THE INFLUENCES OF THE LEARNING ORGANIZATION
MODEL ON MIXED-GENDER CO-LEADERSHIP
IN GROUPS

THOMAS G. MAHONEY

THE INFLUENCES OF THE LEARNING ORGANIZATION MODEL

ON MIXED-GENDER CO-LEADERSHIP IN GROUPS

by

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Faculty of Education
Department of Educational Leadership
Memorial University of Newfoundland

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Abstract

In Newfoundland and Labrador, the Department of Justice contracts with a community-based agency to provide counselling services to offenders. The standards for the provision of these services require that these group counselling programs be co-led by a mixed gender team of counsellors.

The site contracted to deliver these services has an organizational structure based on the learning organization model (Senge, 1990). This thesis was a case study, using a collaborative action research design. It had two purposes: first, it was intended as a professional development initiative as the participants sought to find new ways of working in mixed-gender teams; secondly, it describes the influences of the learning organization model on mixed-gender co-leadership, with a specific focus on the discipline of team learning.

Six participants, two males and four females, voluntarily participated for a sixteen week period. Audio tape recordings of clinical meetings and stimulated recall sessions, as well as participant journals, were used to gather qualitative data to answer two research questions. The first was: How does learning occur in mixed gender co-leadership teams used in group programs? The second was: What assists and distracts from the mixed-gender teams working through issues to prepare for co-leading group programs for male batterers and sex offenders?

The findings indicate that collaborative action research and the discipline of team learning facilitated the participants working through personal and emotional issues to prepare for co-leading these group programs. Important processes identified by the participants were summarized to describe how their learning occurred. Factors that were identified as assisting and distracting from working through issues to prepare for these groups are also discussed.

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CHAPTER ONE

INTRODUCTION

In Newfoundland and Labrador, when sex offenders and male batterers are convicted in the courts, their sentence often includes a condition mandating they receive counselling when they are returned to the community. The Government of Newfoundland and Labrador, Department of Justice, contracted with the John Howard Society of Newfoundland, a non-profit community based agency, to provide these counselling services. The counselling programs for these offenders referred by the Department of Justice are delivered by a direct service program of the John Howard Society (hereafter referred to as the site). In 1999, the site was required, for the first time, to deliver sex offender and male batterer group counselling programs, with eight to ten offenders in each group. The counselling programs are designed to decrease the risk that these clients will re-offend.

To prepare for the delivery of the group counselling programs at the site, guidelines were adopted from the National Standards (Cyr, 1994) set by the Correctional Service of Canada (CSC). Relevant to how these programs are to be administered, Cyr (1994) states that "group programs facilitated by a male and a female team have a better potential to effect change in clients, modelling appropriate male-female interaction" (p. 17).

The most recent national standards (CSC, 2000) stipulate that group programs for sex offenders and male batterers must be co-led by a mixed gender team. Co-

leadership is widely used and recommended in the practice of group counselling with offenders (Kahn, 1997). However, authors and researchers agree that the group programs will only function as well as the co-leaders work together (Corey, 1995; Kahn, 1997; Yalom, 1985).

Nosko and Wallace (1997) argue that it is important for mixed-gender co-leadership teams to effectively use itself in this model of instruction. With male violent offenders, the co-leaders must understand the characteristics of these male clients. These men have already demonstrated that they believe they have the right to control women and children through the use of force by engaging in physically or sexually violent acts. To effectively co-lead these groups, there must be a balancing of the activity of the co-leaders which models gender equality and status, demonstrating mutual respect (Paulson, Burroughs & Gelb, 1976). Starak (1982) finds that there must be an openness to problem resolution "not determined by ascribed gender status" (p.11). This modelling of appropriate male-female interaction used in co-leading the group can then complement the program content and curriculum.

Based on my experience, these clients have a tendency to enact the problems they are having with power and control issues with the female co-leader. They project their beliefs about the role of women and children in society, in relation to men, onto the female co-leader and the male co-leader's interaction with her. It is here that the dynamics of abuse are played out in the group program. The clients' gender-based assumptions regarding male rights of dominance need to be challenged by the co-leaders, and the issues

of oppression and hierarchical control must be raised with the clients. This implies that the co-leader's ability to effect change in the belief systems of these men, all of whom have criminal beliefs associated with power and control, is dependant upon the co-leaders having resolved these issues themselves (Salvendy, 1985). If the co-leaders have not challenged and resolved their own beliefs about gender roles, and power and control issues, then there exists the possibility that they may model inappropriate male-female interaction to the clients while co-leading the group.

Background to the Study

To prepare for delivery of these programs, the staff at the site had identified their need for professional development initiatives and an organizational structure aimed at improving their mixed gender co-leadership skills and abilities in group programs for male violent offenders. As director of this program, I am responsible for planning, organizing, directing, supervising and administering a rehabilitative program for offenders (See Job Description, Appendix A). Since it is my responsibility to help staff meet the needs they have identified, I began exploring the usefulness of the strategies and tools of the 'learning organization' (Senge, 1990) as a means to address staffs' identified needs. If the site was to become such an organization, staff members needed to become a community of interdependent learners who could learn to grow and work together for the larger purposes of the organization. The possibility of transforming the site into a learning organization was explored with the staff. The initial stages of this journey to become a learning organization involved the purchasing and distribution to the site staff of a copy of

The Fifth Discipline: The Art and Practice of the Learning Organization (Senge, 1990).

From reading this text, we then realized that to develop as a learning organization we had

to develop five capacities called disciplines, a discipline being defined as "a body of theory

and technique that they must study and master to be put into practice" (Senge, 1990 p.10).

These core disciplines are personal mastery, mental models, shared vision, team learning

and systems thinking. The fifth discipline, systems thinking, is seen by Senge (1990) as the

cornerstone of change.

Each of the five disciplines of the learning organization hold some promise in

addressing the professional development and organizational needs previously identified by

the staff. The first discipline is personal mastery. It is a prerequisite to the necessary

change that must take place for each staff member because presumably, organizations only

learn when individual staff members learn. The staff were encouraged and supported in

their efforts to learn new ways of working together and to take responsibility for their own

learning.

The discipline of mental models postulates that our assumptions and limited ways

of looking at the world shape and influence our behaviour. These mental models are

limited by the experience of the individual and need to be examined introspectively. Staff

therefore began to examine these models which predominate our thinking, in order to

change the beliefs that influence the way all the staff work together in mixed gender co-

leadership of the group counselling programs. For example, some of the literature from

the Correctional Service of Canada uses the words "co-leadership" and "co-facilitation"

interchangeably, to describe the role of the group leaders. Each staff member had attached different meanings to the words "leadership" and "facilitation" and a common approach to leading groups would be difficult without exploring their mental models.

Shared vision is the third discipline needed. A common sense of purpose is created when a personal vision is translated into a collective framework supported by a set of processes that allow this to happen. The co-leaders must operate from the same theoretical perspective in the group sessions and have a shared understanding of how these offenders get their need for power and control met through the use of physical, psychological, emotional and sexual abuse of their victims. Only through a shared vision can the co-leaders begin to help the clients critically identify the beliefs that give them permission to get their needs for power and control in their lives met through the victimization of women and children.

The fourth discipline, team learning, requires honest, open dialogue. This can allow the mixed gender co-leaders at the site to suspend their assumptions about gender roles and think together for the betterment of themselves, the clients and the learning organization. The staff viewed themselves as a microcosm of how men and women are to relate to each other. To become a learning organization, team co-leaders had to become proficient in learning from each other.

Systems thinking is the fifth discipline that the staff attempted to master in the process of becoming a learning organization. Senge (1990) describes it as "the discipline for seeing wholes" (p.69). It is a discipline that focuses on interrelationships, not things,

and on patterns of change, not events, in the life of the organization. It is the art of seeing the big picture, rather than only the parts.

Isaacson and Bamberg (1992) contend that it is critical to consider all five disciplines together to improve the quality of educational experiences. However, this study will specifically focus on the discipline of team learning for the site staff as they prepare for mixed gender co-leadership of the group programs. Since Senge himself points out that all the disciplines overlap, there will be some discussion throughout this study on all five disciplines. When this study began, all five disciplines of the learning organization (Senge, 1990) were being practised at the site.

In *The Fifth Discipline: The Art and Practice of the Learning Organization* (Senge, 1990), learning organizations are defined as "organizations where people continually expand their capacity to create the results they truly desire, where new and expansive patterns of thinking are nurtured, where collective aspiration is set free and where people are continually learning how to learn together" (p.3). The extensive dialogue that would happen at the site about how the staff felt in using the mixed gender co-leadership model would raise many sensitive, personal and emotional issues for the site staff. It became evident to us all that there needed to be a restructuring of the organization to create a safe, trusting environment were staff could learn to truly collaborate.

A growing number of theorists (e.g., Osborne & Gaebler, 1992) contend that the public sector has much to learn from the innovations of the "learning organization" that

are helping businesses to adapt to the new climate of change. Fullan (1993) adds that leaders, in any change effort, need to place primary importance on the norms, skills and beliefs of those involved in the learning process. The current norms, skills and beliefs of each staff member are potential obstacles for mixed gender co-leadership in the male batterer and sex offender group programs at the site. Because of this potential problem, we viewed the disciplines as holding some promise as we explored these very important issues.

Complex issues needed to be raised and discussed because it was important for all the staff to consider male violence as part of a complex psychological, social, political and economic system (Burbach & Crockett, 1994). These forces in North American society drive the unequal opportunities and status for women. It is theorised that these forces contribute to male violence towards women and children. Since these forces also play a role in the lives of each of the program staff, unresolved gender issues, coupled with the complex forces of socialization, have been identified by the staff as the reason the organization must provide a safe environment for them to work through these issues.

The focus of this study is not on the group program interventions but on the discipline of team learning. However, a brief discussion of some of the theoretical approaches used in group counselling is warranted. The cognitive behavioural approach used in the group programs are based primarily on social learning theory (Bandura, 1986). Pro-feminist approaches (Holmes, 1990) are also incorporated into the program's philosophy at the site, in keeping with the national standards for sex offender and male

batterer programs. The majority of programs in other countries aimed at child abusers and

male batterers are also based on these theories (Pence, 1988; Pence, 1991; Rusinoff, 1990;

Van Dieten, 1992). For example, The Correctional Service Canada (2000) states:

> Cognitive behavioural therapy for offenders in these programs
> is based on the principle that an individual's thoughts,
> attitudes, and beliefs about a situation, event or interaction
> largely determines how the individual experiences emotions
> and the behaviour that person exhibits in that situation, event,
> or interaction. (p. 176)

Social learning theory submits that behaviour is learned through a combination of

positive and negative reinforcement and modelling (Appleford, 1989; Bandura, 1986;

Eisikovits & Edelson,1989). Pro-feminist theory contends that male batterers and male

sex offenders are responsible for their own behaviour toward their victims, and that the

use of violent or abusive behaviours involves a choice to intentionally act to gain power

and control over their victims (Adams, 1988). A thorough understanding of these theories

and then learning to model appropriate male-female interaction became central to the

work of preparing for mixed gender co-leadership of violent offender programs. To

accomplish this task, it was recognized by all that we had to challenge each other to work

together in a new way.

Statement of the Problem

A number of studies identify mixed gender co-leadership for sex offender and male

batterers groups as the preferred method of group co-leadership (Adams, 1988;

Browning, 1984; National Clearinghouse on Family Violence, 1989; Pence & Paymar,

1986). These researchers contend that both genders represented in the team must be able to demonstrate humility and a willingness to consider the views of the other, which may not correspond with their own. Additionally, effective co-leaders must be able to model appropriate man-woman interactions with the clients in the group programs.

Discomfort with mixed gender co-leadership has been discussed in the literature (e.g., Nelson, 1993). The discomfort with this model of group instruction often begins when one of the co-leaders inadvertently colludes with the clients in the program by allowing a racist or sexist remark to go unchallenged. Confronting issues of sexism and racism is impossible if the co-leaders have not first examined their own attitudes and beliefs on these issues. Additionally, due to the violent nature of these clients' offences, one or more of the co-leadership team may get their own needs for power and control met at the expense of the clients by constantly confronting the client on issues of denial or minimization.

Based upon my experience in providing direct services for sex offenders and male batterers, it was my belief that the tools and strategies of the learning organization would assist all the staff in their group leadership efforts with these two offender populations. These tools and strategies are outlined in this study.

The five disciplines of the learning organization were believed to be able to provide a foundation for changing the way mixed gender co-leaders work together in the male batterer and sex offender programs at the site for this research. Specifically, the discipline of team learning was explored as staff discovered how to professionally develop for mixed

gender co-leadership of a sex offender and a male batterer group counselling program.

Therefore, extremely sensitive and personal issues needed to be openly discussed and displayed. The staff believed that a typical hierarchical organizational structure would not foster an open atmosphere necessary for this work. Fear of repercussions from 'the boss' could potentially block disclosures from staff on relevant issues to mixed gender co-leadership. I had to consider what could be done at the organizational level to assist staff working through personal and emotional issues associated with co-leading these programs.

Purpose of the Study

The use of mixed gender co-leadership teams in group counselling programs for offenders is a stipulated treatment requirement set by The Correctional Service of Canada (2000). In doing a search for literature on mixed gender co-leadership, I noticed a significant gap in the research on how the teams learn to use themselves effectively. Another gap was that very little attention had been paid to the evolution of co-leadership teams and even less attention had been paid to the impact of gender dynamics within mixed gender co-leadership teams (Nosko & Wallace, 1997).

A comprehensive review of the literature on mixed gender co-leadership revealed that the most recent summary of the research within this area was conducted by Cooper (1994). She reviewed recent literature on those working with sex offenders and found limited research on the topic of mixed gender co-leadership. This provided further rationale for conducting this research. Plyer, Wooley, and Anderson (1990) conducted a

survey with service providers to incest perpetrators. They found that almost 75 percent of the respondents reported that their agency had no specific training program and more than 50 percent said there was no ongoing training. Weeks, Pelletier and Beaudette (1992) conducted a survey on those currently working with sex offenders and found only 12 percent of the respondents felt their training to be adequate to work with sex offenders and 68 percent wanted more training. It was intended that this research would also be part of a professional development program for all the site staff as we sought to find new ways of working together.

As director of the programs at the site, another one of my duties is to work with each employee to address professional growth areas that they have identified that relate to program delivery. My duties also involve "researching and identifying psycho-social trends, developing and implementing programs and policies, developing and implementing programs" (Job Description, Appendix A). My responsibilities include providing direction to the staff and the program based on current research for the delivery of direct group counselling services to clients. With the staff, my responsibilities also include providing and creating opportunities for staff training and development. I saw conducting this research at this site as the first step in my response to the staffs' request for processes and an environment that would support activities intended to improve their skills and abilities in co-leading group programs for male violent offenders.

The organizational framework of the site became highly interactive. Some key statements contained in the policy and procedures "Organizational Framework" (See

Appendix B) are worthy of attention: "The staff are empowered to collaborate and make self-regulation a shared responsibility" and "The director and staff are partners in creating a vision for the site and articulating the direction of organizational change". These examples indicated that the site would be an appropriate site for collaborative action research since team learning was being demonstrated by the site staff.

Research Questions

This study ventured to find answers to the following research questions:

1. How does learning occur in mixed gender co-leadership teams used in group programs at the site?

2. What assists and distracts from the mixed gender teams working through issues to prepare for leading a group of male batterers and sex offenders?

Key Terms

Consensus: As defined in the policy and procedures manual at the site: (Procedure for Change, Appendix C) "all staff believe and agree that their central themes and ideas have been included."

Male batterer: In this study, a male batterer is a male offender with a conviction for assault or uttering threats against his female partner. He has received a provincial sentence of less than two years incarceration and has been mandated by the courts to attend the group program at the site as a condition of his court order. His violent behaviour toward his female partner has been documented and is indicative of criminal issues associated with power and control.

Sex Offender: In this study, sex offender refers only to a male convicted of a sexual offence against children. He has received a provincial sentence of less than two years incarceration. The courts have mandated that he attend and participate in a group program at the site, as part of his sentence. The crime is typically the fondling of a male or female child inside his or her clothes, or an invitation to sexual touching. These clients are theorized to have sexualized their need for power and control in their lives.

Group Program: A counselling intervention based on cognitive-behavioural principles delivered to eight to ten clients in a group format, all seated in a circle in a classroom type setting. These programs are led by a mixed gender co-leadership team.

Mixed Gender Co-leadership: The use of a group instruction strategy whereby a male and female staff member collaborate as a team to deliver the program curriculum and to facilitate the learning and cognitive restructuring processes.

Pro-feminist Program Approach: An approach to male violence grounded in feminist theory. It asserts that abuse stems from gender based power imbalances. Interventions in the group program aim to help the male offenders recognize and take responsibility for their abusive behaviour (Gerlock, 1977). The program is aimed at the identification of the offenders methods of control and domination, the effects of violence and an examination of the beliefs underlying sexist and violent behaviour. Offenders are introduced to alternative beliefs, actions and behaviours that are not at the expense of women and children.

Limitations of the Study

Since this is a case study, the findings are not transferable to other environments that deliver programs using mixed gender co-leadership in group programs for male violent offenders. However, particular strategies and practices implemented in the action phase of the research can have specific relevance for training mixed gender co-leaders preparing to co-lead group programs for convicted sex offenders and male batterers. The richness of the case study data will allow readers doing work in similar settings to determine the implications of the findings for themselves. This case study was carried out primarily because I had an intrinsic interest in what happens in the group programs at the site. Additionally, I was interested in how the organization could support the co-leadership teams so they could use themselves effectively in co-leading the groups. This case study therefore, develops its own issues, contexts and interpretations, its own 'thick description' of what it means to be an effective co- leadership team.

This research endeavour was in partial fulfilment of the requirements for the degree Master of Education. The staff members were aware that I enrolled in this program and that I would be required to complete a thesis. Throughout 1999 and 2000, I had been communicating with the program staff some of the ideas I had for a thesis. They were aware of my personal interest in using mixed gender co-leadership effectively and my support for staff professional development initiatives.

At the site I am their boss. I am ultimately responsible for the service to the clients, staff evaluation, professional development, hiring, promotions and disciplinary

action if necessary. The organizational structure however, according to our revised policy and procedures, as well as in practice, is non-hierarchical.

The staff volunteered to participate in the study, but I must recognize that they knew how important this research was to me personally and professionally. For example, prior to the deadline for their consent to participate, a potential participant in this research asked me in a staff meeting on the morning of June 2, 2000 "What will happen if one of us does not consent to participate?" I informed the participant that the matter would be discussed with my thesis supervisor at Memorial University of Newfoundland, Dr. Jean Brown. This indicated to me that at least one of the potential participants was concerned about the consequence to me if the study did not proceed. This concern may have influenced her, or the other staffs decision to participate.

When I was hired as the director of the program, as a condition of my employment, the executive director of The John Howard Society requested that I complete a Master's level degree in a discipline of my choice, that focuses on administration. I reviewed the course offerings at Memorial University of Newfoundland and applied to the Faculty of Education. I was subsequently accepted into Educational Leadership studies (Post Secondary). My first course was with Dr. Bruce Sheppard and it was here that I was introduced to the work of Peter Senge. I was looking for a model of organization to guide my administrative duties and as I became more familiar with Senge (1990), I began considering its use as a guiding text for the whole organization.

All of the staff were supplied with a copy of *The Fifth Discipline; The Art and the*

Practice of the Learning Organization, and shortly thereafter, we began to practice the disciplines of the learning organization. The staff were very familiar with the text and some of their answers may have been influenced by their familiarity with the concepts or by what they thought I wanted to hear.

I was in this study as a researcher, recorder, boss, co-worker, co-leader and a trainer of staff. These roles may have influenced the responses of the participants and in turn these roles may have influenced my data collection and analysis.

This research was actually a mobilization of all the reasons I returned to Memorial University of Newfoundland to do my Master's of Education degree. Empowering professional staff to make informed, collaborative decisions in a 'learning organization' about their professional growth and instruction practice was simultaneous with the empowering processes of this collaborative action research.

Organization of the Thesis

In the next chapter I will present the literature on co-leading group programs and the discipline of team learning. The literature on these two topics was extensively used by all participants in this study, as we collaborated to prepare for the delivery of one sex offender and one male batterer group program. Chapter three will describe the site, the participants and the methods used to collect and analyse the qualitative data. Chapter four will present the results and also provide a discussion of the findings, relevant to the research questions. The final chapter will give an overview of this thesis and also include some general conclusions and reflections.

CHAPTER TWO

REVIEW of RELATED LITERATURE

In this chapter, a review of the literature on co-leading group programs and team learning will be presented. The literature on co-leading group programs is sub-divided into the major topics that have a profound impact on the effectiveness of the co-leaders in reducing the risk of the clients to re-offend. The literature on the discipline of team learning (Senge, 1990) is presented later in this chapter. This literature is intended to familiarize the reader of this study with the tools and strategies of this discipline, such as dialogue and discussion. The discipline of team learning will then be examined and discussed as the participants describe its influence on the staff working through issues to effectively co-lead the group programs.

Co-leading Group Programs

Mixed gender co-leadership of group programs is characterized by the team sharing many hours of emotionally and intellectually intense work in a complex group setting (Friedman, 1989). Friedman adds that complications in co-leading a group can lead to disagreements between members of the team. This is often based on their different genders, temperaments, perceptions and interpretations of events in the group program, and leadership or power issues. In a highly functioning co-leadership team, these and other important issues that arise are "identified, discussed and resolved. In a dysfunctional team, disagreements may or may not be identified and acknowledged but they are seldom discussed or resolved" (p.163).

Galinsky and Shaffer (1990) have summarized the advantages of group co-leadership as follows: (1) It is better to have two points of view in the group when trying to understand the clients cognitions, affect and behavior; (2) transference issues emerge in a more readily observable form; (3) one of the team can miss a session or sessions, for a variety of reasons, without having to temporarily cancel sessions; (4) clients can see the co-leaders demonstrate a genuinely collaborative, honest and egalitarian modeling of male-female interaction; and (5) one of the team can intervene in the session at times when the other is feeling lost or overwhelmed.

Agazarian and Peters (1981) contend that advantages of group co-leadership can outweigh the disadvantages if the team can share the tasks and responsibilities of leading the group. This is also contingent upon them being comfortable with accepting constructive criticism from a respected colleague.

If the team does not collaborate to effectively lead the group then "such collaboration threatens to degenerate into competitiveness or disruptive conflict" (Shaffer & Galinsky, 1990, p.60). Friedman (1989) elaborates on this in a discussion about potential impasses between members of the team. He states this can happen when a member of the team:

> attributes much power to the other and feels unable to influence him or her. Each rationalizes his or her conclusion that discussion or negotiation are futile and would lead to harmful confrontation. Consequently, the behavior that generated the anger in the first place continues, and the anger and disaffection with the relationship continue to grow. (p.164)

He further contends that reluctance to talk about co-leadership problems is usually based on one member of the teams' belief that talking about the source of the problem will only make the situation worse.

A view expressed by Occhetti and Occhetti (1981) contends that co-therapy teams should meet regularly to discuss "the group's interaction during the last group meeting, the meaning of members' behavior, the co-therapists' responses to specific group members, and the determination of significant issues for future exploration" (p.76).

Rosenbaum (1999) states that co-leaders should also explore their differing perceptions, their pleasure or dissatisfaction with each others' participation in the group and to work towards resolving their differences.

Kahn (1996) suggests two risks of group co-leadership. The use of this model sets up the possibility for group members to align themselves with one of the team. Secondly, group members could pit one leader against the other and effectively split the team. Kahn (1996) suggests that co-leaders remain vigilant for the development of problems in their relationship and apply the same relationship skills they use in developing therapeutic relationships with their clients.

The Therapeutic Relationship

The development of a strong therapeutic relationship between the co-leaders and the clients is perhaps the most important element in providing high quality, effective service. By building the relationship with empathy, trust, honesty, genuineness, and supportive challenging, the co-leaders are more likely to gain access to the client's

cognitions, emotions, and world view that has contributed to their sexual offending or male battering behavior. Knowing and understanding these processes for an individual offender is essential to a positive group program outcome. Without this alliance, there is little chance of the clients making true self-disclosure and committing to the program through active participation. Developing rapport and strong therapeutic relationships is one of the most important and at times most difficult tasks, that the co-leaders will perform (CSC, 2000).

Although concepts of the therapeutic relationship have generally been seen as the domain of psycho-dynamic or client-centered therapies, cognitive-behavioral group program co-leaders and researchers are now realizing the importance of integrating cognitive-behavioral and interpersonal perspectives (Yates, 1999). The value of using the therapeutic relationship as an agent of change with male violent offenders is clearly recognized (Arnkoff, 1983; Goldfried & Davidson, 1976; Harris, 1995; Jacobson, 1989; Marshall, Anderson & Fernandez, 1999; Safran, 1984). In fact, cognitive-behavioral group programs facilitate the development of effective therapeutic relationships that are warm, empathic, supportive, and non-judgmental (Beach & Fordham, 1997). A key question is how can the co-leaders effectively demonstrate what is known about the therapeutic relationship or alliance?

The style of the co-leaders and the characteristics they both display when interacting with the clients are as critical to the success and effectiveness of the group program as is the delivery of the program curriculum itself. A meta-analysis of some

group program outcome studies indicate that service provider style is one of the most influential factors in accounting for positive treatment effects (Hanson & Wallace-Capretta, 2000). Some researchers claim that therapeutic change is related to the co-leaders' style and client-co-leader interaction processes alone (Lambert, 1992). Although the importance of this is recognized in the criminal behavior literature, other important factors, such as addressing the principles of risk, need, and responsivity, and a cognitive-behavioral orientation, are also necessary for effective intervention (Andrews & Bonta, 1998). The most effective co-leadership style is characterized by warmth, trust, empathy, acceptance, and the ability to make the clients believe in their own capacity to change (Marshall, Anderson & Fernandez, 1999). Although these findings stem from the general psychotherapy literature, Marshall, Anderson and Fernandez (1999) highlight the importance of developing a therapeutic relationship with male violent offenders.

An exploration of the ways in which the client is interpreting the co-leaders actions can lead to the understanding of important relationship patterns that shape the meaning of interpersonal interactions for the client. For example, a client who resists one of the co-leaders more active interventions may have a tendency to perceive others as controlling, intrusive or power hungry. By understanding this tendency, the co-leader can then modify his or her approach with the client, by possibly becoming less directive and more inquisitive with the client. To develop this skill, it requires extensive dialogue between the co-leaders and a subsequent change in their group leadership strategy.

Therapeutic Boundaries

Therapeutic boundaries are defined as limits and margins that mark where one participant ceases and another begins, or between that which is therapeutic and that which is non-therapeutic (Pielette, 1995). Therapeutic boundaries function to allow for safe interpersonal relationships between a client and the group co-leaders (Peternemelj-Taylor & Schafer, 1998). These boundaries require special consideration because the therapeutic relationship itself is central to the group program delivery process.

The maintenance of therapeutic boundaries are critical to protect clients' welfare and, thereby, promote effective interventions in the group program, for the following reasons (Borys, 1994):

1. For most clients, boundaries and the meaning of these are an arena in which critical emotional issues are manifested and worked through.
2. Clear, consistent boundaries provide structure and safety for many clients, which is a curative factor in itself.
3. Clients' reactions to alterations in therapeutic boundaries are typically transferential in context.
4. Consistent, clear therapeutic boundaries do not have to be inconsistent with the service provider's warmth and empathy.
5. Therapeutic boundaries provide a foundation for the therapeutic alliance by fostering a sense of safety and the belief that the co-leaders will always act in the client's best interests. (p.271)

To establish and maintain appropriate boundaries during the group programs, the following principles and guidelines are important (Carter, 1993):

1. **Consistency:** This refers to the establishment of consistency in times, frequency, and length of group program sessions in a setting that is comfortable to the client.
2. **Absence of physical contact:** Sexual contact between service providers and clients is not permitted under any circumstance. In general theory, there is a recognition for the universal longing of closeness and touch (Carter, 1993). However, if touching is initiated by one of the co-leaders, the therapeutic quality

of that interaction and of the therapeutic relationship ends. Touching may be interpreted by the client on a continuum from a kind gesture to an invitation for sexual contact. The client's attention in the group is then easily diverted away from the goals of the program to the interpretation of a more personalized relationship with the service provider. For those clients who have experienced past sexual abuse by trusted authority figures, the client will no longer feel safe to express himself without consequence.

3. **Gifts:** The acceptance of gifts from clients may also be considered a transgression of therapeutic boundaries. Aside from thanks and appreciation, gifts may hold a variety of conscious or unconscious meanings for the client. When refusing a gift from a client enter into a discussion with the client as to why it is not appropriate for the group leader to receive a gift, and work towards an acceptable alternative or compromise in which the client can express his gratitude.

4. **Neutral intervention:** This refers to the group co-leaders' contributions being confined to relevant aspects of the goals of the program. This is intended to protect the client from the co-leaders acting out their own feelings or issues, thus interfering in the therapeutic process.

5. **Confidentiality:** This refers to the staffs' respect for client confidentiality. The limits of client confidentiality in the correctional programs are discussed and clearly stated before the client gives his consent to participate in the group.

6. **Genuine concern:** This refers to the overall tolerance and acceptance of clients as worthy of the intervention being offered, in turn fostering basic trust and a belief in the client's ability to change. It means offering a sense of closeness, sensitivity, and empathy while respecting the necessary distance and boundaries of the therapeutic relationship. (p.10)

Simon (1994) discusses the concepts of "transference" and "counter-transference" and the implicit significance of therapeutic boundaries. Transference is the unconscious assignment of feelings or attitudes towards an important figure from the past onto an individual in the present, and, although originally appropriate, are now inappropriate in the present context. Counter-transference is the service providers' transference towards the client (Simon, 1994). In the early development of the therapeutic relationship, Freudian analysts used the blank sheet or neutral approach with their clients. It was the neutrality of

the analysts that provided the blank sheet onto which the client projected their transference, subsequently creating a window to unresolved issues of earlier relationships (Gutheil, 1994). Failure to maintain neutrality leads to boundary violations as transference infringements in the group process (Simon, 1994).

Transference and counter-transference are now widely used concepts in counseling offenders. They contribute to boundary maintenance, in that understanding client reactions to the co-leaders, and the co-leaders' reactions to the clients, contributes to healthy boundaries.

Patterns of interaction with others in the client's past may be recreated for him in the therapeutic relationship (Freeman, & Reinecke, 1995). By exploring these patterns, the team can provide a link to the dysfunctional thoughts and feelings associated with the client's behavior. For example, a client who was abused by his father may experience strong transference towards the male co-leader. Additionally, an awareness of patterns can guide the co-leaders' interactions with the clients to guard against the reinforcement of recreating in the group program, destructive patterns that may have contributed to the client's pathology and resulting criminal behavior.

Counter-transference refers to the feelings, issues, experiences, and beliefs that one or both of the co-leaders bring to the therapeutic relationship (Christopher, 1991). Counter-transference can either help or hinder the therapeutic process and is usually experienced by anyone working in a helping profession, as no one is able to completely divorce oneself from one's own attitudes, beliefs, and experiences. As well, the very

intensity of the therapeutic relationship and issues being dealt with in the group program can make it very difficult for the co-leaders to remain completely objective toward a client. Research suggests that co-leaders often feel uncomfortable discussing counter-transference issues because of a lack of formal training (Pope, 1993).

The following are a summary of the guidelines in the literature for effective maintenance of boundaries while working with male violent offenders (Christopher, 1991; Edelwich & Brodsky, 1991; Peaslee, 1995):

1. Acknowledgment and resolution of feelings and personal issues producing counter-transference reactions.

2. Separation of personal feelings from interactions with the client. Exercise the capacity to empathically address issues of abuse while encouraging the client to accept responsibility for the crimes.

3. Set limits while giving the client a safe space for self-expression.

4. Demonstrate an ability to form an alliance with the client characterized by empathic acceptance of the person. Empathy for the actual deviant behavior is not required for effective co-leadership, nor is it desirable.

5. Confront issues in a forward, yet supportively, challenging manner.

6. Explore the client's behavior in a therapeutic manner.

7. Confide in your supervisor, co-leaders and peers.

The responsibility for acknowledging all aspects of counter-transference in group programs for male violent offenders rests solely with the group co-leadership team (Gerber, 1995).

Approaches to Co-leading Group Programs

There are different approaches used by co-leadership teams with offenders across the country. These approaches are often based upon implicit theories operationalized by the team, or training they have received in a particular approach to group work that is supported by the agency offering the programs to offenders. A review of the confrontational and the motivational approaches used with offenders in group programs will be covered in the following paragraphs.

A confrontational approach is often regarded by group program leaders as an appropriate approach to working with offenders (Kear-Colwell & Pollack, 1997). However, this approach is not supported in the research or clinical literature (Kear-Colwell & Pollack, 1997). Rather, confrontational techniques disempower offenders and remove from them the responsibility for change. Such an approach also encourages self-labeling, with self-fulfilling prophecies and consequences, such as the failure to create cognitive dissonance in the client. Confrontational interactions between the group leaders and the client have been shown to push the offender further away from contemplating a change in their offending behavior. Staff in this scenario are getting their needs for power and control met, but it is done at the expense of the client.

Aggressive approaches, such as direct confrontation with sex offenders and male batterers, are not recommended as a treatment technique by the Correctional Service of Canada (CSC, 2000). In fact, the co-leaders' behaviors associated with this approach have been shown to predict treatment failure in a wide variety of therapeutic contexts

(Annis & Chan, 1983; Gordon, 1970; Lieberman, Yalom, & Miles, 1973). There is no persuasive evidence in the literature on counseling offenders in group programs that aggressive, confrontational tactics are helpful, let alone superior or preferable, as strategies in a therapeutic relationship (Harris, 1995; Marshal, Anderson & Fernandez, 1999; Miller & Rollnick, 1991).

Another approach used is a motivational approach which has been described as soft confrontation (Miller & Rollnick, 1991). For example, when offenders are faced with an awareness that their engagement in the problem behavior is dissonant with their personal goals and welfare, the confrontational approach often reinforces an already low-level of self-esteem and leads to feelings of helplessness. By contrast, motivational approaches and techniques do not place at risk the developing relationship between clients and the co-leaders. Instead, the motivational approach uses positive reinforcement to help shape the clients' behavior. This is the approach that the staff agreed to use in the group programs with their clients.

In addition to the fact that traditional confrontation is not very conducive to the development of a positive therapeutic relationship (Beach & Fordham, 1995), there is mounting evidence that a client's continual denial or minimization of the offence have little impact on treatment effectiveness or outcome (Hanson & Bussière, 1998). In fact, research shows that treatment completion has a greater impact on risk to offend than denial or minimization (Marshall, Thornton, Fernandez, & Mann, 1999). Co-leaders often struggle with ignoring or re-framing denial and minimization. The motivational approach

recommends that it be done in such a way that a power struggle does not develop over what is described in file information and the offender's version of what he did to the victim. For example, if police reports indicate twenty victims for a particular offender and he only admits to ten, the service providers and the client should agree that there were several victims, without arguing over particulars.

In summary, co-leaders working with offenders in group programs should adopt a positive, motivational approach to counseling (Marshall, Anderson & Fernandez, 1999). This approach avoids the use of traditional confrontation methods and emphasizes the importance of the co-leaders' abilities that are associated with maximizing benefits from participation in the group program. Marshall and Fernandez (1999) elaborate further on the specific service provider interpersonal characteristics:

Genuineness. The program is more effective if the mixed gender co-leaders behave in a real, consistent manner. Group leaders who are genuine are actively involved in the group sessions and behave in an honest, interested manner. The team needs to be aware of their own feelings during the session, and should express those feelings when appropriate. It is important for the co-leaders to be aware of their own issues and how they feel about the clients, and be able to effectively cope with these feelings.

Empathy. Empathy can be defined as the ability of the mixed gender co-leaders to attempt to understand and relate to the feelings of the clients. Empathy requires acceptance of the client's feelings. Kendall and Wilcox (1980) examined empathy, along with various other counselor personality variables, with regard to their contribution to

self-controlled problem-solving ability in chronically delinquent children. Empathy was found to have the positive effect of increasing clients' self-control behaviors at the end of treatment, as well as at the time of treatment program follow-up. Another study examined different types of behavior therapy in the treatment of problem drinking (Miller, Taylor, & West, 1980). Independent raters ranked service providers on the degree to which they displayed accurate empathy, and determined that the degree of accurate empathy was a good predictor of client outcome (abstinence or controlled drinking). In fact, the degree of accurate empathy accounted for 67 % of the variance in service provider successfulness.

Warmth. Warmth refers to the accepting, caring, and supportive behavior of the co-leaders. Under these conditions the client will feel understood and will be more willing to explore his difficulties. Research has been conducted in the realm of behavior therapy on group leaders' warmth. Harris and Lichtenstein (1971) investigated the contribution of service provider warmth in aversion therapy designed to decrease smoking. Half of the clients were treated by a service provider who was warm and friendly, used the client's first name, disclosed information about her or himself, and provided clients with a positive treatment experience. The remaining clients were treated by a controlling service provider who was polite but businesslike, did not self-disclose, and provided a neutral treatment experience. The first group displayed a greater reduction in smoking following treatment and at follow-up than the group that did not experience warmth in therapy. Morris and Suckerman (1974) also investigated service provider warmth in the systematic

desensitization of clients with a snake phobia. Clients treated by a warm, friendly service provider showed greater fear reduction following treatment and at a two-month follow-up as compared to clients treated by an impersonal service provider. Group programs using systematic desensitization was effective when the group leaders displayed warmth (via person or voice), while groups treated by staff who did not display warmth showed no more success than a control group.

Respect. Behaving toward the client in a respectful manner indicates that the group leaders respect the client as a person, and they model the type of behavior they expect in return. Respect for the client is integral to the therapeutic relationship. Respect for the clients in the group program is not synonymous with colluding with the clients' deviant criminal behavior.

Characteristics of Effective Practice

The characteristics of effective practice are demonstrated by the team using a variety of specific behaviors within the group program. Ellis (1985) identifies the following as representative of most of the practices of effective co-leaders:

1. They are fundamentally interested in helping their clients change.
2. They unconditionally accept their clients as people, while opposing and trying to restructure some of the client's self-defeating ideas, feelings and behaviors.
3. They are confident of their own therapeutic ability and, without being rigid or grandiose, strongly believe that their program will work.
4. They have a knowledge of therapeutic theories and practices and are flexible, undogmatic, and scientific. Consequently, they are open to acquiring new skills and to experimenting with these skills.
5. They are effective at communicating and at imparting to their clients new ways of thinking, feeling, and behaving.

6. They are able to cope with and resolve their own turmoil. Consequently, they are not exceedingly anxious, depressed, hostile, self-deprecating, or undisciplined.

7. They are conscientious, persistent, and hard-working in their therapeutic endeavors.

8. They are ethical and responsible, and use the program for the benefit of the clients and not for personal indulgence.

9. They act professionally and appropriately in a the program setting but are still able to maintain some degree of humanness, spontaneity, and personal enjoyment in what they are doing.

10. They are encouraging and optimistic and show clients that, whatever difficulties they may experience, they can appreciably change.

11. They are eager to help virtually all their clients. They try to be neither under-involved nor over-involved with clients in the group. They sincerely try to overcome their strong biases for or against their clients that may interfere with their therapeutic effectiveness. They monitor their own prejudices (counter-transference feelings) that lead to their strongly favoring or disfavoring some of their clients.

12. They possess sufficient observational ability, sensitivity to others, good intelligence, and judgment to discourage their clients from making rash and foolish decisions and from seriously harming themselves. (p.27)

The preceding literature represents a summary of the current research available on demonstrating effective practice in co-leading group programs. It does not however, address the organizational, training or learning issues associated with the co-leadership teams learning to effectively demonstrate what is known about group program co-leadership. The literature that follows covers the organizational, training and learning issues through a review of the literature on the discipline of team learning (Senge, 1990).

Team Learning

In the ever-changing, dynamic environment at the site where these group programs for male violent offenders are delivered, team learning is of paramount importance. The

most recent research literature on effective co-leadership practice and strategies for offender intervention, presented in the first part of this chapter, highlights the importance of an organization being able to learn in order to cope with the onslaught of change. The most recent change is in the use of a motivational approach used in group counseling programs for offenders. To keep pace with the changes, it requires more than individual staff members reading the motivational approach literature (Miller & Rollnick, 1991) on their own. Although individual learning of team members has been documented as fundamental to organizational learning (Argyris & Schon, 1978; Hedburg, 1981; Inkpen & Crossan, 1995; Simon, 1991), Swieringa and Wierdsma (1992) point out that more is required:

> Obviously, an organization can only learn because its individual members learn. Without individual learning there can be no question of organization learning. On the other hand, an organization has not automatically learned when individuals within it have learned something. Individual learning is a necessary, but not a sufficient condition for organizational learning. (p. 33)

Dixon (1993) points out that "organizational learning relates to the organization's ability to transform itself on a continuos basis in response to changing conditions" (p.2). Hawkins (1994) sees the team as a fundamental component of organizational learning and states that we need to "move away from believing that learning just resides within people, and to become aware that learning is also held between people" (p. 74). Pinchot and Pinchot (1994) contend "learning springs from the wealth of communications in the team's collaborations within itself" (p. 68). Senge (1990) asserts that "unless teams can learn,

organizations cannot learn," and "team learning is vital because teams, not individuals, are the fundamental learning unit in modern organizations" (p. 10). It is also of paramount importance that teams be effective. The ability for teams to truly function collectively appears to require interpersonal communication that facilitates learning. Isaacs (1993) reminds us that while there is a need to effectively collaborate, not all organizational communication is productive.

> Unfortunately, most forms of organizational conversation, particularly around tough, complex, or challenging issues lapse into debate (the root of which means "to beat down"). In debate, one side wins and another loses; both parties maintain their certainties, and both suppress deeper inquiry. Such exchanges do not activate the human capacity for collective intelligence. (Isaacs, 1993, p. 24)

In this review of the team learning literature, the focus will be on what the teams actually learn, as opposed to the development of group processes in the teams.

Alignment

In his discussion of team learning, Senge (1990) identifies the need for members of the team to be aligned. He contends that to function as a cohesive unit, all members must focus their energies and be heading in the same direction. It is important that this alignment not be perceived by members of the organization as condescending. Rather, they expect their opinions to be heard by other members and feel that their thoughts are valid.

A potential pitfall of teamwork is the potential for "groupthink" (Janis, 1996), in which members suppress critical thinking and critical challenges of the group's decisions in

an effort to remain amiable, loyal, and to avoid dissension within the group. Groupthink

can limit effective decision-making and negatively impact group learning.

Isaacs (1993) adds that "problems are too complex, the interdependencies too

intricate, and the consequences of isolation and fragmentation too devastating" (p. 24) for

organizational members, at any level, to only think individually. He emphasizes that the

capacity to think together, to develop collaborative thought and coordinated action will

serve individuals and organizations better as their future unfolds.

Senge (1990), in his discussion of the disciplines of a learning organization, points

out that teams have the capacity to learn. He emphasizes the interrelationships of team

learning with the four other disciplines in creating a learning organization. He states that

team learning:

> builds on the discipline of developing shared vision. It also builds on
> personal mastery, for talented teams are made up of talented individuals.
> But shared vision and talent are not enough. The world is full of talented
> individuals who share a vision for a while, yet fail to learn. (p. 236)

Senge (1990) defines team learning as "the process of aligning and developing the

capacity of a team to create the results members truly desire" (p. 236). He makes

reference to sports, performing arts, science, and business, "where the intelligence of the

team exceeds the intelligence of the individuals on the team, and where teams develop

extraordinary capacities for coordinated action" (p. 10). I believe the same is true for

mixed gender co-leadership of the group programs at the site. Senge adds that "when

teams are truly learning, not only are they producing extraordinary results but the

individual members are growing more rapidly than could have occurred otherwise"
(p. 10).

Roberts (1994) affirms the importance of the growth of individual members and
the alignment of team members. She emphasizes both personal knowledge and shared
knowledge for the development of teams. She defines team learning as "the process of
learning how to learn collectively" (p. 355). She states that it has "nothing to do with the
'school-learning' of memorizing details to feed back in tests," but rather, "starts with self-
mastery and self-knowledge, and involves looking outward to develop knowledge of, and
alignment with, others on your team" (p. 355).

Dialogue and Discussion

Senge (1990) states that there are basically two types of discourse: dialogue and
discussion. In dialogue, there is a free and creative exploration of complex and subtle
issues, a deep "listening" to one another and suspending of one's own views (p.237). He
further suggests that dialogue is a necessary condition for team learning to take place. He
notes that the word dialogue comes from the Greek word dialogos. Dia means "through"
and logos means "the meaning" (p. 240). Senge (1990) believes that as each person adds
ideas in a collaborative interaction, the group accesses a larger pool of common meaning.

Similarly, dialogue, according to Bennett and Brown (1995), "is a process of
collaborative conversation" (p. 176). Thus, dialogue is proposed as a form of
conversation, enabling teams to learn collectively (Bennett & Brown, 1995; Bohm, 1990;
Dixon, 1994; Isaacs, 1993, 1994; Schein, 1993, 1996; Seivert, Pattakos, Reed, &

Cavaleri, 1996; Senge, 1990).

Isaacs (1996) sees dialogue as a facilitating process, "enabling groups of people to dis-identify with polarized positions and engage in critical, collective inquiry into their underlying assumptions and tacitly held views" (p. 20).

To illustrate that dialogue offers a "unique vision of team learning" (Senge, 1990, p. 248) in that its purpose is to build collective understanding and meaning for the team, it is important to understand the components of dialogue as they relate to team learning. Through the processes of suspending assumptions, listening, reflecting, and creating a culture of cooperation, dialogue slows down the speed at which the teams converse.

While dialogue encompasses interpersonal communications, reflective processes, and a variety of group dynamics, its ultimate goal is to enhance the collective power of the group through the team learning process. Bohm (1990) discusses dialogue and collective thought and stresses that for a group, the important point is "not the answer" or "not the particular opinions (of the team members)," but rather "the opening up of the mind and looking at all the opinions" (p. 39). An example of collective thought and the team being able to think together is also given, "Somebody would give an idea, somebody else would take it up, somebody else would add to it. Thought would flow - rather than there being a lot of different people, each trying to persuade or convince the others" (p. 13).

Schein (1993) summarizes his views on dialogue as: "An important goal of dialogue is to enable the group to reach a higher level of consciousness and creativity," and this is done "through the gradual creation of a shared set of meanings and a common

thinking process" (p. 43). Both Schein and Bohm agree that, while the end result of dialogue is greater collective power for the group, the processes of dialogue are only a means to an end.

Dialogue needs to take place in face-to-face communication. Buber (1965) states that in dialogue, "each of the participants really has in mind the other or others ... and turns to them with the intention of establishing a living mutual relation between himself and them" (p.19). This is also supported by Freire (1970) who states, "self-sufficiency is incompatible with dialogue" and asks the question, "How can I dialogue if I am closed to - and even offended by - the contributions of others?" (p. 78).

While dialogue has been referred to as good conversation (Brown, 1995; Bennett & Brown, 1995), it must be more meaningful. Brown (1995) does however point out that dialogue is more than communication to decide something or do something, but rather it is communication "to build deeper understanding, new perceptions, new models, new paths to effective action, and deeper and more enduring, even sustainable truths" (p. 157).

Bohm (1980) in his discussion of dialogue illustrates that there is a constant, flowing, dynamic exchange between the tangible reality of our daily lives (the explicit, unfolded order) and a deeper, unseen level of reality (the implicate, enfolded order). Bohm asserts that everything is connected, no matter how separate and distinct things appear. Senge (1990) adds to Bohm's discussion of dialogue, emphasizing that dialogue offers an opportunity for team learning within organizations.

Dialogue incorporates the integration of multiple perspectives. It is an "opening-

up" type of conversation (Senge, 1990, p. 248), in which participants seek a picture of events, larger than any one person's point of view. If all participants were involved in the process, the collective initiatives would more likely be accepted and implemented.

Dialogue provides an opportunity for all types of educators to implement and integrate systemic reforms, as opposed to the isolated reforms characteristic of previous attempts at educational change. Dixon (1994), in her discussion of organizational learning, states that organizational learning involves "collective rather than only individual interpretation of information" (p. 6), and points out that processes to facilitate collective interpretation of information are of paramount importance. She highlights dialogue as one of four important conditions that enhance the collective interpretation of information within organizations stating that, "organizational dialogue is interaction in a collective setting that results in mutual learning" (p. 83). Schein (1993) summarizes the purpose of dialogue in his statement, "dialogue aims to build a group that can think generatively, creatively, and most important, together" (p. 43).

By contrast, during discussion, the focus is to have one's views accepted by the group; "to win" the discussion (Isaacs, 1996, p. 20). "The word discussion comes from the same root as percussion and concussion and suggests the pounding home of ideas in a confrontational manner" (Dixon, 1993, p. 6). In a discussion, the participants are usually more interested in their own opinions than in listening and attempting to understand the viewpoint of another. Senge (1990) concludes that "you might occasionally accept part of another person's view in order to strengthen your own, but you fundamentally want your

view to prevail" (p. 240). He also adds that in discussion, different views are presented and defended and there is a search for the best view to support decisions that must be made at this time (p. 237).

The reality in many of today's organizations is that discussion or debate are the dominant form of conversation among group members. As Murphy (1995) summarizes:

> My observations in business, political, and social settings is that people
> spend an inordinate amount of energy asserting and debating which
> position is right or wrong. Such thinking is not only destructive but
> flawed. ... The important question, however, is not whether something is
> right or wrong, but is it helpful for the purpose at hand. Such a small shift
> in thinking could greatly ease the way to creating a much more productive
> and much more human world. It would certainly go a long way towards
> removing some of the more serious barriers to learning and to creating
> learning organizations. (p. 205)

Senge (1990) noted that many teams preoccupy themselves in having discussions and consequently do not engage in true dialogue. He does, however, concede that discussions can be useful and sometimes necessary. There are occasions, for instance, when organizational teams have to make decisions to carry out the functions of the organization. Senge maintains that "on the basis of commonly agreed analysis, alternate views need to be weighted and a preferred view selected. When they are productive, discussions converge on a solution or a course of action" (p. 247). Ross (1994) is supportive of this in his explanation of 'skillful discussion': "In skillful discussion, the team intends to come to some sort of closure - either to make a decision, reach agreement, or identify priorities" (p. 386). While dialogue offers a learning team the opportunity to

examine each other's assumptions and mental models surrounding an issue, when a team needs to reach agreement and make decisions, discussion is needed.

Senge (1990) maintains that the capacity of team members to suspend assumptions and enter into genuine thinking together is complementary to and needs to be balanced with discussion, the search for the best view to make decisions. While a learning team "masters movement back and forth between dialogue and discussion" (Senge, 1990, p. 247), most groups and teams lack the ability to distinguish between the two. Murphy (1995) agrees, concluding that in many of today's organizations, including educational organizations, debate or discussion dominate conversation, and the potential for learning is thwarted.

Senge (1990) states that, "both dialogue and discussion are important to a team capable of continual generative learning, but their power lies in their synergy which is not likely to be present when the distinctions between them are not appreciated" (p. 240). For team learning, it is important then to recognize the difference between the two.

Dialogue and discussion then are interdependent, and both serve useful functions in team learning. With dialogue, team members can examine thought processes, underlying issues, and motivations. Discussion, on the other hand, can enable a team to emerge from their deliberations with an agreed upon course of action. As summarized by Senge (1990), teams that function best, acknowledge, understand and demonstrate the appropriate use of both.

A learning team masters movement back and forth between dialogue and discussion. A unique relationship develops among team members who enter into dialogue regularly. They develop a deep trust that cannot help but carry over to discussions. They develop a richer understanding of the uniqueness of each person's point of view. (p. 248)

Reflection and Inquiry

Cavaleri and Fearon (1996) summarize reflection with the following:

When people pause to discover the meaning of their experiences in relation to their beliefs, we say that they have engaged in the process of reflecting. Reflecting is a means of discovering what one really knows (or doesn't know). When people discover that either they know or don't know something, then they have learned through the benefit of their experience. (p. 14)

Other writers have also examined this process of reviewing one's thinking.

Weintraub (1995) illustrates that critical thinking involves questioning the assumptions underlying personal thinking and acting, then restructuring those understandings and being ready to think and act differently on the basis of this critical questioning. Meisel and Fearon (1996) refer to the activity of thinking about one's own problem solving processes as meta-cognition.

If individuals can reflect, acknowledge, and explore their own thinking, and then be open enough to share and explore the thought patterns of others, individuals in groups "will think better, collectively, and communicate better" (Schein, 1993, p. 43). Schein believes in focusing on our own thinking process, and delving into self-analysis to understand one's own assumptions. He concludes, "much of the individual's work (in

teams) is internal, examining one's own assumptions" (p. 44), and "we have to learn to listen to ourselves before we can really understand others" (p. 46).

Schein (1993), in referring to an atmosphere of discovery and understanding, states "suspension allows reflection" (p. 47). Dixon (1993) and Roberts (1997) like Schein, believe that to facilitate reflection, it is imperative to suspend one's assumptions. Dixon (1993) says, "team members must be willing to hold their opinions as hypotheses to be tested" (p. 6). Roberts (1997) states "to participate in deliberations, people must be aware of their assumptions and be willing to hold them up for examination" (p. 128). Senge (1990) points out that suspending assumptions is not about discarding anything. He contends:

> to suspend one's assumptions means to hold them, ... hanging in front of you, constantly accessible to questioning and observation. This does not mean throwing out our assumptions, suppressing them, or avoiding their expression ... it means being aware of our assumptions and holding them up for examination. (p. 243)

Swieringa and Wierdsma (1992) realize the significance of organizational members' assumptions and generalizations and state, "a significant part of an organization is in people's minds, and it is the image of reality stored up in these minds which determine behavior" (p. 16). Senge (1990) emphasizes that the discipline of managing mental models "promises to be a major breakthrough for building learning organizations." (p. 174)

In their discussion of team learning, Senge, Kleiner, Roberts, Ross, and Smith

(1994) incorporate self-mastery and self-knowledge. They emphasize that when team members develop reflection and inquiry skills, it helps individual team members to become aware of the assumptions and beliefs that link "what we see" to "what we conclude," to bring tacit assumptions to the surface, and to develop or change mental models (p. 352). Similarly, Kim (1995) states, "the interplay between participants as they propose new strategies and explain their reasoning, helps them to surface and clarify assumptions" (p. 361). The result is team members who are more in touch with their thoughts and feelings, who are better able to share assumptions, and who can learn together.

Team learning appears to be based in self-knowledge, reflection, and collective thinking. As stated by Greenwood, Wasson, and Giles (1993), team learning provides participants with the opportunity to "gain self-understanding from the feedback of others in the group," and "develop the skills of critical reflection and re-framing, which allows them to examine the taken-for-granted assumptions that have prevented them from acting in new and more effective ways" (p. 8). It is a collective entity since it requires team members to "work together to share assumptions, ... build new mental maps, and actively transfer their learning to others" (Greenwood et al., 1993, p. 8).

Defensive Routines

Bohm (1990) emphasizes that in team learning the members must be willing to suspend judgement regarding other people's assumptions and thoughts. An integral part of dialogue, according to Bohm (1990), is for "people to realize what is on each other's minds without coming to any conclusions or judgements" (p. 12). Discovery,

understanding, and learning in a team setting cannot be accomplished if team members are defending their assumptions, or passing judgement. According to O'Brien (1996), "to learn we must be able and willing to make fundamental, and often implicit assumptions explicit and subject to testing" (p. 533).

Trust among team members offers an opportunity for team members to learn, whereas a lack of trust amongst the team members is an obstacle to learning. Argyris (1985) suggests that a lack of trust results in defensive routines, "habitual ways of interacting that protect us and others from threat or embarrassment, but which also prevent us from learning" (Senge, 1990, p. 237). Ryan (1995) concurs, stating "our habits of communicating have become a kind of prison for us, [maintaining] the very defenses that we need to eliminate if we are to learn together" (p. 288). Similarly, Kofman and Senge (1995) emphasize that defensive routines oppose productive dialogue and discussion and consequently block learning. They contend that many of us have developed defenses that have become second nature, like working out our problems in isolation, always displaying our best face in public, and never saying "I don't know." There is evidence to suggest that the price we pay is enormous. In fact, we become masters of what Chris Argyris calls "skilled incompetence," skillful at protecting ourselves from the threat and pain that come with learning, but also remaining incompetent and blinded to our incompetence. (p. 20)

The result is that defensive routines block collective learning and consequently, the teams can never reach their full potential.

Organizational Culture Issues

Several writers focus on dialogue as the form of enhanced communication needed to realize effective cross-cultural collaboration. Schein (1996) emphasizes that organizations must find ways of communicating across cultural boundaries to create common ground, and to reduce conflict among the cultures. "Communication that stimulates mutual understanding rather than mutual blame" (p. 19) is a starting point for organizations serious about organizational effectiveness. Suggestions from the literature that incorporate dialogue and culture, highlight dialogue to "develop higher levels of collaboration" (Hodgetts, Luthans & Lee, 1994, p. 13), "create hallways of learning" (Dixon, 1997, p. 25), and "share mental models" (Schein, 1993, p. 41). Schein talks in terms of organizational effectiveness, and emphasizes that:

> organizational effectiveness is increasingly dependent on valid communication across subcultural boundaries. Integration across subcultures (the essential co-ordination problem) will increasingly hinge on the ability to develop an overreaching common language and mental model. Any form of organizational learning, therefore, will require the evolution of shared mental models that cut across the subcultures of the organization. (p. 41)

McGill and Slocum (1993) discuss a learning culture as an ideal culture to 'unlearn' the conventional organizational structure, and mold organizations into learning organizations. Within this learning culture, dialogue is of paramount importance. They state that in learning cultures:

groups engage in active dialogue and conversation, not discussions. These conversations are reflective, as opposed to argumentative, and they are guided by leaders who facilitate the building of strong relationships among key stakeholder groups. It is clear to us that to instill a learning culture, managers must set aside their penchant for discussion, embracing conversations and dialogue instead. To create conditions that foster conversation and dialogue, they must realize that face-to-face meetings and dialogue provides a forum for people to talk and think about problems together. (p. 76)

Schein (1993, 1996) and Bohm (1990) look to dialogue as a fundamental, effective first step to valid communication and the development of shared mental models across organizational subcultural boundaries. Schein (1993) states, "the evolution of shared mental models ... [makes] dialogue a necessary first step in learning" (p. 41). To Bohm (1990), dialogue enables groups to "share meanings," so that all of the various meanings can come together and the larger group can "work toward coherence" (p. 16). A coherent meaning in a group has possible broader implications for an organization. As Bohm contends, "such a group might be the germ or the microcosm of the larger culture, which would then spread in many ways - not only by creating new groups, but also by people communicating the notion of what it means" (p. 17).

Listening

An essential skill used in the dialogue process is listening because listening can facilitate dialogue. For team members to fully contribute to the reflective learning process and to contribute to the team in a dialogue environment, listening is essential. Bennett and Brown (1995), state that dialogue "is not about agreement or consensus. Rather it is about listening for deeper understanding and insight" (p. 172).

Dialogue links real listening skills with valuing the feelings and opinions of others on the team, leading some writers to believe that "listening will be recognized and emphasized as the single most important element of a learning organization's communications" (Montgomery & Scalia, 1996, p. 459) A great deal can be learned from listening and trying to understand the reasoning behind another's viewpoint, as well as from explaining one's reasoning to the team so that they too, can understand the rationale behind the position.

> When a group begins to advance in the practice of dialogue, as William
> Isaacs points out, 'a new type of listening emerges.' People begin to 'listen
> to the whole,' hearing not only what individuals say, but deeper patterns of
> meaning that flow through the group. For example, it is quite common in
> advanced dialogues for people to report that someone else gave voice to
> the thoughts they were about to say. (Senge, Kleiner, Roberts, Ross &
> Smith, 1994, p. 20)

Described by Senge (1990) and Bohm (1990), dialogue relates to viewing complex problems in their wholeness. Through reflective, open, face-to-face dialogue, organizational members can explore issues from many points of view and be more insightful than they can be individually. "In dialogue, there is a free and creative exploration of complex and subtle issues, a deep "listening" to one another and suspending of one's own views" (Senge, 1990, p. 237).

Summary

When I originally proposed this study, I wondered what would be the influence of this discipline of team learning on staff professional development at the site. I started

asking this question to the staff and soon they became inquisitive as well. When they volunteered to participate in this study it indicated they were also interested in examining how we learned to work through issues in mixed-gender co-leadership. Therefore, we all had a legitimate reason and a common purpose to explore how team learning could best be facilitated. The participants in this study worked with me, in a collaborative effort, to explore the influence of the tools and strategies of this discipline, on staff professional development, in this model of group leadership.

The major themes that emerged when I reviewed the literature for this study are relevant to both the effectiveness of the organization and the co-leadership of the group programs. I will identify the major themes here in this summary of the literature review and further discuss how they were derived in the next chapter. The themes I identified are: power and control, team learning, therapeutic relationship, characteristics of effective co-leaders, collaboration, individual growth, mental models, reflection and inquiry, trust, culture and change.

Chapter Three also provides a detailed description of the methodology employed in this study, in an attempt to answer the research questions presented in chapter one.

CHAPTER THREE

METHODOLOGY

In this chapter, a thorough discussion of the collaborative action research design used in this study will be presented. Issues relevant to site and participant selection will also be detailed to allow the reader to have a clear picture of who participated in this research, and why I intentionally chose the site to carry out the research. Later in this chapter, the methods used to collect and analyse the data will be comprehensively described.

Collaborative Action Research Design

A collaborative action research design was used in this study to investigate the influences of team learning on staff professional development in mixed gender co-leadership teams at the site. In this context, I anticipated insights would be gained from the discovery of meanings in the participants' statements and comments. The design empowers all participants in the process with the means to improve practices conducted within the educational experience (Hopkins, 1993).

Support for use of this research design came from how the design fit with the rationale for the study. It was intended to explore and describe the influences of team learning on staff professional growth and ability to work through issues arising for the mixed gender co-leadership teams while in group. This collaborative action research design presented the participants with an opportunity to develop and change their current practice of group co-leadership and work in an organization that promotes professional

development and change.

Lather (1988) encourages research designs which maximize dialogue and educative encounters between the researcher and the researched. She suggests the intent of collaborative action research should be to use the findings to help participants understand and change their situations. The staff who participated in this study had previously requested that I provide learning opportunities and a safe environment so they could explore new ways of working together in mixed gender co-leadership of group programs for offenders. They were concerned that if they did not become skilled in the delivery of program curriculum using this model of instruction, they may inadvertently collude with, or model controlling behaviours to their clients. These concerns were real threats to the integrity of the program and its ability to effect change in the belief systems of the clients referred by the Department of Justice.

The participants collaborated with me in an all knowing way in this study, to identify the issues and processes necessary to continually change and improve the quality of their service delivery to the clients.

Five Phases of the Study

Calhoun (1992) identified five phases of action research that were used to guide this study. The first phase was the problem identification phase. In this phase, the participants identified an area of interest focussed on learning to co-lead the group programs. How best to work through personal and professional issues among and between staff members, directly working with offenders, using the mixed gender co-

leadership model for group instruction was explored. Second, there was the planning phase. In this phase we collaborated to determine what participants would be paired with each other to form the mixed gender teams, what data would be collected, with what frequency and method, and the resources required to carry out the research. In the third phase, it was decided how to organize the data in order to provide staff with a clear and accurate picture of the research findings. Fourthly, the data were analysed and interpreted with reference to the research subject, questions, objectives and goals. It was important in this phase to reflect on the action taken and the solution to the identified problem being researched. In the fifth phase, the goals, objectives and activities can be modified based on the analysis and interpretation of the results. The fifth phase however, was not part of this study as the sixteen week time-line previously established had expired. It is worthy to note, that the action research continued at the site but is not documented in this study.

The research process was communal, not hierarchical, in keeping with the new organizational framework of the site. This research was carried out as a collaborative effort by all the participants from the beginning to the end. The staff initially met to explore the practical issues necessary to carry out the research endeavour. It was decided by consensus who was going to co-lead the two programs in particular mixed-gender teams, who would observe the teams, and where and when the data would be collected.

All phases of the study included the reaching of decisions in a truly collaborative way with all participants. The collaborative action research was used as a vehicle to inform our group program co-leadership practice. Stroeher (1994) used action research to

inform her gender-equitable teaching practices. Additionally, she carried out the research for her own purposes, in her own school and did not generalize the findings. Similarly, this study was carried out for the purpose of staff professional development and to examine the influences of the learning organization model (Senge, 1990) on team learning at the site. This collaborative action research design was also anticipated to be awareness raising for the site staff while working through gendered issues within each team of co-leaders, via the implementation of the research on the therapeutic relationship previously discussed.

Site Selection

The site for this research was purposefully chosen. The site had several characteristics that enabled the implementation of the collaborative action research design. Firstly, it is a community based treatment program for offenders. Raphael (1997) states, "community-based approaches are difficult as they involve the planning, funding and implementation of the service but it is where I believe that our research needs to go" (p.19).

Secondly, the Executive Director of The John Howard Society of Newfoundland had given his written approval, allowing the research to take place (See Letter of Support, Appendix C1) and eagerly supported its purpose. Thirdly, the site provided opportunities for research in this area. The John Howard Society of Newfoundland supported the research as a means to examine the influences of new models of organization on staff professional development. Fourthly, the strategies and tools of the learning organization

fit with the organizational framework and the staff professional development model already in use at the site.

In March 1996, the Correctional Program Assessment Inventory (CPAI, 6th edition, 1996) was employed to assess program quality at the site. This tool measures the program's capacity to effectively reduce the risk that its clients will re-offend. This review was mandated by the Chief, Corrections Research, Ministry Secretariat, Solicitor General, in consultation with the Chief Probation Officer, Department of Justice, Newfoundland. The assessment ranked the site in the top ten percent of correctional programs in Canada. The site was identified as having the potential to distinguish itself as one of the very few treatment programs in this country that reduces offender recidivism (Gendreau, 1996). This collaborative action research was anticipated to be able to contribute to the program's quality and its ability to reduce the risk of these clients re-offending.

Consent

The five other staff members at the site, except for myself, were provided with a letter outlining the proposed research method and its purpose (see Letter of Consent, Appendix D). It clearly articulated that the study was focussing on the influences of new models (i.e., team learning in a learning organization) on mixed-gender co-leadership in group instruction. To examine the influences of this model, a formal request was made for their voluntary participation in the study. As I was to be a researcher and participant in this study, I was not required by the Dean of Graduate Programs and Research to complete a consent form (Appendix E). The five staff members forwarded the consent

form to the Office of the Associate Dean, Graduate Studies and Research, Faculty of Education in an addressed, stamped, registered mail envelope provided to them. I was advised by the Office of the Associate Dean that there was 100 percent voluntary participation. If there had not been 100 percent voluntary participation, I would not be advised as to how many staff members did or did not volunteer to participate. This method was designed to ensure the integrity of the voluntary nature of their participation. All five staff subsequently agreed to voluntarily participate in the study with me, by completing the consent form.

The research required their voluntary participation for a period of 16 weeks (March 5, 2001 - June 19, 2001), with an assurance that there was no possibility of physical harm or risk resulting from their participation. The participants were not required to work additional time for this research outside of their regular working hours.

Participation in this study was completely voluntary and participants had the right to withdraw at any time. This research design was developed through discussions with these participants and their input was incorporated in the research proposal. The research endeavour built on current 'learning organization' practice, which although occurring at the site prior to this research, was not being studied.

All participants in this research had the right to inquire about the research at any time by contacting a resource person from Memorial University of Newfoundland who was outside my research group. This person was the Associate Dean, Graduate Programs and Research, Faculty of Education. Upon completion of the research, I contacted the

office of the Associate Dean on June 20, 2001 by telephone, and I was informed that none of the participants in my study inquired about this research project.

All the site staff were supplied with the *Fifth Discipline: The Art and the Practice of the Learning Organization* (Senge, 1990) and the *Fifth Discipline Fieldbook* (Senge, Kleiner, Roberts, Ross & Smith, 1994) during their first week of employment. This was done so they could make informed decisions about implementing and practising the disciplines of a learning organization.

The intent of the research also included the use of a collaborative action research design as a vehicle for continuous positive change in staff professional growth in mixed gender co-leadership of groups, by practising the discipline of team learning.

The participants were provided with a copy of their own quotes for verification of accuracy and use before the data was coded and analysed. I kept all of the qualitative data that was provided by the participants confidential, in a locked filing cabinet at the site. At no time, during or after the research, were individual participants identified. All participants were guaranteed that the audio tapes, transcripts, notes and journals would be destroyed upon completion of the thesis.

Sample

The initial population for this study were all of the program staff at the site as of July 1, 2000, including myself. The site staff at that time were as follows: the director (male), the senior program facilitator (female), and the four program facilitators (three female and one male). As there were only six staff involved in the action research, no

sampling procedures were required to select the participants because this constituted a comprehensive sample. All six program staff at the site agreed to participate in the use of all three data gathering methods. The staff working at the site were the only group program staff in this region that used the mixed gender co-leadership group program model in working with both male batterers and sex offenders.

Participants

The names of the participants in this study have been changed to protect their identities. They will be hereafter referred to as participants one, two, three, four, five, and six. They were as follows:

Participant #1 (Daryl). Daryl is a 28 year old male. His educational background is in the field of social work. He has completed both a BSW and a MSW and is currently registered with the Newfoundland and Labrador Association of Social Workers (NLASW). He has been employed at the research site for three years but he has four years previous experience in working with offenders in other agencies. In this study, he was a male co-leader of a male batterers group program with participant #2.

Participant #2 (Lori). Lori has been employed as a counsellor at the site for five years. She is a registered social worker who holds a bachelors degree in social work. Her previous work experience is in residential care with youth exhibiting behavioural problems. In this study, she co-led the male batterers group program with participant #1.

Participant #3 (Donna). Donna is the clinical supervisor at the site. She has a BA in anthropology and a BSW and is currently registered with the NLASW. Her

previous experience is in teaching in foreign countries and working at a shelter for teenaged girls. She has been employed at the site since its inception in 1994. She supervises all programs, client admissions and clinical interventions. In this study she co-led the sex offender group with participant #6.

Participant #4 (Tina). Tina has been a program facilitator at the site for two years. She has a BA majoring in psychology and a MA in forensic psychology. She had no previous direct work experience with adult offenders prior to her employment at the site. In this study, she was a participant observer of the co-leaders of the sex offender group program (participant #3 and participant # 6).

Participant #5 (Wendy). Wendy was employed at the site for two years when she gave consent to participate in the study. She has a BSW and an MSW and was also a registered social worker with the NLASW. Her previous work experience was in teaching at the university level and family counselling. She applied for a new job out of the province and only participated in the research for the first three weeks of the study ending on March 20, 2001 by withdrawing her consent to further participate. She was a participant observer of participants #1 and #2 who co-led the male batterers program until she withdrew her consent during week three of the research.

Participant #6. The author of this study, Tom Mahoney. I am employed at the site full-time and I have the authority to work with the staff to achieve the organizational and staff training goals. This research was an integral part of my daily work at the site. I have a BA, majoring in psychology, and a certificate in criminology. I have eleven years

experience in working with the offender population and two years experience in working with forensic patients at the local psychiatric hospital. In this study, I co-led the sex offender group with the clinical supervisor, participant #3.

Table 1 below summarizes the mixed gender co-leadership pairings and the participant observers involved in the sex offender program and the male batterer program at the site.

Table 1

Summary of Co-leadership Pairings and Participant Observers

PROGRAM	Sex Offender Group	Male Batterers Group
CO-LEADERS	Participants 3 & 6	Participants 1 & 2
PARTIC. OBSERVER	Participant 4	Participant 5 (for 3 weeks)

Methods for Data Collection

Clinical Meetings

Twelve clinical meetings took place on Tuesday afternoons for one hour, for twelve of the sixteen weeks during this study. Four meetings were cancelled for the following reasons: emergency situations at the site where a client was violent on one occasion and suicidal on another, staff sickness and staff holidays.

Audio tapes of the participants' dialogue and discussions from the twelve clinical meetings were initially reviewed by all the participants to gain an understanding of their

contents. These meetings were used as an opportunity for the teams and the participant observers to review and dialogue what was happening in their mixed gender co-leadership. The participants focussed on the issues, processes and struggles in learning to co-lead these programs. Specific key sections of the tapes were then identified by all the participants as being particularly relevant to the research questions. The corresponding numbers assigned to these specific sections of the tapes were used to identify information to be transcribed from these tapes. For example, a section of tape 1, with corresponding numbers on the tape counter, 166-589, was then transcribed by the secretary of the John Howard Society of Newfoundland, using an audio tape transcriber. The typed, key statements, made by each participant were then given back to the participant who made the statement, to verify its accuracy for use in this research.

Stimulated Recall Sessions

There were also twelve stimulated recall sessions that took place on Thursday afternoons from 3:30 to 4:15 pm. These stimulated recall sessions only took place during the same 12 weeks as the clinical meetings. The purpose was to engage all the participants in discussing the process of teams learning effective methods of mixed gender co-leadership in the sex offender and male batterer group programs. Audio tape recordings were made of our responses which were later transcribed and subsequently coded for analysis.

The stimulated recall method used in this study was chosen because I believed that it could generate valid data about the participants' team learning and data on how they

worked through issues arising through their use of mixed gender co-leadership. This belief is warranted as a consequence of the considerable debate about the validity of verbal reports as evidence of cognitive processes (e.g., Ericsson & Simon, 1984; Nisbett & Wilson, 1977). Based on a model of information processing, Ericsson and Simon (1984), hypothesized that recently acquired information is stored in short-term memory and is directly accessible for producing verbal reports. However, information stored in long-term memory must be retrieved before it can be verbalized. The retrieval process can threaten the validity of verbal reports that the participants provide because their reports are possibly incomplete and subject to many different types of distortions.

Stimulated recall methods do not rely on the contents of long term memory and can compensate for the deficits of short term memory (Leithwood & Steinbach, 1989). Using this method, data was collected at four points in time.

The first five minutes of the stimulated recall session was used to ask the participants the following two questions. I posed these same two questions at the beginning of each of the twelve meetings and audio tape recorded the responses. The two questions were:

1. *Tell me what potential problems and strengths you can identify in your instruction with the co-leader?*

2. *Tell me what you think should be done about it to improve how you work together?*

Secondly, the next fifteen minutes of the session were used to discuss issues arising from our co-leadership efforts in the group sessions, held on the previous Monday. Again,

I audio tape recorded our session.

Thirdly, the next fifteen minutes were used to listen to specific sections of the tape recordings from the clinical meetings that we identified as critical to team learning. Before the participants listened to the tape play-back of these sections, they were given the following directions:

I want anyone to stop the tape at any time when you would like to comment on something of interest you just heard. In particular, anything related to your beliefs, feelings or behaviours that influenced your co-leadership practice. Additionally, I may stop the tape to discuss with you a point of particular interest to this study.

Fourthly, during the remaining five minutes of the stimulated recall session, I asked the participants one or both of the following questions, as time would allow:

1. *Did the professional development meeting go as planned?*

2. *If so, what was learned and how will it translate into improved instructional practice in mixed gender co-leadership of the group?*

If time was short, only question #2 was asked. Their comments were also recorded on audio tape.

Journals

Journals were kept by each of the six participants in the study. The journals focussed on each participants own thoughts, feelings and behaviours in learning to work in mixed gender co-leadership. The participants were asked to make handwritten, weekly entries into private journals that were supplied to them prior to the commencement of this

research. Journal entries into the staff computers were not considered private enough because all the computers at the site were networked. The journal entries were also specific to each participant's learning situation (Journal Entry Instructions and Format, Appendix G). Each participant submitted a total of twelve handwritten journals; one for each week where all methods of data collection were carried out. Participant #5 passed in her journal before she left the site at the end of week three. The other four, plus my own, were collected on the Friday of week sixteen of the study.

Participant Observation of Group Sessions

The original research proposal included participant observation of group sessions. When the sex offender and male batterer group programs began on March 5 2001, the policies and procedures for client confidentiality required that I explain the research procedure to the clients. The clients were told that I was proposing a third staff member would join the group program for the sole purpose of taking notes on what is happening amongst and between the mixed gender co-leaders of the group. Before there could be a participant observer in the group, the clients had to agree. Both groups, one sex offender group and one male batterers group, would not agree with anyone sitting in on a group for the purpose of taking notes. Several other options were discussed with the clients, but their response was always negative. They thought the notes could be used for other purposes and would make the group an unsafe place to talk about their offence and the thoughts and feelings associated with it. Therefore the participant observations of participants #4 and #5 were not recorded in the group. It was later decided by all

participants that we would not take notes after the group on co-leadership issues but rather, we would reflect on what was happening amongst the co-leaders in the clinical meetings. The participants also agreed that they would focus extra attention on group co-leadership issues in their journals to enhance the data set which would now not include participant observer notes.

Lundeberg (1997) used three similar methods for data collection in a study of the effectiveness of open meetings. Her methods were: meeting videotapes, student and teacher interviews, and what she describes as interaction data. That study concluded that the use of three methods strengthened the data sets. It was therefore anticipated that the use of multiple sources of data collection in this study would strengthen the data set.

Reflection on the meaning of the qualitative data obtained by these three strategies used, were anticipated to help all of us understand and demonstrate the principles of effective mixed gender co-leadership. The audio tapes of the clinical meetings, journalling, and stimulated recall data were collected from the participants as a means to obtain what Geertz (1974) describes as "thick" description.

Coding

Two strategies were used to code the data collected in this study. The first strategy was to code the themes present in the literature review for this study. The second strategy was the coding of themes evident in the data collected from the participants. It has been suggested to start with general themes apparent in the literature review and then add themes as the data analysis progresses (Denzin and Lincoln, 2000; Miles and

Huberman, 1994; Williams, Best, Taylor, Gilbert, Wilson, Lindsay, and Singer, 1990).

The tapes made during the stimulated recall sessions, and the handwritten journals were all typed prior to data analysis. The format of the typing on 8.5"x 11" pages was such that the text was entered on each page with 2" margins on either side of the text. The previously typed transcripts of the clinical meetings were then reformatted using the 2" margin process described above, to facilitate coding in the same format as the journals and the stimulated recall sessions. The codes I derived from the literature review were then entered in the left margin of the page, indicating a response or statement relevant to that code. For example, as I read the journal data, I coded six sentences of a journal entry as "power and control". Secondly, I completed an extensive review of the data, by reading all of the data five times over a nine day period. It was during these reviews of the data that other themes emerged from the data itself. These themes were then entered as codes in the right margin of the page, indicating a relevant statement or response to that code. For example, a statement made during the clinical meeting was coded "consensus building".

The coded data was then reviewed to categorize it as being relevant to one, or both of the research questions. Data relevant to the first research question was highlighted with a yellow marker, and the data relevant to the second question was highlighted with a blue marker. An "X" was placed next to data relevant to both research questions.

Codes From the Literature Review

There were eleven codes derived from the literature review for this study:

1. power and control

2. team learning

3. therapeutic relationship

4. characteristics of effective co-leaders

5. collaborative thought and action

6. individual growth

7. mental models

8. reflection and inquiry

9. trust

10. culture

11. change

Codes From the Data

Secondly, through careful attention to the meanings of the participants responses in the data collected from the participants, using the three methods previously described, three additional coded themes were added:

1. feelings

2. time

3. consensus building

Data Analysis

All of the data collected through the three strategies (clinical meetings, stimulated recall sessions, and journals) and coded as described above, were analysed inductively. The three sources of qualitative data- the tapes of the clinical meetings and the stimulated recall sessions, and the journals- were then triangulated. Gliner (1994) states that methods of analysis such as triangulation are promising criteria for fairness and rigour. All of the qualitative data collected in this study, using the methods described in this chapter, were coded prior to analysis. None of the coded data was excluded or omitted from analysis for any reason.

The three methods of data collection produced a vast amount of qualitative data to be reviewed. The tapes were reviewed by all participants to identify key sections to be transcribed. They were eventually transcribed, resulting in six hundred and ninety-two, single-spaced pages of text. When all of the participants journals were typed, they amounted to an additional one hundred and four, single-spaced pages of text. When all seven hundred and ninety-six pages were reformatted as previously described, there were nine hundred and eighteen pages of data to be coded.

The challenge then became how best to analyse this enormous amount of data. All of the data were coded using the 14 codes and noting the data sources. The number of references to each coded theme was calculated so that the readers could judge the weight of each. The number of references to the themes varied from a minimum of 23 references (to individual growth) to a maximum of 92 references (to therapeutic relationship). This

information was then compiled in Table 2: Coded Themes.

Table 2 also indicates the data source where relevant data was found, and the number of times the themes appeared. For example, data relevant to the theme of power and control (coded theme A) was found in all three data sources: the clinical meeting tapes (data source 1), the stimulated recall session tapes (data source 2), and the journals (data source 3), with a total of sixty-four references made by the participants during this study to this theme.

Table 2

Coded Themes

CODED THEME	DATA SOURCE*	# OF REFERENCES
A. Power and Control	1, 2 and 3	64
B. Team Learning	1,2 and 3	76
C. Therapeutic Relationship	1,2 and 3	92
D. Effective Co-leaders	1,2 and 3	71
E. Collaboration	1,2 and 3	58
F. Individual Growth	1,2 and 3	23
G. Mental Models	1 and 3	72
H. Reflection and Inquiry	1,2 and 3	57
I. Trust	1,2 and 3	49
J. Culture	1 and 2	27
K. Change	1,2 and 3	63
L. Feelings	1,2 and 3	81
M. Time	1, 2 and 3	52
N. Consensus Building	1,2 and 3	61

Data Source: 1= clinical meeting; 2= stimulated recall session; 3= journals

Now that there was a simplified means to refer to the coded themes, the data could be compiled into another table (Table 3) which answered the first research question: How does learning occur in a mixed-gender co-leadership team? The findings from this case study provide insights as to how the participants learned to use mixed gender co-

leadership in the male batterer and sex offender group programs. Table 3, presented in chapter four, provides a summary of the coded data that describes how their learning occurred.

In this study eighteen different ways for the teams to learn were revealed. Table 3 provides a summary of each way of learning, identifies the coded themes used, and the number indicating the participant who indicated each form of learning. For example, this allows the reader to see that all six participants saw "positive reinforcement" as a way their learning occurred, but only four participants (1, 2, 4 and 6) saw "reflection" as important to how their learning occurred.

Research question two asked: What assists and distracts from the mixed-gender teams working through issues to prepare for leading a group program for male batterers and sex offenders? The entire coded data set was then analysed and two headings were created: What assists and What distracts. All answers to this question that were revealed in the data were placed in Table 4.

I will draw conclusions from the qualitative data and also discuss the findings in chapter four. Chapter five will then provide an overview of this study and provide general conclusions.

CHAPTER FOUR

RESULTS AND DISCUSSION

In this chapter, the results relevant to each of the research questions will be summarized and presented in a table format to assist the reader with understanding the research findings. This presentation format for the results was chosen in order to provide a concise data set. This format also addresses one of the known problems with qualitative research which is the large volume of data collected. In addition, the results relevant to each research question will be discussed and specific quotes from the data will be provided as they relate to each of the research questions.

Research Question One Findings

The first research question was: How does learning occur in mixed gender co-leadership teams used in group programs? The findings relevant to this research question are presented in Table 3. To assist the reader with interpreting this table, I will give an example of how it is to be interpreted. For example, participants 1, 2, 3, 4, 5 and 6 made statements in this study indicating that one major contributing factor to how their learning occurred was to "identify, discuss and resolve important issues". Coded themes, presented in Table 2, indicating these statements were as follows: A (power and control), B (team learning), E (collaboration), I (trust), J (culture), K (change), L (feelings), M (time) and N (culture).

Table 3

How Learning Occurs

ITEM	How Learning Occurs	Coded Themes	Participants
1.	Identify, discuss and resolve issues	A,B,E,I,J,K,L,M,N	1,2,3,4,5,6
2.	When it is relevant to their job	A,B,C,D,F	1,2,3,5
3.	Positive reinforcement	B,C,D,E,F,I,J,L,N	1,2,3,4,5,6
4.	Emotionally safe environment	A,B,E,G,I,J,L	1,2,3,4,5,6
5.	Learning culture	A,B,E,F,I,J,K,M,N	1,2,3,4,6
6.	Dialogue and discussion	A,B,E,F,I,J,K,M,N	1,2,3,4,5,6
7.	Experience	E,F,I,K,L,M	2,3,4,6
8.	Modelling egalitarian interaction	A,B,D,E,G,H,I,J	1,2,3,4,6
9.	Observation of others	A,B,D,F,H,I,K	1,2,3,4,5
10.	Collaboration on clinical matters	A,B,C,D,E,F,G,H,I J,K,L,M,N	1,2,3,4,6
11.	Empowerment	A,B,C,D,E,F,H,I,J, L,N	1,2,3,4,5,6
12.	Over time	B,D,E,F,I,L,M	1,3,4,6
13.	By exploring different perceptions	A,B,C,D,E,F,G,H,I J,K,L,M,N	1,2,4,5,6
14.	Consistent therapeutic boundaries	A,B,C,D,I,L,M	1,2,3,4,6
15.	Respect	A,B,C,D,E,F,G,H,I ,J,K,L,M	1,2,3,4,6
16.	Understand the literature	B,C,D,E,F,G,H,J, K,L,M,N	1,2,3,4,5,6
17.	Personal mastery	F,H,J	1,2,3,4,6
18.	Reflection	A,F,G,H,J,K,L	1,2,4,6

Discussion of Research Question One Findings

The participants responses relevant to the first research question, summarized in Table 3, read very similarly to what the group counseling literature says is important to facilitate learning for the clients in the group program. The clients' learning is enhanced when: they see what they are learning in the program as relevant to their work experiences (Item 2); when they receive positive reinforcement (Item 3); when they feel emotionally safe to discuss their problems and mistakes (Item 4); when they collaborate with the group leaders in a therapeutic manner (Item 10); when they observe others (Item 9); and most importantly, when they are treated with dignity and respect (Item 15). The eighteen items listed in Table 3 (identified by the participants as important for their learning to occur) are consistent with how co-leaders facilitate the learning of new ways of thinking, feeling and acting for the clients. This experience of using collaborative action research and practicing the discipline of team learning ultimately assisted the participants in helping their clients learn in the group because they now are more aware of what facilitated their own learning.

Problem Resolution

Item 1: Identify, Discuss and Resolve Issues was key to all six participants in explaining how their learning occurred. Participant 2 gave an excellent example of this in a statement she made in week 6 during a stimulated recall session.

> Figuratively speaking, no stone goes unturned. We examine every issue from every staff members' perspective. We are all different people and vary in our age, sex, profession, abilities, skills and interests. When one of us, or even a co-leadership team identifies an issue, we bring it to our clinical meetings for resolution. You would not believe how it feels sometimes. It gets tense, it is

difficult at times and sometimes it is mind blowing but it's always important for professional conduct. Two weeks ago, the issue of allowing clients to swear when expressing themselves came up. I had no problem with it but two other participants thought that we should be encouraging the clients to find alternative words for their expressions. The meeting focused on too many specific examples but in the end we all reached a consensus on allowing clients to swear when they are identifying thoughts, feelings and when they are making disclosures. We also agree to ask the clients if they can find another word to replace the foul expression in situations other than I just said. It may sound trite but this was an important issue to resolve so we would all be addressing it consistently.

Staff Learning

The eighteen items listed in Table 3 will also inform my future administrative

practice. I now have more information on what the staff members see as important to

their own learning and I will incorporate these items into my daily routine. For example,

Item 2: When It Is Relevant To Their Job indicates that the learning activities and

processes put in place at the site must be relevant to each participants job description and

duties. Participant 5 stated

> Examining my own issues and difficulties with learning to work with male batterers is extremely difficult and at times it's uncomfortable. There are times when I wonder why I am doing it at all and is it really necessary. I had this discussion with participant 6 yesterday and I know that if I want to be an effective co-leader I have to be prepared to do this introspection and examine what I need to feel safe in the group with the male co-leader. To be honest the only reason I am prepared to do this is that the potential for me to grow increases if I do. If this was not relevant to being a good group leader I certainly would not be discussing these personal and sensitive issues in the work place. I am always cautious to keep what I am discussing connected to my issues with male violence. I can understand why it is necessary but most women would not even have these discussions with their husbands let alone their co-workers.

Item 3: Positive Reinforcement was identified by all six participants as contributing

to how their learning occurred. There were many statements made by the participants indicating the importance of positive reinforcement. Participant 3 made an entry in her journal during the fifth week of the study indicating how important positive reinforcement was to her learning and provided insight into what she considered to be positive reinforcement

> Three days ago in our clinical meeting I was talking about how one of the statements a client made in group triggered me in a way I didn't expect. This client's statement about what he did to his own daughter triggered graphic images in my head and I couldn't think straight. I couldn't speak because I was afraid that my negative reaction to his disclosure would shut him down in the future from making more disclosures. My co-leader (participant 6) recognized this and carried on until we took a break. I thought this may be something negative but I found out later that my willingness to discuss how it impacted me was what was being reinforced. I don't have to be a robot in the group and I guess that is what is most important. Participant 1 remembers this and when he refers to my learning to deal with situations like that it is also reinforcing and validating.

Modeling

Item 8: Modeling Egalitarian Interaction on a daily basis between and amongst all the program staff was seen as very important. In the group programs we are expected to do this for the benefit of the clients, but from this data I see that this is also important to do on a daily basis with each other. Several statements were evident in the data concerning how it is crucial at this site that team members don't fall into gender roles in doing things like building maintenance and daily chores at the site. For example, participant 1 said

> The male staff are also expected to wash dishes and clean the kitchen and the females are expected to try and hang shelves, change the light bulbs when they

need to be replaced and things like that. At first when I started work here this did not make a lot of sense to me but now I know why.

It became clear from reading the participants journals that the other participants wanted the Director (participant 6) and the clinical supervisor (participant 3) to model Item 8. Participants 3 and 6, modeling this daily egalitarian action in a variety of circumstances, also appears to be very important to the other participants. Participant 6 said "If we are equals, then just because my title is director and participant 3 is the supervisor, does not mean we should be exempt from performing any of these duties." The following comment from participant 2 further indicated that the other participants were observing myself and participant 3 to see if we were 'practicing what we preach':

> The norms we have established here for working together apply equally to all of us. I am sure at times participants 3 and 6 wish they were able to enjoy the benefits of being at the top of their profession but you never hear them complain or back out of their responsibilities to the collective.

This is also a parallel process with how the clients observe the group co-leaders to see if their behaviors model what they discuss in the group programs with their clients.

Learning Styles and Competence

Different staff have different learning styles indicated by the importance of both Item 9: Observation and Item 7: Experience. For example, in Table 3, participants 2, 3, 4 and 6 indicate that experience is important and participants 1, 2, 3, 4 and 5 indicate that Item 9: Observation of Others is important. Participants 2, 3 and 4 describe their learning occurring through both Item 9: Observation and Item 7: Experience. Participant 6 only

views Item 7: Experience as important while participant 1 only views Item 9: Observation as important. Knowing this about the participants will further enable me as Director, to provide specific learning opportunities relevant to each participant's learning style. In addition, this indicates to me that some of the participants need to observe mixed-gender co-leadership before they feel prepared to run one of these sex offender or male batterer group programs.

The five participants who started and completed this study identified Item 17: Personal Mastery as important in how their team learning occurred. This appears to be consistent with the literature on team learning presented in chapter two. It indicates that all the participants think they need to be individually competent as a group leader before they feel adequate as a co-leader of these groups. A statement from participant 4 illustrates this:

> How can I feel competent as a co-leader if I have not learned the program material nor learned to function as a group leader on my own. I was glad they listened when I asked for some group experience on my own first before I am asked to co-lead a group for sex offenders.

Research Literature

All six of the participants also identified Item 16: Understanding the Literature that guides their clinical practice as crucial to how their learning occurred. The fact that, on a rotating basis, each staff member is given the opportunity to select and distribute the clinical and research literature is important. Participant 3 said of this:

> Through this process we are given the opportunity to review and discuss research

and literature that guides our counseling practice from a variety of professional perspectives. As clinical supervisor, I think the best practice comes from using a multi-disciplinary approach and I can see the passion that each staff member brings to our clinical meetings when they have selected the article to be discussed. This also helps with understanding how our professional perspectives deviate sometimes and sometimes overlap.

Articles from the fields of social work, psychology, criminology, education, sociology were regularly distributed and subsequently discussed. As the staffing model uses a multi-disciplinary approach, this rotating format gave the participants an understanding and respect for their co-workers professional affiliations and perspectives. It also provided a format for us to dialogue and reveal our mental models associated with the clinical terms and their meanings used in each of our professions.

Characteristics of the Site

Characteristics of the site, such as Item 4: Emotionally Safe Environment, Item 5: Learning Culture, Item 10: Collaboration on Clinical Matters, Item 11: Empowerment and Item 15: Respect were also identified by all five of the participants who began and completed this study as important to how their learning occurred. These characteristics of the site appear to have awakened the participants aspirations for learning new ways to counsel their clients. It also appears to have increased the energy they put into learning to co-lead these groups. An example of this is evidenced by a statement made by participant 2:

I have never worked in a place like this before. I actually feel respected and encouraged to contribute to every aspect of the clinical programs. What we say does matter here and the decision making process usually turns into a learning experience for one or more of us when we do things this way. As a professional

counsellor I need to be engaged this way and I actually accomplish more here in a day than I did in a week in the last place I worked. I love my job and working here is a pleasure.

Another characteristic of the site that was important to all six of the participants was the organization gave them permission to make mistakes and learn from them. Participant 1 said of Item 4: Emotionally Safe Environment:

We feel free to talk about the mistakes we make because it is professionally and emotionally safe here to do that. From the time we are put through orientation we are told to recognize our mistakes as our best teachers of what we must learn to do differently in the future. When one of us made a mistake, we put our energy into talking about it for the purpose of all of our learning. I don't have to waste energy by defending what was done nor do I pretend I don't make mistakes.

This statement is also consistent with what the co-leaders ask the clients to do in the group. How can group leaders ask the clients to talk about what they have done wrong if the leaders are unwilling to do this themselves? This study suggests that an open approach to re-framing mistakes will assist the staff in co-leading the group programs when the mixed-gender co-leaders can model this skill to the clients in the group programs.

At the site Item 6: Dialogue and Discussion was characterized by listening to each other, reflecting on our assumptions that limit the way we see the world, and developing a collective understanding. All the participants identified this as critical to how they learned to prepare for mixed-gender co-leadership with these two offender groups. A statement made by participant 1 provides an excellent example of how Item 6: Dialogue and

Discussion played a significant role in his learning to work in mixed-gender co-leadership.

He said

> It's amazing how difficult it is to listen. It's something I needed to work on and I think I am still working on it. When we meet as a group or in co-leader teams, I need to slow down my thinking and stop making assumptions about what I think others are saying even before they finish. It is much more respectful to each other when we take the time to really listen to what is being said, check it against what we believe and then engage in dialogue without being defensive. Since I have worked here I have learned so much more because I think this process almost forces you to be open all the time.

Item 11: Empowerment was also identified by all six participants as explaining how their learning occurred at the site. This item appears to be critical. The participants identified this throughout all sixteen weeks of the study as being the basis for why they wanted to professionally develop. The participants believed and provided several examples of how having professional discretion and the authority to respond to developing circumstances was essential to how the organization and the teams became more effective.

Participant 6 said:

> Working here is not like working on a construction site under a foreman. We are professionals and are ultimately responsible for the ethical treatment of our clients. It makes no sense to believe that only I have the authority and the power to make all the decisions necessary to provide effective programs to our clients. If we are empowered to adapt to developing situations and respond appropriately then we are better able to empower our clients to change.

Item 18: Reflection was also important to how learning occurred in this organization. The co-leaders constantly examined each others' assumptions and beliefs by asking each other direct questions. This activity primarily took place in the clinical

meetings and in the stimulated recall sessions where leaders were asked to explain their positions on topics where it was evident there were different perceptions. This skill of reflection provided the foundation for examining areas of agreement and disagreement on organizational and clinical direction. This appeared to be the key to understanding each other and also to how the leaders were able to work consistently with clients in the group programs. This is consistent with the contention by Senge (1990) that examining mental models through reflection " promises to be a major breakthrough for building learning organizations." (p.174)

Research Question Two Findings

The second research question was: What assists and distracts from the mixed gender teams working through issues to prepare for co-leading a group for male batterers and sex offenders? The findings relevant to this research question will be presented under two headings in Table 4; What Assists and What Distracts. The items in each list in Table 4 represent a summary of the participants' responses and statements that describe what they consider to assist and distract from working through issues as they prepared to co-lead the group programs. It is interesting to note that almost three times the number of items were identified as assisting than distracting. Fourteen items are identified as assisting while only five items were identified as distracting.

Table 4

What Assists and What Distracts

Item	What Assists	Item	What Distracts
1	Meetings	15	Too many meetings
2	Sharing of information	16	Too much information
3	Support	17	Confusion
4	Openness	18	Fear
5	Process orientation	19	Task orientation
6	Different learning styles		
7	Collaborative decision making		
8	Clinical Readings and Research		
9	Debriefing		
10	Training		
11	Modelling		
12	Dialogue		
13	Self Awareness		
14	Respect		

Discussion of Research Question Two Findings

It was informative and exciting to discover the nineteen items the participants identified as assisting and distracting from the mixed gender teams working through issues to prepare for co-leading a group program for male batterers and sex offenders. In Table 4, fourteen items are identified as assisting and five items are identified as distracting.

Some of the items identified as assisting were of no surprise, because the research literature and the participants own experiences were both used to put in place processes and practices known to enhance professional development. For example, items identified as assisting, such as Item 8: Clinical Readings and Research, Item 10: Training, Item 13: Self- Awareness and Item 14: Respect, were anticipated.

Meetings and Change Issues

The participants identified Item 1: Meetings as assisting and Item 15: Too Many Meetings as distracting from their learning. Participant 1 made the following entry in his journal:

> Recently I have noticed an apparent increase in the number of meetings. Previously, meetings facilitated smooth sailing, the program evolving, and open communication. Now I feel that they may be keeping me from doing my job. One thing though, management are always receptive to decreasing my additional responsibilities to provide relief. Often times I speak to colleagues at other agencies and they have the opposite complaint- not enough meetings or communication. There must be a balance.

This entry is similar to other entries made by participants 2, 3, 4, and 5 and it indicates the need to establish specific guidelines for bringing some balance to the number of meetings at the site. These guidelines need to reflect the purpose of all of the meetings held at the site, and include time frames that will not become a burden to the staff. The participants decided to work together to prioritize our meetings and develop a schedule that is workable for all.

It is also important to keep the participants informed about upcoming changes and

to explain the need for these changes in our staff meetings . This not only helped with

increasing Item 3: Openness to change but also decreased their Fears (Item 18).

Participant 5's comments illustrate this:

> I was worried when you first told me that the contract had changed to meet the needs of the Department of Justice. I wasn't sure what that meant exactly. As a matter of fact, my previous experience with government and contractual changes was that this was their way to get more intensive and demanding work from us for the same cost. I couldn't believe it when participant 6 was prepared to enter into a discussion with us at to the motives of the department and the site for entering into this arrangement. I just wasn't used to it. I was further amazed to see that my employer recognized the need for our input on how best to make these changes work. When change happens this way I'm open to it.

In this study, there was a genuine attempt by the participants to acknowledge each

others feelings and listen to the real fears associated with co-leading these intensive and

professionally demanding groups. The issues related to Item 4: Openness and Item 14:

Trust were central to this process. All of the participants reported that their fears (Item

18) decreased when they were successfully collaborating to change the way decisions are

made at the site. For example, participant 2 used the analogy of a ship and said:

> It's easier to change course when we know why we are changing course and when we are all rowing in the same direction. There is less confusion and more cohesion if we are all trying to get to the same place especially if we know where we are going and helped map-out the best route.

Flow of Information

The data also indicated that Item 16: Too Much Information distracted from the

participants learning. This indicated to me that I, as Director, have shared too much

administrative information with the staff. My interpretation is that I have to accept more responsibility for navigating through the wealth of information shared with me by the Department of Justice. In the past, I have taken the approach that the staff need to know everything that I know. It appears that my assumption is incorrect. Participant 4 added

> Some of the meetings that have occurred reflect a change in the flow of information at the site. Originally when I started here, I did my job and that was it. I was never aware of the macro level issues that impacted us. As time went on, various events happened which created low staff morale and job dissatisfaction. This primarily relates to funding issues with the Department of Justice. Once outside this loop, myself and other staff were brought in the loop. This shift exposed me to macro level information. While it is helpful for getting a grasp on the big picture it eventually became a distraction. Too much of my energy focussed on issues outside but which impact on clinical and client related matters. Its almost like a .... be careful what you ask for because you might get it. While it is nice to be aware of what is transpiring on the outside it can also be nice not to know as what you don't know can't hurt you.

It is possible that I may have been sharing all this information with the participants as a method to address my own debriefing needs, or because I was unsure of what they really need to know. I will further explore this issue in an attempt to identify what they really need to know and then work with them to establish clear guidelines to curb the flow of too much information.

An emotion identified by staff as distracting from their working through issues was Item 18: Fear. This also appears to be connected to Item 16: Too Much Information at the site. Too much information about ongoing contractual obligations and salary issues has been shared by me, with the staff. The data relevant to their experiencing this emotion was attributed to issues such as politics within the Department of Justice, job security and

exposure to macro justice issues not relevant to their job duties and descriptions. For example, participant 5 said

> I guess what it all comes down to is this.... changes occur directly or indirectly to the program because of a lack of funding and ultimately a lack of recognition of our work. I am afraid that this overall lack of support for the program from the justice system creates an uneasy feeling about my job security.

Organizational Framework

The findings of this case study indicate that the new organizational framework of the site (Appendix B), is compatible with its mandate. The participants are expected to model appropriate male-female interaction in the group programs where positions of power are openly displayed and discussed. The new framework allows all of us to collaborate and make clinical decisions through consensus building. The participants identified Item 7: Collaborative Decision Making as assisting with their working through issues to prepare for co-leading male batterer and sex offender groups. The participants became experienced with engaging each other in making decisions regarding the clinical interventions, and this had a positive influence on how they worked together when co-leading the group sessions. The participants viewed this as an ongoing process of change and not as event oriented. The manner in which the site operates allows staff to demonstrate a responsible use of power, in an on going way, and not just during the two hour group sessions. Participant 3 added

> Working this way shows a level of trust and respect for all staff regardless of their position or length of service. This process is very helpful for developing new

levels of trust and comfort which are integral for group mixed-gender co-leadership, especially when you are working with a difficult and challenging group of clients. I don't mind taking the risks now when working through complex issues related to client treatment because I know the effort will not be one sided.

Modeling

For Item 11: Modeling, having both a male and a female staff member as the persons the John Howard Society identifies as management was of paramount importance in the staff learning to model egalitarian male-female interaction. This was evidenced by the participants deciding that myself (participant 6) and the clinical supervisor (participant 3) would be the mixed-gender co-leaders of the sex offender group at the site with participant # 4 as our participant observer.

When staff originally approached me with their request for professional development initiatives and an organizational structure that would support their learning, I saw this as an opportunity to examine the influences of the learning organization model. I had read the literature on change issues extensively and I actually looked forward to working with all the program staff to remove the impediments to restructuring and reforming our group counseling practice. The participants' previous experiences in other organizations was that a lot of emphasis had been placed on professional development tasks but it has not translated into any real change in instructional or leadership practice. In this study, we could see that we needed to view this as a process. Participant 4 said "Most professional development exercises I've been involved in were abstract or theoretical. Going through this development is giving me tangible skills I can use in the

group."

Process vs Task Orientation

Item 5: Process Orientation to problem solving was indicated by the participants as assisting with their working through issues both at the organizational and group program level. Historically, we all had worked in places where top-down mandated changes had not actually resulted in significant changes in instructional approaches or practice. So, collapsing the hierarchy that directed the program was the first step in this site's organizational reform.

I caution other administrators that this was not easy at first. As Director, I felt the pressure from the Department of Justice that this was taking a lot of time. I tried to get more task oriented but the staff reminded me on several occasions about the difficulties connected with Item 19: Task orientation. However, by paying attention to how staff grew and provided meaningful contributions to the programs being delivered, it was worth the struggle to stay the course with the processes we had put in place. When outside pressure mounts and demands immediate action, administrators may feel inclined to revert to giving orders in a top-down approach, to keep pace with pressure placed upon them. As an administrator in this study, I felt these pressures from The Department of Justice when the site's contract changed. For the short term, I was tempted to circumvent processes we had collaboratively agreed upon that were proving to be time consuming. When this happened during the study, I was reminded by the participants that I had a primary responsibility to keep the outside pressures from intruding on our efforts. It was

going to take time to do it right.

The data indicated that Item 19: Task Orientation distracted from their working through issues. I further examined the data to see if I could find other examples of a task orientation being demonstrated by any of the other participants. No such examples existed but yet the participants indicated during this study that they find this task orientation a distraction. I now see that trust in the processes we had put in place was better in the long term. There was plenty of evidence in the data that a more consistent approach was now being used by the mixed-gender teams as recorded in the clinical meetings and the stimulated recall sessions. This was attributed to Item 5: Process Orientation.

Dialogue

It appears there was a complex inter-relationship between the learning organization culture at the site and the therapeutic atmosphere subsequently created in the group setting. The data indicated that Item 12: Dialogue was the primary contributing factor influencing the learning culture for the staff at the organizational level and the therapeutic atmosphere in the groups. The participants provided statements indicating the site and its group programs are now both characterized by open, face-to-face communication, incorporating alignment, listening and reflection while exploring each other's beliefs and perspectives. For example, participant 3 said: "There is something about working this way that just seems to make sense. How our organization views leadership is parallel with how leadership is used in the group programs."

Collaboration

The findings further indicate that the participants believe that Item 7: Collaborative Decision Making has flowed over to the group programs and is influencing collaboration between the co-leaders and their clients in the groups. The participants feel this is truly enhancing the therapeutic alliance between themselves and the clients in the group. At the end of sixteen weeks in the group counseling programs, staff received verbal feedback from their clients, indicating that the clients felt empowered by the new group processes and this was assisting them in their efforts to change their criminal behavior.

The free flow of information through dialogue helped new counseling strategies and clinical decisions affecting the organization be made. When I assumed the responsibilities of directing this program and especially during this time of change, I believed that I would have to do more than mandate a change in group co-leadership practice to meet the sites' contractual obligations. I saw merit in including staffs' input into how we changed our group co-leadership practice as a means to develop all of our capacity and will to professionally develop. Also, if I just mandated they change their practice to meet the new standards, I would not be motivating and supporting the staff to take risks in trying out new approaches to leading these groups. This coupled with the decreased control over how to administer these groups could have been detrimental to both the staff and the clients. The findings indicate that by practicing the discipline of team learning we navigated through these changes in a collaborative way. Participant 6 made the following statement in a journal entry:

I have noticed that there appears to be no issues with non-compliance and inconsistency. The staff all seem to be on the same page and the time we spent on the shared decision making really seems to be paying off now. Compared to other programs we have run in the past, there is a huge difference in the amount of time I spend ensuring compliance and consistency and the staff appear more content.

The previous experience with practicing the disciplines helped in the early stages of this study because there was a history of embracing change. I further believe that this study indicates that the discipline of team learning helped the participants and the organization develop the capacity and will to embrace change. The data also indicates that the staff believed they would be involved in all decisions regarding any changes to the clinical interventions. This knowledge decreased the likelihood that they would take an initial or subsequent defensive stance.

Summary

It took many hours of daily dialogue and discussion to begin to find answers to how we could change our counseling practice. It meant all the participants had to look at their own issues first with new standards, and then utilize the disciplines of the learning organization to explore how the contractual changes would look in practice. There was no quick fix. It also took patience, openness, understanding and mutual respect to begin our change efforts, which continues at the site. We are still examining the organizational and systemic structures responsible for the complexity of the problems we are now facing at the site.

A problem which will need to be examined in the future is how different the new

motivational approach is from the approach used by others working with the same clients in the justice system. The approach used by police, crown prosecutors, prison guards and probation officers is mostly confrontational and adversarial. When clients arrive at the site for assessment and group program intervention, the motivational approach used is inconsistent with their experiences in the justice system. We foresee that we will need to first engage the probation officers to address this issue.

The collective learning culture at the site stimulated and supported continuous improvement. The participants worked together collaboratively because all were involved in co-leading the group programs at the site. Participant 2 described this as "management working on the shop floor and not ruling from the ivory tower." We challenge each others beliefs, skills, and other work habits, regardless of position or title, so we can enhance our own learning. Through dialogue we explored each others perceptions of sex offenders and male batterers. Perceptions and assumptions about these two offender populations needed to be explored because there was the possibility that our individual perceptions of these clients would be a barrier to our therapeutically aligning ourselves with them. It was participant 3 who first demonstrated the willingness to discuss the possibility that she may not like the clients in these groups. This initiated dialogue that enabled all participants to explore each others perceptions and assumptions. This was an important process in the development of our understanding the need for a therapeutic alliance with these clients.

During week twelve of this study, data appeared that indicated fundamental changes needed to be made to the program's policies and procedures. For example,

policies and procedures at the site that addressed the accountability function of the counseling program, required by the Department of Justice, had to be addressed. Prior to this study, when a client was absent from group, the site staff had to contact the probation officer for that client, advising them of the clients' absence. Before a client could then return to the group, he had to supply a medical note stating that he was sick and unable to participate. Consent also had to be given by the client so staff could verify the nature of the client's illness from his doctor. This procedure was considered incompatible with the development of a therapeutic alliance in the group programs.

In- depth discussions and dialogue ensued to discover new ways of dealing with this issue. We concluded that a more appropriate method would be to inform the clients that they were allowed to miss two group sessions without having to provide a medical note. Any sessions missed in excess of two, would result in their having to repeat the program at a later date. It became clear that in the past we were dealing with clients based solely on the procedures of those who carry out the security and enforcement roles in the justice system. Using this new motivational approach, utilizing a therapeutic alliance caused us to identify many policies, procedures and statements in our own program format and curriculum that needed to be changed. We had to let go of the enforcement functions and let them be carried out by those who had the security and enforcement mandate. Our new role in the justice system became clearer when we were focusing on our rehabilitative mandate with the clients.

The findings discussed in this chapter will continue to provide new directions for

organizational change and increased effectiveness. We intend to continue to explore new ways of working together for the benefit of the programs at the site.

      To summarize this study, chapter five will provide an overview and reflect upon lessons learned during this study.

CHAPTER FIVE

OVERVIEW

In this final chapter, I will present an overview of this study by providing the reader with a brief summary of the information provided in the previous four chapters. This chapter will also include two additional sections entitled "Reflections" and "General Conclusions".

Purpose of the Study

This study had as its purpose, an examination of the influences of the learning organization model on mixed gender co-leadership of group programs for male violent offenders. Specifically, this study focused on the discipline of team learning as staff trained to co-lead a male batterers program and a sex offender group program at the site.

Research Questions

This study ventured to find answers to the following research questions:

1. How does learning occur in mixed gender co-leadership teams used in group programs at the site?

2. What assists and distracts from the mixed gender teams working through issues to prepare for leading a group of male batterers and sex offenders?

Method And Design

A collaborative action research design was used in this study to investigate the influences of team learning on staff professional development in mixed-gender co-leadership teams at the site. Calhoun (1992) identified five phases of this design that were

used to guide the study. They were: the problem identification phase, the planning phase, the data organizing phase, and the data analysis and interpretation phase. The fifth phase, modifying the goals, objectives and activities was not part of this study as the sixteen week time frame allowed for this study had expired. The phases of this study were carried out in a truly collaborative effort by all of the participants from the beginning to the end.

The site for this research was purposefully chosen. It was a community-based treatment program for offenders sponsored by the John Howard Society of Newfoundland and the executive director gave his written support and approval allowing the research to take place. Participation in the study was completely voluntary and measures were taken to ensure the integrity of the voluntary nature of their participation.

The initial population for this study included all of the site staff including myself. As there were only six staff and all voluntarily consented to participate, no sampling procedures were required to select the participants. It is worthy to note that participant 5 withdrew consent to participate in this study as she was hired in a new job outside the province and resigned from her position.

The qualitative data was collected from the participants using the following methods. Audio tapes of the participants' dialogue and discussions from twelve, one hour clinical meetings were recorded and later transcribed. Audio recordings were also made during twelve stimulated recall sessions and were later transcribed for analysis. In addition, journals were kept by each of the participants in this study. Five participants submitted a total of twelve journals and one participant submitted three journals as she

withdrew from the study.

      Two strategies were used to code data collected in this study. First, the themes present in the literature review were coded and secondly the themes from the participants' data were coded. The eleven codes derived from the literature review were then applied to the left margin of the transcripts and the journals indicating a statement relevant to that code. The four additional codes that were found in the data were then entered in the right margin also indicating a relevant statement. Then I reviewed the coded data to categorize it as being relevant to one or both of the research questions. Data relevant to the first, second or both research questions were then highlighted in the data set. The qualitative data was then analyzed inductively and presented in table format.

General Conclusions

      Practicing the discipline of team learning has provided both the participants and the organization with many benefits. Some of these include superior counseling performance, increased job satisfaction, energized and committed staff, and a program that demonstrates its ability to embrace and manage change. The participants reported that they feel valued and their input in decision making at the site results in decisions that are far better than if I, as Director, made them by myself. The participants also indicated that they feel more creative, more valued and are now taking more risks with new counseling strategies than they ever have before.

      The participants attribute their learning to use mixed-gender co-leadership to the characteristics of the organization that helped develop a balanced environment with an

even distribution of power. They indicated that to embark on this professional development initiative without considering the organizational framework would be to set the initiative up for failure. We concluded that if we did not address the power issues in the organizational framework first we would end up with only a superficial model of mixed-gender co-leadership being implemented. The participants also indicated that my willingness, as Director, to let go of the power that came with my directors' position, for the good of the programs and the clients, was a crucial first step in balancing power and becoming a co-leader. In doing so, this increased their feelings of safety and trust. The supervisor (participant 3) also letting go of her inspection approach to supervision was important. She then engaged all of the other participants in a form of collaborative supervision. This was also identified by the participants as critical to increasing feelings of safety and trust throughout this study.

Working with male batterers and sex offenders is complex, dynamic, and personally and professionally challenging. It is as much about ourselves as it is about the clients. It beckons an exploration of our own sense of gender identity and the power imbalances that exist all around us. This indicated to us the importance of and relevance of self-awareness and critical analysis of our own beliefs about rigid male and female norms in this organization.

In the past, our professional development initiatives were solely based on the research literature. In this study, the participants engaged each other in a new way of learning and working together by disclosing personal beliefs and attitudes that influenced

how we worked. There were times when the participants struggled with articulating these beliefs and mental models, and many times they were abstract in nature. For example, issues of male privilege or power ascribed by gender were difficult to articulate for both the male and female participants. The participants continued with this struggle because they believed their emotional costs and energies were better spent when exploring new ways to professionally grow rather than to stay in 'their comfort zone'. It was during this process that the phrase "being comfortable with feeling uncomfortable" started at the site. The struggle continued and we tried not to get fixated on the macro nature of the problem in our community. Instead we accepted our own responsibility for making changes at the individual and team levels so we would not perpetuate global stereotypes while co-leading the programs. This was important for us to address because perpetuating these stereotypes are theorized to contribute to male violence towards women and children.

I attribute my willingness to engage the participants in all of the clinical decisions to my understanding of recent leadership theories that address the equal distribution of decision making power (e.g, Leithwood, 1992). This was critical to how I engaged all of the participants in true collaborative decision making. Since I have been reading and developing an understanding of these theories, I see no valid reasons to keep the power centralized and control all of the decisions that need to be made at the site. The true realization of what we were able to accomplish became evident during this study because the quality of the decisions made during these sixteen weeks far exceed the quality of any decisions I could have made on my own. This study is an example of a professional

development initiative where the findings in this case indicate that the participants, the clients, and the organization have benefitted. This study has helped us realize that leadership is a process, not a person.

Reflections

The collaborative action research design appeared to promote a positive, continuous change in how we worked together in these programs for violent male offenders. We also found this design to be a natural fit with the new organizational framework and the collaborative decision making model used at the site. Working together in a collaborative way to make decisions on all of the issues concerning the group programs became a normal, daily work activity.

When the participants consenfed to participate in this study, they identified it as another opportunity to learn guided by research. Together, we then used this design as a professional development opportunity. For sixteen weeks, we examined the process of co-leadership teams practicing the discipline of team learning, using the research literature on effective co-leadership presented in chapter three, to inform our co-leadership activities in the group programs.

This action research was truly collaborative in that it focused on the development of our mutual understanding of the approach we would take in the group programs. The decisions that were made throughout this study and the action taken were also done as a collaborative effort. To accomplish this, I attribute our efforts to a commitment from the co-leaders to assume equal responsibility to identify, inquire, and resolve problems and

concerns arising in the group programs. The participants believed that each of us would contribute to the solutions of the problems we identified while running these two programs at the site. We worked together as professional peers, not employer and employees. The participants indicated that this helped to avoid possible conflicting perceptions and assumptions resulting from different positions held at the site.

In this case study, we focused on our co-leadership practices, which were in response to contextual problems arising in the group programs. We found the best solutions to these problems when we experimented with the different counseling strategies presented in chapter two. We found the methods of this design also helpful with self awareness and critical reflection as we went through the cycles of planning, acting, observing, and reflecting. These cycles helped us focus on changing and improving our co-leadership practice based on the previously identified concerns of the participants about working with these two offender populations.

We also found this design provided opportunities for us to work on a common problem we were faced with at the site, which was how best to co-lead these group programs. In doing so, the participants indicated that working together on this common problem, clarifying and negotiating ideas and concerns through dialogue, increased their awareness of the need to work on their own attitudes and resulting behaviors. We will continue to use action research for staff professional development at the site because the findings indicate that it provides us with the support and momentum required to seriously

and systematically explore our practice and professional problems. We further discovered we were developing increased flexibility in thinking about our professional issues and concerns in our work with these two offender populations.

Another consequence of using this design was that the participants were demonstrating they were more open and receptive to new ideas, and appeared to be solving problems more creatively. The findings in Table 3 and Table 4 indicate that there was an increased sense of professionalism amongst the participants, accompanied by feelings of self worth and confidence. The findings presented in Table 4 on What Distracts are initially being used to address two issues; Item 16: The flow of too much information, and Item 15: Too many meetings. The data also indicated that the participants had an increased awareness of their own beliefs, assumptions and biases towards specific types of offenders, like the male batterers and sex offenders we focused on in this study. This I believe was crucial to the participants professional development in working with these client groups.

From the time this study began, the quality of the data reflected a real sense of commitment from all of the participants to work towards a mutual understanding of our work. We worked together to develop and understand a common therapeutic language that was developed in our learning culture that facilitated clear communication. The participants were also equally open to improving their practices and in their willingness to devote the time and energy needed to professionally develop.

However, the sixteen week time frame for this study did not completely capture

what was happening in terms of the participants professional development. This study began on March 5th and ended sixteen weeks later on June 19th because these were the start and end dates of the group counseling programs for the sex offender and male batterer programs. At the time of this writing, six weeks after the study had ended, the professional development of the participants continues. We are now revising the next issue we are going to focus on as we move through the five phases of the research design.

Implications for Further Research

Based on the findings from this case study, I see several opportunities for further research. I will present them in question form:

1. Does working in a learning organization have any impact on staff members use of sick leave?

2. What impact does the learning organization model have on staff turn-over and burnout?

3. Is there a decrease in re-offending rates for clients who receive counseling programs from staff who work in a learning organization?

4. Does the learning organization model foster life-long learning?

5. What role should staff evaluation play in a learning organization?

6. What are the specific skills that staff should master before engaging in dialogue?

7. Should collaborative action research be mandatory in practicing the disciplines of a learning organization?

References

Adams, D. (1988). Counselling men who batter: A proficient analysis of five treatment models. In M. Bograd and K. Yllo (eds), *Feminist perspective on wife abuse* (Eds.), (pp. 29-50). Beverly Hills, Ca.: Sage Publication.

Agazarian, Y., & Peters, R. (1981). The visible and invisible groups: *Two perspectives on group psychotherapy and group process*. London: Routledge & Kegan Paul.

Andrews, D.A., & Bonta, J. (1998). *The Psychology of criminal conduct. 2nd ed.* Cincinnati: Anderson Publishing Co.

Annis, H.M. & Chan, D. (1983). The differential treatment model and empirical evidence from a personality typology of adult offenders. *Criminal Justice and Behaviour, 10,* 159-174.

Appleford, B. (1989). *Family violence review: Prevention and treatment of abusive behaviour*. Research Branch, CSC.

Argyris, C. (1985). *Strategy, change, and defensive routines*. Boston: Pitman.

Argyris, C. & Schon, D. (1978). *Organizational learning: A theory of action perspective*. Reading, Mass.: Addison-Wesley.

Argyris, C. & Schon, D. (1990). *Overcoming organizational defenses*. New York: Prentice Hall.

Arnkoff, D.B. (1983). Common and specific factors in cognitive therapy. In M.J. Lambert (Ed.), *Psychotherapy and patient relationships* (pp. 85-89). Homewood, IL: Dorsey Press.

Beech, A. & Fordham, A.S. (1997). Therapeutic climate of sexual offender treatment programs. *Sexual Abuse: A Journal of Research and Treatment, 9,* 219-237.

Bennett, S. & Brown, J. (1995). Mindshift: Strategic dialogue for breakthrough thinking. In S. Chawla & J. Renesch (Eds.), *Learning organizations* (pp. 167-185). Oregon: Productivity Press.

Bohm, David (1980). *Wholeness and the implicate order*. London: Routledge and Kegan Paul.

Bohm, David (1990). *On Dialogue.* David Bohm Seminars. Ojai, CA.

Borys, D.S. (1994). Maintaining therapeutic boundaries: The motive is therapeutic effectiveness, not defensive practice. Ethics & Behaviour, 4 (3), 267-273.

Brown, J. (1995). Dialogue: Capacities and stories. In S. Chawla & J. Renesch (Eds.), *Learning organizations* (pp. 153-167). Oregon: Productivity Press.

Browning, I. (1984). *Stopping the violence : Canadian program for assaultive men.* Ottawa: Health and Welfare Canada.

Buber, Martin (1965). *Between man and man.* New York: Macmillan.

Burbach, H.J., & Crockett, M. (1994). The learning organization as a prototype for the next generation of schools. Panning and Changing, 25 (3/4), 173-179.

Carter, S. (1993). *Psychotherapeutic ground rules for maintaining therapeutic boundaries.* Unpublished manuscript.

Calhoun, E.F. (1992, April). *A Status report on action research in the league of professional schools.* Paper presented at the annual meeting of the American Educational Research Association, San Francisco.

Cavaleri, Steven A. & Fearon, David S. (1996). Managing in and through the knowledge ecology. In S.A. Cavaleri & D.S. Fearon (Eds.), *Managing in organizations that learn* (pp. 12-36). Cambridge, MA: Blackwell Publishers.

Christopher, M. (1991). *Professional Relationships: Countertransference.* Unpublished manuscript.

Cooper, Mary (1994). *Setting standards and guiding principles for the assessment, treatment and management of sex offenders in British Columbia.* B.C. Institute on Family Violence.

Corey, G. (1995). Ethical and legal issues in group counseling. Ethics & Behavior, 5 (2), 161-183.

C.S.C., (2000) *National standards for the provision of offender treatment.* Ottawa: Correctional Service of Canada.

Cyr, C. (1994). *Conceptual model : Family violence programming within a correctional setting. Correctional programs.* Correctional Service of Canada.

DeChant, K. (1996). The playing fields of learning. In S.A. Vavaleri & D.S. Fearon (Eds.), *Managing in organizations that learn* (pp. 97-118). Cambridge, MA: Blackwell Publishers.

Dixon, N. (1993). *Organizational learning.* Ottawa, Ontario: Conference Board of Canada.

Dixon, N. (1994)). *Organizational learning cycle: How we can learn collectively.* England: McGraw-Hill.

Dixon, N. (1997). The hallways of learning. Organizational Dynamics , 25 (4), 23-34.

Easterby-Smith, Mark (1997). Disciplines of organizational learning: Contributions and critiques. Human relations , 50 (9), 1085-1113.

Edelwich, J. & Brodsky, A. (1992). *Group Counseling for the Resistant Client: A Practical Guide to Group Process.* New York: Lexington Books/Macmillan, Inc.

Eisikovits, Z. & Edleson, J.L. (1989). Intervening with men who batter : An Initial review of the literature. Social Science Review, 4, 385-414.

Ellis, A. (1985). *Overcoming Resistance.* New York: Springer Publishing Company.

Eriksson, K.A., Simon, H.A. (1984). *Protocol analysis: Verbal reports as data .* Cambridge, Mass.: MIT Press.

Freeman, A. & Reinecke, M.A. (1995). Cognitive Therapy. In A.S. Gurman (Ed.). *Essential psychotherapies: Theory and practice* (pp. 182-225). New York: Guilford Press.

Freire, P. (1970). *Pedagogy of the oppressed.* Harmondsworth: Penguin.

Friedman, William H. (1989). *Practical group therapy : A guide for clinicians.* San Francisco: Jossey-Bass Publishers.

Gendreau, Paul (1996). *Correctional program assessment inventory. A review of the learning resources program.* Correctional Service Canada.

Gerber, P.N. (1995). Commenting on counter-transference in working with sex offenders: The issue of sexual attraction. Journal of Child Sexual Abuse , 4 (1), 117-120.

Gibbons, Maurice (1990). A working model of the learning-how-to-learn process. In Robert M. Smith (Ed.). Learning to learn across the lifespan (pp. 64-97). San Francisco: Jossey-Bass Publishers.

Gliner, Jeffrey (1994). Reviewing qualitative research : Proposed criteria for fairness and rigour. Occupational Therapy Journal of Research; 14 (2), 78-90.

Goldfreid, M.R., & Davison, G.C. (1976). Clinical Behaviour Therapy. New York: John Wiley & Sons.

Gordon, T. (1970). Parent Effectiveness Training. New York: Wyden.

Greenwood, T., Wasson, A., & Giles, R. (1993). The learning organization: Concepts, proceses, and questions. Performance and Insturction , 32 (4), 7-11.

Gutheil, T.G. (1994). Discussion of Lazarus's "How certain boundaries and ethics diminish therapeutic effectiveness." Ethics & Behavior , 4 (3), 295-298.

Hanson, R.K., & Bussière, M.Y. (1998). Predicting relapse: A meta-analysis of sexual offender recidivism studies. Journal of Consulting and Clinical Psychology, 66 (2), 348-362.

Harris, G.A. (1995). Overcoming Resistance: Success in Counseling Men. Laurel: American Correctional Association.

Hawkins, P. (1994). Organizational learning: Taking stock and facing the challenge. Management Learning , 25 (1), 71-82.

Hedberg, B. (1981). How organizations learn and unlearn. In F. Nystrom & W. Starbuck (Eds.). Handbook of Organization design (pp. 3-27). New York, NY: Oxford University Press.

Hodgetts, R., Luthans, F., & Less (1994). New paradigm organizations: From total quality learning to world-class organizations. Organizational Dynamics, 22 (3), 5-19.

Holmes, M. (1990). *Group work for abusive men : A pro-feminist response*. Canadian Mental Health.

Hopkins, D. (1993). *A teacher's guide to classroom research*. Philadelphia : Open Press.

Inkpen, A.C. & Crossan, M.M. (1995). Believing is seeing: Joint ventures and organization learning. *Journal of Management Studies*, 32 (5), 595-618.

Isaacs, William N. (1993). Taking flight: Dialogue, collective thinking, and organizational learning. *Organizational Dynamcs*, 22 (2), 24-39.

Isaacs, William N. (1994). Dialogue. In Senge, P., Kleiner, A., Roberts, C., Ross, R., & Smith, B. (Eds.), *The fifth discipline fieldbook*. (pp. 357-364). New York: Doubleday.

Isaascson, Nancy & Bamburg, Jerry. (1992). Can schools become learning organizations? *Educational Leadership*, 50 (3), 42-44.

Janis, Irving (1996). Groupthink: The desperate drive for consensus at any cost. In J.M. Shafritz & J.S. Ott (Eds.), *Classics of organizational theory* (pp. 183-191). Toronto: Wadsworth.

Kahn, M. (1997). *Between therapist and client: The new relationship*. New York, NY: Freeman & Co. Publishers.

Kear-Colwell, J. & Pollack, P. (1997). Motivation or Confrontation: Which Approach to the Child Sex Offender? *Criminal Justice and Behavior*, 24 (1), 20-33.

Kendall, P.C., & Wilcox, L.E. (1980). Cognitive behavioral treatment for impulsivity: concrete versus conceptual training in non-self-controlled problem children. *Journal of Consulting & Clinical Psychology*, 48 (1), 80-01.

Kim, D.H. (1993). The link between individual and organizational learning. *Sloan Management Review*, 35 (1), 37-50.

Kim, D.H. (1995). Managerial practice fields: Infrastructures of a learning organization. In S. Chawla, & J. Renesch (Eds.), *Learning Organizations* (pp. 349-365). Portland: Productivity Press.

Kofman, F. & Senge, P. (1995). Communities of commitment: The heart of learning organizations. In S. Chawla & J. Renesch (Eds.), *Learning organizations* (pp.15-45). Oregon: Productivity Press.

Lambert, M. (1992). Psychotherapy outcome research: Implications for integrative and eclectic therapists. In Handbook of Psychotherapy Integration. In J.C. Norcross & M.R.Goldfried (Eds.), *Handbook of psychotherapy integration* (pp. 181-196). New York: Basic Books.

Leithwood, K. & Steinbach, R. (1989). *A Comparison of processes used by principals in solving problems individually and in groups.* A paper presented at the annual meeting of the Canadian Association for the study of educational administration, Quebec city.

Lieberman, M.A., Yalom, I.D., and Miles, M.B. (1973). *Encounter Groups: First Facts.* New York: Basic Books.

Lundenberg, Mary (1997). Listening to Each Others' Voices : Collaborative Research About Open Meetings in Classrooms. Teaching and Teacher Education , 13 (3), 311-324.

Marshall, W.L., Anderson, D., & Fernandez, Y. (1999). *Cognitive behavioural treatment for sexual offenders.* Toronto: John Wiley.

Marshall, W.L., & Fernandez, Y.M. (1999). *Cognitive Behavioral Treatment of Sexual Offenders.* London: John Wiley & Sons.

Marshall, W.L., Thornton, D., Marshall, L.E., Fernandez, Y.M., & Mann, R. (1999). *Treatment of Sexual Offenders Who are in Categorical Denial.* Unpublished manuscript.

McGill, M. & Slocum, John (1993). Unlearning the organization. Organizational Dynamics , 22 (2), 67-79.

Miesel, Steven I & Fearon, David S. (1996). Leading learning. In S.A. Cavaleri & D.S. Fearon (Eds.), *Managing in organizations that learn* (pp. 180-209). Cambridge, MA: Blackwell Publishers.

Miller, W.R. & Rollnick, S. (1991). *Motivational Interviewing: Preparing People to Change Addictive Behavior.* New York: Guilford.

Miller, W.R.,Taylor, C.A., & West, J.C. (1980). Focused versus broad-spectrum behavior therapy for problem drinkers. Journal of Consulting and Clinical Psychology , 48, 590-601.

Montgomery, John M. & Scalia, Frank (1996). Integrating learning and organizations. In S.A. Cavaleri & D.S. Fearon (Eds.), *Managing in organizations that learn* (pp. 435-465). Cambridge MA: Blackwell Publishers.

Morris, R.J. & Suckerman, K.R. (1974). Therapist warmth as a factor in automated systemic desensitization. Journal of Consulting and Clinical Psychology , 42, 244-250.

Murphy, Kendall (1995). Generative coaching: A surprising learning odyssey. In S. Chawla & J. Renesch (Eds.), *Learning organizations* (pp. 196-214). Oregon: Productivity Press.

National Committee on Offender Strategy (1996). *Standards and guidelines for the provision of services to sex offenders.* Correctional Service Canada.

Nelson, M.L. (1993). A current perspective on gender differences: Implication for research in counselling. Journal of Counselling Psychology, 40 (2), 220-229.

Nesbett & Wilson (1977). Cited in Leithwood, K.& Steinbach, R. (1989). *A comparison of processes used by principals in solving problems individually and in groups.*

Nonaka, I. (1994). A dynamic theory of organizational knowledge creation. Organization Science, 5(1), 14-37.

Nosko, A. and Wallace, R. (1997). Female/Male co-leadership in groups. Social Work with Groups 20(2).

O'Brien, W.J. (1996). Epilogue: Interview with William J. O'Brien. In S.A. Cavaleri & D.S. Fearon (Eds.), *Managing in organizations that learn* (pp. 532-538). Cambridge MA: Blackwell Publishers.

Occhetti, A.E., & Occhetti, D.R. (1981). Group therapy with married couples. Social casework, 62(2), 74-79.

Osborne, D., Gaebler, T. (1992). *Reinventing government: How the entrepreneurial spirit is transforming the public sector.* Reading, MA : Addison-Wesley.

Paulson, I., Burroughs, J., & Gelb, C. (1976). Co-Therapy : What is the crux of the relationship? International Journal of Group Psychotherapy. 26(2), p213-224.

Peaslee, D.M. (1995). Countertransference with Specific Client Populations? A Comment of "The Treatment of Male Sexual Offenders." Journal of Child Sexual Abuse. 4(1), 111-115.

Pence, E. & Paymar, M. (1986). Power and control tactics of men who batter. Minnesota Program Development, Inc.:Deluth.

Pence, E. (1991). What about the kids? Community intervention in domestic assault cases : A focus on children. Deluth Domestic Abuse Intervention Project. Minnesota.

Pence, E. (1988). Batterer's programs: shifting from Community collusion to community confrontation. Domestic Abuse Intervention Project. Cited in Cyr, C. (1994). Conceptual model: family violence programming within a correctional setting. Correctional programs, Correctional Sevice Canada.

Peternelj-Taylor, C., & Schafer, P. (1998). Out on a Limb: Management of Therapeutic Boundaries. Unpublished manuscript.

Pinchot, G. & Pinchot, E. (1994). The end of bureaucracy and the rise of the intelligent organization. San Francisco: Berrett-Koehler.

Plyer, A., Wooley, C.S., & Anderson, T.K. (1990). Current treatment providers. In " A.L. Horton, B.L. Johnson, L.M. Roundy, & D. Williams, The incest perpetrator: A family member no one wants to treat. Newbury Park. CA : Sage Publications.

Pope, K.S. (1993). Licensing disciplinary actions for psychologists who have been sexually involved with a client: Some information about offenders. Professional Psychology: Research & Practice. 24(3), 374-377.

Raphael, J. (1997). Introductory comments from Judy Raphael at the Trapped by Poverty /Trapped by Abuse Conference on September 26, 1997.

Roberts, Charlotte (1994). What you can expect ... from team learning. In Senge, P., Kleiner, A., Roberts, C., Ross, R., & Smith, B. (Eds.), The fifth discipline fieldbook. (Pp. 355-357). New York: Doubleday.

Roberts, Nancy (1997). Public deliberation: An alternative approach to crafting policy and setting direction. Public Administration Review. 57(2), 124-132.

Rollnick, S. & Miller, W.R. (1995). What is motivational interviewing? Behavioral & Cognitive Psychotherapy, 23(4), 325-334.

Rosenbaum, Max. (1999). Handbook of Short-Term Therapy Groups. Jason Aronson Inc, New Jersey.

Ross, R. (1994). Skillful discussions. In Senge, P., Kleiner, A., Roberts, C., Ross, R., & Smith, B. (Eds.), The fifth discipline fieldbook. (Pp. 385-391). New York: Doubleday.

Roth, G. (1996). From individual and team learning to systems learning. In S.A. Cavaleri & D.S. Fearon (Eds), Managing in organizations that learn (pp. 224-245). Cambridge MA: Blackwell Publishers.

Rusinoff, J.S. (1990). Mens treatment handbook, 2nd Edition. Domestic abuse project. Minneapolis, Minisota.

Ryan, S. (1995). Learning communities: An alternative to the expert model. In S. Chawla & J. Renesch (Eds.), Learning Organizations (pp. 279-293). Portland: Productivity Press.

Saint-Onge, Humbert (1996). Tacit knowledge: The key to the strategic alignment of intellectual capital. Strategy and Leadership, 24(2), 10-14.

Salvendy, J. (1985). Training, leadership, and group composition : A review of the crucial variables. Group Analysis. 18(2), 131-141.

Schein, E. (1992). Organizational culture and leadership. 2nd Edition, San Fransisco, Jossey-Bass.

Schein Edgar (1993). On dialogue, culture and organizational learning. Organizational Dynamics, 22(2), 40-51.

Schein, Edgar H. (1996). Three cultures of management: The key to organizational learning. Sloan management review, 38(1), 9-20.

Seivert, S., Pattakos, A.N., Reed, F., & Cavaleri, S.A. (1996). Learning from the core: The heroic leader and conscious organization. In S.A. Cavaleri & D.S. Fearon (Eds.), *Managing in organizations that learn* (pp. 352-376). Cambridge MA: Blackwell Publishers.

Senge, Peter M. (1990). *The fifth discipline: The art and the practice of the learning organization.* New York : Doubleday/Currency.

Senge, P., Kleiner, A., Roberts, C., Ross, R., & Smith, B. (1994). *The fifth discipline fieldbook.* New York: Doubleday.

Shaffer, John & Galinsky, David M. (1990) *Models of Group Therapy. 2nd Edition.* Prentice Hall, Englewood Cliffs, New Jersey.

Simon, H.A. (1991). Bounded rationality and organizational learning. <u>Organization Science,</u> 2(1), 125-133.

Simon, R.I. (1994). Transference in therapist-patient sex: The illusion of patient improvement and consent. <u>Psychiatric Annals,</u> 24(10), 509-515.

Starak, Yaro. (1982). Co-leadership : A new look at sharing group work. <u>Social Work with Groups.</u> 4(3/4). Fall Winter.

Stroeher, Susan, K. (1994). Sixteen kindergartners' gender-related views of careers. <u>The Elementary School Journal.</u> 95 (1).

Swieringa, J. & Wiersma, A. (1992). *Becoming a learning organization: Beyond the learning curve.* Wokingham: Addison-Wesley.

Thompson, J.W. (1995). The renaissance of learning in business. In S. Chawla & J. Renesch (Eds.), *Learning Organizations* (pp. 85-102). Oregon: Productivity Press.

Van Dieten, M. (1992). *The family violence program of the John Howard Society of Ottawa: Quarterly Report.* December 31, 1992.Correctional program.

Vogt, E.E. (1995). Learning out of context. In S. Chawla & J. Renesch (Eds.), *Learning organizations (pp. 293-305).* Oregon, Productivity Press.

Weeks, J.R., Pelletier, G., & Beaudette, D. (1992). What do correctional officers think of sex offenders? Forum on Corrections Research, 4(1).

Weintraub, Robert. (1995). Transforming mental models through formal and informal learning: A guide for workplace educators. In S. Chawla & J. Renesch (Eds.), *Learning organizations* (pp. 417-429). Oregon: Productivity Press.

Yalom, I.D. (1985). *Theory and practice of group psychotherapy, 3rd Edition*. New York: Basic Books

Yates, P.M. (1999). *What works: Effective intervention with sexual offenders*. Paper presented at the 35th annual conference of the International Community Corrections Association, Cincinnati, OH.

APPENDICES

JOB DESCRIPTION

POSITION: Director

Qualifications:

University degree in social work or the social sciences, preferably at the Master's level. Related experience with group and individual counselling. Extensive program development and administrative experience, and a demonstrated understanding of the offender population. An emphasis on anger management, substance abuse and cognitive behaviour approaches using a psycho-education format. Must be able to work independently and in a collective structure and report to the Executive Director, and Executive of the Learning Resources Advisory Committee of the John Howard Society. Able to develop and maintain rapport with outside community agencies. Working knowledge of the criminal justice system. Must have good written and oral communication skills.

Goal:	-	To provide comprehensive rehabilitative programming to reduce criminal behaviour.
Objectives:	-	To provide leadership to staff members to ensure development, implementation and appropriate maintenance of a professional rehabilitative program.
	-	To ensure clients are treated with intrinsic worth, dignity, equity and fairness.

Summary:

Under the supervision of the Executive Director of the John Howard Society, the Program Director is responsible for planning, organizing, directing, supervising and administering a rehabilitative program for clients (offenders) who are participating in the Electronic Monitoring Program, Accelerated Temporary Absence Program, Probation or Parole. Duties involve researching and identifying psycho-social trends, developing and implementing programs and policies, and coordinating services for clients of the JHS Learning Resources Program. The Program Director will engage in federal/provincial and community relations to ensure that the clients interests are served within the mandate of the John Howard Society. Duties include the supervision of subordinate professional counsellors through a system of formalized and existing policies and procedures.

Considerable initiative and independent judgement is exercised by the Program Director under the general supervision of the Executive Director of the John Howard Society.

Work is reviewed through analysis of work results by means of direct accountability to the Executive Director and external evaluations.

RESPONSIBILITIES

Additional responsibilities consistent with organizational goals may be added.

Clients

- Act upon clients' grievances; advocate and act upon their behalf when deemed necessary.
- Ensure evaluation of apparent client needs during admission intake.
- Ensure clients continue to perform with the expectations of the referring agency and the Learning Resources Program, by conducting disciplinary interviews, and imposing internal disciplinary measures when deemed necessary.
- Treat LRP clients with dignity, intrinsic worth, equity and fairness.

Program

- Assure and monitor appropriate placement of client's program participation.
- Ensure high standard of professional conduct and program content appropriate to clients criminogenic needs and goals (modify as deemed necessary).
- Participate in internal and external assessments.
- To liaise with other community agencies to enhance programs for clients at the LRP.
- Provide direction to the staff and program, based on current research for the delivery of service to clients.

Staff

- Assist in screening and hiring of new staff.
- Supervise and provide periodic evaluation of staff.
- Organize adequate shift coverage.
- Conduct weekly staff meetings.
- Provide opportunities for guidance of individual staff members.
- Provide and/or conduct opportunities for staff training and development.

- Ensure accurate recording or progress of clients.
- Ensure <u>compliance</u> to LRP policy and procedures as outlined in LRP Policy and Procedures Manual.
- Work with Senior Program Facilitator to ensure personnel policies and procedures are followed.

Budget

- Monitor and review financial revenues and expenditures on a monthly and fiscal basis, and authorizing routine expenditures.
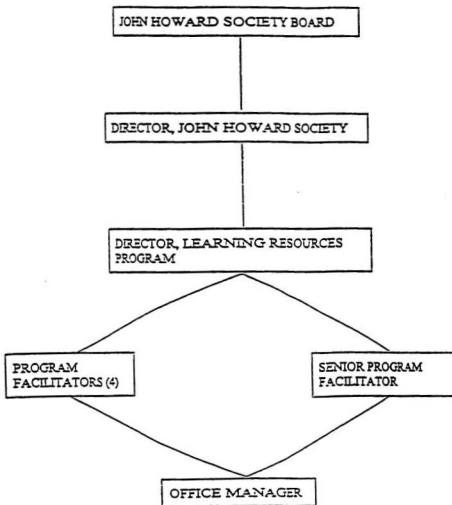
JOHN HOWARD SOCIETY
LEARNING RESOURCES PROGRAM
POLICY AND PROCEDURES MANUAL

ORGANIZATIONAL FRAMEWORK

The organizational framework of the Learning Resources Program (LRP) is a highly interactive, horizontal framework that allows each staff member of the LRP to talk to everyone else. Information is to flow freely and decisions are made through consensus building. The staff are empowered to collaborate and make self-regulation a shared responsibility.

The Director and staff are partners in creating a vision for the LRP and articulating the direction of organizational change. The specifics of this are detailed by job description.

All staff are encouraged to share information across any and all organizational boundaries to best respond to developing circumstances. All staff share in the responsibility to inspire confidence and support with each other to achieve organizational goals.

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        ┌──────────────┴──────────────┐
        │ DIRECTOR, JOHN HOWARD SOCIETY│
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        ┌──────────────┴──────────────┐
        │ DIRECTOR, LEARNING RESOURCES │
        │ PROGRAM                      │
        └──────────────┬──────────────┘
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JOHN HOWARD SOCIETY BOARD

DIRECTOR, JOHN HOWARD SOCIETY

DIRECTOR, LEARNING RESOURCES PROGRAM

PROGRAM FACILITATORS (4)

SENIOR PROGRAM FACILITATOR

OFFICE MANAGER

THE LEARNING RESOURCES PROGRAM
POLICY AND PROCEDURES MANUAL

PROCEDURE FOR CHANGE

To change, make additions to, or modify in any way the content(s) of the Learning Resources Program Policy and Procedures Manual (Revised September 1998), the following procedures must be followed:

(I)   An identified need to change, add to or modify a policy or procedure must be raised by a staff member in an LRP weekly staff meeting (held on Thursdays).

(ii)   The Director must then establish a working committee to evaluate and make recommendations regarding the new direction of the procedural or policy change.

(iii)   If an addition, change or modification is recommended, a draft of the new policy and procedure must be circulated to all staff.

(iv)   Staff must be allowed the opportunity to provide feedback to the working committee on ideas, themes or concepts they believe are central to the new policy and procedure.

(v)   Consensus on the proposed policy and procedural change must be reached by all LRP staff prior to its being adopted or incorporated in the LRP Policy and Procedures Manual (Revised September 1998).

CONSENSUS: Defined as all staff believe and agree that their central idea and themes all have been included in the Policy and/or Procedures. (All staff must be in agreement with the text of the final draft.)

Letter of Support - Appendix C1

The John Howard *Society* of Newfoundland
Established 1951

PRESIDENT: Paul O'Neill
VICE-PRESIDENT: Robert Simmonds
TREASURER: Jean Atkinson
SECRETARY: Cathy Gogas
PAST PRESIDENT: Debbie Sue Martin

426 Water Street
St. John's, Newfoundland
A1C 1E2
Tel: (709) 726-5500 Fax: (709) 726-5509

EXECUTIVE DIRECTOR
Terry M. Carlson

ST. JOHN'S

C-STEP Program
Tel: (709) 739-7953

Computer-Based
Integrated Learning
Tel: (709) 722-4514

Employment Services
Tel: (709) 726-5542

Home For Youth
Tel: (709) 364-1206

Howard House
Tel: (709) 722-1848

Learning Resources
Program
Tel: (709) 726-5566

Prison Liaison/
Family Services
Program
Tel: (709) 726-5541

Prison Lit Program
Tel: (709) 754-3733

Youth Aftercare
Program
Tel: (709) 36-4915

WEST COAST
COUNCIL

REGIONAL DIRECTOR
Albert Stewart

Stephenville

General Office
123 Montana Drive
Stephenville, NF
A2N 2T4
Tel: (709) 643-5894

Cognitive Skills
Program
Tel: (709) 643-2750

Outreach Employment
Counselling
Tel: (709) 643-5894

West-Bridge House
Tel: (709) 643-2903

Corner Brook

Birchy House
Tel: (709) 785-7652

10 February 2000

Dr. Jean Brown
Faulty of Education
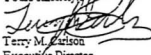Memorial University of Newfoundland
St. John's

Dear Dr. Brown:

Re: Tom Mahoney's Thesis

The John Howard Society enthusiastically supports Tom Mahoney's request to conduct his thesis "Collaborative Action Research: The Influences of the Learning Organization on Mixed Gender Co-leadership in Groups" at the Learning Resources Program". We believe that Tom's endeavor will be beneficial not only to himself but also to our agency and to the clients we serve.

Thank you for your attention to this matter.

Yours sincerely,

Terry M. Carlson
Executive Director

Letter Of Consent

My name is Tom Mahoney, I am a graduate student of Memorial University of
Newfoundland and I am actively engaged in completing my masters degree in Education
Leadership. I am conducting research into the influences of new models (i.e., team
learning in a learning organization) on mixed-gender co-leadership in groups. To
examine the influences of this model, I formally request your participation in the study.
The thesis will be supervised by Dr. Jean Brown, Faculty of Education, Memorial
University of Newfoundland. Dr. William Kennedy, Memorial University of
Newfoundland, will also be a member of my committee.

The research will be carried out using collaborative action research design, and will
require your participation for a period of 16 weeks. This research design involves all
participants working with me in a five-step process where we first collectively identify a
problem with mixed gender co-leadership at the Learning Resources Program. Secondly,
we will build consensus for a proposed solution that we believe will address the problem.
In the third phase we will operationalize our proposed solution. The fourth phase
requires individual and collective reflection on the solution. The fifth phase is to identify
a new problem that we have identified and the cyclical process will continue again with
step two. Data will be collected throughout this process using audio tape recordings,

journalling and notes taken through participant observation. There is no possibility of physical harm or risk to you resulting from your participation. The qualitative data will be examined by all participants to provide thick description of the influences the learning organization model has on mixed gender co-leadership in groups.

The study will be carried out in your place of employment at 426 Water Street, St. John's, Newfoundland and will not require additional time outside of your regular working hours. Group programs at this site using mixed-gender co-leadership teams will be the focus of the study. The Executive Director of The John Howard Society, Terry Carlson has given his approval, allowing the research to take place at The Learning Resources Program (LRP). Your participation in this study however, is completely voluntary and you have the right to withdraw at any time. All of the audio tapes, transcripts, notes and journals will be destroyed when the thesis has been completed. Your anonymity will be guaranteed.

As a participant in this research you have the right to inquire about the research at any time by contacting a resource person from Memorial University of Newfoundland who is outside my research group. You can contact Dr. Bruce Sheppard, Associate Dean, Graduate Programs and Research at (709) 737-3402.

As this thesis proposal meets the ethical guidelines of the Department of Education, Memorial University of Newfoundland, I have received approval from the Ethics Review Committee to proceed by first asking you for your voluntary participation.

If you agree to voluntarily participate in this study, please complete the consent form by writing your name in the blank space provided. Forward the consent form to: Office of The Dean, Graduate Programs and Research, Faculty of Education in the addressed, stamped envelope provided. If you wish to decline participation, simply do not complete the consent form and do not forward it to the university. I will only be advised by the Office of The Dean if there is 100% voluntary participation and I will not be informed of the identity or number of participants who declined participation.

Consent Form

I, _____, hereby voluntarily consent to

participate in the collaborative action research project with Tom Mahoney as part of his

Masters Thesis on the influences of new models (i.e., team learning in a learning

organization) on mixed gender co-leadership in group programs. I understand that my

participation is voluntary and I may withdraw from participation at any time. I

understand that Tom Mahoney will provide me a copy of any quote for its verification of

accuracy and use. I also understand that all information is confidential and that at no time

will individuals be identified. Audio tapes, transcripts, notes and journals will be

destroyed upon completion of the thesis.

Signature_____   Date_____

Appendix F

Participant Observer Checklist

Your role as participant observer requires you to inform the clients in the group program that you are here as a staff member and will participate minimally in that role. Inform them your primary role is to observe the co-leadership team for staff development and subsequent training reasons. You will be taking written notes only on your observations of the co-leadership team and not anything about the clients, so stay focussed on the five roles the co-leaders assume in the group. They are:

1. To keep the group members in the program focussed on the issues of violence, abuse, power, control and behavioural change.

2. To keep the clients engaged in critical thinking.

3. To provide a group culture that is challenging and respectful but not colluding with the clients belief system on issues of male violence.

4. To educate the clients on the effects of male violence and teach skills necessary for the clients to change their behaviour.

5. To facilitate a healthy, egalitarian group process.

Primary Task Summary: Identify situations and circumstances under which you have observed one or two members of the team deviate from these roles. Note the observations.

First you must:

–   Identify date and time of participant observations.

–   Identify how many clients and co-leaders are present in the group.

Then make observations based on the following:

When opportunities arise, do the staff challenge a clients perception of the world and the role of women and children in it? Briefly describe what is happening.

Observe instances of clients in the group describing their violence as a consequence of being victimized. How do the team address it? Who does what?

Are the staff demonstrating appropriate egalitarian male-female relations? What do you observe?

Do the staff challenge the clients' cognitive distortions that support his violent crime?

Are the staff playing roles based on ascribed gender status. Note the behaviours. (E.g., The male provides for structure and adherence to group rules while the female processes clients feelings). What roles are being played by the team in affirmation or support and collusion or reinforcement.

Are sexist and/or racist remarks challenged. If so who is doing the challenging?

Are the team "cutting-off" each other while speaking?

Is either co-leader purposefully avoiding difficult clients or topics?

Are the team engaging with the clients in true dialogue or are their instances of one or both team members pitting themselves against the clients?

Are the team using themselves as role models, teaching the clients what they know and how they came to know it?

What effect does maleness and femaleness have on the highly structured educational approach? Describe what you see and note the observations.

Are the team aggressive in their confrontations? Note instances and who is aggressive and/or passive.

Are their instances of rescuing playing out? Who is rescuing who?

Are the staff getting "hooked"by the clients' denial. What is happening?

What strategies are you observing the team use to avoid the power imbalance that occurs due to the clients perception of who is "in-charge."

Appendix G

Journal Entry Instructions

One each day you are a participant in this research project, I want you to keep a daily running journal of your thoughts, feelings and behaviours in situations related your team learning effective methods of using mixed gender co-leadership.

Format

- Describe the learning situation including location, time of day, what has or is happening, who is involved.
- Identify your thoughts, beliefs, assumptions or values in this situation.
- Identify your feelings associated with what has or is happening.
- What are the resulting behaviours.
- What have you learned.

The journals will be submitted to me on Friday of every week. The journal entries will be made daily into the 4" x 5" notebooks provided at the commencement of this research project. Each participant will submit 16 journals, one for each week you participate in this study.