Acting-out Adolescents:

A Social Skills Training Approach

To Treatment

Report of a Practicum

Presented to

The Faculty of Graduate Studies

University of Manitoba

In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

by

Edith Richardson

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ACTING-OUT ADOLESCENTS:

A SOCIAL SKILLS TRAINING APPROACH TO TREATMENT

BY

EDITH RICHARDSON

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

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ABSTRACT

This report examines the use of a social skills training approach with young, acting-out adolescent males who were part of a specialized educational and treatment programme. They were experiencing conflict in their lives, as expressed through negative behaviour which, because of its intensity, frequency, and duration, fell outside of the range considered normal for this age group.

The primary method involved the use of cognitive-behavioural techniques in a small group format to help members develop more effective responses to problematic situations they were encountering in their daily lives. Areas targeted for training included verbal and non-verbal communication skills, assertive skills, and problem-solving skills. The group intervention was reinforced in the classroom programme and by family therapy, in certain cases.

The impact of the intervention was evaluated using several standardized measures. Treatment group members were compared to control subjects along three dimensions: behaviour problems, self-esteem, and locus of control. On follow-up, group members exhibited varied outcomes in the first two areas while all showed a more internal locus of control. Comparison subjects showed improved self-esteem and

no significant change in other areas.

The intervention was found to be most effective with youngsters with single-parent mothers. It was least effective with those identified as having Attention Deficit Disorder with hyperactivity.

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CHAPTER I

INTRODUCTION

This practicum report outlines a group treatment programme for children in early adolescence who are experiencing a high degree of conflict in their lives. This conflict is expressed through behaviour which, because of its intensity, frequency, and duration, falls outside of the range of what can be considered normal for this age group.

In order to help in understanding the problems these young adolescents are experiencing, normal adolescent development is reviewed from two theoretical perspectives. The works of Erik Erikson and James Garbarino are utilized to develop a view of normal adolescence. This view integrates the individual nature of the experience into a broader social context.

Data from the literature is also presented to support the view that adolescents who exhibit acting-out behaviour are experiencing significant problems in their lives and often require social work intervention.

The intervention of choice for helping these troubled adolescents is social skills training using a group format. The appropriateness of using a group approach to work with

acting-out adolescents is supported in theory and reference will be made to this body of literature.

Group work as a method of social work practice has a long history. The work of Alan Klein is used as the basis for an examination of social group work, the method traditionally used by social workers who address problems of social functioning through a group modality. This method is then evaluated in view of its applicability in the current social environment.

The ideas of Sheldon Rose on the use of a cognitive-behavioural approach to group work practice are presented as an alternative method available for use by social workers. This approach is evaluated in terms of its compatibility with the values and beliefs of the social work profession, using Klein's work as a basis of comparison. An argument is also presented, with support from the literature, for the validity of using a group intervention in which the potential group remains a collectivity, never achieving "the characteristic features of group" (Lang, 1987, p.7)."

A social skills training group is one specific application of the cognitive-behavioural approach to group work with troubled adolescents. It is the method chosen for working with these acting-out adolescents. References from

the literature are cited to support the use of social skills training as an effective way to address the problem under consideration.

Having established a theoretical foundation for the problem area and the method of intervention, the balance of this report is used to describe the actual treatment programme and the clients involved. An evaluation of the outcome of the treatment is presented as well as an evaluation of the program and the practitioner. Finally, some recommendations based on this experience are offered.

CHAPTER II

PROBLEM AREA: ACTING-OUT ADOLESCENTS

I INTRODUCTION

In an attempt to contribute to increased understanding of acting-out adolescents and how they are different from their peers who do not act out, this paper will examine the adolescent stage of development from two perspectives. It will explore normal adolescent development utilizing the approaches of Erik Erikson and James Garbarino. Then it will present a model for conceptualizing the goal or end-point of the adolescent stage. The stereotypical idea of adolescence as a time of "storm and stress" will be examined and a framework for differentiating between normal turmoil and abnormal acting-out will be offered, based on the foregoing theoretical constructs.

II THE ADOLESCENT STAGE OF DEVELOPMENT

Adolescence is one stage in the course of human growth and development from birth to death. It is that period of time in a person's life between childhood and adulthood. Although authors in the field do not generally agree on exactly when it begins and ends (Powell and Frerichs, 1971), for clarity this programme will focus on males, age twelve to fourteen years old. This range covers what Mitchell (1974)

describes as the "puberty period", the middle stage of early adolescence. Early adolescence, by Mitchell's (1974) definition spans the years from age ten to fifteen. It is a time of "transition", "uncertainty", and "unpredictability" and "may be the most difficult of the developmental stages" (Mitchell, 1974, p.1).

Erikson's psychosocial theory of human development is based on his view of the developing individual within a social context. Maier (1965) defines psychosocial development as a continuous process of growth in which an individual's biological predisposition and life experiences come together and are expressed as personality. It is a process in which the individual enters each successive stage only when biologically, socially, and psychologically ready, not at a defined chronological age. However, the biological, social and psychological readiness does seem to occur with enough regularity that it is possible to generalize in terms of approximate chronological age, as most theorists have done (Erikson, 1963; Mitchell, 1974). In the process Erikson describes, each phase builds on what has occurred in the previous ones and carries over into future stages. Erikson (1980) compares development to an unfolding which happens according to a predetermined schedule, based on physical, psychological, and interpersonal abilities.

Erikson identifies eight stages of development, the first five relating to growth from infancy through childhood to adolescence and the last three describing stages of adult development. Associated with each phase he identifies the existence of a pair of conflicting demands or challenges which must be resolved (Maier, 1965). Erikson uses these conflicts to label each stage of development. In Erikson's conceptualization, these demands are normal developmental milestones which each individual will encounter in the course of his lifetime and not indicators of a negative or unhealthy process. The most significant aspect of the conflict for the individual's development lies in the state of its resolution at the time of progression to the next stage (Maier, 1965). In the resolution of each challenge there is an opportunity for both mastery, which will contribute to a sense of accomplishment and readiness for the next stage, and frustration, which will result in a sense of failure and inadequacy to face the next demand (Maier, 1965). However, it can be seen that growth to the next stage is inevitable, at a predetermined rate, whether the conflict is at a point of positive or negative resolution.

The stage of "identity vs. role confusion" marks the beginning of youth or adolescence, in Erikson's model (1963). He views it as the last stage of childhood (Erikson, 1980). In biological, observable terms it means the onset of puberty,

rapid physical growth, and the beginning of acquisition of adult sexual characteristics such as mature genitals, body hair, and breast development in girls. In psychological terms, it means the achievement of "a new kind of identification... no longer characterized by the playfulness of childhood and the experimental zest of youth", it means "choices and decisions which will... lead to a more final self-definition, to irreversible role pattern, and thus to commitments `for life'" (Erikson, 1980, p.119).

The biological changes that are part of adolescence occur without regard for individual or societal readiness or reaction. While focusing on the individual as he struggles with the challenge of establishing a mature identity that will carry him into adult life while avoiding becoming overwhelmed by the diffusion of available roles, Erikson does recognize the significance of the social context within which the struggle takes place. Society defines the avenue available to the adolescent who is attempting to decide who he is and the consequences of various choices. It also plays a large part in determining the length of time this stage will last, and the intensity of the experiences, based primarily on this group's integration into the larger milieu.

Erikson (1980) also points out that "identity formation neither begins nor ends with adolescence; it is a lifelong

development largely unconscious to the individual and to his society" (p.122). It is in adolescence that the earlier identifications of childhood are integrated and altered "to make a unique and reasonably coherent whole of them,... a unique Gestalt which is more than the sum of its parts" (Erikson, 1980, p.121). It is this process which creates the "identity crisis" of adolescence (Erikson, 1980).

As the adolescent struggles with the task of this stage of development, he engages in certain patterns of behaviour which are characteristic of this age. Erikson (1980) describes adolescents as needing a state of mutual "jointedness", "presocieties which provide for one another a sanctioned moratorium and joint support for free experimentation with inner and outer dangers" (p.127). Thus adolescents are seen as operating in groups, following trends, often at the expense of independent thought or action. The need for role experimentation can create the appearance of inconsistency and irrationality as various experiences are tried and discarded in rapid succession. Responsibility and opportunity for resolution of this struggle lie primarily with the individual.

The endpoint of this struggle, the resolution of this crisis, comes as the adolescent, now entering young adulthood, achieves an increasing sense of identity. It is experienced

"as a sense of psychosocial well-being,... a feeling of being at home in one's body, a sense of `knowing where one is going', and an inner assuredness of anticipated recognition from those who count" (Erikson, 1980, p.127-128).

In Erikson's (1963) description of this stage of "identity vs. role diffusion" it is possible to see how one stage builds on the achievements of earlier developmental stages and leads into later ones. He views adolescence as a particularly crucial point in which many of the issues from previous stages re-surface, to demand new resolutions of conflicts that were dealt with earlier. Erikson describes an optimistic approach to understanding human development in which unresolved developmental issues keep re-occurring, providing an opportunity for them to be worked again and again. He asserts that the basic, underlying push is toward health. Thus, even though the chronological age has passed, the opportunity it presents for growth, if not realized at that time, is not lost. The process may be delayed and certainly complicated by overlap with later issues, but is not stopped.

In working with teens, it is essential to be sensitive to the possible existence of unresolved issues from earlier stages. Erikson's approach suggests that a more adaptive resolution of these issues can be achieved now, if the

opportunity is available. Social work intervention with the child, the family, or the environment is one way to create such an opportunity.

In contrast to Erikson's psychosocial approach, James Garbarino describes human development from an ecological perspective. He views "individuals and their environments as mutually shaping systems" (Garbarino, 1983, p.16). Unlike Erikson's theory which focuses on the individual and considers environment as the arena in which all growth occurs, in Garbarino's view the setting is an active force to be considered in any attempt to explain why people grow up the way they do. He postulates that the "individual organism and the environment engage in reciprocal interaction; each influences the other in an ever-changing interplay of biology and society" (Garbarino, 1983, p.16). Using this type of interactive perspective, Garbarino (1983) concludes that "almost everything in the content of development is variable, almost nothing is fixed" (p.14).

While Erikson describes eight stages of psychosocial development that an individual progresses through as he matures from infancy to adulthood and old age, Garbarino (1985) identifies four ecological levels within which each individual operates throughout life. The smallest level or system he calls the microsystem. This includes such

identifiable groups as family, school, peer, neighbourhood, and other situations which involve direct interactions between the individual and another. The next level Garbarino calls the mesosystem. This system encompasses all the linkages between the microsystems. Examples include family - school, family - peers, school - neighbourhood. The next ecological level, which Garbarino calls the exosystem, does not involve the individual directly. It refers to situations in which decisions are made which impact on the individual or significant members of his microsystem. Examples would include the school board, local service clubs, town or city councils. The largest system Garbarino (1983) identifies is the macrosystem, "the broad ideological and institutional patterns of a particular culture or subculture" (p.24). Political ideology, social policy, and philosophies about racial and religious issues are examples of macrosystems.

In Garbarino's view, the individual is affected by all of these levels. As he matures, both his ability to impact on these various systems and their potential to impact on him increase, resulting in ever-changing demands on the resources of both the individual and the systems. As can be seen, a major difference between Garbarino's theory and Erikson's lies in where they place the source of the challenge which stimulates socio-emotional growth. Erikson sees the challenges as conflict innate to the growth process while

Garbarino sees the challenges as coming from the individual, his environment, and the connections between the two.

Garbarino views adolescence as a critical period in the developmental process. Marked by the onset of puberty and the accompanying growth spurt, he sees it as a time when "the pace of change and demands for adaptation increase rapidly, to the point where many of the issues faced in infancy must be dealt with again and reworked" (Garbarino, 1983, p.108). Consistent with his belief that almost everything about development is variable, Garbarino (1985) sees "the defining characteristic of adolescence (is the) changing nature of the individual adolescent as a system" (p.50). The changes are cognitive, physical, and sexual. They affect the adolescent's ability to reason, to expand his physical environment, and to form social relationships as well as his opportunity to receive feedback about these changes.

> "As the automated patterns of childhood become obsolete, the adolescent must act in the adaptive mode to seek new strategies and tactics for living successfully" (Garbarino, 1985, p.50).

As the adolescent strives to develop these new skills, his behaviour may appear inconsistent and irrational; it may bring him into conflict with other systems in his environment which are not attuned to his rapidly changing nature. This perspective highlights the need for members of the helping profession to direct their interventions not only at changing

the individual adolescent, usually the identified problem, but also at mediating between the teen and his environment, and at educating various systems to help them become more supportive of the special needs of the age group.

Garbarino (1985) identifies particular issues which affect the adolescent at each of the different ecological levels and which must be attended to if development is to proceed positively. Issues in the microsystem relate to the adolescent's opportunity to experience acceptance, positive and varied role modelling, guidance and responsibility. Mesosystem issues include the degree of consistency and respect which characterizes the relationships. At the exosystem the issues are broader and relate to the extent to which decisions allow for the best interests of the adolescent and his family. Issues at the macrosystem relate primarily to societal norms as they either promote or discourage the development of adolescents. A society which supports racial discrimination will certainly affect the developing adolescent's ideas about himself and others differently than a society which encourages acceptance of and respect for racial differences. According to Garbarino, both the responsibility and the opportunity for dealing with these issues and resolving conflicts lie with the entire system.

Social work, as a helping profession, has a significant

role to play. Direct treatment interventions can target the microsystem, the adolescent himself, and the mesosystem, the adolescent's family, peer group, and surrounding social structures. Social workers can be involved in advocacy and social action at the level of the exosystem and the macrosystem.

Garbarino sees the end of adolescence as coming when the developing youth is ready to take on adult roles as he participates in the environment.

> "At the heart of adulthood lies responsibility... for (one's) own behaviour and well-being, for the well-being of (one's) families and the development of children and youth" (Garbarino, 1983, p.112).

Adulthood requires the individual to assume new roles related to work, social life, and personal life.

From Garbarino's (1983) discussion of adolescence it is possible to see

> "the process of development as one which enlarges the child's conception of the world and the child's ability to act upon that world... The expanding capacity to do more is the very essence of development" (p.13).

Garbarino's approach, like Erikson's is optimistic. He sees children as resourceful and flexible, and, like Erikson, believes that challenge, within limits, creates growth (Garbarino, 1983). Also similar to Erikson's view is

Garbarino's conception of adolescence as a pivotal point in a child's development. It is here, he believes, that "the scope and magnitude of the damage (done in childhood) become apparent" (Garbarino, 1985, p.56). From an ecological perspective the opportunity to correct this damage lies in the young person's expanding world which must be sensitive to and able to compensate for deficits which have resulted from earlier dysfunctional systems.

Throughout the description of these two approaches, an attempt has been made to identify both the similarities and the differences that exist. Both Erikson and Garbarino begin their studies of human development with the biology of the human organism and its built-in developmental agenda. Both then rely on the advent of puberty to define the beginning of adolescence. Both also conceptualize development as a challenge and optimistically attribute to all humans the potential resources to meet the challenge. Both theories view adolescence as a watershed, between childhood and adulthood, which offers an opportunity to redo much of the work of earlier years. And both theories see adolescence as ending with the transition into adulthood. In Erikson's terms this is seen as the acquisition of an independent identity. Garbarino describes it as the ability to fulfil adult roles and responsibilities.

There are also some significant differences in the way the two theories explain human development. In the psychosocial approach, the challenge, or push for growth, is seen as coming from within the individual. The ecological theory sees the impetus as coming from all the systems, individual and social, and the interactions between them. This difference leads into a second difference, that of the locus of responsibility. Erikson's theory sees the opportunity for growth as arising within the individual and therefore responsibility for growth or for failure to achieve growth can be seen to lie with the individual. Garbarino places the opportunity with the overall system and responsibility for success for failure will also lie with the entire system. A final point of difference can be seen in the overall approach to describing human development. Erikson sees each individual as progressing through a series of orderly steps from birth to death, carrying the business of each stage on through successive stages. Garbarino's theory presents more a picture of an ever-expanding, ever-changing series of concentric circles, with the individual at the centre.

These differences have major implications for social work practice with adolescents. If one approach is espoused without consideration of the other, the interventive efforts will vary widely. From a purely Eriksonian perspective, it is

the individual adolescent who must change when the developmental process goes awry and it is the individual adolescent who will likely be the focus of intervention. From Garbarino's perspective, the various levels of systems within which the adolescent operates seem to be the targets most likely to produce positive results from social work interventions.

By building on the similarities it is possible to integrate these two theories to form a single approach that may lead to a greater understanding of the normal course of adolescent development and the conditions which are necessary to promote that process.

This single approach would view development as a positive opportunity for growth, with adolescence offering a unique opportunity to catch-up on work that was missed at earlier stages, resulting in a successful transition to adulthood. Drawing on Erikson's view in which the adolescent can be seen as a powerful force in determining his own growth, with the potential to grow normally, in spite of his circumstance if necessary, this approach would seek to create opportunities to tap that well of strength in the individual. This approach would be counter-balanced by Garbarino's view which emphasizes the systems, perhaps suggesting the individual is relatively ineffectual in creating his own change, ensuring that the

adolescent is seen as growing within the context of various systems which are powerful determinants of individual development. Interventions would thus attempt to impact on these broader systems as well as the individual. The picture is balanced.

III ADOLESCENT TO ADULT

The outcome or end-point of the adolescent stage of development is adulthood. As mentioned previously, in psychosocial terms this means a stable sense of identity. In Garbarino's (1983) theory this means achieving the ability to fulfil adult roles and take on adult responsibilities, what he calls competence.

Competence, social competency, and psychosocial maturity are several phrases used by various authors to indicate

> "a set of skills, attitudes, motives, and abilities needed to master the principal settings that individuals can reasonably expect to encounter in the social environment of which they are a part, while at the same time maximizing their sense of well-being and enhancing future development" (Garbarino, 1985, p.80).

Garbarino (1983) identifies four components of competence: intelligence, communication skills, patience, and ego development. A person who has reached the adult stage of development can be expected to possess these skills and

abilities, to demonstrate these four characteristics.

In an attempt to offer a method by which it will be possible to determine an individual's progress toward maturity or adulthood, Ellen Greenberger and Aage Sorensen (1974) have developed a model of psychosocial maturity. They recognize the contribution of the educational system to developing "measurable cognitive skills" but identify a need to be able to assess growth on a broader basis. They propose a model for determining the various attributes of psychosocial maturity based on an integration of biological, sociological, and psychological approaches to understanding human development (Greenberger and Sorensen, 1974). Such a model can be applied in examining adolescent development when concerns exist as to whether or not growth is proceeding in a positive direction.

Greenberger and Sorensen (1974) identify three general dimensions on which to measure maturity, which they believe have cross-cultural relevance. These are the capacity to function adequately on one's own; the capacity to interact adequately with others; the capacity to contribute to social cohesion (Greenberger and Sorensen, 1974). They then go on to identify specific traits within each dimension which can be used as indicators in determining a person's level of psychosocial maturity in this society (Greenberger and Sorensen, 1974). The authors assert that the model is

reasonable as each trait has a basis in the theoretical body of knowledge used to determine the general dimensions of psychosocial maturity and also that there is the potential to assess each separate trait (Greenberger and Sorensen, 1974).

The development of an adolescent as he strives to incorporate aspects of these traits into his psychosocial being can thus be determined. Areas of weakness can be identified and efforts at enhancing growth can be directed at that part of the overall system where the problem lies, as well as at the individual.

IV ADOLESCENT BEHAVIOUR

Previous discussion has identified adolescence, in theoretical terms, as a transitional stage. It has emphasized the importance of adolescence as a time of review and re-examination as well as a time of tremendous change. Adolescence is often seen in reality, as a difficult stage by the general adult population. Adolescents are sometimes described as young hoodlums and are feared because they are different, boisterous and energetic, and travel in gangs. Garbarino, Schellenbach, Sebes, and Associates (1986) review two studies which explore this stereotypical view, this idea that adolescence is a time of "storm and stress" in which severe unrest is normal and need not be seen as an indicator

of more serious underlying problems. They refer to the work of Daniel Offer, who did a longitudinal study of seventy-three families, as well as to the work of Rutter et al. who studied a large sample of fourteen and fifteen year olds in Britain. Based on the results of these studies, Garbarino et al. (1986) conclude "that we should be alert to adolescents... that are experiencing a high level of conflict, for it is not typical or `normal' to do so" (p.11).

Rutter (1976), in the study mentioned above, examines the issue of adolescent unrest from the perspective of "inner turmoil" as well as alienation from significant adults, offering both a psychosocial and a systemic understanding. He concludes that inner turmoil is quite common in this age group. He finds that it does cause the adolescent experiencing it significant unhappiness or anxiety, even though it may often go unnoticed by the adults in his life. On the other hand, he finds alienation from parents to be an uncommon occurrence, unless the adolescent is already in an identified client group. He concludes that while behaviours which assert independence, such as choices of hair and clothing styles, are normal to this group, behaviours which reject parental influence and values are not normal. These are signs of significant disturbance and "certainly it would be most unwise to assume that adolescents will `grow out' of their problems" (Rutter, 1976, p.55).

Thus it is possible to see the importance of viewing the adolescent's behaviour within the context of his family and broader social system, in order to understand the meaning of the behaviour. Actions which may be seen as unacceptable by parents but which are moving the young person towards a point of independent decision-making and a positive sense of identity within a general definition of familial and cultural values, are not likely indicative of serious dysfunction. However, an adolescent whose behaviour not only challenges but blatantly rejects everything the parents represent is showing signs of major difficulty. While both situations may result in the teen and/or the family coming in contact with the helping professions, the youngster in the latter situation is much more in need of intervention in some form.

Related to Rutter's concept of inner turmoil is the work of Larson et al. (1980) on mood variability. This work concludes that adolescents do in fact experience wider and more rapid variations in their emotional states than adults, creating an appearance of storm and stress. However, this fluctuation is not seen as representing psychosocial maladjustment. It is rather "a natural part of (the adolescent's) active life with his peers" (Larson et al., 1980, p.487).

Both studies suggest that emotional upheaval, whether it

is labelled inner turmoil or mood variability is characteristic of adolescence, supporting the storm and stress view of the adolescent stage of development. However, both studies conclude that normal emotional lability can be understood in the context of the adolescents' social world and that their emotional reactions are as predictable as those of adults. These conclusions suggest that it would be a mistake to classify all acting-out behaviour adolescents exhibit as normal. Masterson (1968), based on his research, concludes that the

> "tendency to attribute symptomatology among adolescents to temporary, developmental 'turmoil' rather than to psychiatric illness may dangerously delay the therapeutic intervention required to prevent the development of greater psychopathology" (p.107).

The challenge lies in trying to identify what is normal adolescent turmoil and what is indicative of a problem that will not pass as the individual ages. Two general types of behaviour problems have been identified by Garbarino et al. (1986) as being characteristic of adolescents who are experiencing difficulty resolving the developmental issues associated with this stage. These are externalizing problems and internalizing problems. In the former, the difficulty is seen to be in the way the individual relates to the environment. Examples include delinquent acts, truancy, shoplifting, aggressive acts toward peers and adults, petty vandalism, theft from parents, and defiance of authority.

Internalizing behaviour problems are seen as being personality related, within the individual. Adolescents exhibiting internalizing problems would typically act withdrawn, tense, shy, or depressed and may attempt suicide.

Internalizing problems are similar to Rutter's (1976) concept of inner turmoil and Larson's (1980) description of mood variability. They can thus be viewed as more normal to the adolescent stage of development. This assessment is not meant to suggest that the adolescents experiencing internalizing problems do not experience feelings of unhappiness or exhibit signs of stress. Nor does it suggest that these adolescents do not sometimes need extra support or intervention by an outside helping agent to resolve their problems. But it does lead to the conclusion that externalizing problems must be viewed as more serious indicators of adolescent maladjustment.

Ledingham and Crombie (1988) cite studies which show that externalizing problems, as compared to internalizing problems, tend to be more enduring, less amenable to change, and more closely correlated with psychopathology in adult life. Further to this work, Shea has examined the impact of adolescent behaviour problems on the individual's functioning in adult life (Shea, 1972, in Garbarino, et al. 1986). This study found that individuals who had exhibited externalizing

behaviour problems in adolescence experienced a higher incidence of certain problems as adults, including unemployment, mental ill health, criminal prosecution, marital breakdown, emotional disturbance, and economic difficulties.

The works of Shea, and Ledingham and Crombie suggest that externalizing problems must be viewed as indicators of serious adolescent turmoil, beyond the realm of normal upheaval that the individual will grow out of. All of this turmoil is an indicator of normal development gone awry. An assessment of the acting-out individual would show that positive identity is not being achieved; role confusion is dominant; relationships between and within systems are negative and out of balance. The adolescent will not be able to achieve competence at the end of this stage of development and will not be able to function independently and responsibly in fulfilling adult roles.

Thus troubled teens can be seen to exemplify the view of adolescence as a time of "storm and stress". These young people are involved in behaviours such as truancy, delinquency, substance abuse, running away from home, and sexual promiscuity. These behaviours represent an aberration from the normal process of development and have serious implications for the individual's ability to cope with life as an adult. Interventions designed to help these adolescents

successfully confront their developmental challenges and regain a path that will lead to the achievement of psychosocial competence may be directed at the individual or any of the systems which impact on him. The key point is that action is necessary.

CHAPTER III

INTERVENING WITH TROUBLED ADOLESCENTS

I GROUP WORK WITH TROUBLED ADOLESCENTS

Efforts to intervene in the lives of troubled adolescents and positively influence the course of their development must be based on a consideration of all the factors related to adolescence discussed to this point. The determination that an individual is "troubled" must be made with an understanding of what is normal. Further, it must be relative to a knowledge of what the developmental goal is and what kinds of behaviour are likely to result in successful achievement of that goal. Interventions must be designed to support normal development, to encourage and direct the individual towards the developmental goal, and to promote behaviours that assist the individual with the resolution of developmental issues.

Garbarino discusses the prerequisites or conditions that enable the adolescent to attain competence or maturity, as well as those which work against healthy development. He introduces the concept of "opportunities and risks for development" (Garbarino, 1985). By opportunities for development he means

> "relationships in which adolescents find material, emotional, and social encouragement compatible with their needs and capacities that exist at a specific point in their developing lives" (Garbarino, 1985, p.44).

Risks to development are seen as coming from conditions which interfere directly with the fulfilment of developmental needs as well as from situations which are devoid of opportunities. In these terms then, interventions must attempt to maximize opportunities while minimizing risks.

Group work has been selected as the therapy of choice because of the opportunity it presents to build on and utilize the natural momentum which the adolescent stage of development presents. It attends to the normal needs of the adolescent, as well as creates an opportunity to address the special needs of these acting-out adolescents.

Social growth is a key element in adolescent development. Erikson (1980) views the peer group as an opportunity for teens to support each other, apart from the scrutiny of watchful, often judgemental adults, as they test out new patterns of behaving and relating. Mitchell (1974) states that "during few periods of the life cycle is the person as influenced by group pressure" (p.57). Conformity to informal group norms is crucial in order to ensure social acceptance and to try to avoid social cruelty in the form of rejection, avoidance, and ridicule (Mitchell, 1974). Group therapy builds on the dominating influence social groupings have in the lives of all adolescents.

A group experience also offers the adolescent an opportunity to meet many of the needs related to psychological growth within a social setting appropriate to the developmental stage. As the adolescent struggles with the task of forming an integrated identity based on previous childhood attachments and identifications (Erikson, 1980), there is an increased need for independence, especially from parents, as well as for recognition and acceptance especially from peers. The young adolescent needs to try out various roles and to develop new skills as his ability to impact on his physical environment increasingly brings him into contact with other systems (Garbarino, 1985).

In a group setting the young adolescent has an opportunity to discover and test out new concepts and new ways of thinking about old ideas. He is beginning to develop the capacity to think in the abstract, to conceptualize (Mitchell, 1974). Because of this increased capacity, the adolescent is able to engage in mental exercises that formerly were not possible. He is able to formulate hypotheses, identify and examine multiple combinations, and ponder about his own thought processes. This expanded ability results in an increased orientation to the future, an ability to analyze reality, and a capacity for self-examination.

Related to identity formation and new conceptual

abilities is the process of moral growth which begins in early adolescence (Mitchell, 1974). It refers to the development of individual definitions of right and wrong independent from the direction of significant adults. Adolescents formulate ideas and beliefs and test them out, largely in their peer group. A therapy group presents an opportunity for adolescents to express their new beliefs and receive feedback on them, a necessary experience for adolescents who are getting the message from the environment that they are bad or wrong in reaction to their acting-out behaviours.

The use of the group process in therapy can be seen as a natural extension of the adolescent developmental process. The imposition of some structure in the form of rules of conduct, planned agendas, and time limits are designed to guard against some of the negative influences of the adolescent stage such as the occurrence of social cruelty and the occasional threat of over- whelming self-doubt which could threaten the functioning of the group. Structure will also help channel thought processes in constructive directions, off-setting the tendency of these young adolescents to engage in a process, apparently inconsistent and irrational, of trying out various new role behaviours in rapid succession (Erikson, 1980; Garbarino, 1985).

It is important that the limitations of group therapy for

adolescents also be recognized. Mishne (1986) notes several factors which counter-indicate the inclusion of some adolescents in treatment groups. She refers to the work of Josselyn (1972) who warns about the risk of some youngsters feeling overwhelmed by group pressure and giving in to conflictual urges to act-out which they formerly had been able to defend against.

Adolescents who are highly narcissistic are also unlikely either to benefit from or contribute to the group process, (Mishne, 1986). These teenagers are unable to relate to peers with empathy and cannot tolerate self-exposure such as may be expected in the group experience. On the other extreme, the teen who is extremely inhibited and lacking in social skills may find that the group experience reconfirms the view of self as a failure and creates a sense of shame.

Self-control and frustration tolerance are other factors which Mishne (1986) cites as important when considering adolescents for inclusion in group therapy. Youths who exhibit very low levels of self-control and frustration tolerance will generally become disruptive group members who benefit little from the experience.

Mishne (1986) uses the work of Ginott (1961) to support the exclusion from group therapy of adolescents who have

experienced particular life circumstances. These include very high levels of sibling-rivalry and "exposure to critical perverse sexual and aggressive activities" (Mishne, 1986, p.294). Ginott, (in Mishne 1986), also advocates excluding sociopathic teens, who demonstrate inability to engage in meaningful relationships, high impulsivity, and negative social behaviours such as cruelty and stealing.

Utilizing a developmental perspective, Berkovitz and Sugar (in Mishne, 1986) advocate that adolescents who are found to be seriously lacking in the achievement of their developmental tasks benefit most from individual therapy. Such youngsters would have no beginning separation from their parents; no quality, enduring peer relationships; and a very unstable sense of self; and would demonstrate a sense of identity almost totally dependent on external circumstances as they were viewed in the various social spheres of their lives - family, school, and community.

Thus it is possible to see that many individual characteristics of adolescents may make them better candidates for individual than group therapy. It is also necessary to consider the appropriateness of the group for any given youth. The size, age-range, sexual mix, structure, leadership, purpose, and socio-emotional needs of other members will all affect the potential benefit for a candidate. Mishne (1986)

concludes: "If one has a candidate for group therapy, but no suitable group, this may well motivate a recommendation for individual treatment" (p.295). However, in balance, group work does offer an effective and efficient means for meeting the treatment needs of many of the adolescents encountered by social workers in their day to day practice.

II SOCIAL GROUP WORK

For the purpose of this project, Klein's (1972) conceptualization of social group work will be used as a basis to examine group work within the social work profession. A description of this approach follows. It includes a definition of group and social group work, a framework for understanding group functioning, a presentation of procedures applied by the practitioner, and a discussion of the realms within which the practitioner operates.

1. A DEFINITION

Klein (1972) defines group work as

> "a method of helping people through a group experience ... a form of social helping directed toward giving people a constructive experience of membership in a group so that they are able to develop as persons and be better able to contribute to the life of the community" (p.26).

He goes on to define a group as

> "a social system consisting of two or more people who are in face-to-face interaction at both the cognitive and psychic levels within which the people perceive that they belong to the group" (Klein, 1972, p.26).

These definitions highlight several important aspects of group work. Labelling group work as "a method" and "a form of social helping" implies that this type of social work practice involves purpose, planning, and direction, based on some identifiable body of theory. Thus social group work is not simply bringing people together for the sake of numbers.

Klein (1972) talks of "helping people" and "giving people a constructive experience". In this way he emphasizes the need-meeting function of social group work. An overall goal of social group work is to meet people's social and emotional needs in a positive or constructive way. Thus Klein also hints that there is a risk of destructive forces developing during the application of the social group work approach.

Klein (1972) uses the words "group experience" and "membership in a group". These highlight the sense of belonging that group members develop and the sense of people being actively involved in something, not merely passive recipients of a professional's application of a social group work approach.

The requirement that social group work offer an opportunity for people to experience themselves as able to participate in reciprocal social relationships is described by Klein (1972) as group members being "able to develop" and "to contribute". This approach to social work practice thus recognizes man's basic need to be able to give as well as to receive in his involvement in human social relationships.

The primary unit of intervention with a social group work approach is the group, which Klein (1972) describes as "a social system consisting of ... people". In this way he identifies the dual focus of group work. The worker must direct attention both to the needs of the group as a whole and to the needs of each person within the group.

In Klein's definition of a group, he begins to place a limit on the number of people who can be included if the experience is to be considered as social group work. There must be "two or more people", with the upper limit determined by the requirement that they be able to engage in "face-to-face interaction at both the cognitive and psychic levels". This type of interaction is possible only when the size of the group is small enough to allow members to get to know each other intimately.

In summary, it is possible to see that social group work

is characterized by purposeful activity which enables people to meet their needs through membership in a group which involves them in reciprocal relationships with a small number of other people who have a sense of sharing a common entity. It is perhaps this emphasis on the capacity and responsibility group members have for actively working to meet both their own needs and those of others in the group that distinguishes social group work from other approaches to group work practice.

2. GROUP FORMATION

Klein (1972) identifies two types of groups as being relevant in programmes designed to provide services to groups: natural groups, which form spontaneously around a core of similar traits, interests, or values, and formed groups, which are created by someone for a specific purpose. In group work, the interest is in formed groups.

In forming a group, a guiding principle for the worker is that the specific purpose for which the group is organized will determine composition (Klein, 1972). The worker is looking for people who can engage in a process of mutual aid around the meeting of a particular social need they all have, rather than people who have a number of demographic characteristics in common. Thus, in considering potential

group members, the worker will assess the ability to communicate with others, the willingness to try and deal with problems, the range of behavioural patterns that can be tolerated by others in the group, and the acceptability of personal or cultural differences of various group members (Klein, 1972).

Klein (1972) identifies nine criteria to be used as guidelines in forming a treatment group. First, it is important that group members be at the same stage of social development. In contrast, the group will benefit from having members who exhibit a range of styles of coping. With group members who present a variety of behaviour patterns there is an opportunity for learning by comparison and imitation.

Another important factor for the worker to aim for is to ensure balance with an overall trend toward the positive, on several variables which he deems as integral to members being able to work toward the purpose for which the group was created. Klein (1972) suggests that it is usually sufficient if three variables are scaled. The range of difference on a scale should not be so widespread as to risk a member becoming isolated or being viewed as frightening or bizarre by members at the other extreme.

In forming a group, the worker should include members who

have enough in common to stimulate interaction and enough difference to motivate behavioural change. However, at the same time, the variation in the level of social functioning of each member should be relatively similar.

When assessing potential group members, the worker must strive to determine the role behaviours each is likely to take on and to try and ensure some variety and reciprocity amongst the members.

No person should be included in a group if his or her behaviour will strongly threaten the coping mechanisms of others in the group. The risk is that the group experience may "trigger a breakthrough of their repressions to their detriment or the detriment of the group and its purposes" (Klein, 1972, p.63).

In attending to the foregoing criteria for creating a treatment group, the worker is attempting to ensure that the end result is a functional, balanced group that will offer members the opportunity to engage in a process of mutual aid. Klein's (1972) final two principles will help the worker choose members for whom social group work is the treatment of choice. They emphasize the benefit of the individual rather than the group.

First, the member should have what Klein (1972) calls "some degree of social hunger" (p.63). That is, he or she should have a desire to be in a relationship with others so as to obtain positive feedback and confirmation.

Secondly, the member should have the ability to communicate with others in a meaningful way. If this capacity is lacking, that person will be unable to engage in the process and benefit from the group experience.

Having placed the emphasis on various aspects of an individual's behaviour and social functioning as determinants of appropriateness for inclusion in a treatment group, Klein (1972) does go on to comment on various demographic factors as they affect group formation. He sees life cycle issues as more important than age and does not view sex as being significant for most adult groups. However, in children's groups age and sex both become important determinants of group membership. The recommended age span is two years, given that the level of socio-emotional development is compatible. Klein (1972) believes that group work is not the intervention of choice for children under eight or nine years of age. The purpose of the group should determine whether or not boys and girls are included in the same group. A group with a developmental or treatment function should not have members of both sexes as, according to Klein (1972), "One must learn to

relate to and cope with people who are similar to self before being ready to handle those who are different" (p.64).

3. GROUP PROCESS

Basic to social group work is an understanding of group process. Klein (1972) defines process as "a series of actions and operations definitely conducting to an end or ends" (p.67). Group process begins as soon as people come together for some purpose. The general nature or emotional tone of the interaction is related to and determined by the "end" the behaviour is "conducting to". The "end" is in turn related to the point in the history of the group at which the interaction occurs. For example, early in the history of a group, at the first or second meeting, most actions of the members are directed at testing for safety. The behaviours members use to express this need for and test for the existence of a safe, secure setting within which they can grow are determined by such factors as age, characteristic patterns of relating to others, previous group experiences, as well as the unique personality of each individual (Klein, 1972).

The group worker's effectiveness in helping a group become a therapeutic experience for its members depends in part on being able to read accurately the meaning of the group process at a given point in time. In examining process over

the life-span of a group, it is possible to see a pattern that is similar for all groups, despite differences in membership or purpose. This pattern constitutes what is widely recognized as the stages of group development. Various authors in the field of group work have identified numerous typologies of group development. Klein (1972) specifies five stages: orientation; resistance; negotiation; intimacy; and termination.

The value to the group worker of using a model of group development is that it provides a framework for understanding group process at a particular stage. It also provides a basis for determining worker roles and appropriate interventions at various stages, depending on the primary need or task of the group (Toseland and Rivas, 1984). The main limitation of any theory of group development lies in the fact that every group experience is unique (Toseland and Rivas, 1984). Rigid application of a particular model may cause a worker to misinterpret the interactions of group members and to intervene in a way which does not meet their need at that point in time.

4. GROUP STRUCTURE

The previous section focused on group process. That is, on the behaviours that occur between group members. However,

these interactions do not occur in a vacuum, without connection to what has gone before or what will come after. These connections become recurrent patterns and constitute that important aspect of a group that Klein (1972) refers to as structure. These patterns begin to develop as soon as people come together and represent their attempts to solve the problems of being together, such as how one should act, whom one should talk to, whom one should listen to, and how close one should get (Klein, 1972). Thus the beginning of a cyclical phenomenon is seen, in which interactions determine structure which in turn influences interactions. It is this dynamic aspect of structure which is important to the social group worker. The worker must understand group structure in order to be able to influence it so as to benefit the group members. Klein (1972) suggests that structure is important and necessary in a group in order for members to manage their anxiety about social closeness. But structure also presents a threat to the growth of group members in that there is the potential for it to inhibit freedom and prescribe position, thus effectively preventing intimacy and mutuality.

In developing a framework for understanding structure that will be useful to the social group worker, Klein (1972) identifies seven aspects: position, status, role, power hierarchies, norms, subgroups, and communication. He goes on to describe each aspect and to explain each in terms of its

importance to the goal of social group work, that is,

> "the development of conditions which facilitate the growth .... of the members and in which members can find themselves - intimacy and mutual aid" (Klein, 1972, p.139).

He also offers suggestions as to how the worker can respond to the development of negative or destructive group structure so as to enhance the group's progress toward the goal.

It is important to note that all the various components of structure are essential to the on-going existence of the group. They provide the framework within which the process occurs and has meaning. The key to effective group functioning is the maintenance of a flexible structure that will enable the group to change and adapt in response to the needs of its members and the demands of its environment.

5. THE METHOD

In discussing the method of social group work the focus is on the procedures the worker will apply or the process one will follow in working toward the goal of helping groups of people resolve social problems by engaging them in a process of mutual aid. Klein (1972) differentiates method from technique and views the latter as "the manner in which a method is used" (p.146). Techniques are not unique to social group work, are limited in number, and have varying impact

depending how and when they are used. Social group work as a method of intervention is distinct because of the particular combination of philosophy and objectives which then determine the selection of specific techniques for particular purposes at certain points in time (Klein, 1972).

Social group work is based on the belief that "the essence of interpersonal helping is the psychic interaction which takes place through relationship" (Klein, 1972, p.147). In order for the worker to enable the group to achieve the intimacy necessary for beneficial psychic interaction to occur, certain capabilities based on both knowledge and skill are necessary (Klein, 1972). One must be able to make conscious, purposeful use of self in a helping relationship. One must be able to receive and understand the messages of the group and its members. One must be able to help the group and the situation to impact on individual members. Finally, one must be free and able to participate as a person in interactions with group members. These abilities underlie all methods and techniques the practitioner of social group work will undertake.

In discussing method Klein (1972) identifies a number of different components of social group work which are applied differently depending on the stage of group development and the worker's purpose. These include the use of contract,

choice, a present-oriented problem-solving approach, milieu, positive experiences, self-expression, and values (Klein, 1972). Klein (1972) provides a very thorough description of how these procedures are used at various stages in the life of a group.

Klein (1972) goes on to identify four types of worker activities which underlie basic social group work practice. These are the provision of nurturance, the assurance of equal access to resources, the maintenance of freedom, and the promotion of group decision-making. The worker's efforts in implementing the method at all phases of group development must incorporate these fundamental principles if the group purpose is to be achieved.

While it is possible on paper to distinguish between these various components of social group work, in practice they are often utilized simultaneously, two or three together. The value in creating such an artificial separation lies in the examination and elucidation of each that is thus possible. The outcome is a more complete understanding and appreciation of social group work as a unique method of social helping.

6. REALMS OF OPERATION

In addition to examining and explaining social group work

in terms of its component parts, that is, the modes of intervention used by the worker, Klein (1972) explores the avenues available to the worker within the method for creating growth and change. Two of these are the use of group structure and the use of group process (Klein, 1972). They have been discussed previously, primarily in terms of the theory of groups but can also be examined as they relate to the actions of the group worker. The other three avenues are the use of self, the use of programme, and the use of the agency.

Group structure was described earlier as the recurrent patterns which determine and grow out of the interactions of group members. Klein (1972) cites a universal principle that a group should have only as much structure as is necessary for it to function. The effective group worker strives to influence the development of the group structure as well as to alter existing patterns so as to ensure the existence of a structure which is appropriate to the group purpose and experience of the members and is conducive to their enhanced social functioning (Klein, 1972).

Group process offers another means available to the worker to influence the functioning of the group. Process was defined earlier as the interaction of the elements that make up the system. Klein (1972) includes everything that happens

in a group as part of group process. He specifically discusses communication, validation and reality-testing, management and communication of feelings, boundary maintenance, control, decision-making, achievement of status, role assignment and performance, and goal setting and attainment (Klein, 1972). The group worker must be aware of and understand these aspects of process if he is to be effective in utilizing process for the benefit of group members. Intervention into the interaction of the elements of the system represents one of the most important means available to the practitioner of social group work.

A third important realm of operation available to the group worker is the use of self (Klein, 1972). Through conscious, purposeful expression of feelings and disclosure of self, the group worker attempts to impact on group interaction and group structure so as to promote the development of intimacy and mutuality. The value of the "use of self" as a means to facilitating change and growth is fundamental in the social work profession (Toseland, 1984) and is thus a very significant aspect of the social group work method.

The use of programme is another important avenue available to the group worker (Klein, 1972). Klein (1972) uses the term programme to refer to everything the group members do while activities are specific types of behaviours

such as crafts, games, or outings. While the use of programme in social group work may appear antithical to the expressed values of individual freedom and autonomy, Klein (1972) asserts that, when implemented appropriately, there is no contradiction present. A primary condition governing the use of programme is that the contract between the worker and the members must provide a mandate for the implementation of the programme (Klein, 1972). Secondly, within the parameters of the programme, there must be opportunities for group members to have choices and make decisions that will lead them toward achievement of their goals (Klein, 1972). Klein (1972) identifies two criteria to use in determining programme selection: treatment goals based on the assessment of needs or developmental tasks and individual goals of group members. Klein (1972) summarizes by saying "programme utilization means selecting activities that will accomplish what the group wants and needs to achieve" (p.235).

A final avenue of influence for the social group worker is the agency itself (Klein, 1972). The policy and mission of the agency both limit and enable the behaviour of the group worker and the members who are being served (Klein, 1972). Klein (1972) includes agency resources as an instrument to be used by the group worker as part of the method.

The separation and exploration of distinct avenues of

operation are possible only in theory, like the discussion of modes of intervention and group process and structure. The social group work approach is based on a complex theoretical framework and requires a worker who is both knowledgeable and skilled to practice it effectively so as to enhance human social functioning through intimacy and mutuality.

III A COGNITIVE-BEHAVIOURAL APPROACH TO GROUP WORK

Toseland and Rivas (1984) discuss group work practice from the perspective of the focus of the workers' efforts. They see social group workers as intervening primarily at the level of the group as a whole. In contrast is the focus of more behaviourally oriented group workers whose efforts are directed largely at the individual group members. A cognitive-behavioural approach is an example of a group work method which emphasizes changing the individual group members within a group setting. Sheldon Rose is an important advocate of this approach within the social work profession and his work will provide the basis for the description presented here (Rose, 1980, 1972, 1977). Cognitive-behavioural group therapy will be examined from the perspective of the theoretical orientation of the approach as well as the value basis.

1. THEORETICAL ORIENTATION

Cognitive-behavioural group work practice draws on a number of different theoretical frameworks. The behavioural aspect of this approach has its roots in experimental psychology (Rose, 1977). As Rose (1972 & 1977) emphasizes, the object of change is the behaviour of the group member. The problem is the behaviour itself not some underlying issue of which the behaviour is merely an expression (Rose, 1977). A primary assumption is that all behaviour is learned, including the problematic behaviour (Rose, 1977). Therefore it follows that a new, more effective behaviour can also be learned to replace the problem one. Techniques, based on social learning theory, include reinforcement, shaping, modelling, and behaviour rehearsal (Rose, 1977). The problem behaviours chosen as the focus of intervention in a group approach are most often those involving interaction with others, although as Rose (1977) points out, other, more apparently individual problems are also appropriate to group intervention as most have a social interactional component.

In addition to dealing with overt, or motor and verbal behaviours, this approach also addresses covert behaviours, or cognitions (Rose, 1977). The cognitive aspects of this approach are based on what Toseland and Rivas (1984) see as an increasing body of evidence which suggests that people's

thoughts and feelings have a direct impact on their behaviour. Cognitive interventions are designed to alter the group members' thought development. Toseland and Rivas (1984) identify four components of this process. The first is to help the person differentiate between thoughts, feelings, and actions. Secondly, the person must be helped to recognize the connections between certain thoughts, feelings, and actions. The third aspect is for the person to analyze the rationality of various thoughts and beliefs. Finally, distorted or irrational thoughts and beliefs that lead to dysfunctional behaviours must be changed. Specific interventions include cognitive restructuring, cognitive self-instruction, thought stopping, reframing, cognitive imagery techniques, progressive muscle relaxation, and systematic desensitization (Toseland and Rivas, 1984). Rose (1977) also includes relabelling and systematic problem-solving.

Cognitive theory is also the basis for interventions designed to promote generalization of learning from the group setting to the member's own social environment (Rose, 1980). These include overlearning as well as teaching the general concept once the specific behaviour is learned (Rose, 1980).

Group work using a cognitive-behavioural approach also incorporates a learning perspective (Rose, 1980). As indicated earlier, a primary assumption is that all behaviour

is learned. This process of learning and relearning involves the group members in an educational experience in which they are helped to understand their own learning needs, are taught new ways of learning, and are given an opportunity to test these new ways of learning (Rose, 1977). Various didactic techniques such as brief lectures, supplementary reading, homework assignments, and case studies are used (Rose, 1980).

Rose (1980), while acknowledging that the orientation of group workers who utilize this approach is multi-theoretical, cites a common theory base regarding the client-worker relationship. Referring to the work of Truax and Carkhuff (1967), Rose (1980) describes the ideal relationship as characterized by warmth and empathic understanding on the part of the worker.

The cognitive-behavioural approach has a common orientation regarding the group itself. It views the group as the context within which change occurs as well as the means to effect such change (Rose, 1980). The group provides a safe opportunity for practicing new behaviours and testing out new cognitions with peers (Rose, 1977). Rose (1977) notes that the group setting is more similar to the members' own social environments than a traditional therapeutic dyad. In addition to conscious practice efforts, the on-going interactions of group members create opportunities for spontaneous actions and

responses from members which constantly challenge them to apply their new learning. Rose (1977) also refers to the importance of a group context in offering members opportunities to give to others, to help them change, rather than just to be the recipient of the therapist's helping efforts. This process contributes greatly to the member's own growth (Rose, 1977).

In using the group as a means to effect change, the worker in a cognitive-behavioural group applies ideas regarding group process found in the theory on small group functioning. Rose (1980) suggests that the worker needs at minimum, to attend to issues of promoting group cohesion, ensuring balanced participation of all members, and maintaining a focus on the group's purpose. In addition, the worker should encourage group members to be a source of feedback and reinforcement for each other (Rose, 1977 & 1980).

Rose (1977 & 1980) refers to the work of Cartwright and Zander (1968) for a thorough discussion of group dynamics. In this area Rose (1977) includes

> "norms and other group phenomena in which individual behaviour both influences and is influenced by the various attributes of the group" (p.5).

He makes specific reference to norms, cohesiveness, status, and communication (Rose, 1977). Rose (1977) goes on to underline the importance of the worker attending to these

phenomena through his statement: "Much of the power of group therapy is lost if negative group attributes remain unbridled" (p.5).

A cognitive-behavioural approach to group work typically includes interventions which utilize sub-group projects and a buddy system (Rose, 1980). The general goals of these interventions are to increase member participation, promote the development of leadership skills, and assist in generalizing the application of new learning (Rose, 1980).

In addition to offering an extensive theoretical base which can be used in identifying intervention techniques and in conceptualizing about group functioning, Rose (1977) develops a specific method for modifying group interaction when problems arise. It is based on a systematic problem-solving strategy (Rose, 1980), the same as that used by the worker to help individual group members.

In viewing group functioning from a behavioural perspective, a key element is the concept of interaction (Rose, 1977). Patterns of interaction may facilitate the attainment of individual goals or may mitigate against them. The worker must be able to influence these patterns of interaction in order to ensure successful group functioning. Since all behaviour is related to what went before as well as

to what comes after, it is impossible to isolate any one member in the group as a means of changing the behavioral responses (Rose, 1977). Rosė (1977) sees the worker's task as being to analyze and intervene in the patterns of interaction in order to understand and manage the members' behaviours.

Rose (1977) identifies several aspects of member interaction which the worker needs to be aware of. These include amount of participation, sequence, relevance to task, nature, affective expression, leadership functioning, deviancy, and outcome. He discusses each aspect and describes how a systematic problem-solving approach can be used to resolve problems in that area (Rose, 1977).

From an examination of Rose's (1977) method for modifying group interaction using a systematic problem-solving approach, it is possible to see the importance he places on the involvement of group members in both the development and the implementation of the treatment plans. He also advocates that group members actively participate in as many procedures as possible in working toward group change (Rose, 1977). Rose (1977) himself notes that this emphasis sets him apart from much of the experimental literature on groups, as it is not typical for practitioners of cognitive-behavioural group therapy.

In very general terms the foregoing discussion has highlighted the theoretical foundations which underlie this particular approach to helping people in groups. The goal has been to identify the unifying principles which bring together the various practitioners of cognitive-behavioural group therapy despite their disparate professional and theoretical backgrounds.

A number of aspects of this approach are particularly applicable when intervening with the target population of acting-out early adolescents. The focus on changing behaviour, with the accompanying belief that all behaviour is learned and can be re-learned, offers hope to these troubled youth. The learning-perspective which is part of cognitive-behavioural theory and its use of didactic techniques is particularly appropriate to the setting within which the social skills training will be done. Meeting in a classroom is conducive to using brief lectures and homework assignments. The view of the group as the context within which an individual changes is compatible with the individualistic focus of social skills training. Rose's (1980) belief in the value of using sub-groups supports the use of dyads and triads during the group sessions to practice various new skills. In addition, Rose's (1977) proposal that a systematic problem-solving approach be used by the worker to alter problematic group interactions is particularly useful in a social skills

training group which is designed to help group members develop, amongst other things, improved problem-solving skills. Troubled adolescents need an opportunity to experience a warm, empathic relationship with an adult, such as that described by Rose (1980) as the ideal client-worker relationship. Further, these youngsters who are just on the threshold of becoming independent adults need the opportunity to participate in the development and implementation of plans designed to change their behaviour, a view held by Rose (1977) but not many other cognitive-behavioural group workers. An attempt will be made to incorporate these components of Rose's approach into the social skills training group under study.

2. VALUE ORIENTATION

There are a number of basic values intrinsic to the practice of cognitive-behavioural group therapy. This description of the value orientation and how it influences group practice will be based on the work of Rose (1980).

Primary is a belief in the worth and dignity of all group members and in their right to be treated with respect. This belief leads to an emphasis on positive feedback, based on behavioural observations in the here-and-now. Group members are given the right to refuse negative feedback or to terminate it at any time. The worker has a responsibility to

ensure that all members are safe from "overzealous or anxiety-producing verbal attacks or ridicule" (Rose, 1980, p.7) from any source, be it worker or other group member. No other aversive procedures are used.

Participation in groups is voluntary and membership can be terminated at any time, even in the middle of the group session. All members, even children, enter into contracts before participation in a group begins. The contract includes consent and a statement of mutual rights and responsibilities of the member, worker, and sponsoring agency.

Because of the importance of data collection in this type of group, recognition must be given to the members' rights to privacy and confidentiality. Most data will be used only to enhance the programme and reassurance and feedback will be given to members. In research projects, members are guaranteed anonymity through the application of rigorous standards of data collection. Confidentiality outside of the group is protected by involving members in a contract with each other not to discuss sessions outside of the group.

Groups in this approach tend to be highly structured, with agendas used for most sessions. In the early phases of group development the worker takes responsibility for determining and maintaining the structure. Gradually members

take on those functions.

A cognitive-behavioural approach places a high value on involving group members in their own process of growth and change, and that of their fellow members, as a way of ensuring that gains made in therapy can be continued outside of and after the group. Thus there is an emphasis on teaching leadership skills and a systematic problem-solving process, both of which will assist members in dealing with the intricacies of relationships in their own life settings. The ultimate goal of this therapy process is to help people acquire the skills they need to achieve autonomous and self-determined functioning in their lives.

3. COGNITIVE-BEHAVIOURAL GROUP WORK - AN EVALUATION

In the previous section, social group work was presented as the primary group work method of the social work profession. The main reasons for this assertion lie in the value base common to both the method and the profession, the long history of almost exclusive involvement in this method by the social work profession, and the lodging of the theory base of the method regarding human social functioning in the theory base of the social work profession. Certainly social group work has much to recommend it as an effective, humane approach to dealing with problems of social dysfunctioning which affect

the lives of so many people today. However, there are also a number of limitations to this approach.

In this section an attempt will be made to evaluate cognitive-behavioural group work in terms of its appropriateness as a method of social work intervention, in comparison to social group work, and as a method of intervention for use with acting-out adolescents.

Rose's approach to working with groups, like social group work, has a flexibility which allows it to be used with a variety of different client groups and settings. The primary criteria Rose (1972) identifies as important when considering potential group members is that the problem should be interactive, as a group is most effective in dealing with that type of problem. Beyond that Rose (1972) recommends that the group have some heterogeneity, with each member having something in common with at least one other member. Rose's focus in assessing potential group members is largely on the behaviour of the individual, with some attention to the overall balance of the group. In contrast, Klein's focus is on the overall group composition and how the individual will fit within that system. However, despite the differences in approach, it seems likely that the treatment groups that are ultimately formed would have a similar appearance, with all members relating to a common purpose for the group formation,

being at a similar developmental state, and having relationship abilities similar to at least some other members of the group. Thus, with either approach, a treatment group could be formed for young adolescnets who are lacking in social skills.

Both Klein and Rose espouse a value base which respects the worth and dignity of man. The entire social group work method is designed to enact this value, with its emphasis on using interventions which ensure that members' rights to grow and be free are protected and enhanced. Rose (1980), on the other hand, advocates for groups which are quite highly structured, at least initially, and refers to the worker as the group leader. The view of the leader as one who teaches members leadership skills and then relinquishes responsibility for them to group members is very different from Klein's view, in which the worker is more of a mediator and enabler. Rose (1980) recognizes the potentially negative outcome of awarding the leader so much power. He specifically addresses the need for group leaders to be trained under close supervision in order to ensure that the rights of group members are protected and the values of the profession are upheld (Rose, 1980). Both approaches then would seek to create a situation which would promote the positive growth of the developing aolescent.

Growing out of the value base is an approach to working

with groups that is common to both social group work and the cognitive-behavioural method of Rose. Workers from both schools of thought strive to ensure that the group members, as much as possible, are agents of their own change. In Klein's method, true change and growth is seen to come once the group reaches the phase of intimacy. It is at this point that members can engage in a process of mutual aid, of helping themselves and each other, and truly benefit from their group experience. Rose, based on aspects of cognitive theory, involves group members in the development of treatment strategies and plans for their implementation, as well as in the use of as many procedures as possible in working toward individual change.

A major difference between the two approaches lies in where they focus their attention. Klein's emphasis is on the group as a social system, which impacts on and is affected by the larger social environment as well as the individual group member. He directs his efforts to influencing the functioning of the group as the means to enhancing the social functioning of the member. Rose's emphasis is on the individual, with the group providing a context within which change can occur and which can be used to promote growth. His actions involve the use of techniques designed to influence the cognitive and behavioural functioning of individual group members.

Related to this difference in focus is another major difference between these two approaches. That is, in the opportunity the method affords the worker to evaluate the effectiveness of the intervention. Klein (1972) himself admits to the difficulty of trying to collect data to measure the impact of social group work. On the other hand, Rose's approach, with its roots in behaviour modification, has a long history of research to demonstrate the effectiveness of specific behavioural techniques and some initial research efforts to support the effectiveness of using these techniques in a group setting (Rose, 1972, 1977, & 1980). A social skills training group based on cognitive-behavioural theory is therefore quite appropriate for evaluation utilizing various behavioural and self-rating scales.

Another area in which Rose's approach to group work differs from social group work is the level of social-functioning necessary for potential group members. The cognitive-behavioural approach, with its use of individualized treatment plans and goals within the group setting, allows for the inclusion of members with very limited interpersonal skills. To be able to participate in and benefit from a social group work approach, members must have some capacity to achieve intimacy in social relationships. Thus it would seem that the cognitive-behavioural approach has somewhat broader applicability in this respect. The population of acting-out

young adolescents have very limited interpersonal and self-control skills and would have a great difficulty participating in a group based on Klein's approach. They need the structure of a cognitive-behavioural group.

A final point of difference between social group work and a cognitive-behavioural approach arises out of the different theoretical bases of each and the related beliefs about how people grow and change. Klein (1972) suggests that people achieve a more effective level of social functioning by having the opportunity to engage in relationships characterized by caring, acceptance, respect, and mutuality. Such an opportunity frees the person to access and apply his own inborn resources in fulfilling his social needs. A group which achieves mutuality and intimacy is seen as offering the ideal environment for people who have problems with social functioning to have a corrective experience. Rose, based on cognitive and behavioural theory, believes that people have the capacity to learn to manage their own thoughts, feelings, and actions so as to enable themselves to fulfill their own needs. The actions of others in the social environment are seen to serve as reinforcers which encourage some patterns and discourage others. A group is seen to offer a corrective experience through the opportunity it presents for selectively reinforcing certain behaviours which are functional in enabling the individual to fulfill his needs. In a group for

acting-out adolescents who have been identified as having social skills deficits, it is quite possible that members will lack the ability to give each other positive reinforcement for appropriate social interactions. It will be necessary for the group worker to take on major responsibility for providing reinforcement initially. It will also be important to help group members learn how to give and receive such reinforcement as well as to recognize appropriate behaviours in others. Group members may need much reinforcement from the group worker to help them learn to become mutually reinforcing.

Dr. Norma C. Lang (1972 & 1987) has been a major contributor to the effort to rationalize and organize various models of group work practice within the social work profession so that they can be used in a complementary rather than mutually exclusive fashion. In her earlier work, Lang (1972) identified three orders of groups and suggested that a different form of group was appropriate for each order. The form of the group was to be based on a consideration of the members' developmental needs. The nature of the groups associated with each order could be delineated along nine dimensions. These were: unit of intervention; focus of service; level of social process addressed; form and nature of group; group formation and structure; worker role; nature of client; group processes addressed; means of achieving goals (Lang, 1972). This formulation had a dynamic aspect which

offered the possibility of a group moving from one stage to another, back and forth, depending on the increasing capacities or decreased functioning of group members (Lang, 1972). Further, Lang (1972) proposed

> "that in all three group forms the entity is fully developed, but with differing structures, processes, focus, goals, and worker involvement in each" (p.87).

In this statement Lang effectively validates the use of methods in which group members never achieve the level of functioning aimed for by Klein, while underlining the importance of using different approaches and techniques in doing such work. Based on Lang's (1972) hypothesis, Klein's approach and resultant group entity would fit at Stage III in the order (Lang, 1972). His group is autonomous, he works with the group as a whole, and group members have achieved a level of social functioning conducive to independence. Rose's approach could be utilized with groups at any stage in the order. At each stage the resultant entity would be viewed as offering "the possibility of a complete group experience" (Lang, 1972, p.87).

Lang's (1972) paradigm is also useful in evaluating a cognitive-behavioural group work approach as a method of intervention with acting-out adolescents. At the beginning of this chapter an argument was presented to substantiate the value of groups in general in working with this target

population. Here an attempt will be made to examine the specific needs of this group and the implications for group treatment. Lang's (1972) work will be used as it

> "poses an important relationship between the functioning capacity of the individual and the nature of the resulting entity individuals of a given capacity are able to form" (p.87).

In assessing the needs of young adolescents who are experiencing difficulties, the developmental task is seen as identity formation. The unit to be worked with is therefore the individual with a focus on promoting social functioning. Both this unit and this focus of service are compatible with a cognitive-behavioural approach which utilizes individual treatment plans and goals related to social interaction.

The tendency of young adolescents, even those not experiencing problems, to engage in behavioural extremes as they try out a succession of rapidly changing roles and modes of self-expression necessitates a level of intervention which supports and supplements their sometimes limited capacity for self-control. Worker activities are thus centered around dyadic and triadic levels of social process, appropriate to the cognitive-behavioural techniques of Rose's approach.

The form and nature of a group designed to meet the needs of this target population will provide a context for socialization where the worker functions in a central role.

Lang (1972) compares this form to a peer group in which one child, developmentally ahead of the others, exercises a fairly controlling leadership function. In cognitive-behavioural group work the expectation is that the worker will have this central role, at least initially.

The lack of readiness of young adolescents to operate autonomously creates the need for a group in which the worker has major responsibility for maintaining group structure and therefore occupies a very central, directive position. In Klein's (1972) view it would be impossible for the worker to take on such a task. From Rose's (1977) perspective, while leadership shared with members of the group is valuable and desirable, it is possible for the worker to function as the primary group leader.

As young adolescents are just beginning to experiment with role taking, they need a group in which the worker takes an active part in supplementing the group process and filling in the gaps when members are unable to contribute (Lang, 1972). At Stage I of Lang's framework this function forms a major portion of the worker's role. At Stage III, in an autonomous group such as Klein proposes, the worker only occasionally is required to serve this function. A cognitive-behavioural approach, while placing much less emphasis on the importance of group process, does allow for the worker to take

on this role.

The nature of the client, the young adolescent who is experiencing problems, fits largely with Lang's (1972) description of clients appropriate for a Stage I group experience - "functioning at a pre-autonomous level, lacking capacity, readiness, or skills for participation in an autonomous group" (p.84). However, the worker must operate with an awareness that the capacity and readiness are on the threshold and may emerge and disappear unpredictably. This changeability has implications for the worker's role as well as his responsibility for maintaining group structure and process. Klein's (1972) approach with its greater emphasis on the worker attending to and understanding the meaning behind overt communication possibly offers the opportunity for greater worker responsiveness to the needs of the client in this area.

In a group for acting-out young adolescents responsibility for almost all group processes lies primarily with the worker. Because of the tendency of this age group to be intolerant of differences and sometimes to be very cruel in reacting to peers who seem foreign, the worker will have to promote a sense of commonality, help establish norms of acceptance and co-operation, identify mutual goals, and generally be very direct in his efforts to maintain and

enhance group functioning. Both Klein (1972) and Rose (1977) offer extensive material on various procedures for workers to use and both advocate a fairly direct approach to problem situations. However, Rose (1977) provides more scope for the worker to engage in direct confrontation while Klein's (1972) emphasis is more on mobilizing the members to deal with the situation. Given the nature of the group, it is likely that Rose's procedures would be more effective, especially early in the group process.

In terms of the means to goal achievement offered by the group, young adolescents who are just beginning to experience themselves as capable of being self-directed need services which are ego-building. Such things include behavioural techniques, activity groups, and various worker-mediated interactions. Both the approaches of Klein (1972) and Rose (1977, 1980) allow for the provision of such services. However, the orientation of the cognitive-behavioural approach prepares the worker to take on and see as valuable the use of such direct techniques in working with groups of clients.

In examining the needs and characteristics of the target population along the dimensions suggested by Lang (1972) and correlating them with her categories it becomes clear that the entity created by bringing a number of these young people together for treatment would be an "allonomous group", with

the possibility of moving on to become a "transitional group" (Lang, 1972, p.80).

In Lang's (1987) later work, discussion refers to "a continuum of small organizational forms...ranging from aggregate through collectivity to group" (p.8). What Lang (1972) had formerly labelled an allonomous group would constitute a type of collectivity, where "group was the intended social form but...the entity was unable to develop past collectivity" (p.16).

Lang (1987) identifies five types of variables which she asserts will affect the functioning of the entity and therefore the type of social form which results. These are temporal, contextual, individual, entitative, and professional variables, as well as various combinations of these five (Lang, 1987). Some of these components can be managed by the group worker and some cannot. This typology offers a means by which the worker can make a realistic prediction regarding the type of entity that will develop during its formation. It is then possible to plan interventions designed to maximize the opportunity for members to change, given the limitations of the social form. Based on this typology, it is reasonable to expect that an entity composed of acting-out adolescents designed to meet one hour, once a week, for a maximum of fourteen weeks will remain a collectivity, never achieving the

type of functioning which distinguishes a group from other, less developed social forms.

As with her earlier work, Lang (1987) supports the value of a simple entity, a collectivity, as "a potential helping social form" (p.29). She proposes that by recognizing this potential, it is then possible to plan for its use, rather than continue to view it as a failed group (Lang, 1987). The proposed social skills training programme represents an attempt to follow Lang's proposal and utilize a collectivity for the benefit of the early adolescents with behavioural problems who will be included.

IV CONCLUSION

Drawing on the writings of various experts in the field, a rationale has been presented to support the use of a group modality in attempting to help young adolescents who are exhibiting acting-out behaviour problems. Then an examination of the theory base of social group work as found in the work of Alan Klein (1972) was offered as representative of group work in the social work profession. Klein (1972) presents a very complete theoretical construct which provides the worker with everything necessary to work with people in groups. He includes a philosophical and value base regarding how to think about groups as well as how to work with them; a complete

definition of group and group work, based on systems theory; a framework for understanding group development; a thorough description of procedures for the worker to follow; and a listing of the avenues of operation within which the procedures can be used. However, on evaluation it was found that Klein's conceptualization of social group work had a number of weaknesses or gaps.

In an effort to address the areas found lacking in social group work, a cognitive-behavioural approach to group work as represented by the works of Sheldon Rose (1972, 1977, 1980) was examined. Rose's approach does not represent a unified theoretical construct. Rather he draws on various theories to put together a method of working with groups. His value base is compatible with the social work profession. He leaves the individual practitioner to select from the various theories on small group functioning and so establish definitions and a way of thinking about groups. Based on cognitive and behavioural theories, Rose does offer detailed accounts of interventions for the worker to use, in assessment, treatment, and evaluation. When compared to Klein's (1972) approach, Rose's (1972, 1977, 1980) ideas were found to have some points in common, most notably in the area of beliefs about people. Some of the differences, especially in the areas of worker role and group structure, were very significant. The work of Norma Lang (1972, 1987) was used as a reference to support the

appropriateness of including Rose's method as a valid approach to social work with groups. Lang's (1972) work also served to highlight the particular applicability of Rose's approach to the treatment needs of the target population. By operating from an understanding of Klein's theory about how groups function and how groups can be used to help people, and integrating into that conceptualization the specific approaches presented by Rose, the group worker has the possibility of being able to offer group treatment services to a wider range of people experiencing a wider variety of social problems than by relying on either approach on its own.

CHAPTER IV

THE SOCIAL SKILLS GROUP TRAINING INTERVENTION

The intervention chosen to address the problems of acting-out adolescents is a social skills training group which will involve the use of a cognitive-behavioural approach. The purpose of the treatment group is to help group members develop new, more effective interpersonal skills such as verbal and non-verbal communication skills, assertive skills, and problem-solving skills. This chapter will provide a rationale to support the efficacy of a social skills training approach with this target population. The theoretical basis for the major interventive techniques will also be outlined.

I SOCIAL SKILLS TRAINING

Social skills training as a useful approach to intervening with adolescents who are demonstrating acting-out behaviour problems has been well supported in literature. Sarason and Sarason (1981), and Ledingham and Crombie (1988) report studies which support the effectiveness of skill-training programmes in preventing the occurrence of serious behavioural problems in adolescents who are identified as being at risk. Freedman et al. (1978) attempt to analyze the specific social skills which seem to be most lacking in

delinquent adolescent boys and find support for their hypothesis that there is a positive correlation between "social skills deficits and interpersonal/legal difficulties" (p.1461).

Social skills are all those abilities which an individual learns which enable him to function in his environment. Sarason and Sarason (1981) define skills as "acquired behavioural patterns appropriate to particular situations that must be confronted in the course of living" (p.908). An individual begins to acquire these abilities at birth and the development of new skills and the adaptation of existing ones continues throughout life. By the time adolescence is reached the individual's repertoire of skills should include, in rudimentary form, all of the social skills he will require to function as an adult. The earlier stages of development have provided an opportunity for the child to acquire the basic tools that he will need. In adolescence, the developmental impetus compels the individual to use these skills in a new way as he attempts to define who he is relative to his environment. Any weakness in the adolescent's ability will soon result in him experiencing the negative side of Erikson's developmental challenge, that is role diffusion. This will be exhibited in turmoil and acting-out behaviour. Social skills training can thus be viewed as providing the adolescent with the tools he needs to successfully resolve the developmental

crisis he is confronting.

Social skills training can also be seen as contributing to the attainment of psychosocial maturity or competency, the goal of the adolescent stage of development. Performance within the realms of individual, interpersonal, and social adequacy is based on the social skills of the individual. Enhancing those skills will therefore lead to a higher level of competency.

Finally, social skills training can be applied directly to those adolescents that have been identified as being "troubled", for purposes of this discussion. The distinction has been based on behavioural signs of turmoil, on the identification of specific behaviours, called externalizing problems, as being indicative of unhealthy development. This type of intervention can teach new behaviours to replace the maladaptive patterns that have caused the adolescent to come into conflict with his environment. For example, group members can be taught assertive ways to refuse requests from peers, thus equipping them to deal with peer pressure which may have resulted in them going along with delinquent activities in the past. Another example involves helping group members learn the skills to ask appropriately for explanations of requests by parents or other authority figures, thus enabling them to stand up for their rights

without becoming involved in conflict which leads to negative outcomes for them.

Viewed from Garbarino's perspective of opportunities and risks for development, social skills training can be seen to offer an excellent opportunity for adolescents to gain the abilities they need. It helps overcome a risk to development by compensating for a background which has been devoid of the opportunity for the developing individual to acquire the necessary social skills. Because the social skills training is done in a group context, it can be seen as compatible with Garbarino's (1985) ecological approach to human development and therefore as having the potential to enhance the adolescent's growth.

Social skills training groups offer an opportunity to address the issues which Garbarino (1985) identifies as affecting the youth at each of the ecological levels. At the microsystem level, such group training offers the developing adolescent alternative role modelling, a learning opportunity that corresponds to his new capacities, and a safe setting in which to practice new behaviours.

At the mesosystem level, there is the potential for benefit to accrue from the impact of the group and the adolescent's involvement in it on other groups the youth has

contact with. The perception by these groups that the youth is working to improve may positively influence the nature of their relationship with him or her and thus subtly encourage the work being done at the microsystem.

The creation of treatment programs such as social skills training suggests that, at the exosystem level, there is recognition of and response to the needs of the adolescent. Through the interactive effect of the flow of information up and down through various levels, the outcome of the training efforts will either support or refute the appropriateness of the program and may lead to other decisions by the exosystem.

Social skills training, with its emphasis on the development of assertive behaviours by the teenager is compatible with the societal norms which value independence and standing up for individual rights while condemning aggressive behaviour. Thus even at the macrosystem level support can be found for this approach.

II INTERVENTIVE TECHNIQUES

The primary procedures to be utilized in implementing the program are the presentation of information and homework assignments, modelling, behaviour rehearsal, and the teaching of a problem-solving approach, with the goal of helping group

members learn and apply new social behaviours in problematic situations. Feedback and reinforcement techniques will also be used extensively in conjunction with these procedures.

The use of didactic procedures such as short lectures to present new information and homework assignments to help ensure practice of new learning is based on the cognitive-behavioural perspective which suggests that all behaviour is learned and therefore new behavioural responses can be learned to replace maladaptive or nonfunctional ones (Rose, 1977). Rose (1977) stresses that

> "although this process of alteration is called therapy, in fact, it is more an educational experience in which individuals are taught how to view their own learning process, to learn new ways of learning, and to try out these new ways of learning for their own behavioural, cognitive, and emotional change" (p.4).

Because of the nature of the target group and their difficulty learning new material, presentations will be brief, with very limited use of written material and as much opportunity as possible for participation and interaction. Homework, rather than taking the form of written or situational assignments, will consist of instructions regarding how to identify situations in which the new skill could be used and encouragement, sometimes in the form of challenges, to try it out. This type of homework can then be followed-up in the classroom setting, and often in the home as

well, where the group member can be observed and worked with in naturally occurring situations. These examples will then be used as practice reports at the next sessions.

Modelling as an interventive technique refers to "a set of therapist activities designed to increase the observer's probability of matching behaviour" (Rose, 1972, p.107). In supporting the effectiveness of modelling as a means of promoting behavioural change, Rose (1972) refers to the work of Bandura (1969), a major influence in the field of social learning theory. Steps in utilizing a modelling approach include introducing potential models, highlighting the behaviour to be imitated, ensuring that the situation is conducive to imitation, teaching how to watch and to imitate the specific skill, reinforcing efforts, and role-playing practice situations (Rose, 1972).

A number of principles guide the use of modelling to achieve maximum benefit (Rose, 1972). The person in whom change is desired must attend to the model's actions. Various techniques such as games involving imitation can be used to encourage and teach how to attend. For the group under study, role-play models of the particular skill will be videotaped in advance and played back during group sessions.

The personal attributes of the model also influence the

extent to which group members are motivated to imitate his behaviour (Rose, 1972). A model who has some traits in common with group members and has a high probability of being viewed by them as successful in significant areas such as athletic ability, academic achievement, or maintaining friendships is more likely to be imitated. Unfortunately, in the group under study, plans to utilize a former fellow student who was known and liked by most of the group members were unsuccessful. The decision was made not to use current group members for this purpose due to the competitive nature of the existing relationships. Some of the skills selected for inclusion in the training will be found in the repertoires of various group members. When these skills are to be the focus of a session, the competence of the youngster in that particular area will be pointed out so he can serve as an informal model and also receive reinforcement to continue and possibly increase his use of the behaviour.

Rose (1972) identifies that dependency on the model by the group member acts to increase the possibility that imitation will occur. For purposes of this practicum, the group therapists will serve as models. In this way they will be able to utilize this principle about the use of modelling, as the youngsters tend to rely heavily on the therapists for approval and support. Watching videotapes of the group leaders will present a further challenge to members as they

greatly enjoy catching the leaders performing less than perfectly in the role-plays.

Behaviour rehearsal is another technique which will be used to help group members develop skill in various behavioural responses. Rose (1972 & 1977) recommends the use of behaviour rehearsal in conjunction with modelling in order to prepare the group member to use the new behaviour in real-life situations. In this procedure, the youngster practices the desired behaviour in a role-play situation with the support and direction of the therapist. Lazarus (1966) reported on the effectiveness of behaviour rehearsal as a procedure for helping overcome specific interactive problems. He found this technique to be almost twice as effective as the use of direct advice giving by a therapist.

In the proposed social skills group, members will be asked to develop the details of the situations which will be used in doing behavioural rehearsal. In working with young adolescents it is important to make the role-plays real and applicable to the types of situations they encounter in everyday life, so their input is essential.

Systematic problem-solving as an approach for the worker to utilize in resolving group problems is described in detail by Rose (1977). The importance of teaching this type of

framework to clients in order to provide them with a way to deal with difficulties they will encounter long after therapy ends is recognized by therapists who follow cognitive theory (Rose, 1977). Rose (1977) cites research which identifies five steps in effective problem-solving. They are: general orientation; problem definition; identification of alternatives; decision making; verification. Briefly, these steps involve, first, developing a belief system which views problems as a normal part of life. Then the person must learn to refine the problem situation down to its component parts and evaluate it. The next step is to "brainstorm" possible solutions. Choices must then be evaluated and an action-plan based on one choice must be developed. Finally, the identified solution must be attempted and results evaluated. Training in some aspects of systematic problem-solving will be included in the skill training group. It may be necessary to modify the procedure to suit the capacity of group members, depending on data collected during the assessment.

Feedback as an important part of group therapy is recognized by both Rose (1980) and Klein (1972). It is a valuable technique for creating greater self-awareness and helping members learn about the impact of their behaviour on others. Groups offer the opportunity for members to receive immediate information about their actions from other group members and the therapists as well. In this group project,

members also will be able to get direct feedback through videotape recording and playback. In this way they will be able to view their own behaviour directly without having to risk experiencing negative or hurtful comments from peers, a very realistic threat with this age-group. The emphasis of the therapists will be on offering positive feedback to encourage and support desired behavioural change.

Reinforcement is another important procedure in helping people learn new behavioural responses. Its use is based on social learning theory (Rose, 1980). Reinforcement refers to responses enacted to reward the occurrence of desirable behaviours (Goldstein, 1988). There are a number of different types of reinforcement. Both social and material reinforcement procedures will be important in the proposed training group.

Rose (1972) states that "human response appears to be the most potent reinforcer of social behaviour" (p.73). As both group leaders will already have established relationships with the youngsters, positive responses from them such as praise, nods, smiles, or touches will be important tools to use in encouraging the adoption of new patterns of behaviour by group members. Rose (1977) suggests several guidelines to be followed in using social reinforcement. The reinforcement must follow the desired behaviour as soon as possible, must be

unambiguous, must be sincere and delivered with appropriate affect and must be audible or clearly understandable. The group leaders will take an active role in providing social reinforcement as group members, having deficits in their social skills, may have difficulty providing each other with positive reinforcement.

Recognition must also be given to the fact that many people have had negative experience with social reinforcement and may not trust it initially (Rose, 1977). Therefore all group members will be provided with material reinforcement in the form of a snack for their attendance at group sessions.

While there are many other procedures available from the cognitive and behavioural theories that have been substantiated through research as effective means of creating behavioural change, these particular ones have been chosen because of their apparent applicability to the target population and ease of use given the treatment setting. Evaluative comments as to their actual usefulness in practice will be offered in a later chapter.

CHAPTER V

METHODS

This chapter will provide a framework for understanding the activities undertaken in the course of completing this practicum. A detailed description of the setting will be offered together with information about the adolescents and how they came to be part of the treatment group that the intervention is used with. A general overview of the phases of treatment will be given including preparation, assessment and orientation, and implementation, including termination and follow-up. Finally, the measurement tools used for assessment and evaluation will be described.

I SETTING

The practicum was implemented with a group of early adolescent males who are clients of Lutherwood. Lutherwood is a Children's Mental Health Centre serving troubled teens and their families in the Kitchener-Waterloo area of southwestern Ontario. It offers a range of services from residential placements through day treatment programmes to out-client counselling. Intervention modalities include individual, family, group, and milieu therapies. All clients of Lutherwood are voluntary and sign an Agreement for Service prior to commencing treatment. Further, all treatment is

based on a goal-oriented approach. All clients identify problem areas they want to work on, specify in what ways they want to change, and develop indicators to serve as yardsticks in determining the amount of change.

The youngsters chosen to participate in the social skills training group were all involved in Lutherwood's Integrated Classroom Programme. This Programme, operated in conjunction with the Waterloo County Board of Education, is designed to meet the needs of students, age 12 to 14 years, who are unable to function in a regular classroom setting due to various social and emotional problems. Such problems may include non-compliance, negative peer relationships, withdrawal, poor expressive and social skills, parent-child conflict, learning deficits, and hyperactivity.

The Programme can accommodate a maximum of 10 students. It provides educational, behavioural, social, and emotional support and therapy to the students and their families through the services of a teacher, a child and youth worker, a social worker, and a consulting psychologist and psychiatrist. It is located in a senior public school and Programme students spend up to 49% of their day attending regular classes with the general school population. The remaining 51% of the day is spent in a separate class with the other Programme students. Here, teaching focuses on mathematics and language arts, with

an individualized curriculum for each. However, the primary emphasis is on helping these adolescents make the social and behavioural changes necessary to enable them to return to a regular school programme.

While these students are identified as having problems which necessitate placement outside of the usual classroom setting, there are certain behavioural requirements that must be met in order for them to be included in the Integrated Classroom Programme. First, they must be able to exercise enough self-control that they can attend regular classes with thirty-five other students for forty-five minutes at a time. Secondly, students whose behaviour is dangerous or highly aggressive cannot be included as the support services required to deal with such behaviours are not available. Finally, the needs of these students should be appropriate to amelioration through small group support together with family and/or individual counselling.

The treatment group consisted of seven young adolescent boys all of whom were part of the Integrated Classroom Programme. They were all part of the skills programme from beginning to end.

The group work student (referred to as the group worker) who implemented the social skills training programme is the

social worker attached to the Integrated Classroom Programme. Her job entails two primary areas of responsibility: case management-service co-ordination and direct clinical services. As case manager, this worker negotiates treatment goals with the youngsters and their families, identifies general treatment strategies to be used, and co-ordinates the efforts of the treatment team in working with the child and family toward the desired outcome. As a clinician, this worker provides family therapy to all client-families connected with the Integrated Classroom Programme as well as individual and group therapies as arranged.

Supervision of this worker for purposes of implementing the practicum project was provided by Dr. Donald Fuchs, the practicum advisor, and by Mr. Christopher Wheeler, M.S.W., Director of Clinical Services at Lutherwood, and her direct supervisor. The format used was the review of audio-video records of all group sessions by Dr. Fuchs and subsequent discussion with the worker. In addition, Mr. Wheeler was able to view about one-half of the group sessions live through a one-way mirror.

The group worker was assisted in implementing the Social Skills Training Programme by the child and youth worker who is a full-time member of the treatment team for the Integrated Classroom Programme. She had two primary functions in the

group. The first was to assist with behavioural rehearsal when the skills training group broke down into sub-groups to enact role-plays of various prescribed scenarios. The second was to take an active role in assisting group members to adhere to the limits during group sessions, especially the expectation that there would be no use of physical or verbal aggression. This latter function was determined primarily by the fact that the child and youth worker was with the students full-time and was already perceived by them as having a valid disciplinary role. The social worker who organized the group was in the classroom part-time, largely to do individual or family therapy with the youngsters. She was perceived largely as a nurturer and care-giver. Her efforts to invoke limits were accorded recognition only by those who needed few limits set for them. For purposes of this treatment group series, the decision was made not to try to alter the balance which already existed. Unfortunately, the child and youth worker went on extended sick leave in the middle of the series. She was replaced by someone relatively unknown to most group members so the balance was disturbed anyway. A great advantage in having the child and youth worker assist with the implementation was the opportunity for follow-up with the members between group sessions. This issue will be addressed further under the description of procedures, specifically the use of homework assignments.

The group sessions were held in the classroom. A corner of the room not occupied by desks was used but, unfortunately, there was a shortage of chairs so sometimes desks had to be moved over. Other equipment such as a video-camera, a television, a video-cassette player, and a flip-chart were available but there was some difficulty accessing them from time to time.

The groups were initially scheduled to take place two mornings in the eight-day school cycle, which would have seen them occur an average of once each week. However, for various reasons this plan was interrupted. The result was a programme consisting of ten group sessions plus a wind-up rather than fourteen. Each session lasted about seventy-five minutes.

A snack was provided for group members at all sessions. For the final session the snack was expanded to cover lunch.

II PROCEDURES

1. PREPARATION

In anticipation of incorporating a social skills training group into the regular Integrated Classroom Programme milieu in the fall of 1991, a summer programme was developed for these students. It consisted of two mornings of group therapy and one, full-day social activity each week. The balance of

the youngsters' time was spent at home with their families, with additional support in the form of family therapy and individual contact between the child and youth worker and the adolescent. The treatment component of the programme included a goal-setting group, a process group, and an assertiveness training group.

The primary purpose of the summer programme was to meet the need of the Integrated Classroom Programme members for some structured activity over the summer vacation from school as well as to continue or begin the process of meeting their treatment needs. However, it also served several other purposes related to this practicum project.

The summer programme provided an opportunity for group members to become familiar with the structure and process of a cognitive-behavioural group. It also provided a setting for the students to adjust to changes in the membership of the Programme. Six students finished the Programme in June. Four continued throughout the summer and two new members were added. One of the continuing members dropped out in August, leaving five youngsters who participated in some or all of the summer programme to come into the Integrated Classroom Programme and the social skills training group in September. Two more adolescents joined this core group of five in September, making a total of seven young adolescent males in

the group under study.

2. ASSESSMENT AND ORIENTATION

Each potential group member was interviewed twice individually by the group worker before beginning the group. The purpose of the interviews was to review the goals and process of the social skills training group with the adolescent, elicit any ideas he had regarding the kinds of situations that regularly caused him problems, obtain his signed consent to participate and to be videotaped, and complete the evaluation measures.

Assessment tools utilized included the Inventory of Work, Life and Social Skills (M. Pancer), completed by the child and youth worker, and the Teacher Report Form of the Achenbach Child Behaviour Checklist, (copyright Thomas M. Achenbach, University of Vermont, Burlington, Vermont), completed by the classroom teacher. Based on the results of these two measures it was possible to identify specific skill areas that were problematic for each potential group member. These tools are discussed more fully later in this chapter in the section on evaluation.

In addition to these individual interviews, meetings were held with all of the families, with the potential group

members in attendance. The purpose and process of the group were reviewed with the parents and consents obtained. A copy of the letter and the consent forms used can be found in Appendix A. Suggestions as to areas of need for training were requested and feedback was invited regarding skill deficits already identified based on measurement tools completed by the teacher and the child and youth worker, classroom observation, and input from the youngster. Measurement tools were administered to parents of three of the group members, who completed the parent's report form of the Achenbach Child Behaviour Checklist (copyright Thomas M. Achenbach, University of Vermont, Burlington, Vermont). The other parents did not participate in this task due to lack of time.

Based on this process which combined a somewhat more objective data collection process with observation and self-assessment, it was possible to identify a number of specific skill areas in which most of the boys had deficits. The actual areas chosen for training also included some that group members had expressed a desire for, even if a need was not supported strongly by the data.

In the classroom itself, during the time periods designated for non-structured and semi-structured social interaction, there was frequent discussion of the up-coming skills group, between the students and with the treatment

team. Key topics were feelings about being videotaped, interest in the role-play situations, questions about the group worker's university component, and debate as to the best snack. Experienced group members from the summer programme provided the two new members with a great deal of information about their experience.

By the time the day of the first social skills training session arrived group members were well prepared and a tentative schedule of topics had been developed.

3. IMPLEMENTATION

In planning the content of training for specific skills, developing a general format for group sessions, and organizing the presentation of specific skills so there was a gradual increase in complexity, extensive use was made of the work of Wilkinson and Canter (1982), Michelson, Sugai, Wood, and Kazdin (1983), and Morganett (1990).

Each session was designed to follow a similar format, as outlined below.

1. Introduction
   - members report on events of the week
   - members share practice experiences
2. Instruction re: specific skill

- brief presentation of information
- viewing of videotape of models demonstrating the skill

3. Behaviour rehearsal
   - practice role-plays in sub-groups
   - videotape examples with remainder of group observing role-plays
4. Review videotape and have snack
5. Homework assignment

The projected schedule of training, based on information collected during the assessment, was as follows.

Session 1: Group orientation
- review purpose, group rules, procedures
Practice videotaping and playback using the skill of receiving a compliment

Session 2: Training in non-verbal communication

Session 3 & 4: Training in verbal communication skills
- giving and receiving messages

Session 5: Introduce assertiveness training terminology
Practice the skill of requesting behaviour change

Session 6: More assertiveness training
Practice the skill of "fogging"

Session 7: More assertiveness training

Practice the skill of defending personal rights

Session 8: More assertiveness training
Practice responding to criticism

Session 9: Introduce problem-solving approach
Practice brainstorming solutions

Session 10: Continue problem-solving approach
Identify outcomes of various choices
Begin to plan last session

Session 11: Continue problem-solving approach
Making a decision
Decide on menu for final session

Session 12: Review
Role-play examples and review
Evaluate training program
Have lunch together

The actual training programme did not follow the projected schedule exactly. Circumstances sometimes prevented the group worker from attending on the scheduled day. A summary of each group session is included in Appendix B. The summaries contain a description of members present at each session, identified purpose, an outline of what actually happened and how the worker responded, and a brief analysis of the process.

This group was just reaching the point of being able to engage in some mutually beneficial interactions by the final session. The atmosphere was generally tolerant and inclusive, rather than judgemental and exclusionary. Both attraction and affiliation were quite high, with even the two most reluctant members showing some signs of ownership. Members demonstrated an increasing willingness to share information about themselves and to reach out to others in the group, which would suggest a feeling of relative safety. The need for a high degree of structure continued but members were beginning to take some responsibility for maintaining the limits.

As these adolescents continued to be part of the Integrated Classroom Programme, there was on-going contact between them and the group worker. It was possible to continue the process of offering reinforcement for appropriate use of specific behaviours presented during the group programme as well as coaching in areas where difficulties continued. Behaviour rehearsal involving small sub-groups was used to help group members practice new skills, resolve interactional problems as they arose, and prepare for difficult situations that were anticipated. Each group member received individual feedback based on his own personal goals as well as on the results of the measurement tools that were used.

III EVALUATION INSTRUMENTS, PROCESS, AND PROCEDURES

1. EVALUATION DESIGN

The amount and type of change, if any, in the functioning of group members was determined using four standardized measurement tools to give a broad picture along various dimensions related to the target of treatment, social behaviours. These included two behaviour checklists and two self-report forms. The tools chosen were also useful in determining the specific areas of social behaviour members were having difficulty with. Two of these measures, the "Locus of Control Scale" and the "Self-Esteem Inventory", were available in the published literature. The third, the Achenbach "Child Behaviour Checklist", was in regular use by the Agency, which purchased the questionnaires and scoring programme and allowed the group worker access to its resources. The fourth, the "Inventory of Work, Life and Social Skills", was unpublished but available by special arrangements. Its author, Dr. M. Pancer of Wilfrid Laurier University, had given the Agency permission to use it as an on-going part of the assessment process, and kindly extended this permission to the group worker.

All group members were part of a multi-modal treatment programme which included individual, family, group, and milieu therapies in some combination. In order to help establish

whether or not the intervention under study was responsible for any change which was noted, comparison subjects were identified from amongst other adolescent boys receiving treatment at Lutherwood and not participating in a social skills training group. To establish a basis for comparison, seven families were contacted inviting them to participate. A copy of the letter and the consent form used can be found in Appendix C. Four responded positively. Of these four, two of the youngsters would not co-operate in completing the self-report scales. Thus there were two clients to provide comparison data. Due to the on-going process of admissions and discharges and the existence of another social skills training group, alternates for the comparison subjects were not available. It is important to note that, in creating a comparison group, treatment was not withheld, comparison subjects simply were not selected to participate in that particular aspect of treatment.

A quasi-experimental design was used with measurements being completed pre-treatment, post-treatment, and three months post-treatment by the experimental group and twice at six month intervals by the comparison subjects. The scores from the various points in time for each individual could thus be compared to assist in determining the impact of treatment upon that individual. The amount and direction of change of comparison subjects could also be compared to results for

treatment group members.

In addition to these formalized evaluation methods, all treatment group members were asked to complete a written evaluation of the programme at the last session. Parents of group members also provided regular feedback on any changes they noted in the specific areas of behaviour being addressed.

2. "INVENTORY OF WORK, LIFE, AND SOCIAL SKILLS"

The "Inventory of Work, Life, and Social Skills" (IWLSS) was selected as the instrument to use to gather specific information on the extent to which the adolescents already possessed or utilized the type of skills to be taught in the treatment programme. This "Inventory" was developed by Dr. Mark Pancer of Wilfrid Laurier University in Waterloo, Ontario. It was a refinement of an earlier measure developed by Dr. Pancer, the "Inventory of Personal and Social Skills". This original "Inventory" was designed to rate children of pre-adolescent age in seven areas of behavioural skill. These seven areas correlated with the seven categories on the "Catalogue of Goals for Residential Treatment", a programme evaluation tool also developed by Dr. Pancer (1986). Changes to the original "Inventory" to produce the IWLSS included expansion of the number of categories and adaptation of the items to make them applicable to an adolescent population.

This particular tool, the IWLSS, was chosen for this project because it was already in use at Lutherwood and was familiar to the child and youth workers, the staff responsible for its completion. Dr. Pancer had given the Agency permission to use his tool and also gave the group worker permission. A copy of Dr. Pancer's scale can be found in Appendix D. The letter of permission is also included in Appendix D.

The IWLSS attempted to measure the youngster's skill level in twelve areas related to social and emotional functioning. For each category a number of behaviours, from four to nine, was listed. The rater was asked to indicate whether, in the past week, the youngster had never, rarely, sometimes, often, or almost always acted in that way. Some of the behaviours listed were negative and some were positive. A point value, from zero to five, could be identified for each behaviour and an average value could be calculated for each category. It was thus quite easy to determine areas of greater or lesser skill and to identify specific behaviours within a category.

The advantages of using this instrument were numerous. As indicated above, it was already in use at the Agency so staff were familiar with it and compliance in completing it was high. It was easy to administer and easy to score, merely

requiring the reversal of some items in order to calculate an average score, from zero to five, for each category. The higher the score, the greater the youngster's skill in that area. The individual items were almost all behaviourally oriented and so tapped the rater's observations of actions rather than interpretations of feelings or attitudes. A further advantage lay in the fact that the IWLSS was designed for use in a comprehensive treatment programme such as that offered by Lutherwood. Thus it had categories to address various aspects of the adolescents' participation in treatment.

There were also many disadvantages. As this "Inventory" was very new and had not yet been published, there were no established norms or coefficients of reliability and validity. Thus beyond strong face validity, there could be little confidence that this instrument did actually assess changes in skill level or that it did so with any degree of accuracy and consistency. The lack of norms also made comparison between this target population and the general population impossible.

In utilizing the IWLSS, some items were deleted due to the lack of opportunity for the rater to have information about the youngster's actions in that area. The first section regarding family and an item addressing sleep patterns in the section on physical appearance and well being were eliminated.

Ratings on all other items were collected three times on the treatment group and twice on the control group on the schedule indicated previously. The raters were child and youth workers who spent about six hours per day, Monday to Friday, with these adolescents. They were involved with the youngsters in structured, semi-structured, and unstructured situations both within the classroom setting and in the community. Contact was individual and also in a group context, including large and small groups. For six weeks of the treatment phase the youth worker who rated the treatment group had no contact with the members. This circumstance was unforeseen and unavoidable. It was impossible to determine what, if any, impact this interruption had on the behavioural ratings in particular or the treatment programme in general.

Given the lack of statistical information on the IWLSS, its primary purpose was to assist in identifying those specific behaviours a youngster was having the most difficulty with. The "Inventory" contained few enough items that it was possible to examine each youngster's results both in terms of categories of greater and lesser strength as well as specific items within the various categories. Through comparison of individual results it was then possible to identify those behaviours which presented the greatest difficulty to the most group members.

3. "LOCUS OF CONTROL SCALE"

A standardized measure was used to determine whether the locus of control of group members was more external or internal before treatment and whether it changed throughout treatment. This dimension was chosen because of research evidence that showed it to be significantly related to children's behaviour (Nowicki and Strickland, 1973). It was found that a lower score, which was indicative of a greater sense by the child that his or her actions influence his or her social environment, had a positive correlation to scholastic competence, social maturity, and independent, self-directed achievement, especially for boys. These attributes were examples of the areas in which treatment group members were lacking. It was therefore reasonable to expect them to score higher on this scale initially, indicating a locus of control that was externally oriented. The goal of treatment was to see a drop in scores, indicative of a more internal locus of control, throughout the course of therapy as group members improved their social skills and thus increased their sense of being able to impact on the world around them.

The "Locus of Control Scale for Children" developed by Nowicki and Strickland and published in 1973 was selected for use in this programme. Its value as a tool for measuring this dimension was supported by research (Nowicki and Strickland,

1973; Long and Sherer, 1984). This scale had high utility, allowing the evaluator to read the items aloud. The items were short and provided a very direct measure of locus of control, being specifically designed to address age-appropriate issues. Scoring was easy, consisting of totalling the number of responses that indicated a sense of control being external to the youngster. No particular qualifications were necessary to administer the test. Treatment and control group members completed this measure according to the schedules outlined previously. The original forty item scale, together with the scoring key and norms, can be found in the article by Nowicki and Strickland, "A Locus of Control Scale for Children", published in the Journal of Consulting and Clinical Psychology in 1973.

Nowicki and Strickland (1973) presented evidence to support strong criterion-related and construct validity, based on comparisons with other measures of locus of control, as well as other measures of related dimensions such as achievement. The scale also had good face validity. The items directly and specifically addressed control issues at an age-appropriate level. They appeared to cover the range of areas important to the lives of most children - home, school, peers, family, spirituality - resulting in good content validity.

Reliability measures were somewhat lower than ideal. Using the split-half method to test for internal consistency r=.74 for the age range involved in this intervention. A measure of stability using the test-retest method produced results of r=.66 for seventh grade students and r=.71 for tenth grade. Both of these methods produced results below the ideal of .80. However, because of the many other positive aspects of this scale, it was still a useful measure. Other related measures such as the "Child Behaviour Checklist" and the IWLSS helped to substantiate that changes in the scores over time did represent changes in the client and not in the measurement tool.

4. "SELF-ESTEEM INVENTORY"

Self-esteem of group members was another dimension that was assessed to determine the impact of the treatment programme. While interventions were directed at improving the social skills of participants, it was reasonable to expect that as the youngsters became more socially competent, their self-esteem would also improve. Michelson et al. (1983) referred to the work of Percell, Berwick, and Beigel (1974) in relating low self-esteem to inadequate social skills. Long and Sherer (1984) cited the work of Recklass (1961) and Eitzen (1975) to support the use of self-esteem as a cognitive variable in comparing the impact of different treatment

interventions on juvenile offenders.

The Coopersmith "Self-Esteem Inventory" (Coopersmith, 1967) was used to measure the self-esteem of group members. It was specifically designed for use with children, to tap individuals' feelings about self in several realms of functioning, including personal, family, social, and educational. The full-length form consisted of 58 brief statements, including 8 items to measure lying. The child was asked to indicate whether each statement was "like me" or "unlike me". The complete form can be found in Coopersmith's book, The Antecedents of Self-Esteem, published in 1967.

Reliability for the Coopersmith scale was high. Adair (1984) reported a study by Spatz and Johnson who reported outcomes of $r > .80$ using Kuder-Richardson reliability estimates. However, despite this high level of reliability, Adair (1984) urged caution in interpretation of the score due to the tendency of attitudes, such as feelings about oneself, to fluctuate erratically over short periods of time. He recommended the use of an observational inventory which rated behaviour to supplement this self-report scale, such as the IWLSS or the "Child Behaviour Checklist".

5. "CHILD BEHAVIOUR CHECKLIST"

As a final component, a profile of each child was obtained using the "Child Behaviour Checklist", a standardized tool developed by Thomas Achenbach and Craig Edelbrock (Mooney, 1984). The two versions of this "Checklist" that were used, the "Child Behaviour Checklist for Ages 4-18", 1-91 Edition, and the "Teacher's Report Form", 11-88 Edition, are under copyright by Thomas M. Achenbach, University of Vermont, Burlington, Vermont, and are not reproduced in this report. They can be purchased from University Associates in Psychiatry, 1 South Prospect Street, Burlington, Vermont, 05401-3456. The group worker was able to utilize the forms and software purchased by Lutherwood and also had access to consultation with an Agency psychologist to ensure appropriate use of this tool.

Both versions consisted of four pages. The first two pages collected a range of information on the adolescent through fill-in the blank and checklist type questions. The "Teacher's Report Form" addressed the youngster's history of scholastic achievement and attendance, present performance, academic potential, disabilities, concerns, strengths, and any additional comments. The form completed by the parent covered the child's social interests, areas of responsibility, peer relationships, academic performance, health history, problems,

and strengths. The last two pages of both versions consisted of 113 items to be answered not true, somewhat or sometimes true, or very true or often true. Many items provided space to write in a few words to further define a problem.

Mooney (1984), in reviewing the "Child Behaviour Checklist", concluded that it was a very useful tool in providing a comprehensive description of a youngster's behaviour problems while its weakest component was the social competency section. He suggested that its usefulness was limited to providing social information in clinical cases, a recommendation that was compatible with its application in the case under study.

Mooney (1984) reported interparent reliability, as measured by Achenbach and Edelbrock, of .985 for the behaviour problems scale and of .978 for the social competency scale. Test-retest reliability was also quite high, with Achenbach and Edelbrock reporting a three-month result of .838 on behaviour problems and .974 on social competency (Mooney, 1984). Mooney (1984) also referred to several studies which supported the construct validity of the behaviour problems scale, one of which correlated it at a rate of .91 with the "Conners Parent Questionnaire".

In addition to being an instrument with established

reliability and validity, the "Child Behaviour Checklist" offered the opportunity to compare the functioning of the treatment group members to established norms in terms of behaviour problems and social competence. A further advantage of the "Checklist" lay in the ease with which it was possible to examine identified problem areas item by item, once the initial scoring was completed. These items could then be compared to results obtained on the other measures used to determine the extent of correlation.

The "Checklist" was administered according to the schedule described previously, with some variation. As this scale is longer and more complex than any of the other measures, compliance was more limited. The teacher of all treatment group members completed three scales per adolescent as requested. The teacher of one control-group member did not return the second scale so a third one was administered, making for a time lapse of eight months between ratings. The teacher of the other control-group member did not return the first scale so no teacher ratings were collected on this child. Four of the seven sets of parents of treatment group members either did not return the completed measures or were so late in doing the ratings that the programme was more than half over, thus invalidating these scores as being pre-treatment. The parents of one control-group member did no scales and only the parent of the other control-group member

did scales. In view of the difficulty so many of the parents had with the "Checklist", the decision was made only to request parents to do the rating twice, pre- and post-treatment.

6. INFORMAL EVALUATION

Throughout the course of the training group, the group worker maintained contact with the families of all treatment group members through regularly scheduled interviews. The focus and frequency of these sessions varied depending on the nature of the treatment contract and the stage the child and family were at in their contact with the Agency. However, the worker tried to insure that some time each session was devoted to discussing the training that was being done and to inviting feedback from the parents about any efforts they were noticing by the youngster to apply the new behaviours at home.

There were two primary purposes for this contact. The first was to enlist the assistance of the parents in recognizing and supporting any new pro-social behaviours of the adolescents. The second was to educate the parents about age-appropriate social behaviours and prepare them to cope with responses from their children that were possibly more assertive than they were accustomed to. A third aspect of this process was that it enabled the worker to gather

information about the kinds of changes the parents were seeing at home and in the community. This communication between the worker and the families continued after the group was finished so it was possible to collect informal follow-up information as well.

A final method of evaluation was the completion of written comments by the group members. Responding anonymously, each was asked to write down what he liked best and what he liked least about the group.

7. CONCLUSION

All of these various methods of evaluation were utilized in an attempt to determine whether or not there was any change in the social behaviours of group members. Further questions to be answered included what kind of change, how much, and what caused it. As it was necessary to be able to substantiate any change through established measurement techniques, a variety of tools were used. It was not possible to rely solely on ad hoc accounts of clients and others, no matter how enlightening and entertaining these might have been.

The results of the various activities described in this chapter, as determined by these evaluation techniques as well

as by anecdotal reports, will be discussed in the next chapters.

CHAPTER VI

INDIVIDUAL OUTCOMES

The purpose of this chapter is to characterize the types of clients that were involved in this treatment group and the impact it had on them. Three group members will be described in detail. Discussion of each will include a social history, an assessment of social functioning to pinpoint the areas of social skills deficits; a narrative account of his participation in the group intervention; and an outcome evaluation. The group members selected provide a representative sample of the types of situations presented by the various group members. The profile of group member "A" was fairly representative of the three group members identified as Attention Deficit Disordered, a sub-grouping within the treatment group which exhibited only very limited positive outcome. Group member "B" was selected for detailed description because of his long history of involvement with helping agencies, a factor common to three of the older members. Two of them showed positive results post-treatment with regression at follow-up, and the third showed no positive behavioural outcomes. Group member "C" was included as representative of the two members who were new to the treatment programme and had no previous social skills training. They showed mixed results. "C" was also one of the three younger members, two of whom apparently made some gains

from the group experience.Brief descriptions of the other four group members, including demographic information, treatment goals and outcome data, can be found in Appendix E.

I GROUP MEMBER - "A"

1. SOCIAL HISTORY

"A" was a male Caucasian who turned thirteen years old during the social skills training programme. He lived at home with his mother, age thirty-one years, step-father, age thirty-three, two half-brothers, ages nine years and sixteen months, and half-sister, age four years. "A" was a slim attractive boy, of average height, with dark hair and blue eyes.

"A" had been born when his mother was seventeen years old and unmarried. He had no contact with his natural father and, shortly after his birth, his mother married another man. This marriage lasted eight years and produced "A's" older half-brother. "A's" step-father was an abusive alcoholic who was quite disengaged from the family. He often vented his frustration on "A" when he was drinking. "A's" mother left him and very soon after established a common-law relationship with her current partner. They had been together five and one-half years and had two children when "A" first came to Lutherwood.

"A's" early history was characterized by conflict and insecurity. He was rejected and abused by the man he believed was his father. He formed a very close, peer-type relationship with his mother, only to be replaced by her current common-law partner. At age eleven years he was informed of the existence of yet another father figure, his biological father. "A's" behaviour often displayed frustration and despair at having three men in his life but not feeling that he had a father. He also seemed to be acting-out his anger with his mother for her decisions which caused him pain and his resentment of her current partner as an intruder in the family.

At the time of assessment for admission to the Integrated Classroom Programme, five months before beginning the social skills group, "A" was seen as argumentative and blaming of others at home; physically aggressive with parents, siblings, peers, and teachers; and using anger as his primary response to any efforts to set limits. His behaviour at school was so disruptive that he had been on a half-day programme for several months and had missed numerous days because of suspensions. His family, despite being frustrated and tired, was genuinely concerned and committed to working through the difficulty as a family.

On an individual basis, "A" presented with low self-

esteem, low frustration tolerance, and high impulsivity. He displayed a tendency to become overwhelmed quickly and to give up easily when confronted with problems or new situations. He also had a very strong, caring attachment to his mother and siblings and a great capacity for empathy and compassion. "A" was generally very unhappy about his current situation and quite interested in involving himself in anything aimed at changing his life, although somewhat doubtful of his own capacity to change.

Psycho-educational testing completed on "A" found him to be Attention Deficit Disordered without hyperactivity. He was of average intelligence but with significant weakness in the area of verbal processing. Given this combination of short attention span and difficulty taking in information through verbal channels, it was possible to understand "A's" lack of academic achievement in a regular classroom setting. These learning needs also had implications for "A's" ability to develop acceptable responses to social situations by talking about the behaviours, a traditional counselling approach.

Treatment goals for "A" during his placement in the Integrated Classroom Programme, as agreed to by "A" and his family, were to develop new, more appropriate ways of expressing anger and to learn to initiate and maintain peer relationships based on common interests rather than on

intimidation and seduction.

2. ASSESSMENT

In assessing "A's" behaviour to identify social skills deficits, the "Inventory of Work, Life and Social Skills" was completed by the child and youth worker and the "Child Behaviour Checklist" was completed by the classroom teacher.

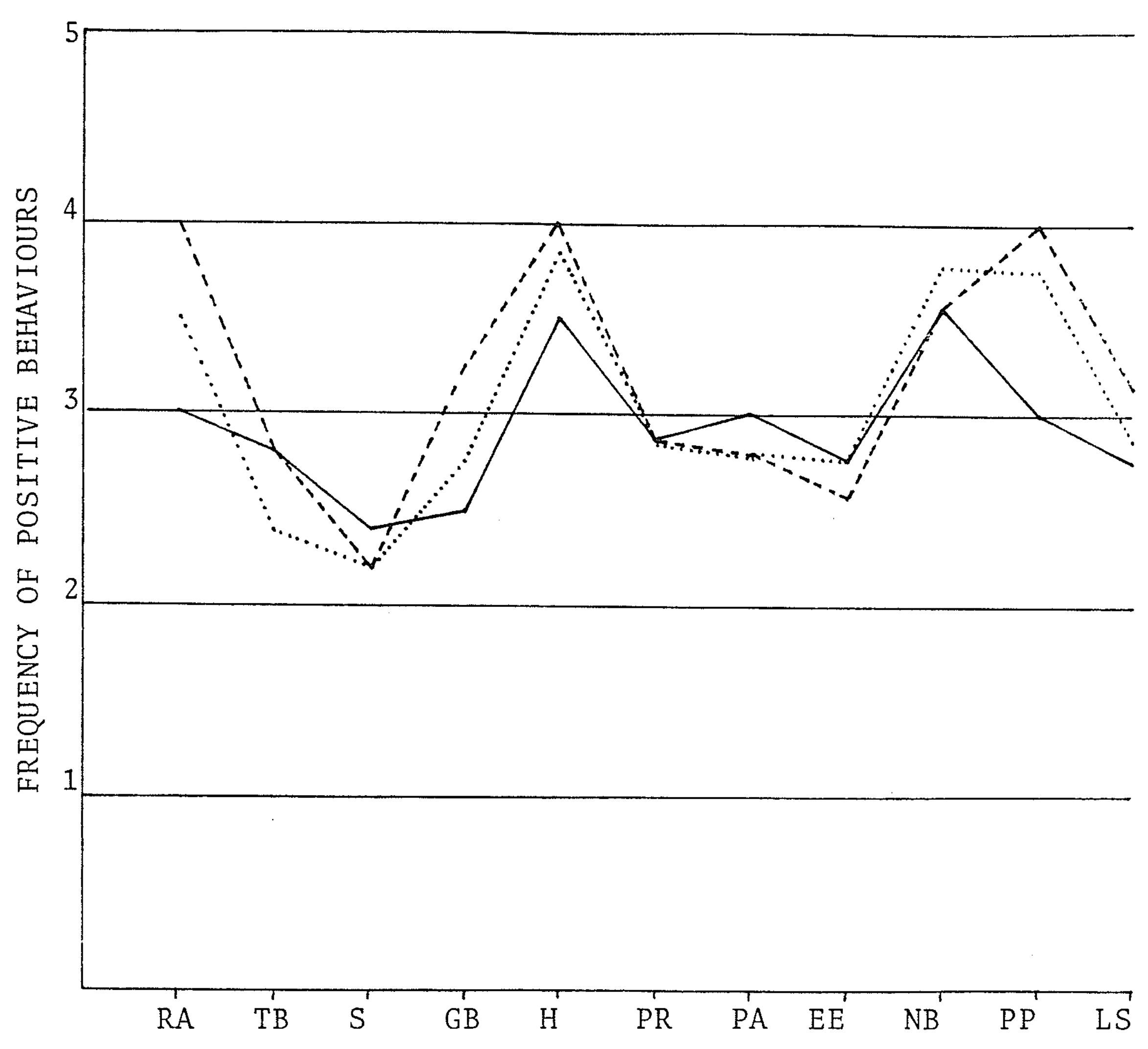
On the IWLSS "A" was seen to experience the most difficulty in five categories: task behaviour, school, peer relations, personal accountability, and emotional expression. The average score in all of these areas was less than three, which meant the desired behaviour occurred at a rate less than "sometimes". Scores are indicated in Table 1. The lowest score was in the area of school, with specific problem behaviours including lack of confidence, no academic goals, poor study habits, and overall difficulty with school work. Motivation was the only positive one in this area. While the social skills group was not designed to improve school functioning, there was the possibility of some indirect benefit, especially as related to learning problem-solving skills.

Emotional expression was the area of next greatest difficulty. Specific problem behaviours included often

TABLE 1

INVENTORY OF WORK LIFE AND SOCIAL SKILLS

TREATMENT GROUP MEMBER "A"



Pre-treatment ---; Post-treatment ...; Follow-up ___

1 - Never; 2 - Rarely; 3 - Sometimes; 4 - Often;
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RA - Relationships with Adults/Authority
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putting himself down, rarely demonstrating self-confidence, rarely accepting limits or criticism, often being tense and having difficulty expressing feelings, and often thinking only of himself. The purpose of the treatment group was not to teach emotional expression so many of these behaviours were not addressed directly. The development of assertion skills and an ability to stand up for one's personal rights were areas for training to assist "A" in accepting limits or criticism. The lack of self-confidence hopefully would be ameliorated by the treatment approach as had been suggested by researchers into the effects of social skills training.

The remaining three categories, task behaviour, peer relations, and personal accountability represented almost identical degrees of difficulty for "A". Specific problem behaviours included rarely completing tasks independently, often becoming frustrated easily, rarely coping well with teasing, and rarely thinking of the effects of his actions on others. Independence in task completion and increased frustration tolerance would be addressed by training in problem-solving skills, as well as by the increased self-esteem that would hopefully come as a result of participating in the programme. Coping with teasing was a skill that could be taught. Increasing a member's ability to empathize was not a purpose of the intervention but "A's" ability to consider the effects of his actions could be enhanced by learning a

problem-solving approach.

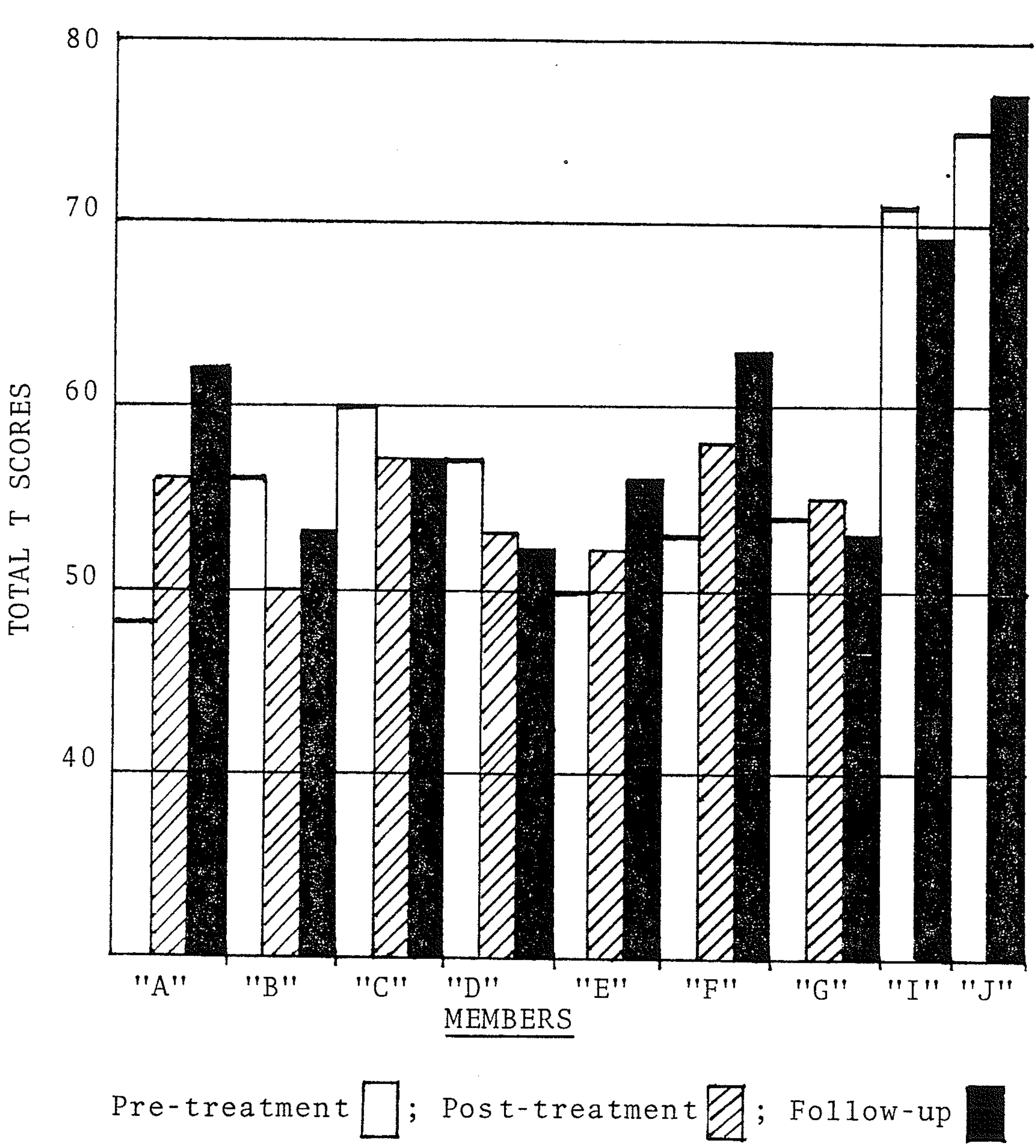
In considering the results of the "Child Behaviour Checklist", it was important to note that the teacher had only known "A" for three weeks, so may not have yet had a full knowledge of his behavioural repertoire. "A" scored well within normal range on all sub-scales of this instrument. Table 2 shows the total T Score for "A". This is a standard score which provides a general index of clinical severity. The norm is 50 and the standard deviation is 10. An item by item analysis did provide some useful information to support the observations noted on the IWLSS. "A" was seen as being overly anxious to please sometimes, a behaviour quite possibly related to a low sense of self-esteem and therefore hopefully able to be influenced indirectly through the group programme. School related problems identified were almost exactly the same as those highlighted by the IWLSS, including sometimes failing to finish assignments, daydreaming, having difficulty following directions, having difficulty learning, doing poor school work, being inattentive, and not concentrating. The teacher also found "A" sometimes to demand attention. Overall, these results support the plan to train "A" in a problem-solving process.

Based on the results from the IWLSS and the "Checklist",

TABLE 2

CHILD BEHAVIOUR CHECKLIST

TEACHER REPORT FORM



Note: Scores for "I" are based on the Child Behaviour Checklist completed by his mother.

"A's" skill deficits were identified as lack of a systematic problem-solving approach, lack of assertion skills, especially in the area of personal rights, and an inability to respond to teasing. Informal observation of "A" in the classroom confirmed these results and led to the identification of one more skill "A" would benefit from learning. That was, how to ask for help.

"A's" score on the "Self-Esteem Inventory" was 84, compared to a norm of 72, with a lie score of 5 out of 8. This result suggested a low sense of self-esteem which "A" defended himself against by denial and blocking and tended to support the data collected on the other measures. This result is indicated in Table 3.

On the "Locus of Control Scale" "A" scored 24, compared to a mean for his age range of about 13. This result is indicated in Table 4. This score indicated that"A" was very externally oriented, feeling very limited ability to impact on the world around him. While "A" had not yet displayed the angry, aggressive means he used to try to control his world that were described by his parents, himself, and other school personnel, he had exhibited a degree of helplessness and inability to act independently, consistent with this highly external score. The results on this measure supported the

TABLE 3

SELF-ESTEEM INVENTORY

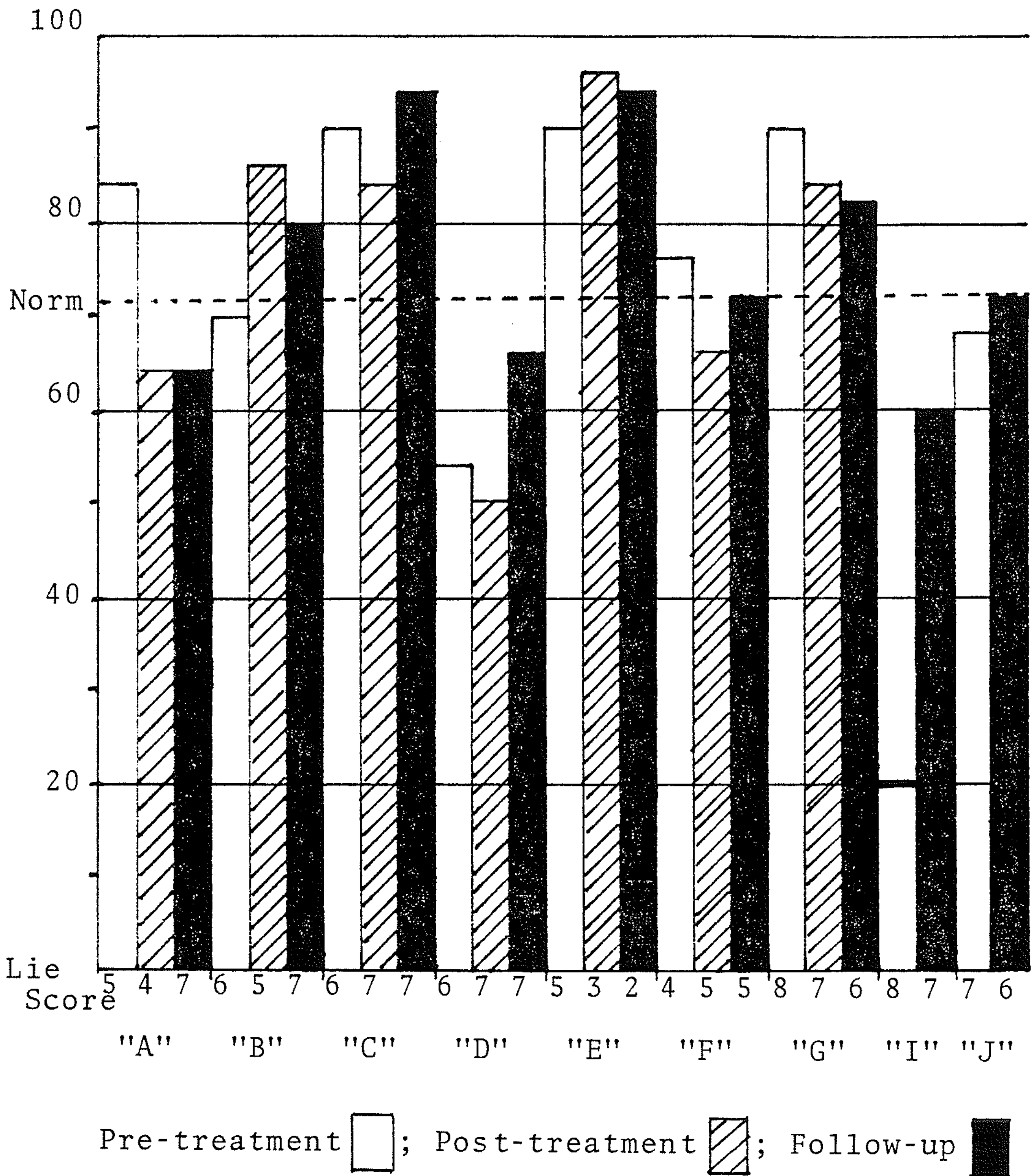
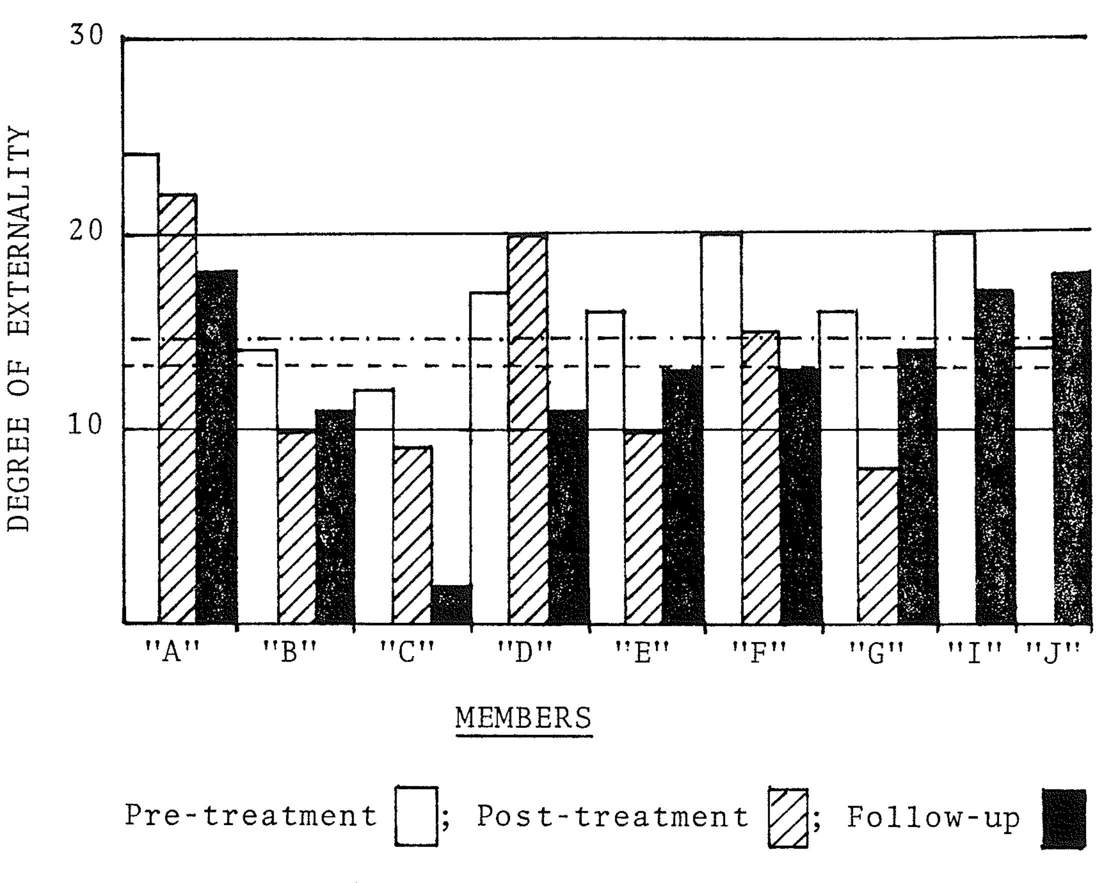


TABLE 4

LOCUS OF CONTROL



Pre-treatment ☐; Post-treatment ▨; Follow-up ■

Means: Grade 7 ----- ; Grade 8 —·—·—

plan to train "A" in assertive skills.

The reactions of the parents and the youngster to the areas identified for training were very positive. They recognized "A's" need to be able to act independently as well as his present inability to do so. They were also very surprised at the low level of aggression "A" had shown in the Programme so far. They offered no other suggestions for training.

3. GROUP PARTICIPATION

"A" was an eager and involved group member. He had been part of the summer programme and willingly shared his knowledge and experiences with the current group. He also contributed to the group development by offering suggestions for organizing the behaviour rehearsal and for possible practice situations.

"A" enjoyed and seemed to benefit greatly from enacting the role plays, a method of learning that drew on his strengths. He attended eight out of the eleven sessions. His absences were due to illness, not to lack of commitment.

In the group "A" presented some special challenges for the group worker. His short attention span meant that he had

difficulty concentrating and sitting still, despite his interest. He was highly distractible and usually one of the first ones to get involved in side issues with other members. However, his motivation and interest in the activities made him quite co-operative with requests by the group worker to complete specific tasks, which would disengage him from his unrelated activity.

"A" missed the very first group and the practice in receiving compliments. As he had learned this skill in the summer programme and used it quite well, no extra work was done. The second session "A" missed dealt with a very key area for him, how to take responsibility for a misdeed while maintaining one's personal rights and dignity. Between sessions some individual work was done with "A" by both the group worker and the child and youth worker. This consisted of reviewing personal rights and doing role-plays which involved "A" in practicing taking responsibility. The impact would likely have been enhanced if another group member had been included and if video-playback had been possible. The third group "A" missed was the wind-up session. No follow-up was done with him.

4. OUTCOME EVALUATION

The same measures used initially were completed at the

end of treatment and three months later. Results are summarized in Tables 1, 2,3 and 4. On the "Inventory of Work, Life and Social Skills", immediately post-treatment, "A" showed no significant change in the areas of problematic behaviour noted at the pre-treatment point. In the categories of accountability, peer relations, and school his scores were the same. His score in task behaviour dropped slightly, the result of an increase in frequency of becoming frustrated and a decrease in ability to concentrate on the task at hand. There was a slight increase in his score for emotional expression, due to a decrease in difficulty expressing feelings and a decrease in anxiety and tension.

On the "Child Behaviour Checklist" the number of problem behaviours indicated was greater than at pre-treatment, with elevations in the areas of somatic complaints, anxiety, social problems, and aggressive behaviour. These changes correlated with increased problems in behavioural categories on the IWLSS that were not problematic at the pre-treatment point. These areas were relations with authority, including not showing respect and following rules, group behaviour, including decreased participation and co-operation, and life skills, including decreased problem-solving ability and decreased future orientation.

On the "Self-Esteem Inventory" "A" scored 64 post-

treatment, a drop of twenty points, with a lie score of four. On the "Locus of Control Scale" "A" scored 22 post-treatment, virtually no change from the pre-treatment measurement and still indicating an extremely external orientation.

Overall, it would seem that "A" gained no immediate benefit from his participation in the social skills training group.

On follow-up measurement, the data collected on the IWLSS was very similar to that obtained post-treatment. "A" scored the same on peer relations, and emotional expression. Negative behaviour and life skills showed a slightly decreased level. In relations with authority, group behaviour, and programme participation there was a noticeable decrease in the frequency of desirable behaviour. Task behaviour had increased to the pre-treatment level and school had increased slightly from post-treatment, as had accountability.

The results of the "Child Behaviour Checklist" rating were much more negative, with elevations in the total score and the externalizing dimension being at a clinical level and in the internalizing dimension being at a borderline level. High scores were indicated in the specific areas of anxiety/ depression, social problems, thought problems, delinquent behaviour, and aggressive behaviour.

On the "Self-Esteem Inventory", "A" scored 64, the same as on the post-treatment measurement, with a lie score of 7, indicating a lower level of distortion. On the "Locus of Control Scale", "A's" score dropped to 18, down 5 points from the previous score.

In summary, it seems that the primary purpose of the social skills training programme, to help group members learn new, more effective interactive behaviours, was not met in the case of "A".

Observation of "A" in the classroom confirmed that the frequency of negative behaviours had increased greatly as indicated on the behavioural scales, and that the good interactive skills which "A" had demonstrated throughout the summer and early fall were seldom seen. Reports from the parents substantiated this picture, all of which tended to suggest that "A", despite being an enthusiastic and creative participant, really got no benefit from the training in terms of behavioural improvement.

However, it is interesting to note that three of the four areas initially identified on the IWLSS as most problematic for "A" and targeted for specific training did show slight overall improvement from the pre-treatment to the follow-up measurement. These were school, personal accountability, and

emotional expression, with peer relations remaining unchanged. These results suggest that "A" may have gained some benefit in specific areas but did not generalize the learning to other areas of functioning. Given the fact that "A" has Attention Deficit Disorder and special learning needs, he would likely benefit from a skills training programme which addressed the issue of generalization of learning much more than this programme did.

It is interesting to note the increase in the degree to which "A" is internally oriented, despite the lack of behavioural gains. In addition, the lower score on the self-esteem scale, in combination with the overall decrease in distortion, suggests some positive internal change during this time period. Thus the data seem to support the conclusion that "A" did achieve a secondary purpose of the training, to acquire a more internally oriented locus of control as well as a more realistic sense of who he was. A possible explanation for these apparently contradictory results, with negative behavioural outcomes and positive emotional growth, is that "A" has begun to incorporate aspects of the cognitive material into his world view and his image of himself but is not yet acting on it. His lack of action may relate to difficulties with generalizing the interactional skills, as mentioned previously.

An additional factor that would be affecting "A's" functioning throughout the time period under study was a change in the power balance in the family. Throughout the time period under study, but more particularly the second half, "A's" mother and step-father were making some significant changes in their relationship, which had the effect of removing "A" from a position of being his mother's equal to a position of being an early adolescent with two parents involved in his life. This structural change would no doubt have untold impact on "A", both in terms of behaviour as well as beliefs about himself and his world.

The results of involving "A" in the social skills training programme highlight two important factors which should be addressed in future programmes. One is the importance of ensuring that group members receive help to generalize the training. Another is the significance of involving, or at least being aware of the functioning of, other significant systems in the members' lives. This direction is supported by Garbarino's approach to adolescent development with its emphasis on systems.

II GROUP MEMBER "B"

1. SOCIAL HISTORY

"B" was a male Caucasian who was fourteen years, three

months, at the beginning of the social skills training group. He lived at home with his mother, age thirty-six years, and his brother, age thirteen. "B" was a slim boy, of below average height, with light blond hair and blue eyes. His most distinguishing feature was the absence of three upper front teeth which were knocked out in a bicycle accident the previous summer.

"B" was the third child in a sib-line of four, with sisters four and six years older who no longer lived at home. All four children had the same parents. "B's" parents met when his mother was aged fifteen and married shortly after due to her pregnancy. "B's" father, several years older than his mother, was a violent man who abused alcohol. He had an extensive criminal record for violence as did his family of origin. "B" was regularly exposed to violence between his parents during his early years, even though they separated when he was under two years of age. For about four years "B" had a step-father who left the family after he attempted to rape "B's" sister. Since that incident six years ago "B's" mother had had a number of boyfriends but none had lived in the home or attempted to take on a parental role for an extended period of time.

"B's" mother became addicted to drugs and alcohol at some point, having been abusing substances since her mid-teens.

She quit using both alcohol and drugs eighteen months earlier and had maintained her abstinence. Throughout most of "B's" formative years she was largely unavailable to parent him due to her addictions.

"B's" first period of physical separation from his mother came at three years of age when she sent him and his siblings to live with their father for a year due to her inability to cope. However "B's" father rejected him and returned him to his mother after seven months, keeping the other children for the agreed upon period of time.

No problems were noted in "B's" early development. However, his mother reported a long history of difficulty managing his behaviour and had sought help from social agencies since "B" was in grade 1. At that point "B" started play therapy, which continued for about eighteen months. He was then referred for psychiatric assessment due to concerns about his fire setting and stealing behaviours. As an outcome of this contact he entered a day treatment programme for latency-age children. He attended for three years, terminating because he was too old to continue. His behaviour could be managed within the structured programme but problems with stealing and other misbehaviour continued at home. At some point during this time "B" was placed on medication for hyperactivity for a six month period. His mother said that it

did "slow him down" but, as she failed to follow through on appointments, the medication was discontinued.

Following discharge from that day treatment programme, "B" was placed in a special class for children with a borderline level of intellectual functioning and he attended individual counselling. After three months his mother could not cope with his behaviour and voluntarily placed him in the care of the Children's Aid Society. He spent one year in a foster home where, until the time of discharge was close, his behaviour was managed with little difficulty. "B" entered the day treatment component of Lutherwood two and one-half months after entering foster care. The presenting problems were a strong need for a highly-structured setting with a low ratio of students to staff and special learning needs.

Goals for "B" to work toward during his involvement with Lutherwood included learning to express his feelings appropriately, developing positive peer relationships in which he would not become a "target", learning to be respectful of others' property, and exploring feelings of hurt and rejection regarding the relationship with his father.

"B" spent ten months in a more intensive part of the Lutherwood day treatment programme and then transferred to the Integrated Classroom Programme. He was part of that programme

for nine months before the social skills training group began.

2. ASSESSMENT

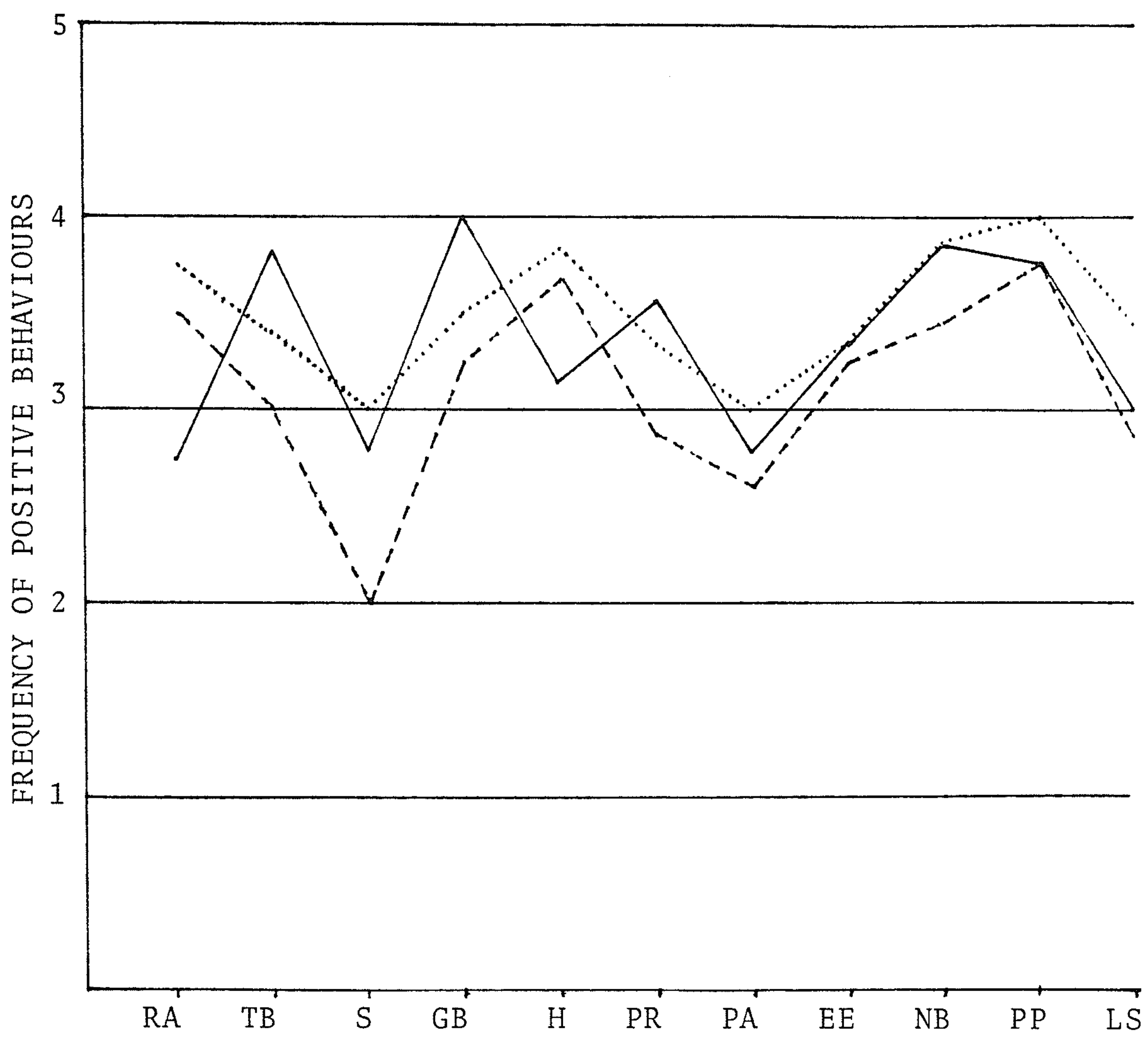
The "Inventory of Work, Life, and Social Skills", completed by the child and youth worker, and the "Child Behaviour Checklist", completed by the teacher, were the primary assessment tools used to assist in identifying "B's" social skills deficits.

On the IWLSS, "B's" scores in four categories indicated that desirable behaviours in these areas were seen at a rate below "sometimes". These results are shown in Table 5. These areas were: school, peer relations, personal accountability, and life skills. The lowest score was for school behaviour, including rarely demonstrating confidence about school work, no academic goals, rarely appearing motivated, rarely showing good study habits, and often having difficulty with school work. As indicated previously, the social skills training was not designed specifically to address academic problems. However, it was reasonable to expect that training in a systematic problem-solving approach could help "B's" functioning in terms of study habits and amount of difficulty experienced. Confidence and motivation both might be affected by an increase in "B's" self-esteem, a desired outcome of the training indirectly related to skill acquisition.

TABLE 5

INVENTORY OF WORK LIFE AND SOCIAL SKILLS

TREATMENT GROUP MEMBER "B"



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EE - Emotional Expression NB - Negative Behaviours
PP - Program Participation LS - Life Skills

In the area of personal accountability, "B's" greatest problems lay in rarely thinking of the effects of his actions on others and rarely showing respect for others' property. Again these were areas that were not addressed directly by the training but which could be impacted upon by training in a problem-solving approach. In addition, it could be hoped that "B's" continued tendency to take things he wanted might decrease if he felt more empowered to take action to get what he wanted through legitimate means. Training in assertive skills could fulfill this latter function.

Two other areas, peer relationships and life skills, showed equal levels of difficulty just .1 below a "sometimes" rate of performance and significantly higher than the average scores of other group members in these areas. Specific problem behaviours included often isolating himself, rarely making friends easily, rarely considering the feelings of others, rarely thinking of future plans, rarely engaging in leisure interests, and rarely using community resources. These latter four functions were again seen to be connected to "B's" need to develop a systematic approach to solving problems and increased skill in asserting himself. Observation of "B" in the classroom setting, during both structured and unstructured time, was done by the group worker with a focus on peer interactions. "B" was seen to be largely unaware of his nonverbal behaviours and the messages they

sent. He seldom made eye-contact and tended to smile broadly in response to any criticism or confrontation. His ability both to send and receive simple messages in interpersonal situations was also limited, whereas he was able to perform more competently in structured interactions such as teacher to student communications. In interactions with peers which did occur "B" was often the target of negative behaviours which he seemed unable to respond to in any manner but withdrawal.

On the "Child Behaviour Checklist" completed by the teacher, "B" scored within normal range on seven sub-scales and in the borderline range on the scale measuring delinquent behaviour. "B's" total T score is shown in Table 2. Here concerning behaviours included truancy, tardiness, lying and cheating, associating with a negative peer group, and showing no remorse for misbehaviour at the rate "sometimes" and stealing happening "often". This result was congruent with "B's" low score in the area of personal accountability on the IWLSS and provided a more detailed listing of specific behaviours. While none of them was directly connected with a behavioural skill, all were related to "B's" need to be able to take responsibility for his actions.

On the scale which measured attention problems "B" was identified as having a number of difficulties similar to those indicated on the IWLSS in the section on school. These

included acting younger than his age, making odd noises, having problems finishing tasks and concentrating, becoming confused, daydreaming, requiring much direction, being impulsive, inattentive, and untidy, having problems learning, and doing poor school work. All behaviours were at the rate "sometimes". In addition to training in a problem-solving method, it was also possible that "B" would benefit from learning to ask for help appropriately in order to ensure that he was able to get his needs met. Again lack of confidence and motivation were possible factors in his behaviour which would not be addressed directly by the training but which might be affected indirectly, resulting in an improvement in performance.

Item by item analysis of the remaining scales resulted in further support for the need to help "B" learn more effective skills for relating to peers. Specific problematic behaviours noted were not getting along with peers, getting teased a lot, preferring the company of younger children, fighting, being cruel to peers, and talking out of turn. Other difficulties related more to "B's" lack of confidence, such as fear of doing badly, being overly anxious to please, acting hurt when criticized, and being suspicious, fearing that others were out to get him.

Based on the data gathered from the measurement tools as

well as the behavioural observation, a number of skills were identified as important for training for "B". These included non-verbal and verbal communication skills; assertive skills such as requesting behaviour change in others, taking responsibility for his own actions, fogging in response to teasing, standing up for his personal rights, and asking for help; and a systematic problem-solving approach. It was interesting to note that "Checklists" completed at the time of "B's" admission to Lutherwood nineteen months earlier had an extremely high Behaviour Problem score with all of the problem scales registering clinical elevations. "B" had already made significant gains in many areas of functioning.

The remaining two measures completed as part of "B's" assessment process were the "Self-Esteem Inventory" and the "Locus of Control Scale". Scores are indicated in Tables 3 and 4. Results here offered no support for the hypothesis that "B'" was lacking in self-confidence or lacking in a sense of empowerment to impact on his world. He scored 72, with a lie score of 6, on the "Self-Esteem Inventory". This score puts him right at the norm for boys his age, with only a mild indication of distortion. "B's" "Locus of Control" score was also right on the mean score for his age group at 14. One possible explanation for this apparent discrepancy between the behavioural rating scores and the scores on measures designed to tap one's inner experience could lie in "B's" ability,

referred to frequently in assessments over the years, to distance and insulate himself from the pain of his inner experience. He would therefore provide what he knew to be the socially desirable response, rather than a response which indicated his inner state. Thus behavioural observations could register at a concerning level while his subjective experience indicated quite a different picture.

"B" and his mother offered no objection to any of the areas identified for training. "B's" only conditions were that, having had years of therapy, he would not participate in anything that involved him individually and he did not want to do a lot of talking. Both seemed to have a limited expectation regarding any positive outcome.

3. GROUP PARTICIPATION

Despite his stated reservations and tendency to refrain from showing enjoyment or enthusiasm, "B" presented as a co-operative, hard-working member of the group. His attendance was good, with him missing only once due to illness. The amount of distracting and off-topic behaviour he became involved in was low. His actions in the group sessions displayed a willingness and ability to utilize new responses in social interactions.

The one session "B" missed was the introduction to personal rights. He was able to assert himself very effectively the next session to get the information he needed to catch up to the group.

"B's" very positive modelling of so many of the skills being presented brought him a great deal of social reinforcement from the group workers both inside the group sessions and in the classroom setting as well. By the end of the training he was also receiving reinforcement in the form of increased opportunities for independence in the school and the community. He was being paid for doing various tasks around the host school of the Integrated Classroom Programme and had earned the privilege of attending a class at a nearby high school.

4. OUTCOME EVALUATION

In examining the impact of the social skills training on "B's" behaviour, the results on the "Inventory of Work, Life and Social Skills" and the "Child Behaviour Checklist" ratings supported an overall level of improvement from the pre-treatment to the post-treatment point. Results are shown in Table 2 and 5. On the IWLSS, the frequency of desirable behaviours increased and undesirable behaviours decreased in all eleven areas. On the "Checklist", the total score as well

as scores on both the internalizing and externalizing dimensions decreased, with only 13 items being identified as concerning at all compared to 32 items pre-treatment.

On the "Self-Esteem Inventory" "B" registered a score of 86 with a lie score of 5, as recorded in Table 3. This was an increase of 14 with a slight increase in distortion as well. On the "Locus of Control Scale", "B's" degree of externality decreased by 4 points to 10, bringing him below the mean for his grade level. This outcome is shown in Table 4. As indicated in the section on assessment, it was difficult to interpret these results. They certainly corresponded positively with the information gathered through behavioural observation which described a large, positive change in behaviour immediately following the training. Feedback from external sources, such as a high school class "B" had started part-time, also supported this data.

At the point of follow-up, information based on the IWLSS ratings showed continued improvement in three areas, with maintenance of the post-treatment level in two areas. In one area, programme participation, behaviour had dropped to the pre-treatment level. In two areas, relations with authority and hygiene, scores had dropped significantly below the pre-treatment levels. In all other areas there was some decrease from post-treatment. Overall, however, "B" was still using

positive behaviours more frequently than on either previous measurement. Scores are indicated in Table 5. The results of the rating on the "Checklist" supported the view of "B" deteriorating in some areas, particularly delinquent and aggressive behaviours, but overall maintaining the post-treatment level of desirable behaviours. Scores are indicated in Table 2.

On the "Self-Esteem Inventory", "B" scored 80 with a lie score of 7, the lowest level of distortion for any of the three measurements. Scores are indicated in Table 3. On the "Locus of Control Scale" he scored 11, just one higher than post-treatment and not a significant change. Scores are indicated in Table 4. Overall, then, "B" seemed to feel more positively about himself than pre-treatment, with less distortion, and to have a lower degree of externality.

In the behavioural categories targeted for training, based on the IWLSS, "B" showed the greatest and most continuous improvement in peer relations. In this area, specific skill deficits were identified and training provided. In the other three areas, school, personal accountability, and life skills, the behaviour that "B" was trained in was indirectly related to the identified deficit. It is interesting to note that, in all three areas, initial progress was followed by regression, although not back to the initial

level. Thus, in a strictly behavioural sense, the programme fulfilled its purpose with "B".

The behavioural reports from outside sources supported the view of "B" as being increasingly adept socially. Unfortunately, these sources also expressed concerns as noted on the behaviour ratings. There were increasing reports regarding suspicions that "B" was involved in numerous delinquencies as well as reports of aggressive behaviour at home. Thus, while it would seem that "B" did in fact increase his repertoire of positive social behaviours as a result of his participation in the training, the negative behaviours were also still readily available to him. In fact, shortly after the follow-up data was collected, "B" was charged for a large number of criminal offenses which he allegedly had committed during the previous three month period.

The programme also helped "B" feel generally more positive about himself as well as more able to impact on the world around him, and therefore fulfilled its secondary purpose. However, positive gains in both areas had decreased somewhat by the time of follow-up.

The outcomes of programme participation for "B" lead to several conclusions about this type of treatment intervention. There is a strong need for over-learning (Goldstein, 1988),

help to generalize learning, and follow-up to ensure that new skills are not lost, especially in areas where the new behaviour is indirectly related to the former, maladaptive pattern of functioning. This need for follow-up applies not only to the maintenance of behavioural change but also to solidifying changes in internal constructs such as locus of control and self-esteem. Further, it is important to note that, while social skills training can attempt to provide positive behavioural abilities to replace negative interactions, it cannot extinguish them. Goldstein (1988) attempts to help children and adolescents learn to choose the newly-learned, socially acceptable behavioural responses by involving them in a group programme designed to develop their moral reasoning ability, at the same time as they are doing social skills training. It seems clear that "B" learned new responses but, given his long history of involvement in delinquent activity, the programme had no impact on the way he chose to use his new skills.

III GROUP MEMBER "C"

1. SOCIAL HISTORY

"C" was a male caucasian, age 12 years, 10 months, at the beginning of the social skills training group. He lived at home with his mother, age about 35 years, and his older brother, age 18. "C" was a tall, slim boy with light brown

hair and green eyes. He was a nice looking boy who took great pride in his appearance.

"C" was the second child born to this couple. The marriage was characterized by violence and abuse of alcohol by "C's" father. During her pregnancy, "C's" mother left his father several times due to the violence and drinking. At the time of "C's" birth, she was exhausted from the emotional stress of the unstable marital relationship and from travelling back and forth 300 miles between her home and the Kitchener-Waterloo area where her family was. "C's" mother left her husband in 1982, when "C" was age 4, and moved to Kitchener with both of her sons. "C" continued to spend most of his summer vacations with his father, whom his mother described as an alcoholic. Contact with the father was limited otherwise as "C's" mother continued to find it very difficult to have any communication with her ex-husband.

Since the separation, "C's" mother had been involved in several relationships and she wondered if "C" had been negatively affected by the number of men he had had to relate to in a parental role. At the time of initial contact with Lutherwood, his mother was in a relationship of four years duration. Although she insisted they were not living together, this man seemed to be very responsible for family functioning, especially setting and enforcing limits on "C's"

behaviour. "C's" mother said this man had just started to get involved in disciplining "C" during the past year. There had been some threats of relationship break-down in the past and "C's" mother did not want "C" to begin to see this man as a father and then be disappointed again.

At the time of initial contact, "C's" mother was working an evening shift full-time. "C's" older brother, who was out of school and not working, and "C's" mother's boyfriend were responsible for supervising "C's" activities and attempting to ensure some consistency with "C's" bedtime. However, the family seemed to operate like a loosely connected group of independent beings.

Shortly after "C" entered the Lutherwood programme, five months before the beginning of the social skills training, his mother developed a work related disability and went on compensation. Being off work, she had attempted to introduce more structure into "C's" life. He had responded with anger and defiance. His mother then had great difficulty following through. She ended up feeling extremely guilty when she was not consistent and got caught up in blaming herself for all of "C's" problems. Mother's boyfriend had a tendency to overreact to "C's" misbehaviour and impose severe consequences. "C's" mother then felt an obligation to defend

"C", a pattern that usually resulted in no structure or consequence for "C". The relationship between "C's" mother and this man ended shortly thereafter, following one more violent episode.

"C's" early development was normal but his mother recalled him always being a very active child who never took an afternoon nap, even as a toddler. He had always been an extremely restless sleeper and still continued to experience occasional nightmares, although he usually had no memory of the nocturnal disturbance.

"C" was initially referred for admission to the Integrated Classroom Programme at the urging of his school. School personnel were encountering problems with "C" both in terms of learning needs and behaviour management. Problems included lack of attention to school work and interference with efforts of classmates; strong verbal skills with very weak written skills; physical and verbal aggression towards peers including rude, demeaning behaviour, especially towards girls.

"C's" mother reported that, at home, "C" was defiant of the rules, especially regarding curfews and chores. He refused to take responsibility for his misbehaviour. He was

involved with an older peer group and had been caught once on a suspicion of shoplifting. His mother responded positively to the opportunity for "C" to get help and for herself to get support in her parenting efforts. For his part, "C" was extremely reluctant to enter a treatment programme and it was several months before he began to show any signs of commitment.

"C" presented as impulsive with low frustration tolerance. He had great difficulty taking responsibility for his own behaviour and its consequences and often responded to confrontation in defiant, aggressive ways. He had some very good interpersonal skills which he tended to use in his effort to get away with things. On the positive side, he was a very good athlete and a very good baseball player. He truly loved the game and regularly expressed the desire to play professional baseball when he grew up.

Goals for "C" to work toward during his involvement with the Integrated Classroom Programme included learning to take responsibility for his behaviour and developing skill in a wider range of emotional expression. "C" and his mother both agreed on these treatment goals before he entered the programme.

2. ASSESSMENT

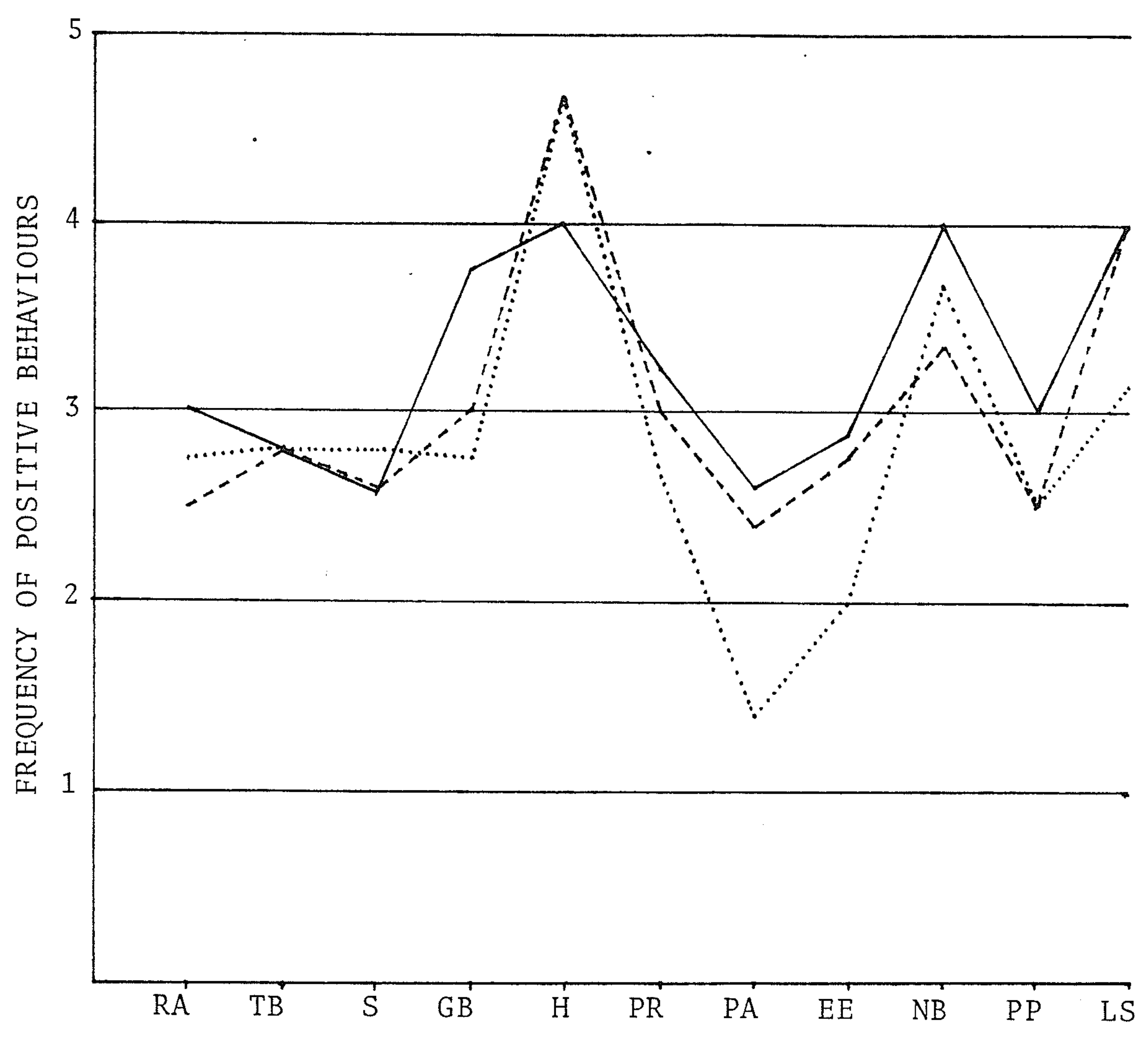
The "Inventory of Work, Life, and Social Skills" completed by the child and youth worker, and the "Child Behaviour Checklist", completed at three points by the teacher and twice by "C's" mother, were the primary assessment tools used to assist in identifying "C's" social skills deficits. On the IWLSS, "C's" scores in six categories indicated that desirable behaviours in these areas were seen at a rate below "sometimes". Results are shown in Table 6. These areas were: personal accountability, emotional expression, relations with adults, programme participation, school, and task behaviour. The lowest score was for personal accountability. Problem behaviours included rarely accepting responsibility for own behaviour, rarely showing awareness of personal responsibilities, and rarely thinking of the effects of his actions on others. It was hoped that training in assertive skills would help"C" become more skilled in taking ownership of his behaviour.

Two other areas, relations with adults and programme participation, showed levels of difficulty just .1 above this first category. Problem behaviours in these areas included rarely having good relations with programme staff, rarely showing respect for authority, rarely approaching programme

TABLE 6

INVENTORY OF WORK LIFE AND SOCIAL SKILLS

TREATMENT GROUP MEMBER "C"



Pre-treatment ---; Post-treatment ...; Follow-up ___

1 - Never; 2 - Rarely; 3 - Sometimes; 4 - Often;
5 - Almost always

RA - Relationships with Adults/Authority
TB - Task Behaviour S - School/Vocational
GB - Group Behaviour H - Physical Appearance
PR - Peer Relations PA - Personal Accountability
EE - Emotional Expression NB - Negative Behaviours
PP - Program Participation LS - Life Skills

activities with enthusiasm, and rarely making good progress through behaviour management system. Again, the primary training opportunity available through the group programme would be to help "C" develop better assertive skills in relating to authority figures, especially in the area of expressing and standing up for his rights. His problem with programme participation was seen as being related to his lack of commitment to being involved in the Integrated Classroom Programme. It was hoped that there would be some indirect effect in his involvement in the social skills group in that, if he were able to feel some very real benefit of his involvement, his commitment to participate might then increase.

Specific behaviour problems in the other three categories, task behaviour, school, and emotional expression, included often experiencing frustration easily, rarely showing good study habits, rarely accepting criticism and limits, often experiencing difficulty expressing feelings, and often thinking only of himself. It was hoped that offering training in a systematic problem-solving approach would help him organize his work better and experience less frustration. His need for training in problem-solving was supported by "C's" results in the area of life skills. In the overall category, he scored very high, averaging a rate of "almost always" to

all of the scales but one. In his ability to deal with problems in a mature way, "C" was ranked at a level of "rarely". In an area of otherwise very strong functioning, this inability to solve problems presented a very significant contrast. Assertive skills training would hopefully increase "C's" ability to accept criticism and deal with limits without becoming angry and aggressive. The skills training programme was not designed to help members learn to express feelings or to experience empathy for others.

On the "Child Behaviour Checklist" completed by the teacher, "C's" overall score was in the borderline range. The total T Score is shown in Table 2. When the sub-categories were examined individually, "C" registered in the clinical range for externalizing behaviour problems. On the scale measuring aggressive behaviour, the following behaviours were ranked as very true or often true: arguing, being defiant, bragging, becoming easily jealous, and talking out of turn. Problem behaviours ranked at somewhat or sometimes true included meanness to others, demanding attention, being disobedient, disturbing other people, disrupting the class, screaming, showing off, demanding immediate attention, being stubborn, talking too much, teasing, and exhibiting a hot temper. On the scale measuring delinquent behaviour, "C" was ranked as often exhibiting no guilt and sometimes engaging in

lying and cheating. These results tended to conflict somewhat with the results obtained from the IWLSS where, in the areas of negative behaviour, peer relations, and group behaviour, "C" was ranked as exhibiting desirable behaviours "sometimes" or more frequently than "sometimes". However, the scores did support the need for "C" to receive training in assertive behaviours that would enable him to get his needs met in ways that were acceptable to the adults around him. Specific behaviours indicated on the scale measuring attention problems included under achievement, being messy, poor school work, difficulty learning, poor concentration, and difficulty finishing. These ratings certainly supported the rating from the IWLSS indicating problems with school performance and task behaviour. In addition, many of the items indicated on the "Checklist" suggested that "C" had a low level of self-esteem. Items which supported this observation included his tendency to act suspicious, to act self-conscious, to react with hurt when criticized, to express feeling worthless, and to express feeling that people were out to get him. Improvement of self-esteem was not addressed directly in the skill training group but possibly could be affected indirectly, resulting in alleviation of some of these particular problems.

On the "Child Behaviour Checklist" completed by "C's" mother, the overall score was in the borderline range, with a

borderline elevation on the internalizing dimension. Mother indicated that "C' was often nervous and sometimes felt worthless, self-conscious, sad, worried, and that people were out to get him. He suffered from tiredness and headaches, and was secretive, shy, and scared. Some of these items were identified by the teacher and supported the need for "C" to improve his self-esteem, an area not directly addressed by the social skills training. In the externalizing dimension, while mother did not see the problem as seriously as the teacher, she agreed on the following negative behaviours: very argumentative, demanding attention, disobedient, stubborn, hot tempered, experiencing no guilt, lying and cheating, and doing poor school work. This information supported the need for training in assertive skills, especially in standing up for personal rights, and a problem-solving approach to help "C" with negotiation, anticipating consequences, and taking responsibility.

The remaining two measures completed as part of "C's" assessment process were the "Self-Esteem Inventory" and the "Locus of Control Scale". Scores on these measures are shown in Tables 3 and 4. Results here were ambiguous and could not be used to substantiate the skill deficits identified through behavioural observation. On the self-esteem scale, "C" scored 90 with a lie score of 6. This score put him 18 points above

the norm with only a slight indication of distortion. On the "Locus of Control Scale", "C" scored 12, just slightly more than 2 points below the mean for his grade level. One possible explanation for this apparent discrepancy between the behavioural rating scores and the scores on measures designed to tap one's inner experience lies in "C's" tendency, identified on both the IWLSS and the checklist, to be extremely focused on himself and his own needs and wants, with a very limited awareness of the feelings or needs of people around him.

"C's" mother thought that it would be very valuable for "C" to have the opportunity to get training in assertive skills and in a problem-solving approach. She readily identified a need for him to learn to take responsibility for his behaviour in an appropriate, assertive way. "C" basically saw himself as having no problems but agreed to participate in the group because of the snack and because of the opportunity it offered him to miss some academic classes.

3. GROUP PARTICIPATION

"C's" apparent lack of motivation and extreme unwillingness to commit himself were very evident in the early stages of the group. "C" missed two and a half of the first

four sessions. However, he responded positively to the social reinforcement offered for the numerous skills that he did possess. While still attempting to maintain a distant, uninvolved air, "C" became more and more committed to the group. He volunteered for tasks such as distributing the snack and recording of choices in one of the later sessions. A measure of his commitment was the fact that he attended for session 10, despite being sick and experiencing considerable discomfort that day. "C" was present for the session which addressed his specific areas of need. That was, standing up for personal rights assertively, taking responsibility for behaviour, and the training in a problem-solving approach.

4. OUTCOME EVALUATION

In examining the impact of the social skills training on "C's" behaviour, the results on the "Inventory of Work, Life and Social Skills" and the "Child Behaviour Checklist" supported an overall slight improvement from the time of the first measurement to the time of the last. However, there were some interesting fluctuations which were worth noting. In the areas of personal accountability and emotional expression on the IWLSS, two categories which seemed to represent some behavioural problems at the time of initial assessment, "C's" scores dropped significantly post-treatment.

However, by the time of the follow-up data collection, both these ratings were at levels above the point of the initial measurement. In the area of relations with adults, "C" showed a steady improvement from the pre-treatment to the post-treatment to the follow-up point of measurement. In the area of programme participation, "C's" rating was the same pre-treatment and post-treatment but had increased significantly at the follow-up point. "C's" rating on task behaviour remained consistent throughout all three measurement points while his rating in the school category came up slightly at the post-treatment point and dropped back to the same level as the pre-treatment measurement at the point of follow-up. From first to last point of measurement, the greatest positive changes were seen in the areas of relations with adults, programme participation, and group and negative behaviours, areas of greater relative strength initially. It had been hypothesized that training in assertive behaviours would result in improved relations with adults. The other three areas were not addressed directly by the training. Scores are indicated in Table 6.

On the "Child Behaviour Checklist" completed by the teacher, the results showed a slight overall improvement at the post-treatment point, although the total score was still at a borderline level of elevation. By the point of follow-

up, the overall score showed some deterioration, although it still registered in the borderline range. In examining the individual scales, the scale indicating the most behaviour problems at the pre-treatment point was the one measuring aggressive behaviour. On the post-treatment measurement, the scale showed some significant improvement but there had been deterioration again by the point of follow-up. However, the behaviour was not yet as problematic as it had been pre-treatment. Changes on the other scales were very slight. Scores are indicated in Table 2.

On the "Checklist completed by "C's" mother at follow-up the results showed a significant increase in problem behaviours. The total score showed a clinical elevation, with the internalizing dimension in the clinical range and the externalizing dimension in the borderline range. In the somatic complaints scale the score was at the 99th percentile. The scales for withdrawn, anxious/depressed, thought problems, and attention problems were also up. On the externalizing dimension, delinquent behaviour was down one and aggressive behaviour was up. On the same day "C's" mother completed this "Checklist", a review of "C's" treatment goals for Lutherwood's Goal Attainment Scaling (Kiresuk & Sherman, 1968) follow-up was completed, a regular data collection process completed every four months. When discussing specific target

behaviours identified as problematic ten months earlier, "C's" mother indicated a decrease in arguing behaviour and an increase in emotional expression, using "I" statements. Both behaviours improved two levels in this scaling format over the ten months, based on her report. One possible explanation for this apparent contradiction was "C's" mother's recent entry into a training programme to prepare her to be a child and youth worker. Through her psychology courses she had become much more sensitized to "C's" behaviours, particularly the internalizing ones. However, when asked to compare his specific behavioural problems now to the situation ten months ago, based on indicators she had helped to define, she did identify significant positive changes. This data correlated with the information from the IWLSS.

On the two measures designed to tap "C's" inner experience, there was some change noted. At the time of the post-treatment measurement, "C's" rating on the self-esteem scale had dropped by 6 points and he was being more honest with himself. At the follow-up point, "C's" score had risen by 10 points, making it 4 points higher than the pre-treatment score. His score on the lie scale had remained the same as the post-treatment level. Scores are indicated in Table 3. On the "Locus of Control Scale," "C's" scores indicated a tendency toward an increasingly internal orientation. He went

from 12 pre-treatment, to 9 post-treatment, and dropped to 2 at follow-up. Scores are indicated in Table 4.

Overall it would seem that "C" experienced some significant positive behavioural change throughout the time period under study, and the programme was successful in fulfilling its primary purpose. "C's" scores on the various measures do not indicate difficulty with generalization of new skills or a need for more follow-up. However, they do have implications for programme planning directed at preparing the environment to receive and support the youngster who, like "C", has a primary goal of developing assertive skills in most target areas. In five areas of the IWLSS "C's" scores were either at or below the initial level at the post-treatment point. However, in all five areas there was an increase by the follow-up measurement, with all scores above the initial level. A possible interpretation of this fluctuation is that immediately post-treatment "C" was utilizing his new behaviours ineptly and therefore appeared to have more behavioural problems than initially. This interpretation is supported by the self-esteem and locus of control scores. While "C" seemed to believe he should be more able to impact on the world, as indicated by a more internal locus of control, he also seemed to have a decreased sense of who he was and perhaps of his ability to act on that new belief. By

the point of follow-up the temporary behavioural problems had disappeared, new behaviours were being used, and self-esteem and locus of control were more positive than at either previous measurement point.

In "C's" case both his home environment and his school setting were aware of and supportive of the behavioural changes he was attempting to make. The significance of this support is evident in the outcome of "C's" involvement in the training programme.

CHAPTER VII

GROUP OUTCOMES

The purpose of this chapter is to examine the impact of the social skills training programme on the group as a whole. The purpose of the intervention was to help the group members learn behavioural responses that would enable them to deal more effectively with situations they encountered in their daily lives. A secondary aim was to increase their self-esteem and their sense of being able to impact on their worlds in a meaningful way. The previous chapter examined these results for three individuals. This chapter will look at group outcomes. Average scores will be used to compare outcomes for treatment group members to the comparison subjects. Detailed information about the comparison subjects can be found in Appendix F. The treatment group will also be divided into subgroups based on various commonalities of the members and average scores will be examined relative to these common factors.

Finally, some general observations will be presented relative to the functioning of the group.

I GROUP OUTCOMES

In examining change in the group as a whole, most of the outcomes were found to be ambiguous. On the "Inventory of Work, Life and Social Skills", the average score went from 3.04 pre-treatment, to 3.08 post-treatment, to 3.07 at follow-up. The overall difference was +.03, a very slight change in a positive direction. For the comparison subjects, the change was from 2.69 to 2.88, for a difference of +.19. However, due to lack of statistical information about the instrument as well as the small number of subjects in each group, no meaning could be attached to these figures.

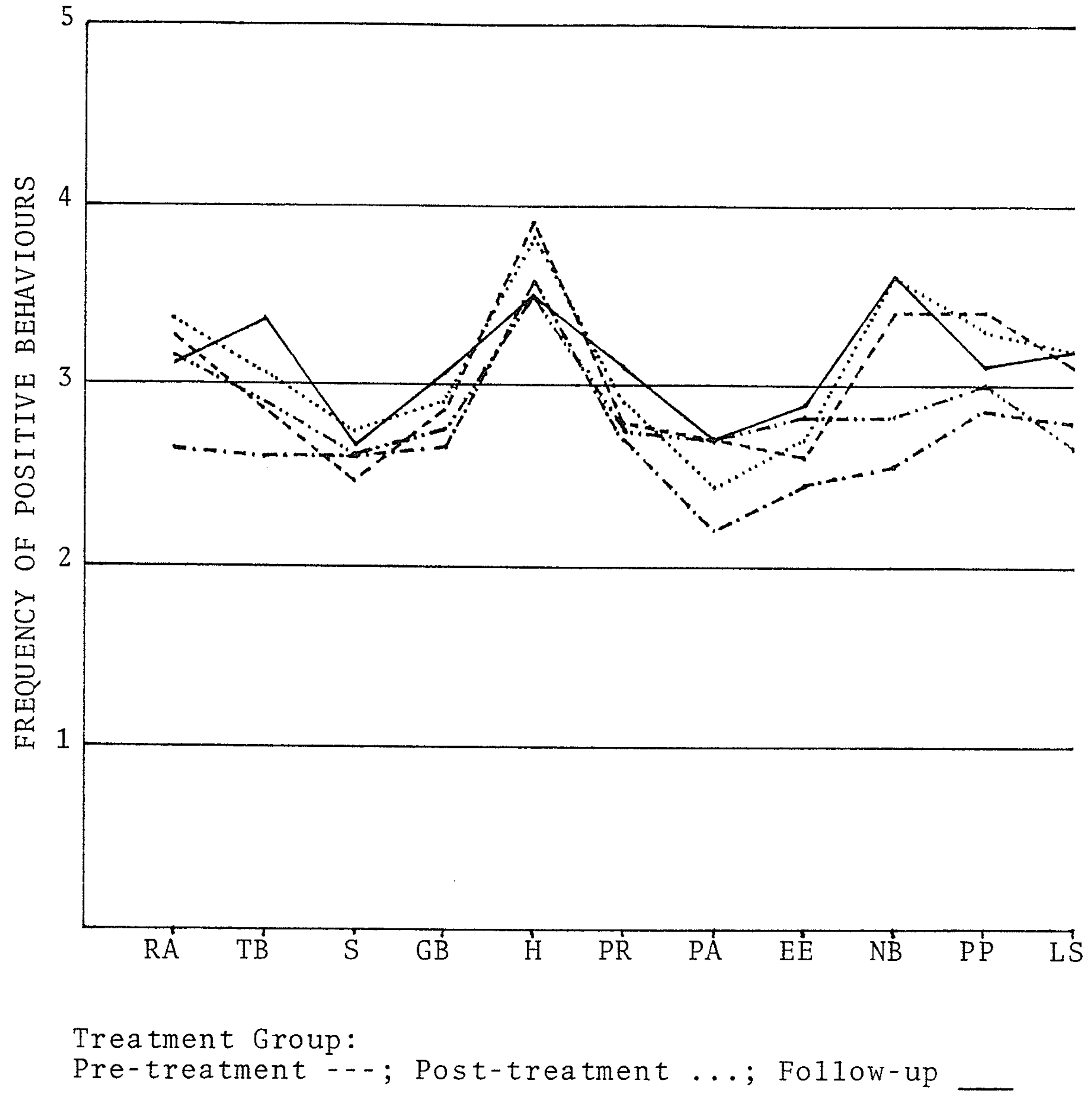
By examining the IWLSS average scores area by area it was possible to see the changes in frequency of various desirable behaviours as they varied over time. Three categories of behaviour were below the pre-treatment level by follow-up: relations with authority, hygiene, and programme participation, for treatment group members. For the comparison subjects only life skills scored lower at follow-up than at the initial point of measurement. All scores are indicated in Table 7.

Results from the "Child Behaviour Checklist" suggested a slight overall increase in negative behaviour of both

TABLE 7

INVENTORY OF WORK LIFE AND SOCIAL SKILLS

AVERAGE SCORES - TREATMENT GROUP & COMPARISON GROUP



Treatment Group:
Pre-treatment ---; Post-treatment ...; Follow-up ___

Comparison Group:
Pre-treatment -·-·-; Post-treatment -··-··-

treatment group members and comparison subjects, on the average total T score, which provides a general index of clinical severity, as well as on both the internalizing and externalizing dimensions. Only the data provided by the teacher was used in calculating treatment group results as it was consistently provided for all members. Scores are indicated in Table 8.

On the "Self-Esteem Inventory" the treatment group showed only a slight variation in the average score over time, with the follow-up measurement .37 below the pre-treatment level. The comparison subjects showed a large increase in the average score of 22 points from first to second measurement. However, this result was heavily skewed by the extreme change in score of one control subject. Because of the extremely limited number, there was no opportunity to dilute this effect. Thus the overall significance of this difference is diminished. Scores are indicated in Table 9.

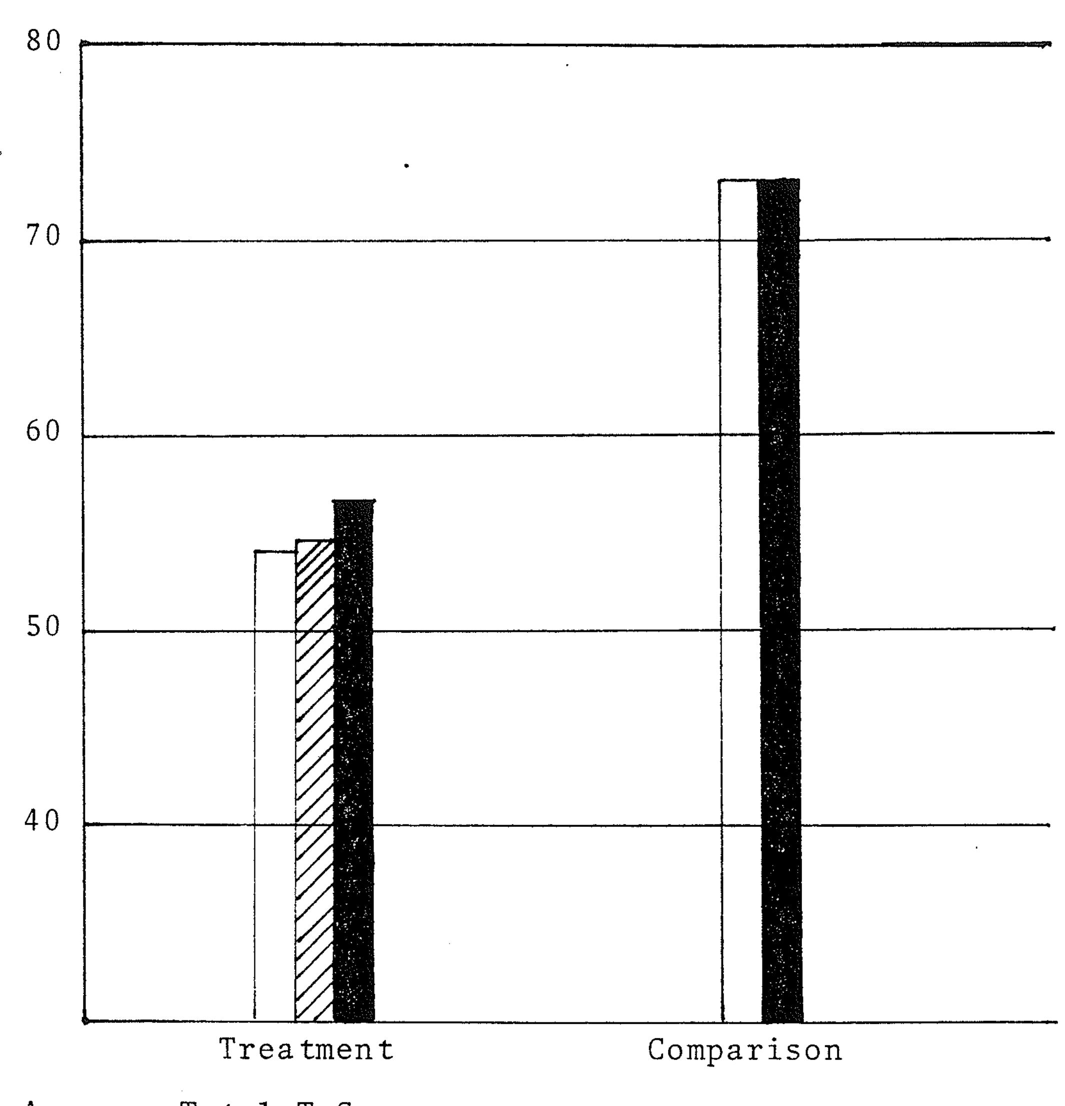
On the "Locus of Control Scale" the average scores of the treatment group appeared to show a steady trend to a more internally oriented locus of control over the three measurement points. The comparison subjects, on the other hand, seemed to show a slightly more external orientation by the time of the second measurement. There appeared to be a

large numerical difference between the two groups in this area. Group averages over the various measurement points are shown in Table 10. This area of change represented a major difference between the two groups.

TABLE 8

CHILD BEHAVIOUR CHECKLIST - TEACHER REPORT FORMS

AVERAGE SCORES - TREATMENT GROUP & COMPARISON GROUP



Average Total T Scores

Pre-treatment ☐ ; Post-treatment ▨ ; Follow-up ■

TABLE 9

SELF-ESTEEM INVENTORY

AVERAGE SCORES - TREATMENT GROUP & COMPARISON GROUP

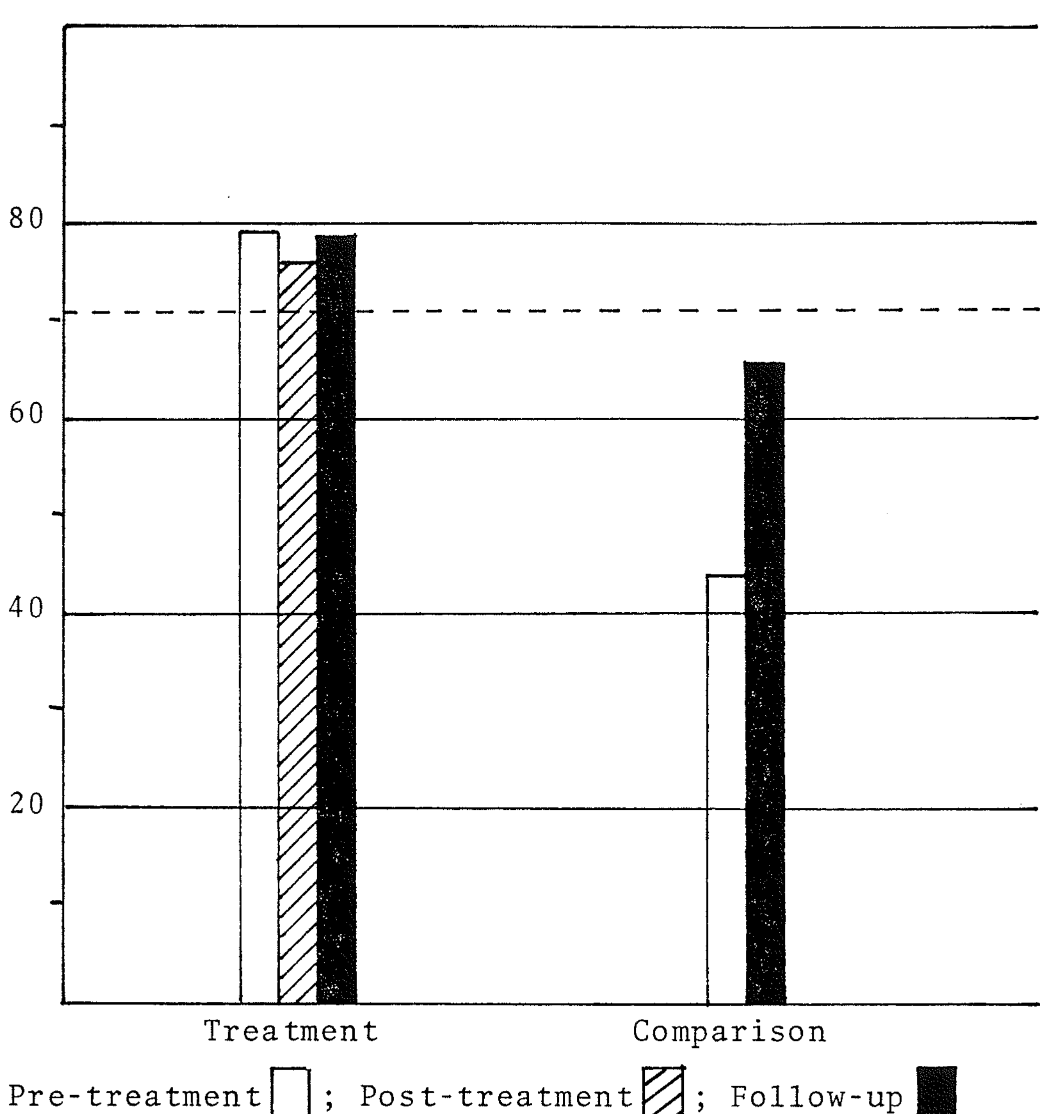
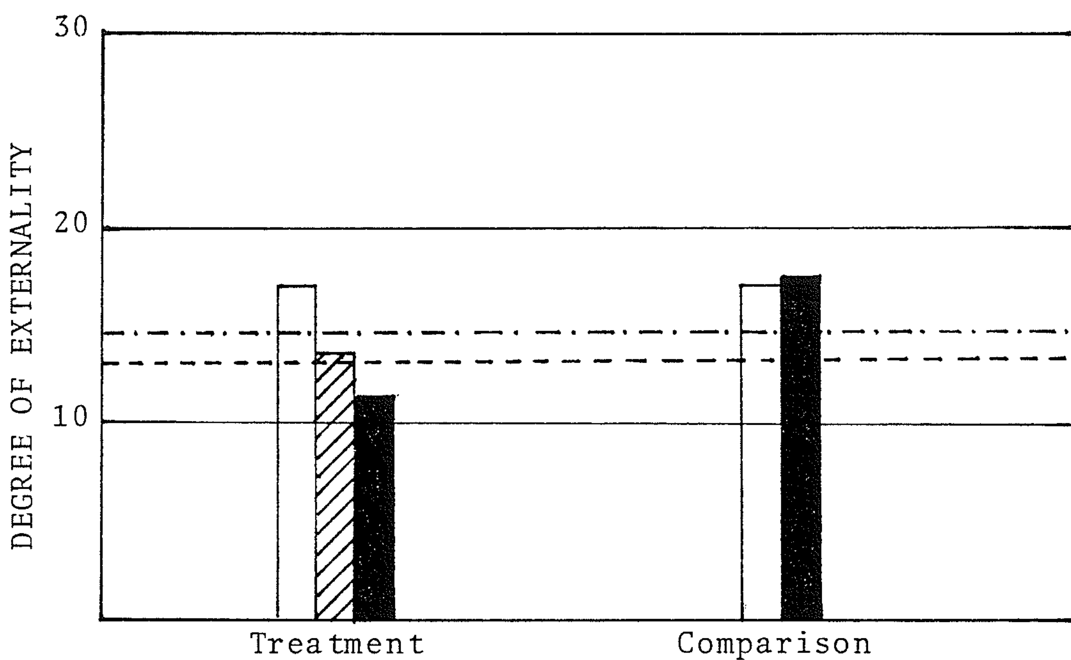


TABLE 10

LOCUS OF CONTROL

AVERAGE SCORES - TREATMENT GROUP & COMPARISON



Pre-treatment ☐; Post-treatment ▨; Follow-up ■

A t-test using matched pairs found the difference between pre-treatment and post-treatment scores of the treatment group to be statistically significant (t=2.521; p=.045). The t-test also found the difference between pre-treatment and follow-up scores for this group to be significant (t=4.974; p=.003). The difference between post-treatment and follow up scores was not significant.

II SUBGROUP OUTCOMES

In addition to making comparisons between the two groups, the treatment group was examined in terms of the subgroups which could be identified within it.

The adolescents in the training programme ranged in age from twelve years three months to fourteen years three months at the start. They represented a variety of living situations. One was with both biological parents. However, this marriage ended before the final data collection. Of the other six, two lived with single-parent mothers, both of whom had separated from the biological fathers when the boys were pre-school age and had been involved in several relationships over the years where the boyfriends had attempted to take on quasi-parenting roles. Both maintained contact with their natural fathers. Three of the boys were living in blended families. Two of these involved natural mothers, step-fathers of about six years, and half-siblings who were toddlers. These boys had little or no contact with their natural fathers. The other boy in a blended family was with his father and step-mother of fifteen months and a younger step-brother. He had lived with them for twelve months and maintained regular contact with his natural mother, step-father, older step-siblings, and pre-school age half-sister.

The last boy, adopted at birth with a younger adopted sister, lived alternately with his father and step-mother of fifteen months or his mother, a single parent, and his sister. For purposes of these calculations he was counted as living with his father and step-mother.

Apart from family breakdown, the life histories of these youngsters were characterized by a number of other common experiences. Five of them were from families who had been or were still dealing with addiction problems. Four of them had witnessed family violence as pre-schoolers. Three of them had been subjected to physical abuse or unusually harsh disciplinary measures. Three of the boys were diagnosed as Attention Deficit Disordered. Four of these seven youngsters had occurrence reports on record with the police for various negative behaviours in the community.

An additional grouping was created by putting together the results of the five youngsters who had participated in the social skills training during the summer programme.

Three sub-groups were created based on the ages of members at the beginning of the training group. Overall, the two who were age fourteen years showed the most improvement at the point of follow-up. Self-esteem was up and the frequency

of positive behaviour, based on the IWLSS rating, was slightly higher. The locus of control was slightly more internal. The initial score for this sub-group was lower than the other two and the amount of change was less. The "Checklist" showed a small increase in negative behaviour. This sub-group showed a greater impact on all measures on the post-treatment measurement. Here, behaviour problems according to the "Checklist" were down, positive behaviours recorded by the IWLSS were up, self-esteem was up, and the locus of control was more internal. All scores showed some loss of impact by the follow-up.

The sub-group of twelve year olds showed mixed results after the training. The "Checklist" showed a gradual increase in behaviour problems through the three measurements. The IWLSS showed a decrease in positive behaviour immediately post-treatment and then an increase above the initial rate at follow-up. Self-esteem dropped post-treatment and rose at follow-up, but not as high as the initial level. The locus of control became more internal from pre- to post-treatment and then was the same at follow-up.

The sub-group of thirteen year olds showed deterioration on both behavioural measures at a gradual rate. Self-esteem dropped initially at post-treatment and then rose above the

initial level at follow-up. The locus of control became steadily more internal, showing the greatest change of these three sub-groups.

Results for these sub-groupings based on age tend to suggest that the older sub-group perhaps learned more quickly initially, so appeared to get more benefit from the training, but needed more follow-up after the training ended. The two younger sub-groups both would possibly have made more behavioural gains if the training had presented more opportunity for over-learning and more support for generalizing the learning. These results have implications for future training programmes which hopefully will address the needs of group members more effectively by providing more structured follow-up and more time for training during the programme itself.

When treatment outcomes were examined based on living situations, it was noted that the two adolescents who lived with single-parent mothers showed improvement on all measures, behavioural, self-esteem and locus of control. The four youngsters in blended families, with either step-mothers or step-fathers, showed decreased self-esteem and increased problems on the "Child Behaviour Checklist", with a more internal locus of control and improved behaviour on the IWLSS.

The one boy with his natural parents showed deterioration in all areas except locus of control, where the change to a more internal orientation was quite dramatic. Overall, the boys with single-parent mothers seemed to benefit the most. It was interesting to note that they started with the most internally oriented locus of control and showed a greater tendency to an increasingly internal orientation than any of the other sub-groups except the one boy with two parents. The two boys with step-fathers showed almost as much change but started with a much more external locus. The boys with step-mothers showed the least change in locus of control.

This result may relate to the opportunity the group experience presented to the boys with single-parent mothers to assert their drive for independence from their mothers, a strong need at this developmental stage (Erikson, 1980). Both of these youngsters had quite close, peer-like relationships with their mothers. This closeness may have made it difficult for them to act on their innate drive toward greater independence without experiencing tremendous guilt and anxiety. The training programme offered a safe setting within which they could test out new behaviours, with the advantage of it being sanctioned by their mothers. Given the opportunity to be free of this guilt and anxiety, these youngsters were able to make gains behaviourally as well as in

their inner emotional growth. A possible implication for practice is that adolescent boys with single-parent mothers need to have opportunities for group treatment created for them.

Using a family history of addiction problems as a common factor, there was no change noted in self-esteem or behavioural problems based on the "Checklist". The "Inventory" showed some improvement and the "Locus of Control Scale" registered a more internal orientation. For the two members where there was no such history, both behavioural tools showed increased problems, the self-esteem was unchanged, and the locus of control was more internal, showing a change almost identical to the members with histories of addictions.

When groupings were created based on a history of family violence, the only difference was in the area of self-esteem. Group members with this background showed a slight increase in self-esteem while the others showed a decrease. Outcomes on the behavioural measures were the same and all members showed a more internal locus of control, although the adolescents from violent homes showed a greater change after beginning at almost the same point.

When physical abuse was the factor used to create groupings virtually identical profiles were produced for both groups, based on the amount and direction of change. There was slight positive change on the IWLSS, no change on the "Self-Esteem Inventory", some negative change on the "Checklist", and a similar tendency toward a more internal locus of control, although the non-abuse members started out with a more internal orientation.

Using Attention Deficit Disorder as a factor for creating groupings, differences were noted on every measure. The non-ADD members showed improvement in all areas. While the amount of change indicated on the "Locus of Control Scale" was very similar for the two sub-groups, the non-ADD adolescents started with the degree of externality that the ADD members finished with. The ADD members showed more behaviour problems and lower self-esteem at the follow-up than at the pre-treatment measurement. These results suggested that the treatment programme did not meet the needs of the ADD youngsters. A possible implication for practice is that adolescents who are Attention Deficit Disordered need to be provided with skill training programmes designed specifically for them as their needs cannot be met in a group of mixed ADD and non-ADD youngsters.

Another pair of groupings was created based on whether or not the adolescent had a history of police occurrences. Four of the members had this factor in their history. The major difference in outcome between these two sub-groups was on the behaviour ratings. On the "Checklist" the members with a history of police occurrences showed a marked increase in behavioural problems while the other youngsters showed only a slight increase. On the IWLSS, the former sub-group showed a very minimal increase in positive behaviours while the latter showed an increase of one-half of a rating category. Neither showed any real change in self-esteem and the change in locus of control was to a more internal orientation for both, to a similar extent.

A final basis of comparison was between group members who had attended social skills training in the summer, five members, and those who had not, two members. Overall, the youngsters who were not part of the previous training did slightly better. They showed a smaller increase in behavioural problems on the "Checklist", a slightly greater increase in positive behaviours on the IWLSS, a small increase in self-esteem compared to a small decrease for the others, and a greater tendency toward a more internal locus of control. Unfortunately it was impossible to determine the reason for these results, which suggested that the training

had a greater impact on the members who had not participated previously.

In conclusion, it would seem that the social skills training group did have an impact on the youngsters who participated. When outcomes were compared, based on various common factors in the histories of group members, those adolescents living with single-parent mothers and those who had not been diagnosed Attention Deficit Disordered seemed to benefit most, showing improvement on all areas that were monitored. The sub-group which gained the least from the experience was made up of those adolescents who were diagnosed Attention Deficit Disordered. There are a number of possible factors which may have contributed to this result. Observation of these youngsters throughout the training programme found that they functioned best when there were only four or five group members present, which created a ratio of roughly two adolescents to one group worker. They also seemed to respond well to having a specific contract or group contingency for each segment of the programme. The length of time scheduled for the group, 60 to 75 minutes, seemed to represent an area of difficulty for these youngsters unless the session included a variety of activities, with verbal presentations kept very short and interspersed with other performance-oriented involvement. Never having developed

their ability to concentrate and focus during their early years, their needs in this area were now much more like those of a very young child. Adolescents identified as having Attention Deficit Disorder need an opportunity to fill this gap in their early developmental achievement. They need a programme which provides a high degree of worker input and supervision, a regular schedule of reinforcement over relatively short periods of time, and an intervention directed specifically at helping them increase their ability to concentrate. Social skills training is important for these youngsters but it is not enough and seems to have limited impact when other of their needs are not taken into account.

The one outcome common to all groupings, no matter how they were divided, was a more internal locus of control. This factor distinguished the treatment group outcome from the comparison subject outcomes.

III OBSERVATIONS

It was possible to observe the development of the group throughout the training programme and to note its progress as related to the phases identified by Klein (1972). In the early sessions members could be seen to test each other. Alliances were tried and discarded, especially through the

Alliances were tried and discarded, especially through the sub-groups used for behaviour rehearsal. Because of the nature of the group members, their difficulties with trust and peer interactions, this process was long and difficult. Much structure was required to assist members in exercising any self-control, even to the extent of using a seating plan as late as the seventh session. The fact that a sense of themselves as a group did exist was demonstrated in the ease with which the group was able to resolve the issue of what food to have at the last session. However, it did take almost the full ten sessions to achieve that initial sense of identity.

Challenges to the authority and sincerity of the worker were almost all initiated by individuals and represented their own needs rather than a challenge from the group, such as Klein (1972) suggested happened in phase two of group development. Group members were still very competitive, struggling to ensure that their individual needs would be met and needing some protection from each other.

Some initial attempts were being made to find a niche, Klein's (1972) third phase of group development. Group members were beginning to take on more predictable roles, such as defender of the rights, organizer, and scapegoat.

Positions were being defined, with more central and peripheral members, higher and lower status.

Finally, there were some very brief and tentative bits of interaction that suggested a potential for intimacy and mutuality. At these times members could be seen to work together in offering understanding and support to one of their own who was having difficulty. However, these times were very brief and very infrequent.

What the process in this group did serve to illustrate was the extent to which interactions characteristic of one particular phase of development did occur even when the group was not, in reality, at that phase. As Klein (1972) suggested, progression from phase to phase is not orderly and clear-cut. The worker must have a very good understanding of all aspects of group functioning in order to understand the significance of the interactions and respond so as to meet the need of the group and enhance its functioning.

The work of Lang (1972) discussed in an earlier chapter was useful in understanding the functioning of this particular group. In Klein's (1972) meaning for the word "group", it never really became a group. Yet there was an impact on the members, as suggested by the results obtained on the

measurement tools as well as anecdotal feedback from group members and significant others in their lives.

Lang (1972) discounted Klein's (1972) claim that a group had to reach the phase of mutuality in order to impact on its members. She claimed that any group experience was total in itself and presented the model described previously. This group under study would be classified as an allonomous group, based on Lang's (1972) categorization. The nature of the members, the types of interactions they engaged in, and the role required of the group worker were as described by Lang (1972) for a Stage I group form.

The experience of the worker and of this collection of adolescents served to illustrate the importance of the relationship Lang (1972) suggested between "the functioning capacity of the individual and the nature of the resulting entity individuals of a given capacity are able to form" (p.87).

Process oriented measurement tools were not used due to the difficulty so many group members had with written communication. The only formal feedback about the group experience obtained from members was the written comments collected at the tenth session, when they were asked to

indicate in writing what they liked best and what they liked least.

Six members were present and five responded. Four of the five listed the food as the best part of the group. Three of the five also included the role-playing as one of the best things. The worst things about the group were talking about problems (3) and sitting (2).

This feedback supported the view that these youngsters needed structure and activities such as role-plays to help them cope with their anxiety. It also highlighted the significance of food as both symbolic nurturance and concrete reinforcement.

Overall, it would seem that this social skills training group had an impact on the adolescents who participated. While results in terms of behavioural change were inconclusive, the change in the locus of control to a more internal orientation was consistent. These findings suggest a number of avenues for further study and implications for treatment which will be discussed in the final chapter.

CHAPTER VIII

SELF-EVALUATION, RECOMMENDATIONS, AND CONCLUSIONS

I SELF-EVALUATION

As a learning experience, the objectives of this programme were to help the student develop skills in working with groups including effective use of self in a group setting, skills in attending to and utilizing group process to enhance treatment, and increased knowledge and understanding of the adolescent stage of development.

Regarding the first aim, it was important to note the type of group, in Lang's (1972) terminology, an allonomous group. This group had particular needs in terms of structure, direction, and the activities of the worker. The approach chosen, based on cognitive-behavioural theories, provided the student with many useful strategies to use in working with these youngsters and they responded positively. However, there were some aspects of working with the group where better use could have been made of specific behavioural techniques. The regular use of an interactive exercise at the beginning of each session might have helped facilitate the engagement of group members and have prepared them for the work to come. The use of a group contingency (Rose, 1977) may have been useful in encouraging group members to co-operate

more readily with the basic rule against verbal and physical aggression and to try out more pro-social responses.

The opportunity for the student to have feedback on her work both from live observation as well as review of videotaped records was a valuable opportunity for learning. She was able to see and address the need to respond more quickly to members and generally to be more active in dealing with this age group. There was also an opportunity to see and appreciate the caring and acceptance which she communicated to the group members and their positive response to that attitude. Their willingness to try new behaviours and to give each other a second chance seemed to reflect the attitude of the student.

Because of the nature of the group the opportunity to utilize group process was quite limited. The focus had to be on dyadic and sub-group process. Here the student was able to utilize member input and interactions to enhance and illustrate the purpose of the session. She showed increased skill in doing so by the end of the programme. Using the work of Lang (1972 & 1987) and Klein (1972), it was possible to study the taped records of the sessions and identify many of the aspects of group functioning which they discuss. The need for structure was clear and the members' attempts to take on

roles, assign positions and status, and create norms were obvious. The student's attempts to address these issues were not always effective and better use could have been made of feedback. It also would possibly have been beneficial to make use of a systematic problem-solving approach as described by Rose (1980) to involve the group in trying to deal with their own problems.

The work with this group presented the student with an excellent opportunity to increase her knowledge and understanding of the early adolescent stage of development. The greater capacity for independent functioning of the fourteen year old and his more stable sense of who he was stood out in sharp contrast to the uncertainty and need for reassurance of the twelve year old. The sometimes painful process by which the youngsters internalized this sense of self could be observed in detail, as they tried out different roles and different ways of interacting, sometimes with very negative results.

Despite the weakness identified, the basic objectives of this practicum as a learning experience for the student were met. The processes of skill development and knowledge acquisition which have begun with this programme will continue throughout the student's career as a social worker and as a

group worker. The learning which was done will continue to benefit the adolescents, in groups and individually, that she has the opportunity to work with.

II RECOMMENDATIONS

This practicum report has moved from a discussion of adolescence, normal and problematic, through an examination of group work and its usefulness in working with acting-out adolescents, to end with a description of a particular approach to working with adolescents in a group and an evaluation of that application. This section will outline some recommendations for others working with this target population, based on the foregoing experience. These recommendations are offered as suggestions on how to avoid some of the pitfalls encountered in this programme and also as interesting avenues for further exploration which may result in finding more effective ways to help these troubled youngsters.

1. Acting-out adolescents need and want new ways of responding to difficult situations in their lives, and interventions should be directed to helping them develop new behaviours.

Despite the inconclusive results based on the behavioural measures used, on observing these youngsters doing the role-plays and trying out their new skills on each other in the classroom, one was not left with any doubt as to their willingness to learn and to try. When offered hope and acceptance, they responded positively and eagerly.. They did not in any way seem trapped in a developmental process which necessitated an experience of "storm and stress" and should not be left to "grow out of " their difficulties.

2. The use of videotape recording and playback has potential as a powerful interventive technique in working with aggressive, acting-out adolescents and needs to be used across wider applications and researched further.

In the programme described in this report, videotape recording and playback was used as part of the behaviour rehearsal technique. The primary benefit was seen to come from the youngster's experience in using new words and new behaviours as he enacted the role-play (Lazarus, 1966). It was not expected that there would be a significant impact on the youngsters simply from giving them the opportunity to view themselves. However, it was impossible to overlook the reaction of these group members when they had a chance to view

themselves "acting" aggressively, as part of practicing the various styles of responses identified in the assertiveness training literature (Michelson, et al., 1983). They were struck by the noise, the facial expressions, the intensity, and by the fact that they were previously unaware of how they looked and sounded. These reactions, plus the high interest of the youngsters in using this technology, suggested that the use of video tape recording and playback as a technique in conjunction with interventions other than behaviour rehearsal may be very effective in helping aggressive adolescents gain control of their behaviour. It is an area deserving of further attention.

3. Any skill training with acting-out adolescents needs to be done to the point of "overlearning" (Goldstein, 1988), and to make provision for generalization of learning and for follow-up after the training ends.

The programme described was too short to have much lasting impact on the youngsters involved. In training which attempts to change behavioural patterns which have been established over a period of years and which are reinforced by the social environment, there is a great need for overlearning. The youngster must practice the new,

appropriate response over and over and over again, even after he is able to do it correctly, in order to help ensure that the new response will be the one selected and used when the demand arises in a real-life situation (Goldstein, 1988). This programme did not allow for overlearning and the outcome data showed, in some cases, a pattern of positive behavioural change followed by regression. Specific plans for follow-up to reinforce the use of the new skills are also necessary.

4. The context within which the youngsters will be using their newly acquired behavioural skills needs to be considered and prepared in order to assist with successful transfer of learning by the group member.

In the programme described it was interesting to note that on the "Inventory of Work, Life and Social Skills", group members were seen to show fewer positive behaviours in the areas of relations with adults and programme participation at the point of follow-up than at either pre- or post-treatment. A possible explanation was that they were more assertive in their interactions with programme personnel and were therefore viewed more negatively.

In the work with group member "D" a conscious effort was

made to help the family adapt to "D.'s" new behaviours. He was one of the group members who showed good overall improvement. The deterioration at post-treatment may have been due to his inept efforts to use the new skills. Because his family, his primary context, was prepared to respond to his efforts with understanding and encouragement, he showed considerable growth at follow-up.

Further work needs to be done with the adults around these adolescents in order to help ensure successful transfer and maintenance of learning.

5. When the group includes members who have been diagnosed with Attention Deficit Disorder, specific provisions must be made to address their needs.

The group described in this report had the least success in meeting the needs of its ADD members. These youngsters need to have opportunities in which they can begin to learn the interactional skills which so many of them lack and special provision may have to be made for them. Goldstein (1988) suggested group size should be three and length should be twenty minutes, two to three times a week. Behaviour rehearsal would seem to be an effective technique because of its reliance on action. Overlearning is essential because of

the strong tendency of these youngsters to react impulsively. The cognitive interventions are important but concepts need to be learned by doing as these youngsters have difficulty sitting still for. lessons and also may have significant learning problems. The first four recommendations also apply to this special sub-group, for whom early adolescence seems to be a particularly difficult time.

III CONCLUSION

This practicum has provided the student with an opportunity to explore areas of particular interest that have been beckoning for many years.

The literature review provided an opportunity to establish a solid theoretical foundation for understanding adolescence as an individual experience, based on Erikson's (1963 & 1980) work, and as a social phenomenon, based on Garbarino's (1983 & 1985) ideas. These youngsters must be viewed within a context, a factor that was emphasized by the results of the treatment intervention.

The review of social group work literature renewed the student's knowledge about the focus of social work on human social functioning and the emphasis on working in the here-

and-now. It provided specific information about conscious, purposeful use of self, another cornerstone of the social work profession. This review also highlighted the need to be able to integrate outcome research into a treatment approach and led the student to explore a cognitive-behavioural approach. An attempt was made to create a synthesis of the two approaches, using largely cognitive-behavioural interventions within a social group work context. The result of this synthesis was the social skills training group programme described in this report.

This practicum has served as a beginning for the student. While many questions have been answered and a solid foundation built, many more new questions and new directions for investigation have been identified. Some of these questions include: To what extent are "normal" young adolescents able to participate in a group experience which achieves the phase of intimacy, given the tendency of this age group to be intolerant of interpersonal differences and to engage in various forms of social cruelty, which work against the establishment of interpersonal trust and security? How much time is required to reach that phase of group development? How can the adolescent's context be prepared most effectively to support and promote his growth and change? What are the implications of an extremely internal locus of control for

social functioning? Is it related to a style of functioning in relationships which seems to be characterized by a very high level of anxiety? In terms of the effect on social functioning, how does an extremely internal locus of control differ from an extremely external one? What are the implications for social work intervention? On-going work to answer these questions and others that arise in the course of practice will help the student continue to develop and refine the knowledge and skills necessary to provide effective social work services.

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APPENDIX A - LETTER AND CONSENT FORMS TREATMENT GROUP

Lutherwood
Reaching out to families and communities
R.R. 3, Waterloo, Ontario N2J 3Z4
Tel. (519) 884-1470 Fax (519) 886-8479

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The Rev. Dieter E. Kays
Chief Executive Officer

September 24, 1991

Dear Parents:

We are writing to ask your permission for your adolescent to participate in a social skills training group that will be offered as part of the Integrated Classroom Programme. In this group, we will be trying to teach your son the skills necessary to manage social situations in ways that will bring him a positive response from those around. Such skills include giving and receiving compliments, making friends, and dealing with peer pressure, as well as numerous other social responses.

In addition to helping your adolescent work toward some of the treatment goals we identified when he entered the Integrated Classroom Programme, implementing this group programme will fulfill the final requirement of the Master of Social Work degree which Edith is currently completing through the University of Manitoba. As this educational function is outside of the treatment and evaluation functions you agreed to in your initial contract with Lutherwood, we want to give you an opportunity to make an informed decision about participation.

As part of this treatment group, we will be using several questionnaires to determine the effectiveness of the programme. Parents will be asked to complete one questionnaire now, again in December at the end of the group, and again in March, 1992. The adolescents will be asked to complete two brief questionnaires on the same schedule, and the teacher and child care worker will each do one. The information gathered will help identify changes that come about as a result of the group training as well as areas which still need to be worked on.

In carrying out this group programme, Edith will be supervised by Christopher Wheeler, M.S.W., of Lutherwood, and Dr. Donald Fuchs, D.S.W., Faculty of Social Work, University of Manitoba. In order to assist the supervisors in evaluating Edith's work, we are asking further permission from you to allow us to videotape the group sessions and send the tapes to Dr. Fuchs. Confidentiality will be protected by identifying group members by their first names only and by ensuring that tapes are viewed only by Edith, Chris Wheeler, and Dr. Fuchs. All taped records will be erased by December 31, 1991.

The attached consent forms require your signature whether or not you give your permission for participation and videotaping. Please complete it and return it to Lutherwood as soon as possible.

We would be grateful if you would permit your adolescent to participate, with videotaping, as we feel this type of ongoing education for staff is important to help us continue to offer high quality treatment programmes which are designed to meet the needs of our students. If you have any questions, or if you would like additional information to help you make your decision, please contact either Edith or Chris Wheeler at . Thank you for your support.

Yours truly,

Edith Richardson, B.S.W.
Team Leader
Clinical Services

Christopher Wheeler, M.S.W.
Interim Clinical Director

/js

Enclosure

PERMISSION FOR VIDEOTAPE RECORDING

In participating in this social skills training group programme, the adolescent is contributing to the education of the group leader, Edith Richardson. As part of Edith's educational experience, videotape recording of group sessions is necessary. As a client, I understand:

1. that information is shared solely for the purpose of contributing to student training, and thereby aiding treatment;

2. that all information is kept under strict conditions of professional confidentiality, and that all videotape records will be erased by December 31, 1991.

Name of student: ______________________________

Having read the above information, I hereby agree to videotape recordings being made of all group training sessions

_______ Yes ______ No

I understand that permission to videotape may be withdrawn at any time.

Signature of parent or guardian: ______________________

Signature of student: ______________________________

I have read the letter concerning the social skills training group programme to be conducted by Edith Richardson. I understand that implementation of the project will fulfill some of the requirements of the Master of Social Work degree which Edith is completing. I understand that all information gathered on this project will be used to evaluate the effectiveness of this group as a treatment programme and to help plan future treatment directions. I understand that permission to participate may be withdrawn at any time.

Name of student: ______________________________

Permission to participate granted: _____ Yes _____ No

Signature of parent or guardian: ______________________________

Signature of student: ______________________________

Feedback on the results of this treatment programme will be given to all participants and their parents.

APPENDIX B - GROUP SESSIONS

SESSION I

Five group members were present. Of the two absent youngsters, one was a very enthusiastic, experienced member from the summer programme and the other was the boy who had been out of town during the summer so had no previous social skills training. Christopher Wheeler was also present to observe the group session.

The group was late starting and there was a lot of milling about initially due to a lack of chairs and difficulty setting up the equipment. Also the teacher seemed uncertain as to where he should be during the group session and had to be reminded to leave the room.

The session began with the introduction of C. Wheeler. Group members seemed quite excited to meet the group worker's supervisor and there was a lengthy discussion of issues related to status. The youngsters accepted the worker's reassurance that the main reason for videotaping the entire group session was to make a record of her actions, not of theirs. They also seemed relieved to know that the worker's success or failure in her university programme did not depend on how much they learned in group or how well they behaved.

Members participated enthusiastically in the discussion of the summer programme. They were able to tell the one new member some of the terminology from assertiveness training as well as some of the specific skills they had learned.

The enthusiasm carried over into the work on receiving compliments. This particular skill was new to all of the youngsters but one, due to sporadic attendance during the summer. Despite some strongly expressed skepticism from the newest member about the value of responding appropriately to compliments, the group co-operated well with the task. They accepted the worker's suggestion regarding sub-group formation and required very limited input from the group workers, either to generate compliments to give each other in order to practice appropriate responses or to identify various appreciative replies.

When the group re-assembled to enact the role-plays for taping, the co-operative spirit continued. They viewed the tape and consumed their snack, offering few comments on the taped examples. Much of their focus was on watching themselves and their appearances, not on attending to specific behavioural sequences. Pressure was not exerted to do so.

When the homework assignment, to try and respond

appropriately to compliments during the next week, was described some members expressed the idea that they could not go out and solicit praise. This created an opportunity to discuss briefly their right to ask for feedback when they do something well. The group adjourned on a positive note.

Immediately following the group session, when the worker's supervisor emerged from the viewing room, he complimented one of the boys on the good work he had done in the group. The youngster, who normally would have hung his head, shuffled his feet, and generally acted very uncomfortable in response to such praise, paused for a moment, then raised his chin, managed to utter a soft "thank you", and finally broke into a wide smile as he realized what he had done. The group worker offered him immediate reinforcement for his use of the new skill.

Difficulties encountered during the session related primarily to organizational issues. Lack of familiarity with the video-camera and other equipment, lack of chairs to accommodate all group members, lack of clarity on the part of the assistant group leader as to her role, and the teacher's initial presence in the room all contributed to the general anxiety experienced.

The relatively caring, trusting relationship already present between the worker and the group members was evident in their willingness to participate in discussion and help out with equipment and distributing the snack. The existence of this bond no doubt helped ease the group through some of the anxiety related to starting a new endeavour.

An event two months later helps to illustrate the impact social skills training can have on adolescents. During an outing with staff and programme participants from the broader Lutherwood population, one of the group members was talking to personnel he knew from his treatment time prior to his transfer to the Integrated Classroom Programme. They were giving him a lot of feedback on the positive growth they saw since the transfer. On seeing the group worker across the room, the youngster called out to draw to her attention to how well he was responding to the compliments. His self-observation was quite accurate as his behaviour was quite different than the negative, disbelieving presentation he exhibited before training.

SESSION II

All seven group members were present.

In order to address the needs of the two boys who missed the first session, some review was done building on input from the other members. Some time was also spent reassuring the one boy about the purpose of the video tape record and planning how he could make sure that he did not appear on the tape, if that was his choice.

Due to the time devoted to the initial discussion, homework reports were not requested. The process moved right into the topic of the day, non-verbal communication. Group members were able to offer a good definition of non-verbal and with help, they identified reasons why it is important for someone to know what non-verbal messages he or she is sending. The group leader illustrated the idea of personal style or habit in sending non-verbal messages by demonstrating for the group some of her own common expressive gestures, which they quickly recognized. Members were able to recall examples of situations in which their own non-verbal communications caused them difficulty. Two members talked about their own personal traits, one positive and one negative, and later enacted them for the camera.

The group then participated quite eagerly in developing a list of all the different actions they could think of that were examples of non-verbal communications. They co-operated well in each taking a turn to enact the various behaviours for the camera. Snack was eaten while reviewing the tape. Members were able to offer some insightful comments about whether or not the sender actually succeeded in communicating the intended message.

In discussing the homework assignment, group members and the assistant group worker identified specific time periods in the day when the use of non-verbal messages alone seemed to be the main form of communication. The task for the boys was to try and find new ones not on the list.

Organizational issues noted last session were less problematic this time, although the presence of all seven group members increased the seating difficulties. Group members continued to be eager and co-operative, and responded positively to the assistant group leader's increased efforts in maintaining limits on negative behaviours, particularly physical and verbal aggression. Recognizing the short attention span and difficulty with verbal processing of the majority of group members, the group worker tried to be tolerant of a fairly high level of non-directed movement and off-task verbalization.

It was important to note that the youngster who initially objected to being video-taped then chose a chair which put him directly in front of the camera. The intention of the worker in offering him a choice was to reinforce to the entire group the message that they have choices, within limits, and that their choices will be respected. His choice, as expressed by his behaviour, was acknowledged by the worker during the session.

SESSION III

The session began with six members and the seventh member arrived just in time for snack. He had chosen to attend a class he was part of with the regular programme. When he joined the group the worker included him by providing him with some of the snack and did not address the issue of his lateness. Chris Wheeler was observing this session.

One scheduled group had been cancelled in the intervening week due to car trouble. The schedule of topics was followed as planned but there was a sense of discontinuity and disruption. An attempt was made to resolve the issue with group members. The worker apologized to them, took responsibility for the situation, and attempted to validate any feelings of resentment or frustration they might have.

An additional factor this week was the session occurring on Hallowe'en. Some of the group members wore costumes and others were planning to put on outfits at lunch time, immediately following group. Their energy level was very high and their ability to focus was more limited than usual. Early in the session the worker made reference to the special day and commented on the costumes, suggesting that the theme be incorporated into the role-plays planned for later in the group. This action was in direct response to the request of a group member and seemed to satisfy him, as he settled down and was able to focus on group discussion.

The group at that time was dealing with reports about members experiences with non-verbal communication. One youngster shared his observations about his step-mother's non-verbal style, which led into a general discussion of how parents talk to their children. The worker attempted to draw on this discussion to illustrate present use of non-verbal behaviour to send messages.

Recognizing the great difficulty most members were having concentrating and sitting still, the worker summarized the introduction of the new topic, verbal communication. As a video-taped role play of the group workers modelling examples of both good and bad verbal communication was available, brief instructions were outlined regarding members' goals in viewing the video and the group moved quickly to the task.

Members attended to the tape quite well and then participated briefly and co-operatively in describing specific behaviours they had noted that were examples of good and bad communication. During this discussion the snack was distributed and the late-comer joined the group. The plan to have group members participate in some role-play to practice good attending skills was abandoned. The session ended

abruptly as the group disintegrated into chaos.

The homework assignment, requesting group members to try to have one good conversation during the next week and be ready to tell the group about it, was presented the following morning.

Behaviour during this session was extremely unruly and, in the end, efforts to gain co-operation were not successful until well after the end of the time allotted for the group session. Factors contributing to this escalation of acting-out behaviour were the effect of the special day and the disruption of usual routine it presented. The worker, in failing to incorporate the Hallowe'en theme into the group programme, did not help group members cope with their agitation but rather increased it, by expecting them to put their needs aside and attend to the task at hand. A solution might have been to invite the group to plan a way to practice good conversational skills using the theme.

Another event adding to the anxiety of the group was the behaviour of the late-arriving member. Despite having contracted to be part of the skills training programme, he was resisting attending group sessions. He had told the rest of the group of his plan to go to his class and join the group late, which he then did. It would be reasonable to expect the youngsters who were at group to have some conflictual feelings about that boy's noncompliance and the apparent absence of consequences for him. The group leader's plan, which was not acted on the next week , was to meet individually with that boy and review with him the options available and consequences of each, with the choice being left up to him. However, none of this thought was communicated to the group. A possible response to this situation would be to engage the group in discussion about how to solve the dilemma of divided loyalties. They would also likely have benefitted from a review of their own options regarding group participation.

SESSION IV

Four members were present. Two were away from school due to illness and one had again opted to attend his class. In addition, the child and youth worker who would be replacing the regular one on the treatment team and in the group was present. She had been in the classroom full time all week, with considerable attention being given to discussing her role during the other one's absence, so this issue was not addressed during group time.

All members were able to report on a conversation they had had during the week. Although they were generally unable to comment on things about it that made it good or bad communication, in their telling they were able to demonstrate behaviours like eye contact, nodding, pausing, variation in tone and sentence form, as well as good expressive and attending skills. Reinforcement was given with a description of the specific skills being praised.

Definitions of the assertiveness training terminology were developed by the group members, with good involvement and member-to-member interaction.

The youngsters enjoyed watching the videotape of the group workers modelling assertive, aggressive, and passive ways of requesting behaviour change. Their comments about the likely outcomes of each style demonstrated understanding of the goal of the skill being demonstrated and of the application of the different interactive styles.

Co-operation during sub-group practice of role-play situations was high, with members pairing up to work with peers they did not have an alliance with. Examples were videotaped and reviewed. Snack was distributed during the review. Discussion was limited but attention was good. The time allotted ran out before group ended so the homework task was not discussed.

The group started very well, with one member reporting on an experience that morning with the city transit system. His example provided very current, relevant material to use in discussing good communication skills. Members were interested and member-to-member interactions were frequent, and focused.

While members continued to offer few comments, negative or positive, while reviewing videotapes of their own role-plays, they seemed to enjoy the opportunity to observe the workers' modelling and participated well in discussion. They seemed to find it easier to be critical. It may have been safer to criticize the workers than each other, as they knew from past experience that the criticism would not be used

against them.

The goal for ending the group was not met as the worker did not attend to the time closely enough. This factor should have been addressed, however briefly, as so many of the group members have a great need for routine and predictability. They have difficulty understanding and coping with any change of schedule and often respond by acting angry and frustrated.

Except for the ending, this group offered members the best experience of any of the groups so far in terms of involvement and interaction with each other, focus, risk-taking, and minimal need for external controls. There were a number of possible factors involved. First, the low number of adolescents and the addition of an extra staff may have inhibited some of the usual testing behaviour. Secondly, the seating arrangement, unplanned, put the two group members with the most limited attention spans beyond the reach of other group members and possibly reduced the opportunity for them to distract others. Finally, the pacing of the session meant that no one activity lasted very long, and several different mediums were used to gain their attention and involve them.

SESSION V

All seven members were present. The replacement child and youth worker was present, in her third day on her own since the other one left.

The group members seemed very anxious at the beginning of the session. The worker did not comment on the presence of the new assistant group leader, a very obvious change and quite likely a factor in the high anxiety level. The youngsters quickly focused their negative energy on one of the members who had been involved in an incident the previous day and had strongly rejected their efforts to help him. They were feeling very angry at him and began mocking him and name calling. His response was to become very sullen and withdraw, with tears in his eyes. The group worker dealt with the issue by reminding the members of everyone's responsibility to help make the group a safe place to be, so everyone could practice new behaviours. The youngsters remarked that this one member did indeed need to practice and were able to drop the issue and to focus on the task at hand.

There had been no homework task the previous week so terminology from assertiveness training was reviewed. Experienced members from the previous session and the summer programme defined assertive, aggressive, and passive for the members who missed that session. In illustrating the skill of requesting behaviour change three of the youngsters offered to help the member who had been scape-goated earlier by suggesting responses for him to use. They even did a model role-play for him. He was finally able to respond to their overtures and try out the phrases they suggested.

The new skill for the day was a technique to use in dealing with teasing called fogging. The group was able to define the term and one member who was particularly skilled in using this technique demonstrated it for the group.

In dividing into sub-groups the members objected to the suggestions of the worker regarding pairings. The group, following the ideas of a member, solved the problem and worked well on the role-plays. There was some risking, most notably by the boy who had been singled out at the beginning. His challenge lay in acting the part of the verbal aggressor on whom the fogging technique was used and he worked very hard at it. Another one of the boys, one of the least committed members, was able to express his doubt about his ability to use a fogging technique as he could feel himself getting angry, even in the practice session. The group was able to respond supportively, discussing their own doubts and anger and how they have found the fogging technique to be helpful.

The group re-assembled and role-play examples were videotaped. During the review and snack, one member issued a direct challenge to the group worker. The issue was addressed through role-play involving him and the worker, using the fogging technique being taught that day. The entire group was very attentive to that interaction and afterward, the boy who had expressed the doubt participated in further discussion and seemed to gain some feeling of comfort in terms of the usefulness of the fogging technique to him. Much of the discussion was member-to-member as several of the youngsters had learned fogging in the summer programme and used it quite effectively to deal with teasing.

Again the group ended abruptly due to running out of time. The instructions regarding the homework task were delivered quickly with no opportunity for feedback from the members to give any indication of their understanding.

Generally the participation of members was good in this session with some members initiating interactions for the first time.

The approach used to resolve the issue at the beginning of the session, referring to the contract, seemed effective in that the group was able to move on. However, the situation could also have been addressed by getting the group involved in a problem-solving process around how members could respond to that one member in a way that would help him progress toward his goal. This approach would have involved them more and would have offered more opportunity for learning. The issue later, between the worker and one member, was addressed using the context of the group and the lesson of that session and seemed to work well, both for a learning experience and equalizing participation.

SESSION VI

Five members were present, with the other two absent due to illness.

This session had been rescheduled from the previous day to accommodate the needs of the worker so this item was attended to first, with the worker thanking the group for their understanding and flexibility. This example was used to lead into the topic of personal rights, the focus of that session.

Members participated actively in reading the list of personal rights that was distributed and also in offering examples of rights being violated. They raised questions about legal rights to help differentiate the two. Because of the greater complexity of the concepts involved in asserting one's rights, pre-determined situations were provided for members to use in developing role-plays. They were very creative in identifying dialogues to fit the prescribed situations.

The role-plays for videotaping were well done. Snack was eaten during the review of the tape. There were very few comments offered on the role-plays.

The timing of this session went well, so the worker had an opportunity to describe the task and get feedback from the group to ensure that they had some understanding of it.

This group began well, with members quieter and more attentive than in previous sessions. As it was into the middle of the series it was to be expected that there would be more attention to task. Also, the transition to the new child and youth worker had been quite smooth and she was taking a more active role in the classroom and in the group.

During the discussion of the reason for the rescheduling two members participated noticeably less than the others. This discrepancy should have been addressed as there were signs of it becoming a pattern from previous groups. Two of the other more active members began a cycle of negative interaction which also was not addressed effectively by the worker. This pattern continued throughout the session and was distracting for everyone. In both situations the group could have been invited to join in a problem-solving process to develop solutions to help equalize participation.

The most significant dynamic operating in this session was the failure of the group worker to respond to and utilize the interactions of the group members to further the purpose of the group. With the theme of personal rights, there was a

lot of scope for addressing the problems of participation within that context.

SESSION VII

Six members were present, with the other one absent due to illness. Chris Wheeler was observing.

For this session group members were seated according to assigned places. This arrangement was in response to the continued pattern of hitting and kicking each other during groups, despite reminders of the rule against physical and verbal aggression. The possibility of using a seating plan if the aggression continued was discussed in the classroom before it was implemented. The boys accepted the limit co-operatively and settled down to work quickly.

There was good participation in discussion at the beginning as the boys started talking about the snack while the worker was setting up the camera. One of the boys who missed the previous session asked for clarification regarding the discussion of rights. His question and the way it was asked provided very current material to illustrate the topic, as he was exercising his right to ask for help. Reinforcement was provided to him. Group members again got involved in reading the rights.

The homework assignment for the week had been to practice asking for help appropriately in the classroom. Initial discussion was limited after one of the dominant members scoffed at the idea of asking for help as "wimpy". However, both group workers were able to describe several specific examples of each member practicing the skill effectively. The response to this feedback was very positive and everyone began to offer their own examples, including the doubter.

Two of the group members became engaged in an on-going process of negative interaction which the group leaders had difficulty interrupting. These were the youngsters with the least affiliation to the skills training group. They were likely the most dominant members in the classroom situation. A possible way to address the issue would have been to involve the whole group in working on a solution to the problem. These boys were interfering with the opportunity the others had to learn some skills they needed and they also were not working on the goals they had set for themselves. There possibly would have been benefit in trying to increase their affiliation to the group by identifying concrete ways for them to become involved.

Members were attentive to the videotape of the models and enjoyed criticizing the examples offered. The skill being modelled, that of admitting responsibility for misbehaviour, was a particularly difficult area for these boys. Their concerns were that the models were too "wimpy", gave in too

easily, and took too much blame. In the sub-groups much of the members' planning for the role-plays involved deciding how to say "yes, I did it" and still maintain a sense of self-respect. In responding to the boys' struggle with this emotional issue the group worker got side-tracked into placing too much emphasis on asking members to identify feelings when doing the role-plays. However, members were not very responsive and she dropped that approach. The youngsters worked well and very co-operatively in practicing the role-plays. Reinforcement for their positive interactions was given.

The group re-assembled and role-play examples were videotaped. During the playback the boys were very interested in noticing the different choices of words in the responses. They were less interested in trying to anticipate various reactions to the responses.

Just prior to group ending there was some teasing of one member about his dislike of chocolate, a pattern of negative interaction that began the previous week and was not addressed. This time that member, rather than putting his head down and becoming very tense, used a fogging technique very effectively. Social reinforcement was given for his good response, both in using the fogging technique and in asserting his right to experience and express his feelings. The group dropped the issue.

The homework task was not delivered as the school schedule was altered that day and group ended early.

SESSION VIII

All seven members were present. Again the seating arrangement was planned by the group leaders.

The purpose of this session was to begin helping group members learn a problem-solving approach. As the general philosophy of the Programme corresponded to what Rose (1977) identified as step one of the process, learning to accept that problems are a normal part of life, it was not dealt with as a separate step during group training. This message was given to the boys and their families directly and repeatedly throughout the course of their contact with the Integrated Classroom Programme.

Before group started some of the boys were playing cards and had to stop. The problem was solved by agreeing that, if the group worked quickly and finished everything early, they could finish the card games later. This contract was then used to bring the boys together and get the group started.

Group members were quite quiet and focused to begin. The beginning of group members taking responsibility for group norms can be seen in one boy offering a reminder to the worker to cover the window.

While the worker was covering the window, the whole group began conversing very positively, with fairly equal participation. Reinforcement was given for this interaction.

To wind up the work on asserting personal rights, the worker gave feedback to each member about how they were seen to be exercising their personal rights during group sessions. Specific examples of their behaviours were cited and reframed as a positive assertion of personal rights. Examples of the workers' behaviours were also used. Attention to this feedback was very good and member-to-member interaction was positive.

The level of attention and participation remained high through developing a definition of brainstorming, doing a brainstorming exercise in small groups, and reviewing the ideas with the whole group.

In anticipation of termination, the group began planning for the last session by brainstorming possible foods available for lunch that day. One of the members with the least affiliation for the group volunteered to take on the task of writing down the choices.

Again the ending was abrupt, with no opportunity for pulling ideas together or discussing the task for the week.

Throughout this session members were seen using skills taught in previous groups such as sending and receiving messages effectively, requesting behaviour change, and asserting personal rights. Reinforcement was given to support this effort. Overall, in this group, the level of physical and verbal aggression was greatly reduced. It was possible to ignore many of the side comments and minor disruptions as there were many positive interactions to reinforce.

SESSION IX

Six members were present with one absent due to illness.

The purpose of this session was to continue to work on learning a problem-solving process. The focus was on identifying possible results of the various options identified in the previous group.

The beginning of the group was difficult, with members getting involved in numerous negative verbal exchanges and some aggressive physical posturing. There had been a session missed since the last group, due to illness of the group worker, and this disruption of continuity may have contributed to the increased level of unrest. The group worker reminded members of the rule stating no physical or verbal aggression in group. It was also necessary to return to using assigned seats, an arrangement which had been discussed between sessions and, at the request of group members, was to have been abandoned. The boys were finally able to settle down and participated well in discussing brainstorming, the topic of the previous session, and offering examples from their own lives.

One boy's level of participation was very low. The group worker did not address the issue and finally group members began to attack him for not contributing. The worker dealt with the situation by involving them in identifying what non-verbal message he was giving the group and what personal rights he was asserting. The group responded positively to this approach and was able to settle down to the new task after this issue was addressed. The level of participation of that member did increase by the end of the session.

The members were able to identify numerous consequences of the various alternatives identified previously. They then divided into sub-groups and worked diligently and creatively to develop and enact role-plays of how they would proceed to put one of the alternatives into effect. Role-plays were then videotaped and reviewed while eating the snack.

The final task for this session involved identifying consequences of various menu possibilities for the last session and then making a choice. Participation was high, with a very positive demonstration of acceptance for each other's likes and dislikes. A decision to have submarine sandwiches from one particular outlet was reached quite easily.

Again the time ended with no opportunity for review or summarizing. It would have been useful to give feedback about the excellent application of social skills demonstrated during

this session.

In both this session and the last one, it was possible to see some indications of the potential for this group to eventually reach a stage of mutuality. There was decreased competition, especially the very aggressive type, greater adherence to norms and taking responsibility for them, increasing sharing of personal experiences, more creativity and risk-taking in role-plays, and more ownership for the process. It is important to recognize, however, that all of these developments were happening within the parameters of a very structured program.

SESSION X

Six members were present, one having been sent home early that morning due to concern that he had a fairly contagious eye infection. He had attended that day because of group, despite experiencing some physical discomfort. The interim child and youth worker was absent so a substitute, in the classroom for her second day, was part of the session.

The purpose of this group was to review all the skills that had been covered over the previous nine sessions.

This group session took place three days before school closed for Christmas vacation so the level of agitation was even higher than usual. One of the members made a request for permission to do an act for the video camera at the end of the session. In giving approval, a contract was negotiated with the whole group that they would work hard to finish the learning tasks so that boy could have the privilege he requested. This approach was quite successful and two of the members in particular exercised responsibility for bringing the group back on task. Because this session involved lunch and a visit from the regular child and youth worker who would be returning from sick leave after Christmas, the working time was shorter than usual.

Just as the session was starting, with the individual who made the special request taking responsibility for bringing everyone on task and doing it appropriately, an issue was raised about the non-participation of one member, the boy who was frequently scape-goated in previous sessions. This time the concern was expressed directly and openly in a questioning way rather than critically. The rest of the group responded by helping the identified member identify possible reactions to the situation and demonstrating for him. He was finally able to try out the behaviour himself. This interaction was very positive and supportive in tone and involved the whole group, with almost no participation by the group worker.

The worker gave the group positive feedback for this interaction and was able to bring the focus of the group to the task of reviewing all the skills covered in previous groups by using this example.

Group members participated enthusiastically in contributing to discussion focused on identifying what they learned from the social skills training. They then practiced role-playing two of the skills in sub-groups and re-assembled to do the role-plays for the camera. The interaction was more boisterous than usual but good natured and co-operative, without the highly competitive tone that often characterized their relationships both within the group and in the

classroom. There was no opportunity to view the tape so an agreement was reached with the group to have one more session after Christmas to view the tape and evaluate the group. The session ended quickly when lunch was delivered.

SESSION XI

Six members were present, with one absent due to illness. The regular child and youth worker, now returned from sick leave, was also present.

The purpose of this group was to watch the tape from the last session and evaluate the program.

This session took place two months after Session X, so there was an opportunity for a great deal of informal discussion about it during classroom time. Members were generally looking forward to it.

An interactive exercise was used to engage group members at the beginning. They responded well, co-operating with the rules and including everyone. The purpose of the activity, to offer practice in stating an opposing view, was compatible with the overall purpose of the group programme. One of the boys, who earlier in the programme had been uninvolved and uncommitted, asked some questions to clarify the rules of the activity. He was given reinforcement for his assertive action in asking and for the appropriate way he did it. The group co-operated well with the request to end the activity, even though they appeared to be enjoying it, when they were able to negotiate an agreement to continue it for a short time at the end of group.

They then applied themselves diligently to the task of offering written comments regarding what they liked best and what they liked least about the group. They offered encouragement to the member who participated least and expressed some frustration but did not pursue the issue. The worker did not intervene in this process but should have, as the feelings of resentment at his non-involvement are expressed later. Members should have been given reinforcement for the suggestions they made. It might have been helpful to have group members do some problem-solving to identify what they can do when they think they are being ignored besides get angry and attack. Another approach would have been to involve the group in doing some role-play in which they would take the part of the group member who was almost paralysed by his anxiety at times.

Snack was eaten while viewing the videotaped role-plays from Session X. There was little discussion of what they saw but comments and facial expressions suggested that they were quite surprised at the noise level and degree of physical aggressiveness recorded by the camera.

In response to questions about other group opportunities they would find interesting, the youngsters demonstrated

interest and willingness to participate. At that time they were in an anger management group. Five of them were anticipating the start of a high school preparation group very shortly. The only other group they could think of was an "outing group". Generally they responded positively to the suggestion that a focused group programme would continue, in addition to their on-going participation in the Integrated Classroom Programme.

The session finished by returning to the introductory activity. Interaction was somewhat more aggressive but group members responded positively when reminded of the limits. They were able, through the guise of a game, to comment on behaviours of others in a non-critical way. The group was fairly tolerant of delays and offered suggestions to each other. At the end of the session they stopped the game co-operatively and assisted with tidying up the chairs.

APPENDIX C - LETTER AND CONSENT FORM COMPARISON SUBJECTS

Lutherwood

Reaching out to families and communities

R.R. 3, Waterloo, Ontario N2J 3Z4
Tel. (519) 884-1470 Fax (519) 886-8479

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STAFF

The Rev. Dieter E. Kays
Chief Executive Officer

September 24, 1991

Dear Parents:

We are writing to ask your permission for your adolescent to participate in the evaluation of a training group programme. The evaluation will enable us to determine the effectiveness of this programme in helping our students work toward their treatment goals. It will also fulfill the final requirement of the Master of Social Work degree for one of the Team Leaders, Edith Richardson. As this educational function is outside of the treatment and evaluation functions you agreed to in your initial contract with Lutherwood, we want to give you an opportunity to make an informed decision about participation.

As part of the evaluation process, several questionnaires will be used at three different points in time - early October, again in December, and again in March, 1992. Parents will be asked to complete one questionnaire, adolescents to do two, and teachers and child care workers to do one, at each of the three different points.

The parents' questionnaire will assess the frequency of certain of the child's behaviours, as well as outline school achievement and general interests. The adolescents' questionnaires will examine how positively they view themselves as well as how responsible they feel for their actions. The teachers and child care workers will also measure the frequency of behaviours. All answers to all questions are considered confidential and will be used under strict conditions of professional confidentiality for treatment planning within Lutherwood and for programme evaluation for Edith's educational component.

Information gathered will be compared to information about adolescents who participated in a specific training group. If, based on the comparison, we can see definite gains being made by groups participants, we hope to offer the treatment programme to more of our adolescents on a regular basis.

We would be grateful if you would permit your adolescent to participate as we feel this type of programme evaluation and ongoing education of staff is important to help us continue to offer high quality treatment programmes which are designed to meet the needs of our students. The attached consent form requires your signature whether or not you give your permission for participation. Please complete it and return it to Lutherwood as soon as possible. If you have any questions, or if you would like additional information to help you make your decision, please contact Edith Richardson at . Thank you for your support.

Yours truly,

Edith Richardson, B.S.W.
Team Leader
Clinical Services

Christopher Wheeler, M.S.W.
Interim Clinical Director

/js

Enclosure

I have read the letter concerning the evaluation of the training group programme to be conducted by Edith Richardson. I understand that all information gathered on this project will be used to evaluate the effectiveness of this group as a treatment programme and to help plan future treatment directions. I understand that permission to participate may be withdrawn at any time.

Name of student: ______________________________

Permission to participate: _______ Yes _______ No

Signature of parent or guardian: ______________________________

Signature of student: ______________________________

* *

If you would like to receive the results of this evaluation, please fill out your mailing address in the space below.

Name: ______________________________

Address: ______________________________

City: ____________________ Postal Code: ____________________

APPENDIX D - INVENTORY OF WORK, LIFE & SOCIAL SKILLS

LETTER OF AUTHORIZATION

DATE: July 10, 1992

TO WHOM IT MAY CONCERN:

Re: Inventory of Work, Life and Social Skills

I hereby authorize Edith Richardson to reproduce the above-noted "Inventory" in her thesis. I understand that this thesis will be used by the National Library of Canada as worded in the "Permission to Microfiche" (form NL-91). Such use, as described in form NL-91, may include reproduction, loan, distribution or sale of copies of the thesis by any means and in any form or format, by the National Librarian.

____
Dr. S. Mark Pancer
Department of Psychology
University of Waterloo
Waterloo, Ontario

I refuse to grant permission for the use of this instrument

____
Dr. S. Mark Pancer

INVENTORY OF WORK, LIFE AND SOCIAL SKILLS (IWLSS)

Scoring Guidelines

The Inventory is designed to assess a youth's functioning in twelve areas, and, in addition, to provide an indication of his or her general level of social and emotional adjustment. The scoring procedure has been arranged so that higher scores are indicative of better adjustment.

The first step in scoring the inventory is to reverse the scoring of all items which describe negative behaviours (i.e., a 1 becomes a 5, a 2 becomes a 4, a 3 stays the same, a 4 becomes a 2, and a 5 becomes a 1). The following items are to be scored in the reverse direction:

1-3, 1-5
3-5
4-5
5-2
6-4, 6-5, 6-7
7-1, 7-3, 7-4, 7-6
9-4, 9-5, 9-6, 9-8, 9-9
10-1, 10-2, 10-3, 10-4, 10-5, 10-6, 10-7, 10-8, 10-9

The score for each area (e.g., **FAMILY, RELATIONSHIPS WITH AUTHORITY**, etc.) is then obtained by simply totalling the scores for the items in that area, and dividing by the number of items in the category. For example, if the eight items in the **FAMILY** category totalled to 20, the youth's score for that area would be 2.5. A comparison of scores across the different categories can provide some indication of where the greatest needs are in terms of programming for the youth.

The overall adjustment score is obtained by adding the 12 area scores, and dividing by 12.

Dr. S. Mark Pancer, Department of Psychology,
Wilfrid Laurier University, Waterloo, Ontario.

INVENTORY OF WORK, LIFE AND SOCIAL SKILLS

YOUTH'S CODE NUMBER: ______________________

RATER'S NAME: ______________________

TODAY'S DATE: ______________________

This is the: PRETEST FINAL rating (circle one).

This inventory is designed to assess the youth's level of skill in several areas related to social and emotional adjustment. It is important to read each statement carefully - note that some of the behaviours listed are positive and some are negative - and choose the indicator statement below which most closely describes your perception of the youth. For each statement, indicate whether you think the youth has never, rarely, sometimes, often or consistently acted this way within the last week. Circle a

1 if the youth never does this

2 if the youth rarely does this

3 if the youth sometimes does this

4 if the youth often does this

5 if the youth almost always does this

Over the last week, to what extend has the youth shown the following:	**NEVER**				**ALMOST ALWAYS**
FAMILY					
1-1 has good relations with family members	1	2	3	4	5
1-2 included in family activities	1	2	3	4	5
1-3 has difficulty dealing with family problems	1	2	3	4	5
1-4 has contact with family members	1	2	3	4	5
1-5 has poor relations with parents	1	2	3	4	5
1-6 included in family decision-making	1	2	3	4	5
1-7 communicates well with family members	1	2	3	4	5
1-8 able to accept support of family	1	2	3	4	5

Over the last week, to what extend has the youth shown the following:	NEVER				ALMOST ALWAYS
RELATIONSHIPS WITH ADULTS/AUTHORITY					
2-1 has good relations with programme staff	1	2	3	4	5
2-2 complies with reasonable adult requests	1	2	3	4	5
2-3 shows respect for authority	1	2	3	4	5
2-4 follows rules	1	2	3	4	5
TASK BEHAVIOUR					
3-1 completes tasks independently	1	2	3	4	5
3-2 able to concentrate on task at hand	1	2	3	4	5
3-3 attends to and follows directions	1	2	3	4	5
3-4 proud of accomplishments	1	2	3	4	5
3-5 easily frustrated	1	2	3	4	5
VOCATIONAL/SCHOOL					
4-1 confident about school work	1	2	3	4	5
4-2 has considered academic/vocational goals	1	2	3	4	5
4-3 wants to do well in school	1	2	3	4	5
4-4 shows good study habits	1	2	3	4	5
4-5 has difficulty with school work	1	2	3	4	5
GROUP BEHAVIOUR					
5-1 shows leadership skills	1	2	3	4	5
5-2 disrupts group activities	1	2	3	4	5
5-3 participates in group activities	1	2	3	4	5
5-4 is co-operative in group situations	1	2	3	4	5

Over the last week, to what extend has the youth shown the following:	NEVER				ALMOST ALWAYS
PHYSICAL APPEARANCE & WELL-BEING					
6-1 keeps room & personal effects tidy	1	2	3	4	5
6-2 engages in physical exercise	1	2	3	4	5
6-3 is clean and well-groomed	1	2	3	4	5
6-4 eats too much	1	2	3	4	5
6-5 smokes cigarettes	1	2	3	4	5
6-6 sleeps well	1	2	3	4	5
6-7 abuses alcohol & other substances	1	2	3	4	5
PEER RELATIONS					
7-1 keeps to self	1	2	3	4	5
7-2 gets along with peers	1	2	3	4	5
7-3 follows others into disruptive behaviour	1	2	3	4	5
7-4 teases, calls others names	1	2	3	4	5
7-5 makes friends easily	1	2	3	4	5
7-6 instigates negative behaviour in others	1	2	3	4	5
7-7 co-operates with others	1	2	3	4	5
7-8 considers feelings of others	1	2	3	4	5
7-9 copes well with teasing	1	2	3	4	5
PERSONAL ACCOUNTABILITY					
8-1 shows self-discipline & self-control	1	2	3	4	5
8-2 accepts responsibility for own behaviour	1	2	3	4	5
8-3 is aware of personal responsibilities	1	2	3	4	5
8-4 thinks of effects of own actions on self and others	1	2	3	4	5
8-5 respects others' property & person	1	2	3	4	5

Over the last week, to what extend has the youth shown the following:	NEVER				ALMOST ALWAYS
EMOTIONAL EXPRESSION					
9-1 expresses anger appropriately, without losing control	1	2	3	4	5
9-2 demonstrates self-esteem & self-confidence	1	2	3	4	5
9-3 accepts criticism & not getting his/her way	1	2	3	4	5
9-4 puts self down	1	2	3	4	5
9-5 has difficulty expressing feelings	1	2	3	4	5
9-6 is anxious and tense	1	2	3	4	5
9-7 trusts others	1	2	3	4	5
9-8 has negative attitude	1	2	3	4	5
9-9 thinks only of self	1	2	3	4	5
NEGATIVE BEHAVIOURS					
10-1 involved in fights, arguments name-calling	1	2	3	4	5
10-2 acts in a silly, boisterous, immature way	1	2	3	4	5
10-3 screams and yells	1	2	3	4	5
10-4 swears and curses	1	2	3	4	5
10-5 engages in sexually inappropriate behaviour	1	2	3	4	5
10-6 lies, distorts the truth	1	2	3	4	5
10-7 is self-destructive	1	2	3	4	5
10-8 is lazy	1	2	3	4	5
10-9 seeks attention	1	2	3	4	5

Over the last week, to what extend has the youth shown the following:	NEVER				ALMOST ALWAYS
PROGRAM PARTICIPATION					
11-1 complies with centre's program	1	2	3	4	5
11-2 willing to attempt new activities	1	2	3	4	5
11-3 approaches program activities with enthusiasm	1	2	3	4	5
11-4 making good progress through behaviour management system	1	2	3	4	5
LIFE SKILLS					
12-1 converses with others	1	2	3	4	5
12-2 expresses self clearly & concisely	1	2	3	4	5
12-3 able to solve problems	1	2	3	4	5
12-4 demonstrates good manners & conduct	1	2	3	4	5
12-5 gets along with people in community	1	2	3	4	5
12-6 deals with problems in a mature way	1	2	3	4	5
12-7 thinks about what he/she will do in future	1	2	3	4	5
12-8 engages in recreational or leisure interests.	1	2	3	4	5
12-9 knows and makes use of community resources	1	2	3	4	5

APPENDIX E - SUMMARIES OF FOUR TREATMENT GROUP MEMBERS

I GROUP MEMBER "D"

"D", age 13, had been in the Integrated Classroom Programme for one year at the time of his involvement in the social skills training group. At the time of his referral to Lutherwood, presenting problems included disruptive and noncompliant behaviour at school, a tendency to choose friends much younger than himself and to act in a very bossy, aggressive way with them, and defiance and noncompliance at home. Specific behavioural problems noted in the Programme included difficulty responding to teasing, a lack of skill in requesting help, and difficulty taking responsibility for his own behaviour. "D" was living at home with his mother, step-father, and eighteen month old step-brother. His mother and step-father were very aware of "D's" problems and were very frustrated with trying to solve them. "D" had almost given up hope that his life could be any different. On the positive side, "D" was an intelligent boy who had some very good social skills that he used in interacting with adults. He was willing to try to help himself and responded very positively to social reinforcement. Target behaviours for "D" were to increase his use of assertive responses in dealing with negative attention from peers, to increase his ability to take ownership for his behaviour, and to help him develop an

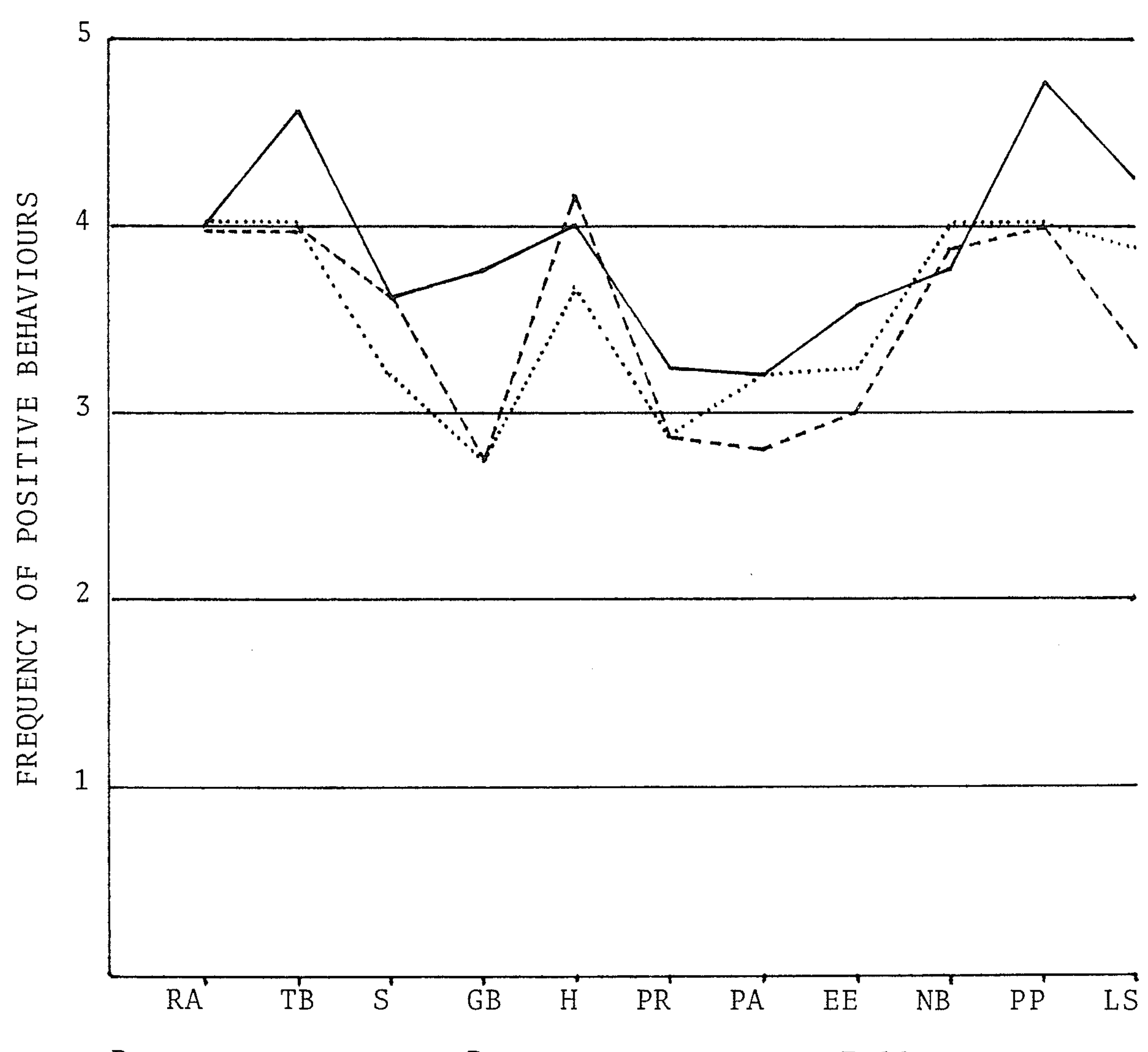
organized problem-solving approach that would enable him to resolve many of the interpersonal dilemmas he found himself in.

Overall, the data collected on the various measurement tools appeared to show that "D" made large gains in the behaviours which were targeted for training. He also seemed to experience a more positive sense of self-esteem and a more internally oriented locus of control. Scores collected on the various measurements can be found in Tables 2, 3, 4, and 11.

TABLE 11

INVENTORY OF WORK LIFE AND SOCIAL SKILLS

TREATMENT GROUP MEMBER "D"



Pre-treatment ---; Post-treatment ...; Follow-up ___

1 - Never; 2 - Rarely; 3 - Sometimes; 4 - Often;
5 - Almost always

RA - Relationships with Adults/ Authority
TB - Task Behaviour S - School/Vocational
GB - Group Behaviour H - Physical Appearance
PR - Peer Relations PA - Personal Accountability
EE - Emotional Expression NB - Negative Behaviours
PP - Program Participation LS - Life Skills

II GROUP MEMBER "E"

"E", age 14, was referred to the Integrated Classroom Programme four weeks before the training group due to his inability to cope in a regular grade 8 setting which required him to be moving from room to room for various classes. He was described as frequently behaving aggressively towards peers, having difficulty accepting responsibility for his behaviour, and being unable to organize himself or his work. "E" lived with his father, step-mother, older brother, and younger step-brother. He had moved in with them ten months previously after living with his natural mother for most of his life. "E's" father and step-mother were largely unaware of the extent or seriousness of his behavioural problems but, when confronted with a description of "E's" actions, soon recognized that his behaviour at home was very similar to his behaviour at school. They had already begun to work on the issue of trying to get "E" to take responsibility for his behaviour and were also attempting to help him become less aggressive in his actions towards his step-brother. On the positive side, "E" was a very personable young man with a good sense of humour who had a very clear career goal and recognized that he was going to have difficulty achieving that goal if he did not start to exercise some control over his behaviour. "E" had been diagnosed Attention Deficit Disorder with Hyperactivity and had been on medication in the past.

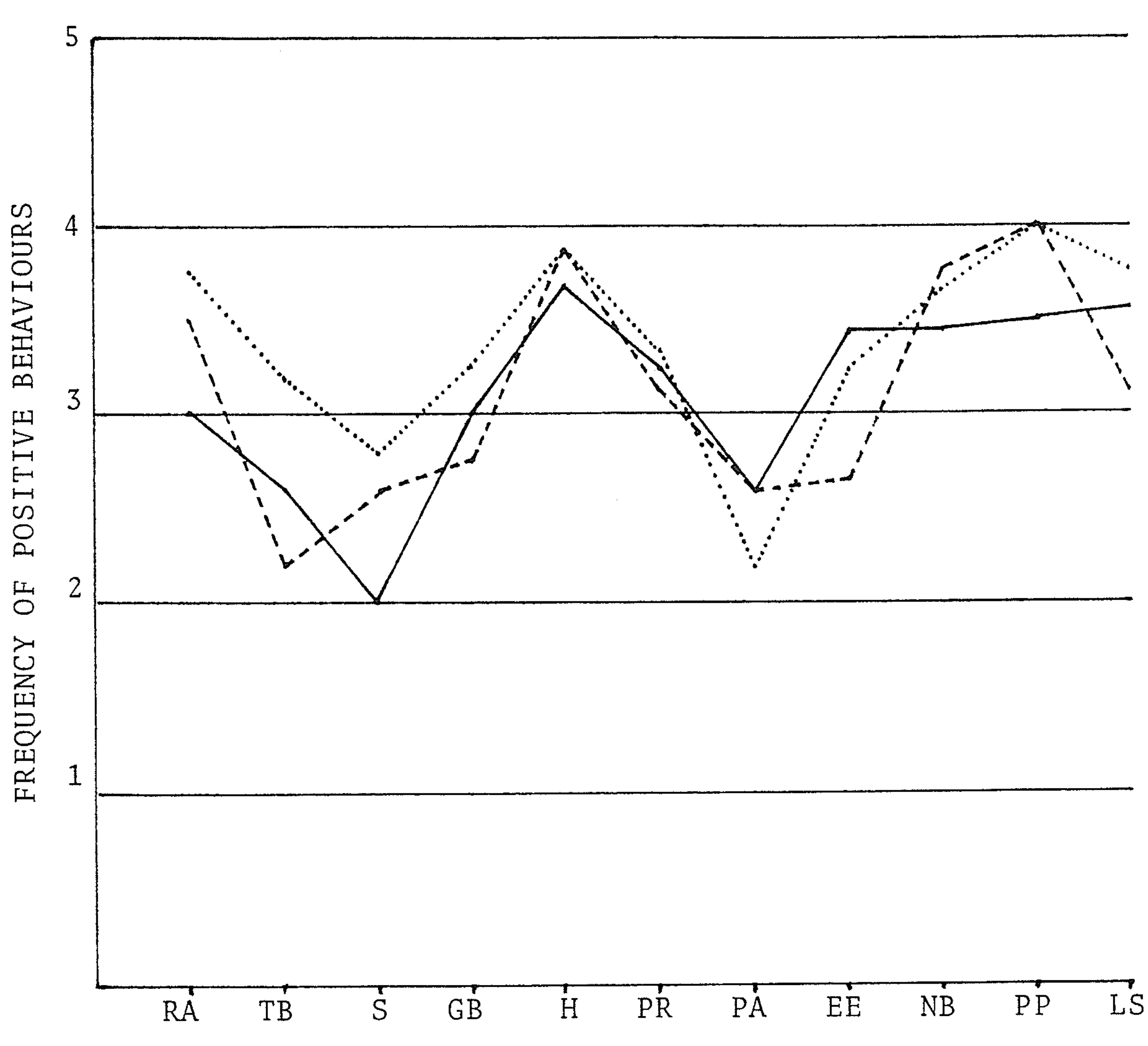
However, he was not on any medication at the time of his participation in the social skills training group. Target behaviours for "E" were to increase his use of verbal assertions in dealing with peers, increase the frequency with which he would admit responsibility for his actions, and provide him with an organized approach to solving problems.

Overall, the data collected on the various measurement tools seemed to indicate that "E" made some gains on the targeted behaviours but did not maintain the improvement and did not seem to generalize the learning. Scores collected on the various measurement tools can be found in Tables 2, 3, 4, and 12.

TABLE 12

INVENTORY OF WORK LIFE AND SOCIAL SKILLS

TREATMENT GROUP MEMBER "E"



Pre-treatment ---; Post-treatment ··· ; Follow-up ——

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EE - Emotional Expression NB - Negative Behaviours
PP - Program Participation LS - Life Skills

III GROUP MEMBER "F"

"F", age 13, had been in the Integrated Classroom Programme for seven months when he began social skills training. Identified behavioural problems included difficulty getting along with peers, inability to take responsibility for his actions, frequent displays of silly, immature behaviour, and frequent outbursts of anger. "F" had been diagnosed Attention Deficit Disorder with Hyperactivity and was on medication to help him control his impulses. He lived at home with his natural parents and youngest sister. All family members agreed on the nature of "F's" difficulties but felt helpless to do anything about it. "F" was reasonably motivated but had little faith in the value of planning ahead or preparing for the future. This was a view that he learned from his parents who exhibited a pattern of going from crisis to crisis in their lives. On a positive side, "F" was a bright boy with no academic difficulties. He was very interested in, and fond of, animals. He could also exhibit very caring, compassionate behaviours when he was in the mood. Target behaviours for "F" were to help him acquire a positive response to the teasing that he was subjected to by peers and to help him learn a problem-solving approach to dealing with interpersonal difficulties.

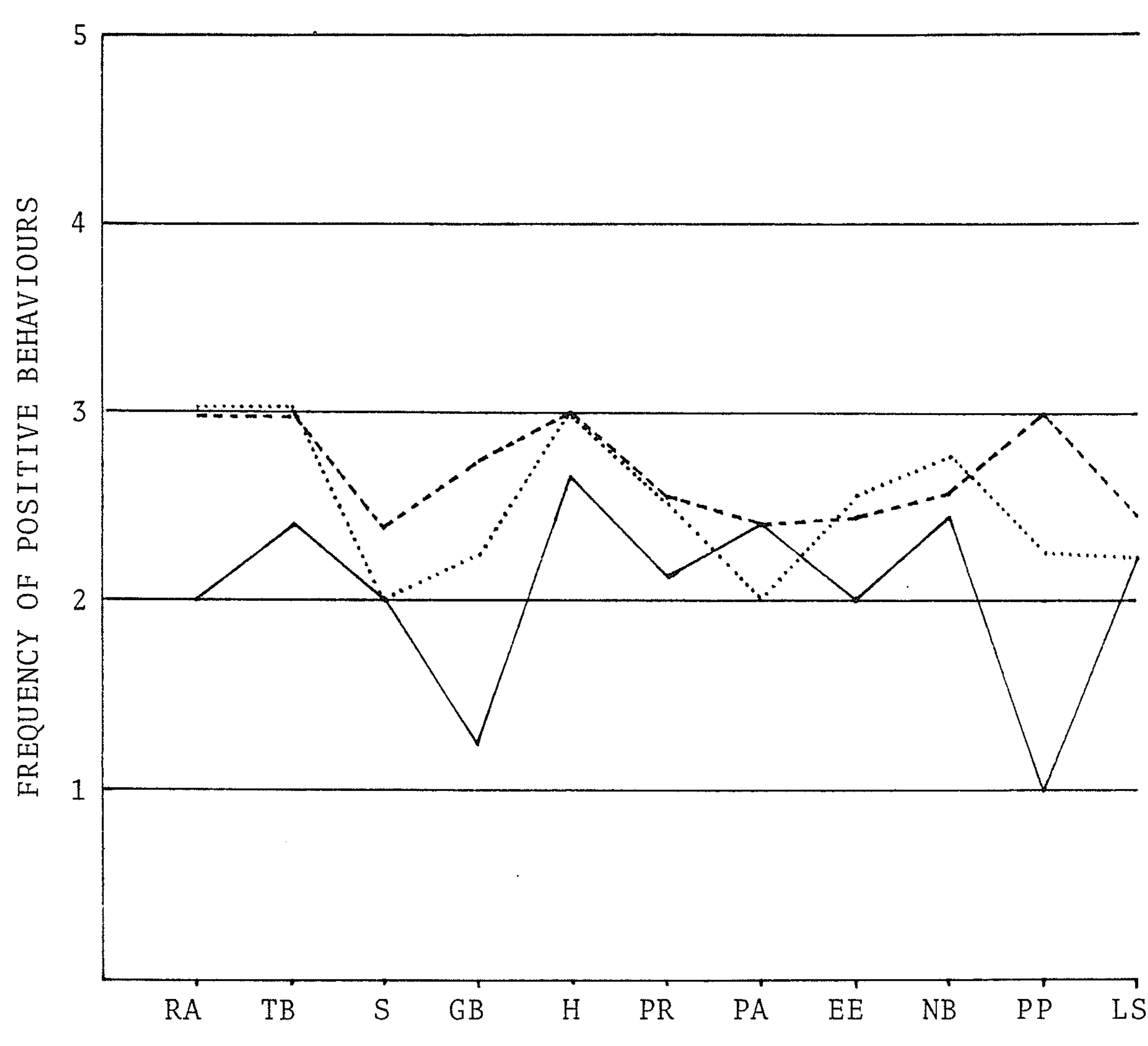
"F" made no gains while in the training group and in fact

seemed to show a large deterioration on both of the behavioural rating scales. His score on the "Self-Esteem Inventory" fluctuated somewhat but, overall, showed no change. His score on the "Locus of Control Scale" became increasingly internal, a factor which cannot be accounted for. Scores collected on the various measurement tools can be found in Tables 2, 3, 4, and 13.

TABLE 13

INVENTORY OF WORK LIFE AND SOCIAL SKILLS

TREATMENT GROUP MEMBER "F"



Pre-treatment---; Post-treatment···; Follow-up ___

1 - Never; 2 - Rarely; 3 - Sometimes; 4 - Often;
5 - Almost always

RA - Relationships with Adults/Authority
TB - Task Behaviour S - School/Vocational
GB - Group Behaviour H - Physical Appearance
PR - Peer Relations PA - Personal Accountability
EE - Emotional Expression NB - Negative Behaviours
PP - Program Participation LS - Life Skills

IV GROUP MEMBER "G"

"G", age 12 years, had been in the Integrated Classroom Programme for two months when he began the social skills training. "G" had been referred to Lutherwood because of concerns about his behaviour at school including temper tantrums, extreme frustration when confronted, difficulty in establishing social connections, extreme lack of assertiveness, especially in dealing with peers, and an inability to express feelings. These behaviours were all noted in the present classroom situation, with the major concerns focusing around "G's" inability to deal with confrontation or disruption of routine as well as his inability to deal with any kind of negative reaction from peers. While his parents seemed relatively unaware of him experiencing these kinds of problems at home or in the community, they did describe "G" as a boy who spent a great deal of time alone, having only one or two friends that he had developed over his six years at his previous school. They also recognized that "G" had great difficulty dealing with any kind of disapproval from an adult. They had dealt with this at home by simply limiting their expectations of "G" and leaving him to operate very independently. "G" was an extremely intelligent boy who greatly enjoyed reading science fiction as well as going on rides at amusement parks. His intelligence was a real strength and enabled him to reason

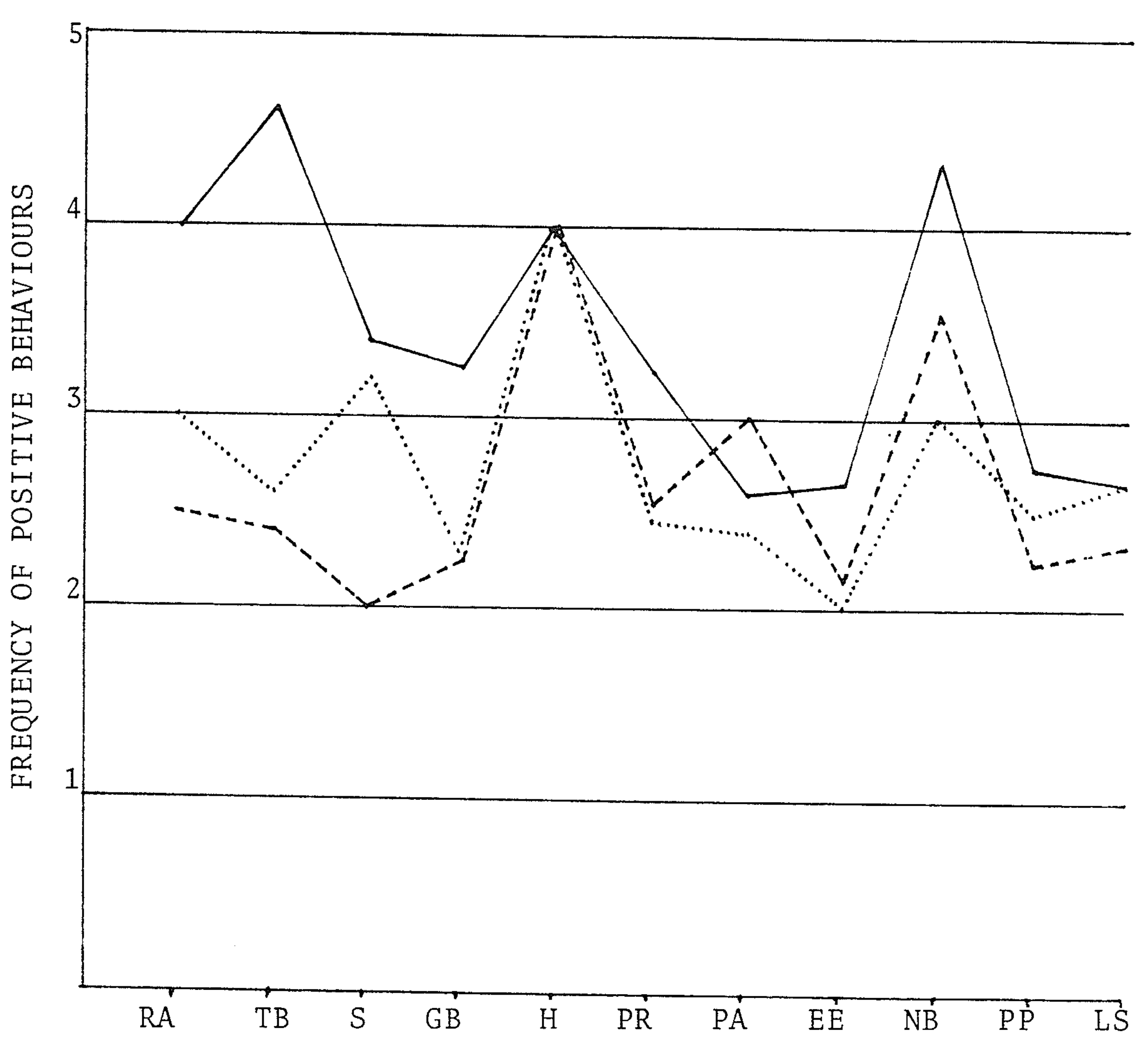
through many situations and deal with them by understanding. Target behaviours for "G" were to help him learn responses to give to peers when they were imposing on him as well as to increase "G's" assertiveness when confronted with disapproval or change in his routine.

The data collected on the behaviour rating scales suggests that "G" did make some gains in the areas which were targetted for training. The meaning of the data collected on the other two measures is more difficult to interpret. "G's" parents report satisfaction with his progress. Scores collected on the various measurement tools can be found in Tables 2, 3, 4, and 14.

TABLE 14

INVENTORY OF WORK LIFE AND SOCIAL SKILLS

TREATMENT GROUP MEMBER "G"



Pre-treatment ---; Post-treatment ...; Follow-up ___

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RA - Relationships with Adults
TB - Task Behaviour S - School/Vocational
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PR - Peer Relations PA - Personal Accountability
EE - Emotional Expression NB - Negative Behaviours
PP - Program Participation LS - Life Skills

APPENDIX F - SUMMARIES OF COMPARISON SUBJECTS

I. COMPARISON SUBJECT "I"

1. SOCIAL HISTORY

"I" was a male caucasian, aged 12 years, 10 months, when he entered treatment at Lutherwood. He lived at home with his mother, age 35, her common-law partner of about three years, and his sister, age 15. He was a short, slight boy with reddish brown hair, blue eyes, and freckles.

"I's" mother grew up in New Brunswick, part of a large Acadian family. She left home after her father's death when she was 16, moving to Cambridge to live with an older brother and his family. She had completed grade 9 in New Brunswick but had taken upgrading in Ontario to complete grade 11. She was schooled in French and had some difficulty reading and writing in English. She described her childhood positively despite the fact that her father was an alcoholic. She reported meeting "I's" father when she was 18 and marrying him the next year. "I's" father was the eldest of a Newfoundland family of 7. "I's" mother described him as an uninvolved parent and partner who was an alcoholic. They separated when "I" was 7 1/2 and "I's" dad subsequently remarried. He remained largely uninvolved in the children's lives but did see them on Christmas, birthdays, and other family occasions.

"I's" mother began her common-law relationship about two years after the separation. Her common-law partner was born in the area and grew up here, going to live in California and British Columbia before returning to this area about five years previously. He had been married and divorced twice. He had no children of his own, although he helped parent his second wife's two children.

Following her separation from "I's" father, "I's" mother worked part-time, often in the evenings, leaving "I's" sister, at that time not yet 12 years old, in charge of the household.

The family had concerns about both "I" and his sister, although they were rarely discussed or dealt with in a direct way. "I's" mother tended to alternate between a "laissez-faire" approach to discipline and setting rather rigid consequences that were unenforceable. Her partner was at times left to do the disciplining but lacked credibility with both "I" and his sister. In the past, "I's" sister had been largely responsible for "I" while mom worked and had significant difficulties fulfilling that role.

"I" had rather a difficult start in life, being born prematurely and spending 1 1/2 weeks in an incubator. There were also some feeding difficulties but no other medical concerns. Developmental milestones appear to have been

achieved within the normal range, with walking somewhat delayed at 17 months.

At 2 years of age, "I" fell down a flight of stairs headfirst onto a cement floor, resulting in a skull fracture. A subsequent neurological examination apparently revealed no abnormalities. However, "I's" mother continued to wonder to what extent his current behaviour and academic delay were attributable to the head injury.

The referral to Lutherwood was suggested to "I's" mother by the Behavioural Consultant with the school system. School concerns regarding "I" revolved around his poor academic performance, particularly in Language Arts, his low frustration tolerance, social skills deficits, and low self-esteem.

The family's concerns centred on "I's" lack of basic academic skills, his immaturity and management problems. The family described him as extremely moody and having to be reminded constantly to complete tasks. At the time of referral, much of the family's energy was taken up dealing with "I's" sister who was skipping school, running up huge phone bills, and who had recently tried to run off to Toronto with a boyfriend.

The family had a long history of involvement with social agencies. They had had "I" assessed at Sick Children's Hospital in Toronto as well as involved in programmes at various childrens' centres. The family had been involved with Children's Aid Society on several occasions, beginning when "I" was 6 years old. Sometimes the involvement was at the family's request and on one occasion at the school's request. Concerns centred on parental inadequacy, concerns over hygiene, clothing, nutrition, and the general welfare of "I" and his sister. When "I" was 8 years, Children's Aid was involved because of concerns around physical abuse of "I" by his mother.

"I" was seen as a youngster with significant learning problems, short attention span, and poor social skills with a history of inadequate parenting and deprivation. "I's" parents supported the recommendation that he be placed in a day treatment programme at Lutherwood. "I" also was willing to look at an alternate school placement because of the difficulties he was encountering at his present school.

The goals set for "I" to work towards during his treatment at Lutherwood included to decrease the use of verbal and physical expression to express anger, to increase "I's" self-esteem, to help "I" gain the skills necessary to maintain peer relationships, and to help "I" learn to complete assigned

tasks.

2. TREATMENT PROGRAMME

"I" was admitted to the day growth programme at Lutherwood, which he attended five days a week throughout the school year and over most of the summer. After eleven months in this programme, "I" was admitted to the residential programme on a part-time basis as he was making no progress with the treatment he was receiving. The goal of the time-limited residential placement was to provide him with the structure he needed to learn a problem-solving process that would enable him to function in his home given the absence of any real structure there. "I" continued in part-time residential placement for four months. He was then discharged back into the day growth programme and continued to attend there on a daily basis up to the point of the follow-up measurement being done.

In both day growth and residence, "I" was part of a milieu treatment programme. He functioned as part of a treatment group consisting of seven other youngsters of a similar age. His individual treatment plan focused on the goals identified with him and his parents and he also worked towards the overall programme goals as appropriate for a child his age. He did not participate in any cognitive-behavioural

group training programme such as the adolescents under study were involved in.

3. OUTCOME EVALUATION

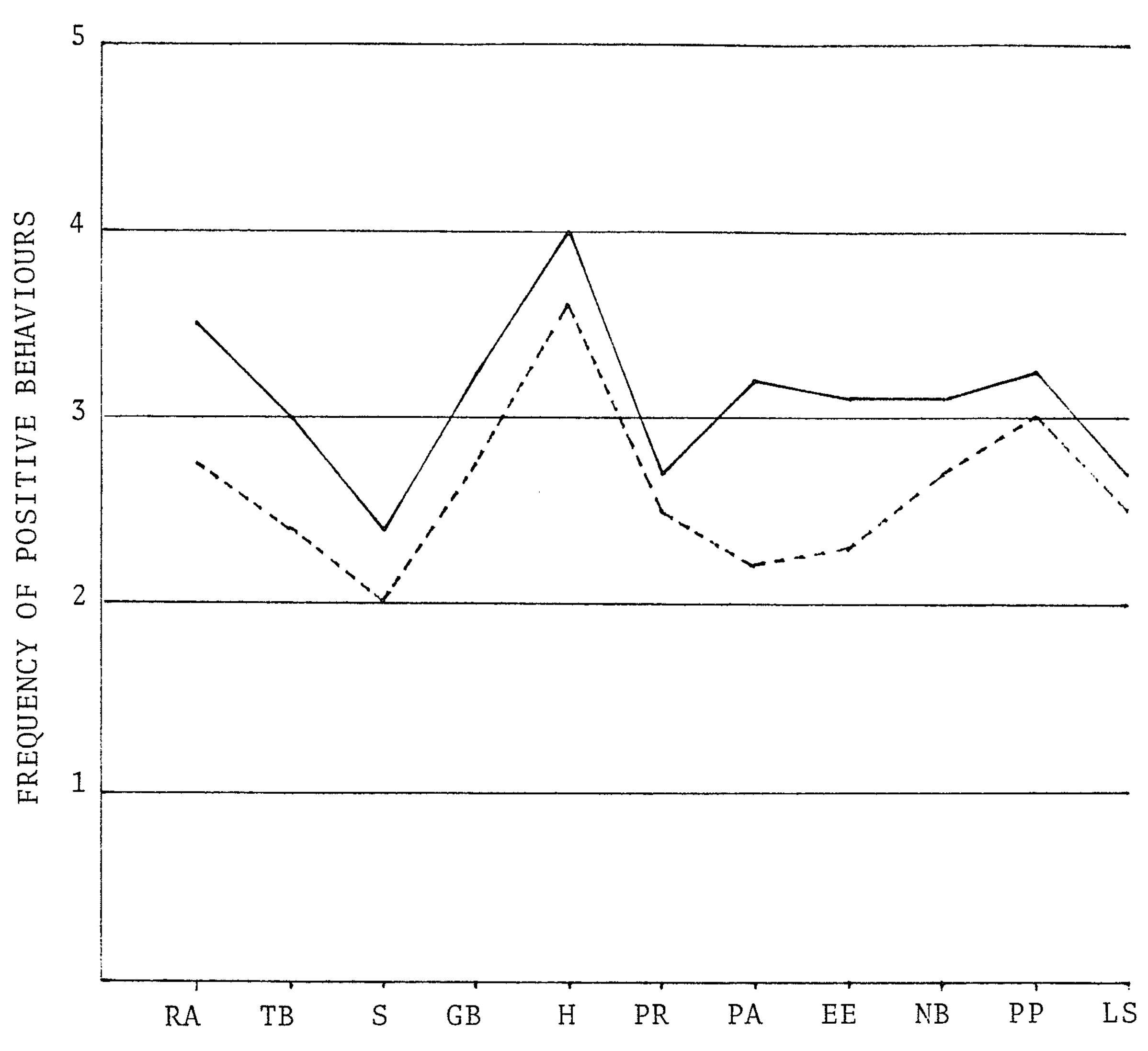
The "Inventory of Work, Life and Social Skills", the "Child Behaviour Checklist", the "Self-Esteem Inventory", and the "Locus of Control Scale" were used to determine "I's" functioning at two different points in time in order to permit comparisons of the amount of change he experienced as compared to the amount of change experienced by members of the treatment group.

On the"Inventory of Work, Life and Social Skills", "I" showed improvement in all categories of behaviour. On the initial measurement, the areas of greatest difficulty were task behaviour, school, personal accountability, and emotional expression. By the point of the second measurement, "I's" rate of positive behaviour in all of these areas except school had increased to a rate of sometimes or greater. The area of least change was life skills. Here, "I" continued to be seen having difficulties dealing with problems in a mature way, thinking about plans for the future, and knowing and using community resources. Scores are indicated in Table 15.

TABLE 15

INVENTORY OF WORK LIFE AND SOCIAL SKILLS

COMPARISON SUBJECT "I"



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The "Child Behaviour Checklist" was completed by "I's" mother at the same two points as the IWLSS. Total "T" scores are shown in Table 2. Her responses produced virtually identical, high ranging profiles, with elevations in the clinical range on both internalizing and externalizing dimensions. This result was consistent at both of the measurement points. Scores are indicated in Table 2. The teacher completed a "Checklist" at the second point. The profile his rating produced was almost exactly the same as the mother's, with a slightly higher score on the internalizing dimension.

"I" completed the "Self-Esteem Inventory" and the "Locus of Control Scale" at both measurement points as well. On the "Self-Esteem Inventory", his score increased greatly from the first measurement to the second measurement, rising from 40 to 60, with a lie score of 8 at the first point and 7 at the second point. Scores are indicated in Table 3. On the "Locus of Control Scale", a much less dramatic change was seen, with "I's" score changing from 20 at the first measurement point to 17 at the second one. While there appeared to be a slight decrease in the degree of externality, "I" continued to be very externally oriented. Scores are indicated in Table 4.

Overall, the data suggested that the treatment programme helped him to view himself more positively. He was able to

learn to function according to the expectations of a highly structured programme and to manage his behaviour within that context. However, he made only very limited gains in the area of developing a less external locus of control.

II COMPARISON SUBJECT "J"

1. SOCIAL HISTORY

"J" was a male caucasian, age 15 years, 6 months, at the time he became part of the comparison group. At that point, "J" was in the residential programme at Lutherwood and had been in Lutherwood for four months. "J" was a tall, lanky boy with dark, curly hair and brown eyes.

"J" came from a blended family, consisting of his father and step-mother, their two children, a boy 10 and a girl age 7, and "J's" step-mother's son, age 13, from her previous marriage.

"J's" father married his first wife at about age 19. They had three children, all in their twenties. "J's" father's first wife left him and he became involved with "J's" mother. "J's" mother was described as extremely emotional. She had had a number of psychiatric admissions for depression. "J's" parents separated when "J" was 4 or 5. His father came home one day to find the apartment empty. Prior to the separation, there was a high degree of conflict and tension in the family. "J's" father found out where the family was staying and took"J". He subsequently returned him to the police. Concerned about the father's mental status, police checked up on him later and found that he had taken valium and

had closed himself up in the apartment with a loaded gun. The emergency response team was called in and "J's" father threw a police officer through a door. He received a fine and four years probation and was hospitalized for eleven weeks with major depression, with out-client treatment for sometime following this.

"J's" father met his current wife when he was out of hospital on a week-end pass. She had, at that point, been separated from her previous husband for about a year and was living on her own with her son. Apparently "J's" step-mother's ex-husband had been extremely abusive to herself and her son, and her son continued to have difficulty, related in part, to injuries he received. He had no contact with his natural father, by court order. This young man was a full-time, special education student.

Initially, this reconstituted family consisted of "J's" father, step-mother, and her son. About two years later, "J" was sent to live with them by his natural mom, who was having difficulty coping. "J" was not prepared for the move, his mother telling him that he was going camping. "J's" father's children from his first marriage were in and out of the family during their teen-age years. Both "J" and his step-mother's son were sexually assaulted by "J's" father's son from his first marriage.

Little information was available about "J's" early history. His father suggested that he had few identified difficulties until the parents separated.

This referral was initiated by an outpatient psychiatric service who had been seeing "J" for individual therapy. At the time of referral, both the family and therapist were feeling that "J" needed a more intrusive and intensive treatment approach. "J" was a youngster with a history of behavioural and emotional difficulties. These had escalated over the past year with "J" incurring two charges, a break-and-enter and a weapons charge, and the family feeling on the verge of physically abusing him. "J" was depressed, experienced mood swings, and was increasingly acting out. "J" was having difficulties with peer relationships and authority figures, was underachieving academically, and tended to deal with issues by avoidance.

"J" was a bright, likable young man who had made good use of supports in the community, having had a Big Sister and also being involved in a community work programme group. The family was concerned, caring, and genuinely seeking assistance.

"Child Behaviour Checklists" were completed by both "J's" father and step-mother. The step-mother's responses yielded

a high ranging profile with elevations in the clinical range on every scale, on both internalizing and externalizing dimensions. Six scales were extremely elevated: uncommunicative, immature, hostile - withdrawn, aggressive, and hyperactive. "J's" father's responses yielded a very different profile, within the average range on almost all scales with elevations reaching the clinical range on immature and delinquent scales. This difference was seen as possibly reflecting "J's" step-mother's greater daily involvement with him and his father's emotional distancing, as well as less day to day involvement with "J". Goals set for "J" to work towards during his time in residence at Lutherwood included increasing positive peer interaction, learning to express anger appropriately, learning to increase trust in others, and learning to increase respect for others' property and person.

2. ASSESSMENT

Within the residential programme, "J" was identified as being a good candidate for a social skills group that was being offered. In assessing his behaviour for this programme to identify social skills deficits, the"Inventory of Work, Life and Social Skills" was completed by the child and youth worker and the "Child Behaviour Checklist" was completed by the classroom teacher.

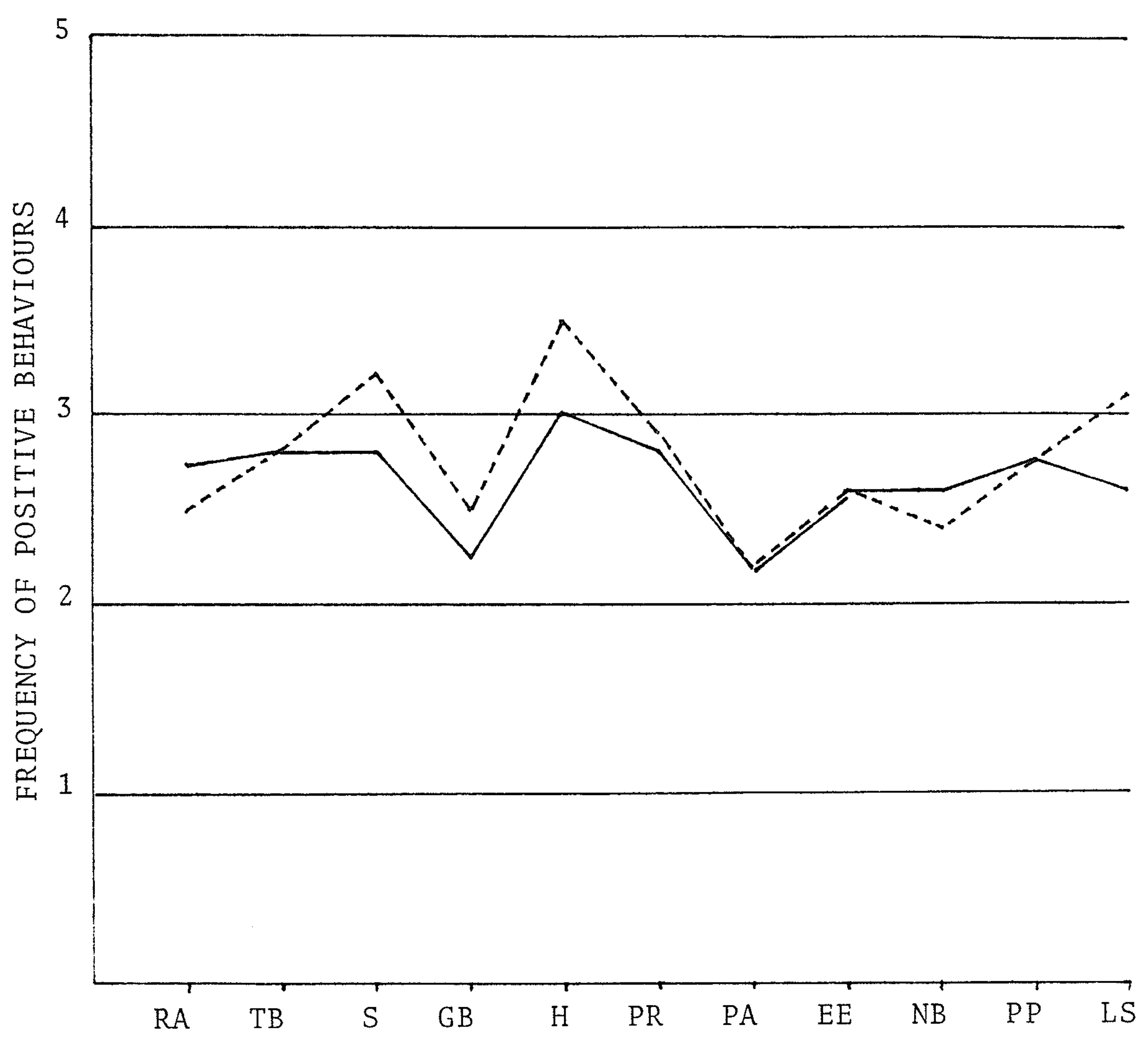
On the IWLSS, "J" was seen to experience difficulty in eight of the categories. Scores are shown in Table 16. The average score in all of these areas was less than three, which meant the desired behaviour occurred at a rate less than "sometimes". The lowest score was in the area of accountability, with specific problem behaviours including rarely showing self-discipline and self-control, rarely accepting responsibility for own behaviour, rarely acting aware of personal responsibilities, and rarely thinking of effects of own actions on self and others. "J's" strength in this area was in sometimes showing respect for others' property and person.

Negative behaviour was the area of next greatest difficulty. Specific problem behaviours included almost always acting in a silly, boisterous, immature way, and often screaming and yelling, swearing and cursing, engaging in sexually inappropriate behaviour, lying and distorting the truth, and seeking attention. On the positive side, "J" was seen as rarely being self-destructive or lazy. The areas of group behaviour and relations with adults represented identical degrees of difficulty for "J". Specific problem behaviours included often disrupting group activities, rarely showing leadership skills, rarely having good relations with programme staff, and rarely showing respect for authority.

TABLE 16

INVENTORY OF WORK LIFE AND SOCIAL SKILLS

COMPARISON SUBJECT "J"



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In the other problem areas, "J" was seen to have difficulty completing tasks independently, becoming easily frustrated, showing poor study habits, often teasing and instigating negative behaviour in others, rarely accepting criticism, rarely able to solve problems, and often having a negative attitude.

On the "Child Behaviour Checklist" completed by the classroom teacher, the total score as well as the scores on both the internalizing and externalizing dimensions were clinically elevated. Total "T" scores are shown in Table 2. The sub-scale measuring withdrawal was at the 99th percentile, with the sub-scales indicating anxiety/depression and social problems next highest. Only the sub-scales measuring somatic complaints, attention problems, and delinquent behaviour were below the borderline level, although still somewhat elevated. These results were quite consistent with the data obtained from "J's" step-mother's "Checklist" four months earlier.

"J's" score on the "Self-Esteem Inventory" was 68, compared to a norm of 72, with a lie score of 7. Results are shown in Table 3. This result suggested a sense of self-esteem only slightly below the norm for a child "J's" age. On the "Locus of Control Scale", "J" scored 14, compared to a mean for his age range of about 13. Results are shown in Table 4. This score indicated that "J" had a degree of

externality that was about average for his age. He felt able to impact on his world at a level appropriate to his age group.

Based on the information gathered, specific skill deficits were targeted for training in order to help "J" increase the frequency of various desirable responses and to decrease the frequency of the many numerous negative behavioural responses that he was presenting. However, "J" attended only one session out of the series of social skills training groups that was offered. Therefore, the decision was made to include "J" as a comparison subject.

3. TREATMENT PROGRAMME

"J" was part of a treatment programme which included both the residential and day growth component. He spent five days a week at Lutherwood, attending school as part of his milieu therapy experience. He participated in individual counselling as deemed appropriate by his Case Manager as well as being involved in family therapy. He was also involved in various discussion groups as offered through the residential programme. However, he did not participate in any organized social skills training programme.

4. OUTCOME EVALUATION

The same measures used initially were completed at the end of the study period. Based on the data collected on the "Inventory of Work, Life and Social Skills", "J" appeared to show improvement in two of the eight areas of problematic behaviour identified at the point of initial measurement. The greatest improvement came in the area of relations with authority where"J" was seen to be showing respect for authority sometimes as compared to rarely at the initial point. The other area of improvement was negative behaviour. Here, it was indicated that "J" often acted in a silly, boisterous way, sometimes screamed and yelled and swore and cursed, and sometimes was self-destructive. In the areas of task behaviour, accountability, and programme participation, "J" showed no change. In the areas of school, group behaviour, hygiene, peer relations, emotional expressions, and life skills, "J" showed a decrease in the frequency of desirable behaviour. At the second point of data collection, all of the categories except hygiene had average scores of less than 3 meaning that desirable behaviour occurred at a rate less than "sometimes". Hygiene scored right on 3. All scores are indicated in Table 16.

The "Child Behaviour Checklist" showed almost exactly the same profile as the first one, with two exceptions. On the

internalizing dimension, the sub-scale for withdrawal had dropped below the borderline range while the sub-scale for somatic complaints had risen into the clinical range. Scores are indicated in Table 2. On the "Locus of Control Scale", "J's" score was 18 at the point of final measurement being taken. This showed some increase in "J's" degree of externality from the initial measurement. Scores are indicated in Table 4. On the "Self-Esteem Inventory", "J's" score was 72, with a lie score of 6, indicating a slight increase from the first measurement. Scores are indicated in Table 3.

Overall, the data suggested that the treatment programme had almost no impact on "J". Behaviour problems continued at the same rate as the first measurement, self-esteem had increased only slightly, and J's" locus of control had become somewhat more external, a change that was contradictory even to the normal developmental process.