

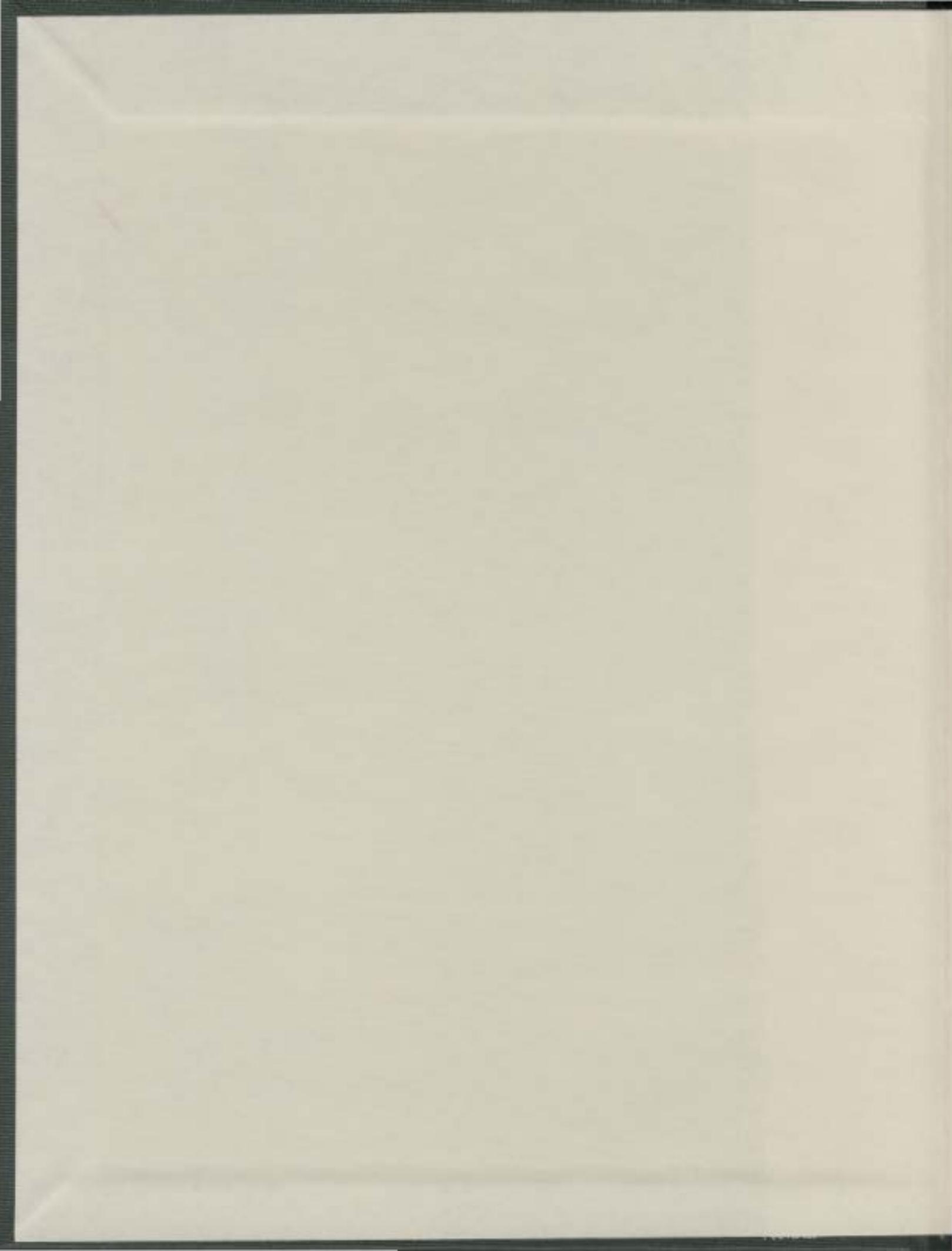
PARENTING THROUGH CRISIS:
GROUP COUNSELLING WITH SINGLE MOTHERS

CENTRE FOR NEWFOUNDLAND STUDIES

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**PARENTING THROUGH CRISIS:
GROUP COUNSELLING WITH SINGLE MOTHERS**

by

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**A project submitted to the School of Graduate
Studies in partial fulfillment of the
requirements for the degree of
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Abstract

This project consists of two parts: a review of the relevant literature on group counselling as it applies to recently separated mothers who may be experiencing crisis and a handbook that can be used by counsellors to conduct a short term intervention for single mothers in crisis. The handbook itself is an executive summary of information and instructions needed to run the group. This format is in keeping with most guides for parenting groups since they are meant to assist with skill enhancement rather than provide in-depth psychotherapy. However, this group differs from regular parenting guides since it acknowledges the pressing need for therapeutic support in the mothers' lives during this time of turmoil and therefore uses a counselling format that recognizes the psychological implications of an emotional crisis. The handbook also contains a form to be used in the evaluation of the program by recipients of the intervention. A list of guidelines for the establishment of an ongoing support group after the initial crisis has subsided has also been included.

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Introduction

This project is a guide for a group intervention with single mothers in crisis who are experiencing difficulties in their parenting role. The group is not a traditional parenting group as much as a service to single mothers who need help. The help would involve setting priorities so that they are able to take care of themselves and their children during the crisis associated with relationship breakdown. The proposed group would facilitate the sharing of information and garnering of mutual support for mothers. The mothers in these situations are often expected to cope with the emotional turmoil of the marriage breakup as well as the difficulty of being a newly single parent. The proposed counselling group is meant to assist mothers to acknowledge that the relationship breakdown is a family crisis as well as a personal one, and to help them cope with their children's needs as well as their own.

One of the objectives of this intervention group is to help the individuals in the group avoid associated crises within the family. This objective would be facilitated by the combination of counselling and group support. Optimally, a consciousness-raising would occur during this crisis time period when the participants may be more open to change than at other times in their lives. If the mothers can develop an openness to more effective parenting through recognition of the impact of the turmoil on themselves and on their children the group work will have been a success. If nothing else, the group process could contribute to the mother's, and perhaps the children's, attainment of better mental health because of

the support and information obtained from the group process during this upsetting time in their lives.

The group approach contains some instruction in order to assist the mothers learn new coping skills or attitude changes which may help inoculate them from future crisis. The intervention would follow a therapeutic model in that the group will be led by a counsellor rather than a facilitator. The operational definition of counsellor used here encompasses expertise and a leadership role. This is distinct from a facilitator who typically functions as an organizer. It would be expected that a counsellor's skills would include a knowledge of the pragmatic ramifications of family breakdown and how to access other community supports to the group. The counsellor would also have to possess skills to aid coping with the emotional issues related to relationship loss.

Literature Review

This project is a program guide for a parenting issues awareness group for mothers who are in crisis. The group will be a collection of individuals, unknown and unrelated to each other, who will meet as a group with a counsellor to work together toward resolution of their individual crisis through group interaction thereby taking the form of a crisis group (Aguilera & Messick, 1978). The work of the group and the counsellor would be to focus on the parenting issues that need to be addressed immediately so as to ameliorate the possibility and impact of a future crisis within the family. The families identified for the group would be those where the father could not be involved because of issues such as abuse, desertion, acute problems associated with alcohol or drug abuse, or any other instability that would contra-indicate joint parenting at the time of the crisis (Kruk, 1993; Robinson, 1993). However, the role of the father will not be ignored during the group sessions. He is a relevant part of the family dynamic, but it will be assumed that the father cannot be an active participant at this time for the reasons mentioned above.

The turmoil at the time of a relationship breakup causes many children substantial emotional distress (Hetherington, Cox & Cox, 1978; in Frude, 1991). The most pressing need is that the mother get some direction and support to care for herself and her family. A study by Henderson (1993) confirmed that most mothers undergoing crisis were intellectually aware that their children needed help, but did not have the emotional energy necessary to handle their children's demands. The mother may need help to lay the foundation for the family's changed circumstances. Counts and Sacks (1985) quote research which supports the idea that separation

may have long-term and ongoing negative health implications for both the parents and children if there is no crisis intervention at this particularly stressful time. The crisis has made change inevitable and this strategic group intervention can be one that has positive value for the whole family.

The additional burden of caring for children adds to the level of stress the mother is experiencing and further strains coping and parenting skills because of preoccupation with her own problems (Walczak & Burns, 1984; in Frude, 1991). Parenting issues cannot wait until the crisis resolves itself and the difficulty in handling such issues is often exacerbated by the crisis (Henderson, 1993). Left unmediated, the parenting problems may develop a crisis of their own. The proposed parenting group would aid the mother by helping to make the crisis manageable and assisting her in adopting more functional coping skills. Crisis makes the family, as well as the individual, more open to outside intervention (Ewing, 1978). Depending on how the crisis is handled, the family may become stronger as a result of the way the individuals within the family deal with this change in their lives (Weaver & Wodarski, 1995). For example, the goal of this project is to help mothers learn ways to facilitate this positive growth within themselves and stimulate similar growth within their families.

When a marriage fails the mother often needs outside help and support so that she is better able to help and support her children (Counts & Sacks, 1985). The mother who has just lost her primary relationship has to cope with the loss of a love object and partner and the responsibility for the emotional life of other people, particularly her children. It does not matter that the reality of the relationship may have been less than perfect; at this point the mother is in the process of accepting

that she is on her own emotionally and physically. The mother in the midst of a relationship crisis often has to single-handedly cope with the added burden of helping her children cope with the loss (Henderson, 1993) because the breakdown of the parent's relationship negatively affects the children as well as the mother (Pledge, 1992). For example, many studies have found a higher incidence of emotional and behavioral problems among children of divorce, and such children are over-represented in clinical populations (Warshok & Santrock, 1983; in Frude, 1991). It is at this time, when the mother is extremely needy herself, that she must also take care of her children's needs so that they do not become casualties of the immediate crisis (Hoff,1995; Henderson, 1993).

The focus of the parenting group is the development of strategies that help the mother to incorporate the children in solutions rather than ostracizing or alienating them. The encouragement of finding support in the children is based on the belief that the children would be better served by making them an active part of the healing process. Recognizing that the children's feelings and input are necessary to any eventual positive family growth is an essential component of this project. This theme supports the notion that the existing family has a better chance of survival if its members mutually support each other's efforts in dealing with their shared crises (McCluskey & Miller, 1995). Additionally, it is hoped that an intervention at this time of crisis would equip the mother and the family with techniques to effectively cope with the present turmoil and avoid other associated crises (Henderson, 1993; Pledge, 1992; Solomon, 1991; Counts & Sacks, 1985).

Explanation for use of group model

The use of a group model for this intervention is based on two premises: a) that the curative factors which are the essence of group counselling lend themselves to this particular segment of the population and b) that the group model is a more efficient intervention.

Conditions that should lend themselves to the efficacy of the proposed group intervention for single mothers in crisis are those curative factors first outlined by Yalom (1975). Some of these factors overlap and not all the factors are experienced all of the time. Yalom's categories of experiences that can contribute to client healing within the group therapy setting are:

1) Imparting of information. Most therapy research supports the notion of the importance of 'telling your story' in order to proceed with recovery.

2) Instilling hope. Just as people grieving a death need a sense of hope in order to continue living fully, single women, grieving the death of a primary relationship, need a sense of hope.

3) Universality. The group modality not only offers the opportunity to efficiently counsel more than one person at a time, and therefore be cost efficient in these deficit-lowering, cost-reducing times, but it also gives the individuals a chance to see that their pain is not unique. The support garnered from witnessing the success of others is an invaluable step on the road to recovery, and even if success is not observable, it is curative just to witness someone else surviving the same type of trauma. Often for women in this time of crisis, survival is uppermost in their minds. Thriving can only occur after they are assured that survival is possible.

4) Altruism. Another accepted cornerstone of human healing is the awareness of needs outside one's own. Membership in the therapy group gives the women an opportunity to help others by sharing their experiences and knowledge.

Other factors which could impact positively on this parenting group are imitative behavior, interpersonal learning, and group cohesiveness. There is often an interdependence in the working of these elements (Yalom, 1975). For example, some clients may be inclined to imitate someone who can take risks and make self-revealing statements. This sharing of personal information can affect group cohesiveness and may also result in interpersonal learning.

The second premise, that this group format would be more efficient, would result from many of the factors named above, most notably that of universality. In addition to the arguments stated above for this effect in terms of financial savings, there is a possibility that dealing with problems as a group is a speedier and more effective means of addressing problems in terms of time.

The group modality works because of the dynamic of mutual aid. Some characteristics of the group dynamic are: a) the sharing of different life experiences, b) using the group as a sounding board which helps to challenge and possibly change views, c) the discussion of taboos is made easier as a result of some group members being more self-assured about that area, d) the sharing of common concerns gives increased understanding of feelings and acceptance of one's own, and e) members may complete some task because they have to report back to the group (Shulman, 1992).

Group approaches to crisis intervention are a relatively recent development in counselling (Imber & Evanczuk, 1989; in Dattilio & Freeman, 1994). Such

groups are consistent with crisis theory in that they are typically brief in format and utilize technically eclectic approaches. One definition of this type of group is captured in the following statement: "All groups seem to emphasize supportive and directive techniques aimed at alleviating the client's distress and assisting in a return to the previous level of functioning through the use of problem solving strategies" (Dattilio & Freeman, 1994, p.221).

The group format can be an efficient and productive way to deal with crisis and at the same time provide information and strategies for more adaptive management of future problems. An added benefit to being a member of a counselling group, according to Dattilio & Freeman (1994), is that the participants are often more influenced by individuals who are perceived as similar to themselves than they are by professionals.

According to Hoff (1995), group work is indicated in crisis situations because the benefits of the group modality can be utilized in these ways:

1. The group can be used as a means of assessment because coping mechanisms are revealed in group interaction.
2. It can be used as a means of crisis resolution because of the inclusion of more than one person in the helping process. This works because the process of being a part of someone else's crisis resolution can restore confidence in fellow members.
3. The group can serve as a means of relieving isolation. This happens because a new social network is often necessary when existing networks do not understand, or are not supportive of, the person undergoing change.

4. The group can help the person in crisis access service more quickly because immediate screening and assessment can be done in the event that there are insufficient counsellors or any other forms of psychotherapeutic help otherwise available.

All of these benefits would be applicable to the proposed group intervention for single mothers in crisis.

This project aims to foster attitude awareness in its members. The group structure provides an opportunity for these women in crisis to get feedback on their feelings and reactions to the precipitating events. The group can provide support for their new life and as a venue for instruction in new ways of coping. It can also be an information source about the resources for continued support following the crisis stage. Mostly though, the group is aimed at developing assertiveness and a sense of control for these single mothers.

The interpersonal-process group format described by Yalom (1975) focuses on the establishment of trust and cohesiveness within the group through self-disclosure and the sharing of similar experiences. According to Yalom, the group's strengths include the opportunity for interpersonal learning as a result of examining the interactions of the group members with each other. This 'practice' on fellow group members helps clients modify interactions with people outside the group. The group can be used as a place for the mothers to practice behaviors that are more likely to engender cooperation from their children.

This project uses the group modality because as Gazda (1989) says "group counseling is growth engendering and prevention and remediation oriented"(p.10). Counselees or clients who are capable of functioning in society but are temporarily

experiencing difficulties in their lives can successfully contend with those problems with the growth engendering facets of the group method. Gazda also notes a preventative facet of group work which may help insure that serious personality defects are not as likely to be incurred if the group work is successful. This concurs with the previously cited article by Counts and Sacks (1985) which noted the necessity of addressing intrapsychic problems associated with the crisis of relationship breakdown so as to prevent future interference in a group member's adjustment and coping potential.

Explanation of Crisis Theory

Ewing's book, Crisis Intervention as Psychotherapy, (1978) outlines the difference between crisis intervention as psychotherapy versus crisis intervention as a psychosocial response to highly stressful life situations. An example of this is the work being conducted in suicide prevention. The intervenors in many of these programs are not psychiatrists, psychologists or counsellors. Yet, the service they provide is still crisis intervention and the ongoing use of this type of intervention lends credence to its viability.

In Crisis Intervention and How it Works, Edwards (1977) argues that help can be given through the use of a system of: a) acquiring information, b) 'boiling it down' to the essential problem, and c) coping with that problem. This may seem simplistic, but it is more in keeping with what must take place in a crisis intervention counselling format. The time-frame is short because people do not remain in crisis for a long period and help needs to be given while the need is most intense.

The origins of crisis theory come from a study by Lindemann (1944) cited in Ewing (1978) on grief reactions. His observations of reactions to acute grief have been accepted by many psychologists as generalizable to crisis reactions. He observed that acute grief was a normal reaction to great distress, distinct enough to form a separate syndrome. The important point for crisis theory was his observation that though serious psychopathology might appear as sequelae to the grief reaction, he did not see this as ordinarily being pathological. It appeared that people often need this transitory adjustment struggle as they attempt to master their distress. Lindemann went on to conceptualize the now accepted view in crisis theory that appropriate intervention, aimed at helping the person in crisis to identify, understand, and master the psychological stressors in their situation, could minimize the possibility of psychopathological results. Crisis is now more correctly viewed as situational or developmental in nature rather than pathological.

Caplan (1964, In, Ewing, 1978) contributed to this view and provided the theoretical base upon which most crisis intervention practices rest. His work is grounded in the concept of emotional homeostasis. Individuals will attempt to cope with problems with minimal self-awareness and strain by exhibiting familiar coping behaviors. If the situation is significantly threatening to them, and they cannot cope with their usual behavioral methods, the individual begins to experience crisis. Crisis, therefore, is not the situation per se, rather it is the individual's reaction to it.

Gilliland & James (1993) support an eclectic theoretical position that incorporates and integrates all the valid concepts of crisis intervention. They support the notion of an eclectic approach to helping people in crisis. For example, a cognitive model could be incorporated to confront faulty thinking, while a

psychosocial model could help the counsellor understand the client's crisis in terms of heredity or environment. Another model that enhances the counsellor's understanding and approach to the client in crisis is the equilibrium model. The aim here would be the avoidance of disequilibrium, or mental instability, in the individual members. One function of the group would be to help the individual members to reestablish the feeling of being in control. Further crisis may be avoided by keeping the individual in a psychologically mobile emotional state in order to help the client avoid getting trapped in a mindset that could become pathological. Conversely, a client who is suffering a major personality breakdown as a result of their personal crisis should be helped in some arena other than this group setting. This group is designed to prevent another crisis or major breakdown; not as therapy for severe or ongoing mental instability in the participants.

Crisis intervention follows the model outlined by Gilliland & James (1993) in that it allows for: (a) an opportunity for rapid assessment, intervention, and stabilization, (b) facilitation of support and resources, (c) teaching of coping skills, (d) formulation of prevention plans, (e) provision of enhanced insight, and (f) expedient return of clients to their community.

Crisis reactions often become a cycle of mounting tension, anxiety, and ineffective coping. The ability to think, plan and act becomes impaired (Caplan, 1964 in Ewing, 1978). If the precipitating problem cannot be solved, surmounted, or avoided then a person runs the risk of major personality disorganization. The scope of this group does not include interventions aimed at people with severe clinical diagnoses, rather those who are currently suffering from a 'normal' life situation that has temporarily put them at risk of being non-functional as caregivers

to themselves and to their children. The aim of this group is the expeditious return of the group member to a successful family role model and emotionally supportive parent.

The link between crisis theory, psychotherapy, and the psychosocial approach that is the aim of this program is reflected in the following treatment goals compiled in Crisis Intervention Strategies.

1. The treatment goals are structured to enhance the client's competency in coping with difficulties by using problem solving skills.
 2. The treatment targets specific and pertinent problem areas that involve the client's interpersonal conflicts and role dysfunctioning.
 3. The client's attention is kept on the specific problem area through active focusing techniques.
 4. The treatment is geared primarily to the level of the client's conscious and near-conscious emotional conflicts. These conflicts are handled by searching out their situational references and by keeping a focus within them.
 5. Precipitating events are recognized as very important to the dynamics of the problem situation.
 6. The modification of the client's character traits or personality patterns is not a fundamental objective of the treatment .
- (Strickler & Bonnefil 1974; in Gilliland & James, 1993, p. 19)

Hinckley & Hermann (1951; cited in Aguilera and Messick, 1978) differentiate between the intended outcome of group psychotherapy versus counselling. Group psychotherapy is intended to make fundamental personality changes and to investigate reasons for personal emotional problems. Counselling or guidance aims more at solving a single specific situational problem. Crisis presents

the client with a specific problem, and while this author realizes that generally no problem exists in isolation, the projected crisis group in this instance is meant to assist the client through the immediate difficult time while providing strategies to cope with similar situations in the future.

Rapopart (1962; cited in Wells & Giannetti, 1990, p. 280) described a pattern of responses she saw as necessary for an individual or family to resolve a crisis adaptively. According to her view, "a resolution that strengthens an individual's or family's adaptive capacity requires (1) an accurate cognitive appraisal of the situation creating the crisis; (2) appropriate management of affect, including the identification and expression of feelings in ways that allow for tension reduction but do not interfere with mastery of the situation; and (3) a willingness to seek and accept the help of others in attempting to master the situation". This is in keeping with the philosophy underlying this group intervention for single mothers. It is the intent of this intervention to support family adaptation through crises by helping the mother adapt to her new role as sole parent.

Crisis Group is a Short-Term Intervention

Crisis theory assumes that a crisis is self-limiting and lasts for only a period of days to weeks. The same theory presupposes that crisis intervention cannot solve all the problems of the client(s) and that long-term chronic problems probably require more traditional forms of intervention (Kaplan, 1968 in Ewing, 1978).

One view suggests that "Crises are time limited, usually persisting a maximum of six to eight weeks, at the end of which the subjective discomfort diminishes (Janosik, 1984 in Gilliland & James, 1993, p.5). Janosik also notes that

in the disequilibrium that accompanies crisis, anxiety is always present, and that it is the discomfort of this anxiety that motivates a person to change. Intervention is meant to be quick and directed. With this in mind, the first objective of crisis intervention may be merely to avert a disastrous outcome. Sometimes crisis intervention provides an opportunity for change and improvement. A negative outcome is an unhealthy adaptive process leading to a less stable or less functional level of equilibrium. However, this could be a positive time to have an advantageous impact on the family system (Puryear, 1979). Caplan (in Ewing, 1978) states that during crisis the individual is more open to being helped by others and often signals this desire to get a helping response.

This program of crisis intervention for single mothers will be short in duration. The reason for this is that the state of being in crisis is not enduring. Crises are generally self-limiting and become resolved, for better or worse, within a period of one to five weeks (Ewing, 1978). Research also supports the idea of small group size. Even though crisis does not last for a long time it is intense and the intensity of intervention needed necessitates limiting group enrollment. Five to eight members is usually considered the best size for a crisis group (Aguilera & Messick, 1978, p.36).

A review of the literature exposed a dearth of research on either this particular type of client or on this means of intervention. Traditionally, the clinical and research emphasis has been on individual, rather than group, approaches to crisis intervention (Allgeyer, 1970; Strickler & Allgeyer, 1967; Morley & Brown, 1968; Walsh & Phelau, 1974 in Hoff 1995). However, one outcome study by

Tutty, Bidgood & Rothery (1993), evaluated 12 support groups for women who were victims of domestic assault and that study revealed substantial benefits associated with group participation. Their study demonstrated the positive results of group intervention that were evident six months after termination of the group.

Another study supporting the efficacy of short term interventions was conducted by MacCallum and Piper (1990) using a psychoanalytic approach to coping with loss through a short-term intervention. The authors concluded that the benefits of short term groups are: time limit, group modality, homogeneity of participants and therapist focus on the here and now.

According to researchers Alexander, Neimeyer and Follette, their 1991 study represents the only empirical study until then "comparing the effectiveness of different formats of short-term group therapy to a control condition in which women did not receive services" (p.218). These researchers used clinical data to support the benefits of two formats for intervention. Results from their study suggested that short-term group therapy is a viable and effective means of intervention in reducing depression and distress and in promoting social adjustment. Alexander, Neimeyer and Follette (1991) go on to posit that the IT (interpersonal-process) format (which they based on the work of Yalom) is ideal for controlling anxiety, increasing comfort and minimizing conflict, and is especially conducive to use within a limited number of sessions. The interpersonal-process format used in their group had already been commonly used and endorsed by clinicians prior to this particular study. The interpersonal-process focuses on the establishment of trust and cohesiveness within the group through self-disclosure and the sharing of similar experiences. Its strengths also include the opportunity for

catharsis and interpersonal learning through an examination of each group member's interactions with others within the group. Though the nature of the group in the Alexander, Neimeyer, & Follette (1991) study is different, the study does endorse the curative factors of this group model for women attempting to deal with emotional distress.

Another study that shows the positive effects of short term group intervention was conducted by Plasse (1995). She used a psychoeducational model in a parenting group for recovering addicts. This model entails a form of learning that is required to master a major life transition. The instruction covered child development, communication skills, and family management concepts. This study is important because these parents reported feeling better about themselves as parents and were able to express more positive feelings toward their children as a result of their participation in the group process.

Henderson's (1993) study of crisis situations arising from family breakdown as a result of abuse and violence concluded that there is a need for some organized intervention to support the mothers. Her article concedes that there appears to be recognition of this need by society because of work being done in some transition houses. However, due to lack of funding, such organized interventions are in short supply. Henderson emphasizes the need to intervene for the sake of the children as well as the mother in cases of violence, but there is clearly a need to intervene to assist mothers and families in the absence of violence. Mothers who are too tired, too stressed or too overwhelmed by their relationship or marriage breakdowns need help and support. The inability to parent creates

additional hardship for the whole family. The potential cost to the individuals, and to society, of failing to help these families is immeasurable.

The Group Project

The next section of the paper supplies an outline that serves as a guide for six group therapy sessions. These sessions would be attended by a small group of single mothers undergoing similar types of crises, plus a counsellor to lead them through the sessions. Ideally the group would have a consistent membership for the duration of the intervention. The group would run for no longer than six weeks in recognition of the fact that crisis state is time-limited (Hoff, 1995).

Some of the goals for the group would be:

1. To bring the mothers forward to a place where they feel better able to cope with their crisis, and at the same time, deal with their children's needs.
2. To provide mothers with suggestions and models of appropriate behaviors and reactions that they can use to work their way through the problems with their children rather than being in opposition to the child and his/her needs.
3. To facilitate getting the children 'on side'. To make survival of the damaged family not just survival, but the birth of a unit that fosters positive growth.
4. To help create within this new unit a safe place for children to grow. Encouraging the growth of parenting skills within the mother would help increase her self-esteem and foster her ability to engage in proactive relationships with her children.
5. To help establish a family model that is supportive of both the children and the mother, and that helps them avoid potentially destructive behaviors.

The intervention is based on crisis intervention theory and incorporates the therapeutic strategies used in a cognitive-behavioral and cognitive-restructuring approach. The intervention may unearth the need for more intensive psychotherapy for individual clients. However, because of the time constraints of the short-term crisis intervention, and in recognition of the fact that these groups may be led by people who are not psychologists or psychotherapists, it is recognized that in-depth psychotherapy could not be an objective of these group sessions.

Needs Analysis

The existence of a need for a counselling group for single mothers, simultaneously experiencing a relationship crisis and parenting difficulties, was originally identified by the staff and clients of the Iris Kirby House. Further needs analysis for this project included an investigation of the St. John's area for the existence of a counselling group with this particular focus. In order to ascertain the level of service, if any, already available for this target group the following agencies were contacted:

- 1) The Iris Kirby House (Shelter for Abused Women)
- 2) The Naomi Center (Safe Supportive Temporary Housing)
- 3) Community Health (Family Support)
- 4) Crisis Center (Community Health, St. John's Region)
- 5) Family Life Bureau
- 6) Daybreak Child Care Center
- 7) Janeway Hospital
- 8) The Waterford Hospital
- 9) Gathering Place (Parent Effectiveness Training)

People currently working in the field of family life and parenting issues attested to the need in the community for a service to meet the needs of this target population. Consultation with the former Director of Iris Kirby House, Donna Loveless, and the Counselor for single mothers at the Family Life Bureau, Sister

Loretta Walsh, confirmed a willingness to run the completed project given the opportunity and pending funding.

While an actual pilot of the project has not as yet been carried out, it is the recommendation of this author that the next step in the process be the implementation of same. The evaluation form provided in the handbook, as well as the experience gained by the counsellor who leads the group, could be used to judge the efficacy of this intervention. Depending on the outcomes, corrections and improvements could be implemented.

Objectives

1. To provide an outline which would serve as a counsellor's guide for six group therapy sessions for a group of not more than eight single mothers undergoing a relationship crisis.
2. To provide suggestions for the selection of group participants in order to foster group cohesiveness.
3. To produce a guide that would outline specific steps for each session with the goal of assisting mothers in coping with their crisis while attending to their children's needs.
4. To provide strategies that would foster self-esteem and assertiveness in the single mothers so that they are more proactive in coping with their individual crisis.
5. To provide a guiding philosophy that supports the notion of positive growth within the client's new family structure.
6. To provide an opportunity for mothers to learn new approaches to parenting that enhance the safety of the family and provide opportunities for positive family growth.
7. To incorporate information on social support resources for the client to access independently of the group.
8. To provide instructions for establishment of an ongoing self-help support group capable of continuing after the immediate crisis intervention.
9. To provide an evaluation form for future use in adaptation, measurement or improvement of the original project.

**PARENTING
THROUGH
*CRISIS:***

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**GROUP COUNSELLING  
WITH  
SINGLE MOTHERS**

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## Introduction

This is a guide for counsellors who wish to conduct a parenting group for single mothers who are in crisis. It provides information and suggestions for facilitating a six-session process that aims to educate and support them through a challenging parental period in their lives. The structure of the group counselling guide follows the format used in Times Change: A Leader's Guide to Career Planning for Women (1994). This format was deemed appropriate because it represents a concise and effective approach to addressing specific women's issues.

It is assumed that participants in this group counselling program have: a) the common experience of recently experiencing a marriage or significant relationship breakdown, b) are now having to deal with parental problems resulting from the family breakdown, c) do not have the active support of the father to help them parent at this time, and d) are in a state of shock or crisis because of the upheaval in their personal lives.

The group will consist of not more than six participants who have been interviewed prior to being accepted into the group. The purpose of the interview is to identify the existence of pathology that possibly could have been triggered by the breakup, by violence associated with the breakup, by shock, by intense immediate grief, or any other subsequent reactions to the loss. Clients deemed in need of more extensive psychological aid than that offered in this counselling format would be referred to appropriate professionals. For example, extra professional help would be appropriate for those women who speak of suicide, but merely speaking of it should not be reason for exclusion from the group. Thinking about suicide is a common reaction to the severe emotional pain that is associated with a relationship

breakdown. Clients would be encouraged to get individual counselling, if it seemed appropriate, and their private counsellor would have to be in agreement with their joining the group.

Basic social skills are necessary for a person to participate and benefit from group counselling. Contra-indicators for the group would be: excessive rigidity or dogmatism, preference for either more structure in the group or less, social avoidance, poor impulse control and any anti-social behavior (Freeman, 1991).

The group would meet for six sessions for a period of at least two hours a session. The members would be informed prior to the sessions that active participation would be expected from them. Most clients would be self-referred at any rate because they would be looking for help to alleviate the pain and the problems associated with their crisis.

### Definition of Crisis

For the purposes of this intervention crisis is defined as a perception of an event or situation as an intolerable difficulty that exceeds the resources and coping mechanisms of the person in crisis. Research suggests that a prolonged personal crisis may result in severe affective, cognitive, and behavioral malfunctioning. On the other hand, many psychologists believe that times of crisis can offer opportunity as well as danger. Unlike persons who are dealing with less pressing concerns, clients in crisis often display a lowering of psychological barriers as a result of their severe distress and a readiness to seek and accept help. Crisis intervention's goal is

to make use of clients' openness to work for change as well as to help them to achieve relief (Weaver & Wodanski, 1995).

Crisis, as it applies to the population being served by this group approach, is precipitated by the breakdown in a couple relationship. Typically, such a breakdown is problematic for the family because the newly single mother is forced to deal with the emotional upheaval and pain of the loss of her primary relationship and at the same time, if left alone, to cope with the emotional fallout as it affects her children.

### Issues Facing Single Mothers

Some of the issues confronting the group leader are:

- 1) The participants are often grieving as well as dealing with the immediate crisis. This refers to the idea that a marriage or relationship breaking down is a loss that needs to be grieved.
- 2) Self-esteem is often a large part of the problem. This refers to the finding that relationship loss often is accompanied by feelings of failure and rejection. Mothers in this scenario need to work on feeling good about themselves so that they are better able to make their children feel okay.
- 3) The children's needs may be neglected because of the pain that the mother is feeling. This refers to the idea that the emotional turmoil felt by the mother often leads to an inability to focus on the needs of others.
- 4) The children and other family members may be acting against the family's best interest. This refers to the possibility that the children act out in a retaliation for the father's absence or the mother's temporary emotional abdication.

Extended family members may complicate matters by either taking over the mother's responsibilities or by inappropriate blaming and criticisms.

5) There may be a need for consciousness-raising. The mother may need assistance in overcoming the feeling of being a victim. Self-empowerment and a growth of coping skills would be tools and/or effects of this consciousness-raising.

These mothers already have parenting skills, and though they may need some help in honing those skills, what is really important at this time is affirmation of how necessary and important it is to continue parenting during the crisis. When parents abdicate their role as parents the children almost always will be affected negatively. This group will recognize that sometimes it is difficult not to abdicate. During crisis the mother is often enduring such emotional trauma that she becomes blind to the children's needs. The group should serve as a support to re-energize the mother for her parenting role. The existence of the group should validate the mother's suffering and offer support so that she can learn to cope in spite of the crisis. The main focus will be on advising the mother on strategies to utilize with the remaining family members that will support and strengthen the new family unit.

## Group Dynamics and Group Leadership

### Advantages of Group Counselling

- \* At this vulnerable point in the mother's life it is important for her to know that she can still get support even though her main support (other parent) is unavailable.
- \* It is also important that each group member realize that others are succeeding even though this is not the way it 'is supposed to be'.
- \* Each group member brings their unique perspective to the group. There can be an exchange of knowledge and ideas coming from the individuals.
- \* The group breaks down the isolated feeling that makes the individual think that they are the only one with their particular set of problems.
- \* Group exercises help them realize that others have similar problems and that the load is lightened when the problems are shared.
- \* The mothers can experiment with new ways of behaving and new ways of expressing themselves. They will get feedback that is likely to be more honest because nobody in the group has a vested interest in keeping things as they are.
- \* The mothers can compare parenting values and strategies and start to realize that there may be many 'right ways' of doing things.
- \* There is a possibility that the group may give an individual the courage to take an action that she might not have taken left on her own.

- \* The group members can be helped to realize that many of their problems may result from factors not caused by themselves.

- \* The supportiveness that a group gives can help the mothers through this most difficult time and lay the foundation for proactive parenting in the future.

#### Role of the Leader

- \* The leader's role is basically to provide the structure in which a group of women can come to talk about their concerns in a safe environment that encourages the support of others in similar situations. Additionally, it provides opportunities for the group members to acquire new skills or coping mechanisms. In order to do this the leader must possess group-facilitating, problem-solving and counselling skills.

- \* The leader should have a knowledge of child psychology and developmental issues, how to facilitate a group, and be equipped to teach parenting and/or interpersonal skills.

- \* The leader should be a professional who is comfortable with role play, confrontation, therapeutic issues, cognitive restructuring and have a background in abuse and addiction issues.

- \* The leader should be aware of community resources that the clients can access on their or their children's behalf.

- \* While the counsellor provides the leadership necessary to structure the group she should not be in charge to the degree that the participants are not encouraged to make their own decisions. By encouraging involvement with each

other the leader can help the clients learn from others and make informed decisions as to what is right or wrong for their own situation.

\* The counsellor has to be careful not to let her own biases or opinions come in the way of individual growth. Each client has to be allowed to operate within their own value system without engendering criticism from the group. (Unless the value is inappropriate, e.g. condoning the use of violence or abuse.)

### The Group Dynamic

Roles and rules for the sessions need to be established at the first session. Group input should be requested for this because it is essential that all group members agree to behavioral norms or the sessions could deteriorate with one or more individuals seeking more than their fair share of attention. It is important that the counsellor take responsibility to recognize and resolve any factors that might lead to the group's deterioration. The leader is the group's primary unifying force and as such she should assist in the development of group norms.

### Suggested Guidelines

Following are some suggestions the counsellor could make to the group as they come to agreement over the norms for their group:

- \* Listen to each other and respond honestly.
- \* Rules surrounding confidentiality should be agreed upon at the first meeting.
- \* Each individual should be given an equal chance to be heard.

- \* Each individual should be accepted for who they are and the members should try not to pre-judge each other.

- \* While each person needs to proceed at her own pace, the group needs to keep in mind that they are operating within a limited time frame and that if they are to get help it is incumbent on them to let others know what issues are particularly affecting them.

- \* Each individual should accept herself and trust her own judgment.

- \* Each person should give herself permission to concentrate on herself and her freedom to plan for the future.

- \* It should be stated that people will generally get as much out of this process as they are willing to put into it.

- \* Everyone has the right to decide what she will or will not share with the group.

- \* Everyone should be on time.

- \* The group members should stay on topic.

- \* Each member should take responsibility for letting the leader know if she is unable to attend a session.

### Group Size

The group size should be approximately 5 to 8 women to allow for sufficient input into the group. Since the intervention is short (6 sessions), too many people would prohibit each participant from having an opportunity to bring her issues to the group and having time to work on those issues.

### Evaluation

At the beginning of each group session there should be an opportunity provided by the counsellor for the participants to voice their concerns or dissatisfactions. This gives the counsellor a chance to reconsider the agenda or her leadership style to meet the most pressing needs of the group. In addition to this feedback, it's useful for the leader to get written feedback on the whole process at the end of the program. A questionnaire can provide helpful insights into the workings of the group. The evaluation of the sessions by the participants can be used both to improve the structure of future groups and to monitor outcomes for research on the true efficacy of this type of intervention. A sample questionnaire follows. This questionnaire could be modified depending how its results were to be used or interpreted.

**Program Evaluation**

1. How helpful was this parenting support group for you? Circle one of the following.

- (a) very helpful
- (b) helpful
- (c) somewhat helpful
- (d) not very helpful
- (e) not at all helpful

2. What did you find the most helpful?

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3. What did you find the least helpful?

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4. Which part of the sessions would you like to have spent more time on?

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5. Have these sessions helped you:

Identify ways of coping with your crisis? Yes or No

Clarify what you need to do to help yourself and you family thrive? Yes or No

Increase your ability to listen to your children's needs? Yes or No

Identify ways of getting appropriate help for

you and your children?

Yes or No

Start you on the process of making your family stronger?

Yes or No

Give you some ideas or plans for things you can do to cope in the immediate future?

Yes or No

If your answer was "No" to any of the above questions, identify what other assistance you thought could have been provided.

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6. Using this scale -
- (1) very satisfied
  - (2) satisfied
  - (3) somewhat satisfied
  - (4) dissatisfied
  - (5) very dissatisfied

Fill in the number that best describes your level of satisfaction with the group leader on the following:

- \* sensitivity to individual needs \_\_\_\_\_
- \* ability to explain exercises and the process \_\_\_\_\_
- \* promoting group sharing and discussion \_\_\_\_\_
- \* providing information \_\_\_\_\_

7. Use the space below to provide other suggestions or comments about the group sessions.

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## The Parenting Program

### Session 1

This first session is the time for the counsellor and the participants to introduce themselves. The leader should explain the guidelines for the session such as confidentiality and other norms to which the group would be expected to adhere. It is important to do this immediately so as to set the stage for the development of trust and security. The members should assist in the development of therapeutic group norms. Some time must be given to this exercise so that the members can understand that the setting of norms is not an arbitrary measure but the foundation for an environment that encourages the giving of mutual comfort and support.

Each group member would be made welcome to tell as much about herself and her particular situation as she is comfortable sharing. These sessions will be based on the idea that it is therapeutic to 'tell your story'. The participant's recounting of what has happened to her helps her see the picture more clearly herself. The counsellor would look for common themes in the stories and attempt to link common feelings and experiences of group members (Freeman, 1991).

The counsellor can start the process of discussing what is happening to these women by discussing the symptoms of shock which some of the members may be feeling. The clients may be experiencing pain, numbness, a feeling of being out of control or going crazy, loss of concentration, insomnia, or erratic eating

patterns. They may be experiencing wide swings in emotions. They may be experiencing intense anxiety, panic, anger, rage, or depression and this might alternate with interludes of clarity, elation or optimism. By explaining that the feelings associated with shock are intense and disorienting, but are absolutely natural given the circumstances, the counsellor can alleviate worry that the individuals might have about their state of sanity.

This first meeting, and all following meetings, must acknowledge each member's need to talk about the emotions involved in the here and now. These women are in crisis and the group must always be aware that the group exists to give them support so as to prevent further crisis. At the end of each session the group members should leave with some strategy in place to help them cope until the next meeting. These groups can often be a significant lifeline when an individual is being overwhelmed by life. By making a contract to do something the individual is helped to cope with her crisis in the immediate and is also taking a step toward re-exerting control over her life. At the end of each session each member should have made some commitment or some contract with herself and the group that she must adhere to before the next meeting. Examples: To go for at least a short walk every day. To spend five minutes a day dedicated to truly listening to each of their children. To write brief, daily journal entries describing feelings.

Before the session ends the group should agree on the order in which the individuals agree to tell their story. The counsellor can suggest some topics, but the choice should belong to the individual. The goal should be to have each person, apart from each session's updates, talk about something of special significance to herself that is impacting on her life, her relationship with her children, or her

relationship crisis. A schedule provides members with the opportunity to reflect on which area of their lives could benefit from the help or insight provided by the group or counsellor.

### Session 2

Every meeting should begin with a check-in. This is an opportunity for each person to tell the group how they are doing today and how things have gone for them since the last meeting. There should be a time limit on this check-in to ensure that each person has a chance to talk and that the other business of the meeting gets attention. This check-in time should include a short debriefing to ascertain if the members are managing to cope or are in immediate crisis.

If it happens that a member has an urgent or pressing concern, that should be the next order of business for the session. The schedule for the individualized segments may have to be rearranged to allow for this more pressing need. The members must all agree to the rearrangement so that no one member feels excluded, unimportant or dumped. If any member of the group is in an immediate need of help for example needing to get a restraining order, or needing to get emergency help for herself or her children, this should be dealt with right away. There should be a discussion of steps to be taken immediately if needed. This may take the form of the group and counsellor offering any expertise they have in the matter at hand, or calming the individual so that she can formulate a solution for her problem. If it is necessary the client and counsellor can agree to attend to time-consuming details (e.g. referrals) outside of the group time.

Getting to know the family situation of each individual is important. Even though every person will be given a chance to tell something of their situation at every meeting, at least once in the six sessions, each person will be given individualized attention in order to focus on her specific situation. As each person prepares what it is she is going to bring to the group it will help her focus on the more significant elements of her personal dilemma. For example, is the way she deals with anger a large part of her coping problem? Is she having a difficult time with jealousy or guilt? By telling the group what has happened to them since they last met they are starting the process of mutual support. Yalom's (1975) curative factors become operational.

As each person's story is revealed the group can help that individual identify where she needs guidance with her parenting. For example, what are the blocks to her communication with her family? Through this dialectical process, the group has a chance, in an orderly manner, to challenge and maybe change views. The group also has an opportunity to learn from different life experiences and decrease the feeling of isolation. Finally, in the effort to help each other, the result is that they ultimately help themselves.

The group members are strangers to each other and must come to learn the problems peculiar to each other before they can give beneficial input to each member on how best to manage her family. For example there may be issues of protection or abuse that need to be addressed. Getting to know the family through each mother is necessary in order to identify the most pressing needs for each individual and her children.

The group leader needs to make it clear to the group that the process will not solve all their problems for them. The leader should explain that the purpose of the group is for members to find ways to help themselves and to get support in that effort. There are limitations to what can be accomplished in six sessions and these limitations should be acknowledged so that the members will not be disappointed in their progress because of false expectations.

### Session 3

This session incorporates a discussion of how relationship loss needs to be grieved as much as loss from a death. In order to move out of crisis each member needs to individually face the reality that this is indeed a permanent loss. It is the death of a marriage. While reunion may not be an impossibility, the single mother has to accept that for the present, at least, she is on her own. She has to behave as if this is a permanent arrangement so that she can attend to the demands of solitary parenting.

The members need to be encouraged to acknowledge their pain because it is an inevitable consequence of the grief associated with loss through separation. Even if the relationship is reestablished, it must be accepted as a certainty that the old relationship or 'the dream' of a way of living are permanently lost. In one way or another, each member is in the process of mourning (Turner & Shapiro, 1986). In order to adjust to the loss of the relationship, or the dream of the way it was supposed to be, the member should be encouraged to recognize and express her grief.

Getting from grief to growth is very hard work and can take some time. The counsellor should talk to the group about the confusing swings in emotions that they are probably experiencing. This is a natural part of the grieving process and part of letting go of the past. The counsellor should facilitate discussion on the issues of stress, the possibility of lack of good judgment as a result of stress, and the importance of not dwelling on loss, blame, or being wronged. Prolonged depression, anger and fear are often the result of not relinquishing the past.

#### Session 4

This session will be devoted to discussion of the whole families' needs. Issues, such as, self-reliance of the family and the level of family support should be addressed at this point. Some questions are: a) Should there be a new division of duties or responsibilities? b) Are the mothers putting too much responsibility on a single child or on all the children?

Each member needs to adjust to an environment in which the partner is missing. This involves coming to terms with the reality that there are unfilled roles in the new family arrangements. A feeling of helplessness will be engendered by ignoring this. The roles played by the father/husband must be substituted by those left behind. The prerequisite learning of new skills to fill these environmental requirements can be a positive feature in the healing process. In the case of single mothers it is important to strike the correct balance in incorporating the children. The children need to assume some of the new responsibilities without being

overburdened by too high expectations. They should not be made to assume a parental role.

The mother needs to withdraw emotional energy from the 'dead' relationship and reinvest it in other relationships. Once again a balance must be struck in that it can be a positive thing to put more energy into the mother/child relationship at this time but care must be taken not to expect the child to replace the lost partner. The children should be encouraged to pursue their own relationships away from the mother as well as supporting the mother at this time of crisis. The important point here is that neither the mother nor the children should withdraw emotional energy from each other in a confused, self-protective reaction of withdrawal. A reinvestment in the remaining members of the family can have positive effects whereas an over-investment, or clinging to each other in fear, could have negative ramifications.

It is important at this point to discuss the possibility of the father's future involvement in the children's life. The father should not be portrayed as an enemy because re-establishment of the father/child relationship may become viable sometime in the future. This may be a difficult concept for the mother who has been abused or treated badly to accept, but should be encouraged in terms of long-term benefits to the mother and her children. If the case of abuse or criminal activity on the part of the father the children need only as much information as they are capable through age and maturity of understanding.

The counsellor should address the issue of how the mother communicates the status of her lost relationship. Some suggested guidelines the mother should

take into consideration when she discusses her relationship breakdown with her children include:

- \* The mother should be truthful with the children. However, the age of the child must be taken into consideration when the mother tells them where the father is and why the parents are not together.

- \* The next most important thing is to reassure the children that they will continue to be taken care of and that they will be safe and secure.

- \* The children will need to be reassured that the mother's love for the child remains constant because the parent/child relationship is different than the parents' relationship.

- \* The children should be given an opportunity to discuss with their mother their feelings, if any, of responsibility for the breakdown of the parents' relationship.

- \* The breakdown must be discussed without expecting the child to take sides. While the truth should not be kept from the child, the child should not be encouraged to blame the father or hate him for the breakdown because the child's relationship with the father is separate from the mother's. (If the reason for the separation was abuse of the children then they would need separate personal counselling.)

The leader should give the members counsel on ways to behave in order to lessen their children's pain and confusion over the loss of the other parent. The following is a list of guidelines that the counsellor could give to the members to help them effectively parent through the immediate crisis:

- \* The mother should refrain from using the child to get back at the spouse.
- \* The mother should avoid saying bad things about the father in the children's presence.
- \* While the mother can and should discuss behaviors that are wrong such as physical abuse or desertion, she should try to simply discuss the behavior and not encourage the child to take sides in the breakup.
- \* The mother may have to explain the father's absence if there is no contact with the father. If the father has chosen to significantly alter or break contact with his children the mother should leave those explanations to him and continue to reassure the children of her love.
- \* The mother should avoid being overly indulgent with the children as a result of feeling guilty. While it is necessary to reassure them that they are loved, they still need limits.

As the counsellor presents these guidelines as a model for the mother's actions she should also discuss with the members the necessity for patience and understanding with her children and with herself. At this time of low self-esteem it would not be helpful to be too hard on themselves every time they fail to adhere to the ideal.

### Session 5

When a person is hurt by someone they love and trust it can be a painful and terrible experience. In the early stages of their crisis the individual members of the

group need to start healing from that hurt. The counsellor should allow the group members to talk about their pain but she must also point out that the way for them to start healing involves actually not allowing themselves to be hurt. The concept that someone can only be hurt if they give others the power to hurt them, should be discussed. Acceptance of the concept of the responsibility that all individuals have for giving others power over them is the beginning of 'letting go' of the victim role. This discussion should involve where the individuals are in their thinking? Do they entertain notions of returning to abusive partners. Are they willing to sacrifice themselves to 'the relationship'?

The counsellor should facilitate discussion which involves such questions for the individuals of themselves as: a) How did I end up in this situation? b) Is there anything I can do to avoid a repeat? c) What are my thinking patterns that might be actually adding to my unhappiness? The counsellor should introduce the concept of cognitive restructuring.

David Burn's book, included on the attached reading list, shows us how sometimes we are unhappy because of the way we choose to think about events and not because of the events themselves. Negative thinking at this time of turmoil only makes the likelihood of sadness greater. Here are some examples of thought processes that can contribute to a person's unhappiness.

Over-generalizing is when a person thinks or say things like, "I'll be alone for all the rest of my life" or "Nobody will ever love me again". The person is focusing on one negative feature and deciding that it is the truth, with no proof that it is, or will be true. When a person talks to herself as well as to others she should try not to use words like all, ever, always, never, only and totally. We can not see

into the future and those ever/never words and thoughts are generalizations which serve to add to a person's unhappiness in the present.

Labeling is when a person says things like, "I'm a loser" or "He's just selfish". By picking on one negative quality and letting that represent the whole person it is more likely that an individual will stay angry at others and disgusted with herself.

Filtering is when a person only allows herself to see the negative or threatening side of things. By focusing on her fears and losses she is more likely to stay in a state of anxiety or depression.

These are just a few of the cognitions that serve to keep a person in an unhappy state. Cognitive therapy is based on the idea that the exertion of control over cognitions leads to exertion of control over feelings and emotions. The work of cognitive restructuring will not be accomplished within the six-week group process, but the individuals in the group can be introduced to the concept and be given suggestions on how to follow-up on that type of therapy. Small homework assignments can be given during a session to help prove the efficacy of such thought control.

There must be an acknowledgment of pragmatic constraints in the lives of the group members. Examples of such issues or questions that could be brought to the group's attention follow:

- 1) Are some group members entertaining the idea of re-establishing the former relationship because of financial worries?
- 2) How has the loss of relationship, and perhaps the actual home, affected the children?

- 3) How would re-establishment of the relationship affect the children?
- 4) Even if the children would be better off financially, if their mother returned to her partner, what is the capitulation of the mother's responsibility to her own needs ultimately teaching her children?
- 5) Is there physical or emotional danger to the mother and/or the children possible if the mother goes back to the partner?

Discussion within the group of the ramifications of such contemplated moves may help clarify for the individual her intended problem solving strategies.

### Session 6

This session should be used to apprise members of what is available to them for support outside the group. The counsellor should encourage them to look at how good they are at accessing the social system. This is the time to provide information on what is available in the community if any individual feels the need for more or different help. This might include information about mediation, family law, school counselling services, MCP coverage, and how to access other services.

Some individuals may be missing an opportunity for help by not informing the school that their children are having problems. Often just informing the teacher, principal, or school counsellor, that the child is going through a family crisis can be of benefit for both the child and parent. The group members should be shown how being an advocate for themselves and for their children can be empowering.

It is important that the individuals take steps to make themselves self-sufficient if they are to feel in control of their own lives. If an individual relies too

heavily on support from others, whether it be informal or public systems. she is denying herself the chance to grow and thereby heal. The counsellor should discuss the delicate balance that needs to be found between getting support and taking care of oneself. If getting support means that a person gives up ownership of her life it will ultimately not be of benefit to her. A person has to be careful not to let others do for her what she is perfectly capable of doing for herself; by doing so she runs the risk of becoming dependent and therefore less able to be self-directed. Support needs to be used discriminantly or it becomes a crutch and the individual becomes less able to stand alone.

If the group decides that they would like to continue the group sessions, arrangements to do so should be made at this last meeting. In order to ensure continuity of the group the counsellor can provide the following suggestions for the establishment of an on-going support group.

#### Guidelines for an Ongoing Support Group

The purpose of support groups is to provide support, encouragement and ideas to help each person continue to expand her parenting skills and get the support she needs to avoid another crisis. The meetings would be therapeutic in as much as having a safe place to 'let off steam' can be helpful. The meetings would not be formal counselling sessions unless the members opted to take this route.

### Specific Instructions Directed to the Group

1) You have to decide on the amount of time you are willing to commit to meeting together. You should agree to a set number of sessions and at the end of that commitment you can decide whether to disband or make another commitment to each other to continue again for another set amount of time.

2) How often you will meet. ( Once a week? Once every two weeks?)

3) How much time you will spend on each meeting. (Two hours? Two and a half hours?)

4) Where to meet. (In member's homes? In a community center?)

5) How to coordinate the group. (One person responsible for each meeting? A telephone tree? A chairwoman?)

Always start on time. At each meeting, each person should be given a predetermined equal amount of time (15 or 20 minutes) to talk about her situation. A timer can be used if necessary to ensure that each person gets a fair share of the meeting time. In her allotted time, each person should give a report on her successes or failures since the last meeting. She should talk about what worked and what did not work for her in her parenting and coping. She should state where she could use the groups input. There should be time in the 20 minutes for the group to respond to her and congratulate and/or give noncritical suggestions to her.

The meeting could also allow for some unstructured social time with or without refreshments to chat informally that may add to the supportiveness of the group.

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