he or she gains insight into how the antagonist views things as well as how he or she views things. In the discussion that follows, group members contribute their perceptions, offering feedback to the "owner" of the problem. Another use of role-playing is in preparing individuals for future stressful situations, for example, court or job interviews, so that they can practice their behavior thus gaining some mastery over their situations (Lazerson, 1975). Role-playing can also be used for acting out imaginary scenarios for the purpose of developing problem-solving skills.

A word of caution in using role-play. It is a very powerful technique that can become very emotional. Regardless of the nature of the role-play, all members should be given a chance to debrief at the end of the session. Simply have everyone close their eyes and

take several deep breaths. The leader then tells them to imagine letting go of the people they pretended to be and that, like a play, the curtain has closed and they are now going home relaxed and happy as themselves.

Journals:

Journals will be used as follows in the proposed group therapy program.

At the start of the group each member will be given a notebook which will become their personal journal. This is to be used for recording thoughts, feelings, questions, concerns, homework. The group members will also be encouraged to use them creatively by including poems, short stories, drawings, songs/ poems and pictures, which are significant to them.

The weekly journal assignment will be to use a page to describe their week or a particular event that week. For example, a boy extremely anxious about an upcoming court appearence, or a family conference might choose to write a poem expressing these feelings or may choose to write out a popular song that conveys the experience. Additional weekly assignments will be given on occasion. A portion of each group will be open for sharing these weekly entries. The sharing will be voluntary, however the leaders, who will also make weekly journal entries, will share their entries each week.

The members will be advised to keep their journals in their lockers to ensure privacy and thus facilitate their use in an honest, open fashion.

The journals will be collected by the leaders on a monthly basis so as to provide feedback to the members. The members will be encouraged to enter questions or comments they feel unable to bring up in group. By collecting the journals, the leaders will be able to monitor the changes the members undergo as the group progresses.

Relaxation Exercises:

Have everyone lie on the floor. In a quiet voice the leader takes members through the following exercise: Let's close our eyes. Now tense every muscle in your body at the same time. Legs, arms, jaws, fists, face, shoulders, stomach. Hold them . . . tightly. Now relax and feel the tension pour out of your body. Let all of the tension flow out of your body and your mind . . . replacing tension with calm, peaceful energy . . . letting each breath you take bring calmness and relaxation into your body . . . " (Oaklander, 1978, p. 125).

The Ungame

The Ungame is a therapeutic board game. It is designed to improve interpersonal communication skills and to help develop both self-awareness and awareness of others. It is a board game on which members take turns by rolling dice and moving the corresponding number of spaces. There are two stacks of "Tell It Like It Is" cards. The red deck contains less threatening questions while the white deck contains more difficult, thought providing questions aimed at developing deeper levels of understanding and insight. Players choose from which deck they will pick a card. The game is non-competitive and the group leaders also play. The rule of no interruptions while a player takes his turn creates and equalizing effect, allowing the shy participant the opportunity for expression while at the same time encouraging the more precarious person to listen to those around him/her.

Sample Questions:

Red deck

1) How would you describe yourself to someone who does not know you?

2) What would you like to invent to make life better?

3) What is the worst thing parents can do to children/

White deck

1) What feelings do you have the most trouble

expressing?

2) What is something that makes you angry?

3) Share a frightening moment.

The Ungame is distributed by The Ungame Company, a division of AU-VID Inc., Anaheim California.

Appendix C

INDEX OF PEER RELATIONS (IPR) Today's Date _____

NAME: _____

This questionnaire is designed to measure the way you feel about the people you work, play, or associate with most of the time, your peer group. It is not a test so there are no right or wrong answers. Answer each item as carefully and as accurately as you can by placing a number beside each one as follows:

1 Rarely or none of the time
2 A little of the time
3 Some of the time
4 A good part of the time
5 Most or all of the time

Please begin.

1. I get along very well with my peers _____
2. My peers act like they don't care about me _____
3. My peers treat me badly _____
4. My peers really seem to respect me _____
5. I don't feel like I am "part of the group" _____
6. My peers are a bunch of snobs _____
7. My peers really understand me _____
8. My peers seem to like me very much _____
9. I really feel "left out" of my peer group _____
10. I hate my present peer group _____
11. My peers seem to like having me around _____
12. I really like my present peer group _____
13. I really feel like I am disliked by my peers _____
14. I wish I had a different peer group _____
15. My peers are very nice to me _____
16. My peers seem to look up to me _____
17. My peers think I am important to them _____
18. My peers are a real source of pleasure to me _____
19. My peers don't seem to even notice me _____
20. I wish I were not part of this peer group _____
21. My peers regard my ideas and opinions very highly _____
22. I feel like I am an important member of my peer group _____
23. I can't stand to be around my peer group _____
24. My peers seem to look down on me _____
25. My peers really do not interest me _____

1,4,7,8,11,12,15,16,17,18,21,22

INDEX OF SELF ESTEEM (ISE) Today's Date _____

NAME: _____

This questionnaire is designed to measure how you see yourself. It is not a test, so there are no right or wrong answers. Please answer each item as carefully and accurately as you can by placing a number by each one as follows:

1 Rarely or none of the time
2 A little of the time
3 Some of the time
4 A good part of the time
5 Most or all of the time

Please begin.

1. I feel that people would not like me if they really knew me well _____
2. I feel that others get along much better than I do _____
3. I feel that I am a beautiful person _____
4. When I am with other people I feel they are glad I am with them _____
5. I feel that people really like to talk with me _____
6. I feel that I am a very competent person _____
7. I think I make a good impression on others _____
8. I feel that I need more self-confidence _____
9. When I am with strangers I am very nervous _____
10. I think that I am a dull person _____
11. I feel ugly _____
12. I feel that others have more fun than I do _____
13. I feel that I bore people _____
14. I think my friends find me interesting _____
15. I think I have a good sense of humor _____
16. I feel very self-conscious when I am with strangers _____
17. I feel that if I could be more like other people I would have it made _____
18. I feel that people have a good time when they are with me _____
19. I feel like a wallflower when I go out _____
20. I feel I get pushed around more than others _____
21. I think I am a rather nice person _____
22. I feel that people really like me very much _____
23. I feel that I am a likeable person _____
24. I am afraid I will appear foolish to others _____
25. My friends think very highly of me

3,4,5,6,7,14,15,18,21,22,23,25

HOW DID THIS GROUP HELP YOU?

1) Did this group help? How?

2) What did you like the most about the group?

3) What did you like the least about this group program?

4) What changes would you like to see in the group program?

5) What did you like the best about the staff who ran group?

6) What things could the staff have done better?

7) Was it useful to have two group leaders? If so, why?

8) What topics, problems or concerns would you like to be included in future group sessions?

GROUP PROGRAM - EVALUATION QUESTIONAIRE

1) How would you rate the over-all group program?

2) What did you like the best about the general group format?

3) What did you like the least about the general group format?

4) Do you feel running a formal group program is feasible in a group home setting? Expand.

5) What potential advantages do you see from having a group program at the group home?

6) What potential problems do you think you might encounter should a formal group program become an ongoing part of the over-all group home program?

7) Was it useful to have Tanis co-facilitate this group program? Do you think you will use two leaders in the future?

8) Did Tanis make herself available to answer questions and provide feedback to the group home staff?

9) What could Tanis have done to be more helpful to the staff?