

A REPORT OF A COUNSELLING INTERNSHIP  
UNDERTAKEN AT THE CHILD AND ADOLESCENT  
GUIDANCE SERVICE, WITH A REPORT OF A  
RESEARCH STUDY ASSESSING THE EFFECTIVENESS OF  
A GROUP TREATMENT PROGRAMME FOR ADOLESCENTS  
FROM ABUSIVE HOMES

CENTRE FOR NEWFOUNDLAND STUDIES

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A REPORT OF A COUNSELLING INTERNSHIP UNDERTAKEN  
AT THE CHILD AND ADOLESCENT GUIDANCE SERVICE,  
WITH A REPORT OF A RESEARCH STUDY ASSESSING THE  
EFFECTIVENESS OF A GROUP TREATMENT PROGRAMME FOR  
ADOLESCENTS FROM ABUSIVE HOMES

by

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A report submitted to the Department of Graduate Studies  
in partial fulfillment of the requirements  
for the degree of Master of Education

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## Abstract

This report provides a complete and full description of a three month, full-time counselling internship completed at the Child and Adolescent Guidance Service, Western Memorial Regional Hospital, Corner Brook, Newfoundland, April - July, 1987. Included is a description of the internship setting, a report of a research study undertaken during the period, goals that were met during the three month period, and the activities that were undertaken to fulfill the internship objectives. A rationale for choosing the internship and the details of intern supervision are also described.

The internship setting, the Child and Adolescent Guidance Service, was deemed appropriate by the intern and his supervisors because a) supervision could be on-going and comprehensive, and b) the multi-disciplinary guidance team could provide an opportunity for involvement in a wide variety of professional counselling services.

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Specific internship goals and activities to meet these goals were established with the approval of the intern's supervisors. The details of the accomplished professional activities are provided.

The research study conducted during the internship investigated the effectiveness of a ten week group treatment programme, "The Supper Club" for adolescents from abusive homes. The treatment group members were asked to complete the Offer Self-Image Questionnaire before and after the ten week programme. The Family Relations scale of this questionnaire was analyzed to determine participants level of change following the treatment period. While the overall group did not show significantly

Increased positive perceptions of family relations, individuals within the group showed significant growth through items of the scale studied.

The report makes recommendations for the appropriateness of the internship as a training option for the counsellor training period.

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## **Chapter 1**

### **Internship Component**

#### **1.1. Rationale for an Internship**

Participation in a counselling internship is an option in the master's degree in counselling offered by the Department of Educational Psychology, Memorial University of Newfoundland. The rationale basic to an internship is that the effectiveness of the intern's training will be enhanced by the application of the intern's skills in a supervised setting. In preparing to assume the role of a school counsellor, the intern must have an opportunity to apply and evaluate the methods and theories learned during his formal study. The supervised setting should provide the intern with valuable feedback and direction that will contribute to his level of competence. The practical experience of the internship should further acquaint the intern with the nature and scope of counselling.

The internship option was deemed most appropriate for the following reasons:

1. To gain practical experience in the field in actual counselling situations so as to be better prepared to assume the role of school counsellor.
2. To provide an opportunity for direct consultation, supervision, and evaluation of counselling situations by professionally trained, experienced counsellors.
3. To expand on the knowledge gained in previous experiences in

the pre-practicum and practicum by working in a community-based guidance service for children and adolescents.

4. To provide additional experience with research related to children and adolescents.
5. To enhance and apply skills and knowledge in counselling techniques and theories.

Certain criteria have been developed by the Department of Educational Psychology to establish the appropriateness of an internship as an adjunct to academic and practicum training for counsellors:

1. It commences only after a satisfactory performance is achieved in an approved practicum.
2. It commences only after a successful completion of all course work (including practicum) required for the degree programme as they are defined in the University Calendar.
3. First consideration will be given to candidates who have had little experience in the working milieu which they will enter.
4. Interested students must submit and have approved by the Department a formal internship proposal, including among other points, a statement of professional goals and expectations for the internship.
5. An intern must be enrolled full-time during the period of his internship. He may not receive reimbursement for services rendered during the internship but will be eligible for fellowships and assistantships as provided by university regulations (Department of Educational Psychology, Internship Programme, 1975).

## 1.2. Setting for the Internship

In a program review, the Department of Educational Psychology at Memorial University (1975) described six essential factors that must be considered before choosing an internship setting:

1. The quality of professional supervision.
2. The quality of learning opportunities and experiences.
3. The relevancy to, and usefulness of, such experiences in the actual setting in which the trainee ultimately expects to work.
4. The availability of time for full-time involvement of the intern for a minimum of thirteen consecutive weeks.
5. The availability of a qualified field supervisor on site.
6. Ready access to the university supervisor.

The Child and Adolescent Guidance Service of the Western Memorial Regional Hospital was considered an appropriate setting because of its philosophy and objectives. The multi-disciplinary guidance service strives to effect positive behaviour, emotional, and/or attitudinal development of the child or adolescent. The service's philosophy recognizes that the major determinants of a child's or adolescent's health status are growth and development, lifestyle, and mental health; while these determinants are affected by the young person's social context, family, peers, and education.

The Child and Adolescent Guidance Service employs a team consisting of a Social Worker, a Clinical Psychologist, a Psychiatric Nurse, a Special Education Teacher, a Psychiatrist advisor and a Pediatrician advisor. The combined experience and expertise of these professionals



provides an opportunity for greater therapeutic benefits to each child and adolescent assessed and treated at this service. The service is accessible to young people who are either less than seventeen years of age and/or still attending school. Referrals to the service are accepted from Medical Practitioners, Public Health Nurses, School Board Officials, Juvenile Correction Officers, Social Services personnel, and other child-oriented services.

The services the centre provides to assist the young person function more effectively include:

1. Individual and Family Counselling;
2. Play Therapy for younger children;
3. Group Therapy for children, adolescents, and parents;
4. Classroom teaching for children who require special instruction in relation to outlined problems;
5. Consultation with the community and patient services of the hospital;
6. General consultation which provides a forum for the discussion of the policies, procedures, and programmes of the service.

For these reasons the Child and Adolescent Guidance Service of the Western Memorial Regional Hospital was chosen as an appropriate site for the internship by the intern himself. This choice of site was also approved by Dr. David Watts, academic supervisor in the Department of Educational Psychology, Memorial University, Dr. Glenn Sheppard, Head of the Department of Educational Psychology, Memorial University, the administration of the Western Memorial Regional Hospital, and Mr. Dan

Ashbourne, field supervisor for the intern and Director of the Child and Adolescent Guidance Service. In accordance with the requirements of the Department of Educational Psychology, the internship took place over a fourteen week period, beginning on April 14 and ending on July 24, 1987.

### 1.3. Internship Goals

The purpose of an internship is to provide the intern with an opportunity to expand his knowledge and improve his skills, so that he can more effectively develop, introduce, and conduct counselling sessions. Prior to beginning this professional experience the intern identified a total of eight goals and appropriate related activities designed to meet them. The following provisions were consulted when these objectives were being prepared:

1. For the development of competencies for each trainee based on his needs, previous experience, and future vocational plans;
2. For practical experiences that will bring into focus the theoretical training received during the formal part of the programme;
3. For practical experiences that will enable the trainee and the department to evaluate the trainee's ability to effectively work in his chosen field;
4. Opportunities for the trainee to evaluate his personal behaviour modalities and work toward making any necessary changes;
5. For feedback from the internship setting to the department regarding strengths and weaknesses of its students so that programme improvements can be implemented;
6. For the development of research and problem-solving skills appropriate to the needs of the student and the setting, considering the nature of his placement and his vocational plans

(Department of Educational Psychology, Internship Programme, 1975):

These objectives were established to assist in the development of helping skills which enabled the intern to serve his clients in the treatment setting. The goals and activities were intended to aid in the development of the intern's professional competence and confidence.

The internship goals were:

1. To develop an increased awareness of the kinds of personal, social, and academic concerns of consumers at the Service, and of various modes of assistance which might be offered to deal effectively with these concerns. This was accomplished through:
  - a. Discussions with each of the professionals at the Service regarding the kinds of concerns they deal with in their capacity at the facility;
  - b. Informal discussions with individuals and groups of young people about their concerns;
  - c. Meetings with individuals of the community including teachers, educational therapists, guidance counsellors; Transition House personnel, social workers, and members of other child-oriented services to discuss their perceptions of young peoples' needs and concerns;
  - d. Readings from books and journals (Kagan, 1984; Garbarino, Guttman, and Wilson-Seeley, 1986; and, Rutter, Izard, and Read, 1986) on the difficulties and concerns of children and adolescents in the 1980's.
2. To evaluate whether the intern possesses the characteristics and professional skills suitable for professional counselling responsibilities. This was accomplished through:
  - a. Consultation with the field supervisor concerning any active interventions with clients;

- b. Frequent consultation with the professionals at the Service concerning counselling strategies;
  - c. Two evaluations by the field supervisor of sessions conducted by the intern utilizing the Counsellor Evaluation Rating Scale (Myrick and Kelly, 1971) were used to provide feedback to the intern of areas for concentration of efforts;
  - d. Maintenance of an accurate daily log of the intern's experiences;
  - e. Evaluation, by means of audiotaping or field supervisor observations, of counselling sessions conducted by the intern.
3. Continued exposure to the many different theorists and theories of counselling and psychotherapy. This was accomplished through:
  - a. Readings from books and journals (Kazdin, 1980; and, Sherman and Fredman, 1986) on the different theories of counselling and psychotherapy;
  - b. Meetings and seminars with personnel at the Service, concerning their individual counselling and other professional interests and specialities (i.e. play therapy, behaviour modification, group psychotherapy, family counselling);
  - c. Direct observation of and participation in treatment sessions conducted by personnel at the Service and subsequent meetings to discuss these observations.
4. To improve and further develop one-to-one counselling skills as an integral component of professional counselling growth. This was accomplished through:
  - a. A re-reading of Gerard Egan's The Skilled Helper (1975) and Exercises in Helping Skills (1975);

b. Observations of other counsellors' approaches to counselling;

c. Counselling of nine children/adolescents on a one-to-one basis. Audiotapings of a selection of these counselling sessions, were self-evaluated, and subsequently evaluated by the field supervisor.

5. To improve and further develop group counselling skills as an integral component of professional counsellor growth. This was accomplished through:

a. Co-facilitation of a group for young people, ages 13 to 16, from abusive homes. There were a total of ten one and one-half hour sessions. Each of the sessions was audiotaped for the purpose of supervision, evaluation and feedback;

b. Extensive reading from books and journals (Siepker and Kandaras, 1985; Battlegay, 1975; Feldman and Wodarski, 1975; and Hellfron, 1969;) in the area of group counselling techniques;

c. Weekly meetings with the group's other co-leader, Donna Cull, Caseworker, Big Brothers-Big Sisters of Corner Brook, concerning co-leader skills and observations of significant group dynamics and the co-leaders' reactions to these incidents;

d. Weekly meetings with the intern's field supervisor to listen to the group tapes and critique the intern's co-leading effectiveness, and provide strategies for skill development through subsequent group sessions.

6. To gain expertise in, and a greater knowledge of, the programmes and services which the internship setting offers. This was accomplished through:

a. An orientation to the hospital and the service, conducted for the intern by the service's director, Mr. Dan Ashbourne;

- b. A reading of the Child and Adolescent Guidance Service's Description of Service Manual which included its philosophy, mission, goals, quality assurance statements, and tools for performance appraisals;
- c. A reading of numerous other manuals including the Child and Adolescent Guidance Service's Policy and Procedures Manual, the Hospital Policy Manual, the Quality Assurance Manual, and the Fire and Disaster Manuals;
- d. Administration and interpretation of a variety of psychological tests including the Weschler Intelligence Scale for Children - Revised, the Developmental Test of Visual-Motor Integration, the Motor-Free Visual Perception Test, and the Piers-Harris Children's Self-Concept Scale;
- e. Consultations with Dr. J. Chrappa, the Service's Pediatric advisor, concerning the types of referrals she makes to the Child and Adolescent Guidance Service;
- f. Involvement, through team meetings and individual sessions, with the Department of Social Services personnel to assess their reasons for, and expectations of, referrals to the Service;
- g. Consultation with the Service's Social Worker in his preparation of a behaviour management programme for presentation to the area's daycare workers;
- h. Involvement with the Service's Nurse in the preparation of a booklet and poster to complement an encopresis programme in place at the facility;
- i. Observations, through a one-way mirror, of client sessions conducted by the Service's Psychiatric advisor, Dr. B. Bhattacharya;
- j. Attendance at seminars, dealing with the topics of Teenage Suicide and Personality Disorders, conducted by Dr. B. Bhattacharya;

7. To become familiar with the administrative duties necessary for the smooth and effective functioning of the Child and Adolescent Guidance Service. This was accomplished through:

- a. A scrutiny of approximately ten files which had been deemed closed;
- b. Participation by conducting Intakes of eleven children referred to the Service;
- c. Participation by conducting Initial Assessments of seven children accepted for treatment at the Service;
- d. Maintenance of files for ten children regularly seen for treatment by the intern. This included approximately fifty-one hours spent recording brief contacts, session reports, observations, and case summaries. A further ten hours was spent corresponding with referring agents and families.

8. To implement and evaluate an applied research program which might add to the repertoire of available services for adolescent residents of the Corner Brook - Bay of Islands area. This was accomplished through:

- a. Involvement, as a co-leader, conducting a ten week group treatment programme for adolescents from abusive homes. (The evaluation of the group treatment programme is dealt with more elaborately in the section of this report entitled Research Component, beginning on page 19).

#### **1.4. Supervision and Evaluation of Intern**

The responsibility for the supervision of the intern was shared by the Department of Educational Psychology and the Child and Adolescent Guidance Service of the Western Memorial Regional Hospital, Corner Brook.

The supervision of the intern was the joint responsibility of the university supervisor, Dr. David Watts, and the field supervisor, Mr. Dan Ashbourne. The choices of supervisors carried with it requirements and responsibilities.

#### University Supervisor - Dr. David Watts, Ed.D

1. The supervisor should be professionally trained in the area of guidance and counselling and indicate an interest in counsellor training.
2. The supervisor should have sufficient time as determined by the Department to consult regularly with the intern.
3. The supervisor should be responsible, in consultation with the field supervisor, for directing the preparation and evaluation of the report on intern activities.
4. The faculty member will be permitted to supervise no more than one intern during a semester in which he has full-time teaching responsibilities (Department of Educational Psychology, Internship Programme, 1975).

#### Field Supervisor - Mr. Dan Ashbourne, M.A.

1. Hold a Master's Degree or its equivalent appropriate to the work of the intern; or equivalent and appropriate experiences as determined by the Department of Educational Psychology.
2. Have a minimum of two years experience in the field or its equivalent as determined by the Department of Educational Psychology.
3. Be involved full-time in the placement setting.
4. Have sufficient time, as determined by the Department of Educational Psychology, to consult regularly with the graduate student (Department of Educational Psychology, Internship Programme, 1975).



Supervision of the intern was implemented in the following manner:

1. The intern's professional involvement in the different programme components at the Child and Adolescent Guidance Service was evaluated by the individual members of the team, Ms. Barbara Bonnell, Mrs. Catherine Maggs, and Mr. Dan Ashbourne. These individuals provided evaluative feedback which was made available to the intern, the field supervisor, and the university supervisor.
2. The members of the Service's team met regularly with the intern during the internship to discuss his progress. The discussion focused on specific aspects of the intern's professional development and activities. The field supervisor and the team members were specific in identifying both the strengths and deficiencies of the intern.
3. The intern, Mr. Ashbourne, and Dr. Watts met on two occasions during the internship period. As well, three teleconference calls and one telephone call ensured satisfactory discussion of the intern's progress and resolution of any difficulties that arose.
4. The intern maintained a daily log of each day's activities in which personal involvement in Child and Adolescent Guidance Service activities was recorded.
5. The intern met for approximately two hours each week with Mr. Ashbourne to discuss and evaluate the intern's progress.
6. The intern submitted to the field and/or university supervisor audiotapes of individual and group counselling sessions. As well observations by the field supervisor, utilizing the one-way mirror and in-person shared sessions, provided the opportunity for the field supervisor to provide extensive evaluative feedback to the intern.
7. The intern co-lead a group treatment programme for adolescents from abusive homes. Mr. Ashbourne and Dr. Watts each listened to, and critiqued audiotapes of particular group

sessions analyzing the development and growth of the intern's counselling skills.

8. Supervision of the intern's client files allowed the field supervisor the opportunity to provide feedback on the accuracy and completeness of the intern's recording and correspondence.

The field supervisor assisted in the formal evaluation of the intern by completing the Counsellor Evaluation Rating Scale (Myrick and Kelly, 1971). This scale was completed on two occasions during the internship period. The intern used the feedback from these evaluations to increase his sensitivity to important counsellor characteristics. The intern remained cognizant of essential and desirable counsellor characteristics and practices throughout the internship. The evaluation indicated that these characteristics and practices did indeed improve over the period of the internship.

During the period of the internship the intern had the opportunity to share the emotional highs and lows, successes and failures of counselling situations. The intern shared in the anguish of a fourteen year old girl as she gave a statement of sexual abuse to the police and a social worker, following her disclosure to the intern. The intern felt the frustration of a mother whose son fourteen year old son needed counselling, but decided not to participate in it. The intern enjoyed the sense of success at the conclusion of a behaviour modification contract between a nine year old boy and his parents. Finally, the intern sensed a young girl's joy as the trust she was seeking from her mother began to develop. Each of these experiences served to make the intern more aware of the need for a solid foundation in desirable counsellor characteristics and practices.

In addition to the completion of the professional tasks specified for the internship, the intern understood that he had to provide evidence of satisfactory professional competencies in the performance of these tasks before the internship would be deemed successfully completed. It was also understood that assessment of professional competence was the responsibility of both the university and field supervisors. In addition to their ongoing evaluation and assistance, both supervisors were responsible for determining, using the various procedures specified, for the intern whether or not the level of professional competency achieved by the intern was satisfactory. Furthermore, both supervisors had the responsibility to recommend further extension of the internship activities had it been deemed necessary.

The intern viewed the evaluation of his professional activities by supervisors and service personnel as an excellent feedback opportunity whereby valuable information was gathered in assessing personal style and professional orientation. The various orientations of team members and supervisors provided the intern with a testing ground on which he continued to meld a more comprehensive philosophy of counselling. The consolidation of philosophies helped in professional growth and development.

A taping policy was rigidly adhered to for all taping. All clients were informed of the taping, and their permission in writing was received before any taping was undertaken. The purposes of taping and the limits of its use were explained to each client. The intern and his supervisors were the only individuals having access to the tapes. Tape content was treated so as to maintain client anonymity.

The guidelines followed were those stated in the Canadian Guidance Counsellor Association's published Guidelines for Ethical Behavior, undated. Those that pertained to audio or video recording included:

1. A counsellor or practitioner's primary obligation is to respect the integrity and promote the welfare of the client with whom he is working.
2. The counselling relationship and information resulting therefrom must be kept confidential in a manner consistent with the obligations of the counsellor or practitioner as a professional person.
3. Records of the counselling relationship, including notes, test data, correspondence, tape recordings, and other documents, are to be considered professional information for use in counselling, research, and the teaching of counsellors, but always with full protection of the identity of the client and with precaution so that no harm will come to him.
4. The client should be informed of the conditions under which he may receive counselling assistance at or before the time he enters such a relationship. Particular care should be taken in the event that conditions exist about which the client would not likely be aware.

### 1.5. Research Requirement

The intern researched and evaluated the effectiveness of a group treatment program for adolescents from abusive homes. The purpose of this study was to investigate the effectiveness of the programme, for adolescents aged 13 to 16. The programme was based on a model called "The Supper Club" developed and utilized since 1983 by Dr. Alan Kenworthy and Ms. Jan Foley through the Adolescent Health Counselling Service, St. John's. The adolescents involved with the Corner Brook

Supper Club participated in a ten week programme, of approximately fifteen hours in duration, designed to promote healthy, successful, non-violent lifestyles and relationships, and thereby lessen the potential for the continuation of a cycle of violence.

The study proposed to measure change in participants' attitudes and perceptions of family relations. The participants were assessed prior to the implementation of the programme through the administration of the Offer Self-Image Questionnaire (Offer, 1977). Change was evaluated by having the group members complete the same questionnaire at the conclusion of the treatment programme, and by a subsequent analysis of the results.

The intern pursued the following guidelines for ethical behaviour, as stated by the Canadian Guidance and Counselling Association, while conducting the group treatment programme:

1. A counsellor or practitioner assumes obligations for the welfare of his research subject, and avoids causing injurious effects or aftereffects by experiments.
2. A counsellor or practitioner plans his research so as to minimize the possibility of misleading findings and publishes full reports of his work, mentioning explicitly any variables and conditions which might affect interpretation of the results.
3. A counsellor or practitioner has an obligation to make available original research data to qualified others who may wish to replicate or verify the study.
4. A counsellor or practitioner has an obligation to give due credit to those who have contributed significantly to his research, in accordance with their contributions (Canadian Guidance and Counselling Association, Guidelines for Ethical Behavior, undated).

The nature of the group treatment programme for adolescents from abusive homes (i.e. focus and activities) was decided upon by the intern in consultation with the university and field supervisors prior to the beginning of the internship, and subsequently reassessed and redefined by the intern following consultation with the field supervisor, the group's other co-leader, and group members.

## Chapter 2

### Research Component

#### 2.1. Introduction

Family violence has emerged as one of the major social problems of the 1980's. The recognition of wife assault as a major social and criminal problem in North American society has led to numerous innovations in human services policy and program development. An ever increasing number of shelters for battered women have been supplemented by the emergence of specialized services such as support and advocacy services for victims (Boyd, 1985), and group counselling for men who batter (Browning, 1984).

Despite the growth of research efforts and program development for both assaulted women and their violent husbands, until quite recently little attention has been directed toward the children who witness this behaviour. These children are often the unintended victims of family violence, and may suffer both immediate and prolonged adjustment disorders (Rosenbaum and O'Leary, 1981).

## 2.2. Statement of Purpose

The purpose of this study was to investigate the effectiveness of a group treatment programme for adolescents from abusive homes. The adolescents, aged 13 to 16, participated in a ten week, fifteen hour treatment programme designed to promote healthy, successful, non-violent lifestyles and relationships, and thereby lessen the potential for a continued cycle of violence.

Participants in the programme were assessed, prior to the beginning of the programme with the Offer Self-Image Questionnaire (Offer, 1977). The study, as it was proposed, strived to measure change in group members' attitudes and perceptions concerning family relations. Change was evaluated by a post-administration of the Offer Self-Image Questionnaire (Offer, 1977), and by a subsequent analysis of the results.

The research study was deemed significant for a variety of reasons. Very little research had previously been undertaken in an attempt to provide and evaluate programmes that meet the needs of adolescents from abusive homes. The findings of this research effort have provided important information on the effectiveness of the particular programme utilized. This research study was useful to the service sponsoring the group, the Corner Brook Transition House, in that it has provided them with feedback on the success of their undertaking, and direction for future decisions concerning the logistics of offering such a programme.

Generations of men, women, and children have had to suffer as a result of violence in their homes. This research study evaluated a programme that, through the providing of support and educational



awareness, may prove an effective instrument in the breaking of that cycle of violence for the members of a number of families.

Finally, the research study held some personal significance for the intern in that it provided him with an opportunity to carry out research with a group of adolescents while at the same time develop his skills as both a group facilitator and as a researcher.

### 2.3. Research Hypothesis

One of the objectives of the research was to test the following hypothesis:

Adolescents from abusive homes, participating in a ten week group treatment programme, will demonstrate significantly increased positive attitudes and perceptions of family relations as measured by the Family Relationships scale of the Offer Self-Image Questionnaire.

### 2.4. Rationale

There are several sources of data that suggest that children exposed to violence between their parents are 'at risk' in terms of their immediate and long-term adjustment. Accounts of men who assault their wives indicate that the vast majority had witnessed similar behaviour on the part of their father (Herman, 1986). As a result, it is frequently said that "violent behaviour is learned" (Roy, 1977; Strauss, Gelles, and Steinmetz, 1980), or that "violence breeds violence" (Silver, Dublin, and Lourie, 1969; Sinclair, 1985). The child who witnesses violence appears to have an increased potential for becoming a violent member of society in the future.

As well as having had to live in an abusive setting, the children of

family violence may have also had to frequently deal with other family dysfunctions such as separation and involvement with community agencies, often on more than one occasion. Thus it may well be that the disturbances in social, attitudinal, and behavioural development among children from abusive homes may be partially a function of the fallout from family discord and disadvantage, of which physical violence is one frequent abrasion (Wolfe and Mosk, 1983).

To date very little research has been conducted on the effects of living in an abusive home on adolescents' perceptions and attitudes towards their parents. That which has been carried out indicates that these young people are confused about their feelings for their parents. The abusive father is both hated and loved at the same time, while the victimized mother may be scorned for being too weak to leave, and pitied and supported for what she endures. As well adolescents from abusive homes often verbalize feelings of responsibility for their parents abusive behaviour, feeling that they are the cause of the abuse. By attempting to change their behaviour they are attempting to change or control the behaviour of the abusive parent. Occasionally this may achieve the desired outcome for the young person, but more often he is left seemingly more confused when the abuse persists (Beezley, Martin, & Alexander; 1976; Halperin, 1981; Alessi and Hearn, 1984).

Clearly, children from abusive homes are at an increased risk of adjustment problems due to their family circumstances. However, special events in the young person's life, personal experiences, or interpersonal relationships may lead to reparative-intrapsychic defenses such as reaction formation, sublimation, and displacement (Silver, Dublin, and Lourie,

1969). Therefore, early intervention and prevention strategies that are responsive to both the young person's current and future circumstances are warranted. In commenting on children from violent families, Carlson (1984) concluded that "intervention with the child may, in essence, constitute the best form of primary prevention of adult domestic violence" (p. 160).

Intervention strategies are needed to assist young people in their attempts to deal with the horrors they have been a part of. A group counselling intervention programme may provide these victims with the education and support they need.

Group counselling can provide a less intense experience than individual counselling. A group experience may better suit some teenagers than individual counselling, since it allows opportunities for sharing, mutual support, and problem-solving with peers who have come from disrupted and difficult homes. The group can provide something stable to belong to and depend on, something akin to the ideal family.

The group experience, as outlined in the previous paragraph, might, by itself act on meeting the needs of group members. It will provide them with a forum to share their feelings, beliefs, and experiences with their peers in a stable, non-threatening environment. Young people need the same kinds of support and advocacy that their parents need. They need to know they are not alone with their problems. Becoming a member of a group lessens the isolation the young person feels, and by creating a safe place for them to talk about their experiences, an alternative to the secrecy surrounding their home lives is provided. Meeting other individuals who have had similar experiences will lessen their feelings of guilt and self-

blame for it is much easier to believe it is not your fault if you have a chance to meet other 'normal' young people who are not to blame either. The group offers a safe atmosphere so the young people can express their fear and confusion about their past experiences and their present circumstances. The group provides an opportunity to unlearn destructive myths and find more effective problem-solving methods than the ones they are familiar with. In the end, the group is a special place where the young people are believed, respected, and listened to (Sinclair, 1985).

Spouses and children of alcoholics seek support in dealing with alcoholism through groups such as Al-Anon and Alateen. These groups attempt to have their members detach themselves emotionally from the drinker's problems while endeavouring or continuing to love the person. Through a sharing of experiences, strength and hope they learn that they are not the cause of anyone else's drinking or behaviour, and that they cannot change or control anyone but themselves (Meeks, 1978).

Similarly, group counselling intervention with adolescents from abusive homes that focuses on the suspension of emotional involvement with the abuser's problems and the development of appropriate or alternative coping skills can assist the confused adolescent in his daily functioning and enhance his perceptions of his family relationships. This focus can assist the young people in recognizing both the positive and negative aspects of their family's interactions and relations for what they are, so as to correct any of the distortions or confusion they may have.

## 2.5. Review of the Literature

Social scientists (Walker, 1979; Sinclair, 1985), women's groups (Lerman, 1981; Boyd, 1985), and the media (Dolan, TIME, Sept. 5, 1983), have pointed to family violence as a major social problem. Although advances have been made in public awareness (Bowker, 1984), the development of specialized services such as shelters for battered wives (Boyd, 1985), and treatment groups for violent husbands (Browning, 1984), little attention has been focused on the children in these families. Children who witness their father's assaultive behaviour toward their mother may be the unintended victims of this violence (Rosenbaum and O'Leary, 1981).

Children who find themselves the witnesses of family violence are in crisis themselves. Their normal coping patterns and their support systems are disrupted. Frequently these children find themselves in shelters away from their homes whereip they have experienced the loss of school, friends, neighbourhood, home, and very often the significant adult male in their lives. These children experience acute feelings of separation, loss (anger, fear, and emotional pain), and they have difficulty coping with these feelings in a healthy manner (Davidson, 1978; Fleming, 1979). As Myers and Wright (1980) report, these children "are in as much crisis as their mothers" (p.4).

Walker (1979), Martin (1976), and Myers and Wright (1980) have all commented on and documented the nature of the problems and characteristics of children who witness family violence and find themselves in shelters. In her book, The Battered Woman, Walker wrote:

... children who live in a battering relationship experience the most insidious form of child abuse. Whether or not they are physically abused by either parent is less important than the

psychological scars they bear from watching their fathers beat their mothers. They learn to become part of a dishonest conspiracy of silence. They learn to lie to prevent inappropriate behaviour, and they learn to suspend fulfillment of their needs rather than risk another confrontation .... They do expend a lot of energy avoiding problems. They live in a world of make believe (1979, p.46).

Martin (1976) explained how children suffer simply because they exist in a battering household and how they run the risk of being battered themselves, or at least, being scapegoated by the mother who has been scapegoated by her mate. The child suffers emotional trauma - shock, fear, and guilt. The child is terrified not only because he is at a loss as to what to do, but he somehow feels responsible and guilty. Pizze (1977) offered numerous examples of difficulties that will have to be faced by the children brought into a shelter with their mothers. Subject to and witnesses of rejection, inconsistency, and violence, boys and girls who enter shelters are observed as passive and withdrawn, as well as aggressive and destructive. Myers and Wright (1980) have also noticed the withdrawal and passivity, the use of aggression to solve problems, impaired peer relations, and immature and regressive behaviour, as well as a 'pseudo-maturity' resulting from their being made to play an adult role, encouraged by parents who are themselves emotionally immature. Not only do these children feel responsible and guilty about violence, but they also tend to see themselves as responsible for their mother leaving. Research findings suggest that it is the level of marital conflict and disharmony witnessed by the child that is a critical factor in predicting the child's behavioural adjustment following parental separation (Emery, 1982). Parental separation or loss, per se, is seen as less of an issue for the child than is his exposure to severe conflict (Rutter, 1971).

Exposure of children to parental violence places them 'at risk' in terms of their immediate and long-term adjustment. Accounts of men who batter their wives indicate that the vast majority had witnessed similar behaviour on the part of their father (Hérmán, 1980; Rosenbaum and O'Leary, 1981). Based on a nationwide study, Straus, Gelles and Steinmetz (1980) estimated that sons who witness their father's violence engage in wife abuse in later adulthood 1,000% more often than boys of non-violent parents.

Many children who witness family violence cope with the emotional stress by choosing "identification with the aggressor" as their major defensive pattern. These children's model for identification and later for imitation shows poor impulse control in general and direct physical expression of aggressive impulses in particular. In addition, early childhood stresses and neglect result frequently in unmet dependency needs that result in continuing primitive patterns of interaction with people and with society (Silver, Dublin and Lourie, 1969).

Violence does appear to breed violence, thus the child who witnesses/experiences violence has a greater potential of becoming a violent member of society in the future.

Concerns about parental conflict and child adjustment have led to recent studies that have focused specifically upon the children from violent families. These investigations have indicated that exposure to marital violence is related to a greater frequency of externalizing (i.e. aggressive, delinquent) and internalizing (i.e. withdrawn, anxious) child behaviour problems in comparison to children from non-violent families, with externalizing problems especially prominent for boys (Porter and O'Leary,

1980; Rosenbaum and O'Leary, 1981; Wolfe, Jaffe, Wilson, and Zak, 1985). In addition to displaying increased behaviour problems, children of battered women were significantly below their peers in areas reflecting social competence, such as school performance, organized sports and activities, and social involvement (Wolfe, Zak, Wilson, and Jaffe, 1986).

Halperin (1981), found that significant differences in perceptions to mothers and fathers existed between children in abusive homes and children in emotionally stable family situations. Young people living in violent homes viewed their parents more negatively than did individuals from the study control families. As well these young people appeared very ambivalent or confused concerning their attitudes and perceptions towards their parents. The medium of questionnaires revealed that they gave large numbers of negative responses along with many positive responses in describing their parents. This ambivalence may illustrate the difficulty these young people had in perceiving their parents as positive, nurturing parents. Beezley, Martin, and Alexander (1976) and Halperin (1981) found that young people living in abusive homes tended to distrust adults, particularly parents, and at the same time had an intense need for both physical and emotional nurturance.

In a recent study by Jaffe, Wolfe, Wilson, and Zak (1986), both boys and girls from violent homes were found to have significantly more behaviour problems than children from a comparable non-violent control group, although girls exhibited fewer behaviour problems than boys. Boys from violent homes have been found to show not only externalizing, but also internalizing behaviour problems. Many of the boys' problems related to inappropriate social interaction, such as peer aggressiveness,



destructiveness, mood change and disobedience. The seriousness of some of the children's difficulties was apparent from the similarities of symptoms to children who have been abused by their parents (Jaffe, Wilson, and Wolfe, 1986; Wolfe and Mosk, 1983).

Recently, the Wolfe, Jaffe, Wilson, and Zak research team (1985), completed a three-year study of children, ages five to fourteen, who were residing in shelters for battered women. The study evaluated the extent and type of problems exhibited by children who had recently left violent families, and the degree of association between the child's problems and his family dysfunction as exhibited through moves, frequency and duration of family violence, and maternal adjustment. The results indicated that children of battered women were rated as displaying significantly more behaviour problems and less social competence than the comparison group of children from non-violent families (Wolfe, Jaffe, Wilson, and Zak, 1985). In light of findings such as these, it can be concluded that disturbances in behavioural, attitudinal, and social development among children from abusive families may be in part a function of the fallout from family discord and disadvantage, of which physical violence is one frequent abrasion (Wolfe and Mosk, 1983).

Sadly, the growing awareness of how exposure to wife battering may affect children has not been matched by the development of specialized programmes for these children. A survey of Canadian shelters by the National Clearinghouse on Family Violence (1984), revealed that only a small minority had any specialized staff or programmes available for children who accompany their mothers to these shelters. The survey indicated that while most of the centres recognized the children's needs,

they had little in the way of secure funding, space, or support from other community agencies to develop programmes.

The failure to provide appropriate assistance, until quite recently, for victims of family violence may have been due in part to a lack of understanding of the child's adapting processes following stressful, life events, especially those events that involve significant family members, and society's reluctance to acknowledge victims of family violence (Standing Committee on Health, Welfare and Social Affairs, 1982). Ironically, actions aimed at protecting the child may unintentionally contribute to his maladjustment, as in the case of a child who, following the discovery of wife battering, is subjected to rapid intrusions of his routine and circumstances that can be highly disruptive. As family resources are often impaired, the child may be incapable of adapting to these rapid changes without carefully planned assistance (Jaffe, Wilson, and Wolfe, 1986).

The first direction for intervention is derived from family violence researchers who have defined the battered woman's syndrome (Walker, 1970), including a description of a typical batterer (Ganley and Harris, 1981), a clinical profile of the children in these families (Hughes and Barad, 1983), and a conceptualization of the family system operating to maintain this violence (Straus, Gelles, and Steinmetz, 1980). From these references it appears that children are likely to learn:

1. violence is an appropriate form of conflict resolution within the family, for the male partner to use with the female partner;
2. violence has a place within the family interaction;
3. if violence is reported to others in the community, there are few, if any, consequences;

4. sexism, as defined by an inequality of power, decision-making, and roles within a family, is to be encouraged;
5. violence is an appropriate means of stress management;
6. victims of violence are to tolerate this behaviour at best, and to examine their responsibility in bringing on the violence, at worst (Jaffe, Wilson, Wolfe, 1986).

After exposure to these events, children of violent parents may learn to be assailants or victims. As well, the child's learned patterns of social behaviour can be observed in his inappropriate social skill development as well as attitudes that promote family conflict (Carlson, 1984).

A second key in the development of an intervention strategy has been the research that focuses on children's adaptation of coping skills that are engendered by stressful life events. Recent evidence indicates that the immediate stress associated with the crisis or trauma of an experience may be less significant than changes and stressors in the child's social environment associated with the experience (Felner, 1984; Heatherington, Cox, and Cox, 1979). Thus it has been argued that the child's competencies and resources assume a central role in determining the adaptive outcome gained, rather than the type of stress. It is fundamental to note that the perspective achieved as a result of this research emphasizes the child's active problem-solving that in turn leads to a reorganization and a modification of significant stress mediators such as social supports, daily routines, interactions with parents, and peer activity (Felner, 1984).

Jaffe, Wilson, and Wolfe (1986), have developed a group programme for children that emphasizes interpersonal situations, attitude changes, perspective-taking and behavioural rehearsal of specific tasks, rather than a

focus on specific target behaviours or internal psychodynamics. This problem-solving approach is geared specifically at the recovery needs of children exposed to family violence.

The Jaffe research team pilot study (1986), consisted of ten weekly group counselling sessions, each lasting for approximately one and one-half hours. Topics dealt with during the sessions included:

1. identifying feelings;
2. dealing with one's own anger;
3. prevention of child abuse and acquiring basic safety skills;
4. identifying/using social supports;
5. social competence and self-concept;
6. dealing with feelings of responsibility for violence in the family;
7. coping with wishes about the family and dealing with repeated separations or uncertainty about future plans;
8. exploring sexual stereotypes and myths about men and women.

They found that in terms of individual attitude change and self-perceptions, 85% of the children could identify two or more positive things about themselves (compared to 53% at pre-test), and that group counselling was associated with a decrease in the extent of violence that the young person condoned in his family (Jaffe, Wilson, and Wolfe, 1986).

"The Supper Club", a support group for teenagers from violent homes, developed by Jan Foley and Alan Kenworthy (1986), utilized the same theoretical framework developed by Jaffe, Wilson, and Wolfe. "The Supper Club" strategy is psychotherapeutic in its nature and preventative

in its orientation. The goal of this treatment programme is to promote healthy, successful, non-violent lifestyles and relationships, and thereby break the cycle of violence (Foley and Kenworthy, 1986).

Research into this type of treatment programme is still in its infancy, therefore there are numerous issues yet to be considered, for example:

1. the differential impact of group counselling on boys and girls;
2. the utilization of appropriate comparison groups for children receiving counselling, such as waiting list or a randomly assigned control group;
3. the differential impact of the programme on children with various extremes of adjustment problems (Jaffe, Wilson, and Wolfe, 1986).

## 2.6. Programme Description

Conducting the group for adolescents from abusive homes required that the co-leaders be aware of the elements operating during the time spent with the group. Since there was no definitive pre-planned programme pursued, effective group leadership required a sensitivity to group process as well as to specific tasks and the utilization of a wide range of group facilitative skills.

The overall objective for the group was to promote healthy, successful, non-violent lifestyles and relationships, and thereby break any potential cycles of violence. The following were the goals of the group treatment programme:

1. The group was to give support in coping with crises and ongoing difficulties by providing:

- a. An emotionally safe and dependable opportunity to disclose unpleasant experiences and feelings; and share them with others with similar experiences and feelings;
- b. an opportunity, removed from daily life, to examine, discuss, and realistically understand distressing events and personal difficulties;
- c. a network of group members to turn to in an emergency;
- d. education and encouragement for ways of coping that do minimal harm to oneself or others.

2. To give support in developing self-esteem by providing:

- a. an opportunity to learn about, accept, and give significant value to positive characteristics in oneself;
- b. an opportunity to gain self-esteem through caring for other group members;
- c. an experience of consistent, non-judgemental caring and positive regard from adults;
- d. support in taking responsibility and living with mistakes and failures;
- e. support in differentiating one's self-worth from unpleasant and abusive actions of significant others;
- f. support for achievement and satisfaction at school or work;
- g. support for setting realistic, positive goals and expectations for the future.

3. To give support in developing satisfactory family relationships by providing:

- a. an opportunity to discuss and better understand family structure and functioning;

- b. an opportunity to differentiate appropriate and inappropriate family roles and expectations;
  - c. an opportunity to learn skills in self-assertion and communication with parents and siblings;
  - d. an opportunity to better understand the needs for dependency, autonomy, and power in the family.
4. To give support in developing satisfactory peer relationships for now and for the future by providing:
- a. an opportunity to discuss and better understand the roles and behaviour of men and women in society, and especially the relevant cultural and familial patterns;
  - b. an opportunity to discuss and better understand the complex relationship between self-esteem, family functioning, and needs for nurturance, dependence, autonomy, and control;
  - c. an opportunity for learning skills in self-assertion and communication with peers, especially in regard to the expression of emotional needs and feelings of vulnerability or threat;
  - d. an opportunity to develop realistic goals for future relationships;
  - e. an example of a woman and a man working together with equality, mutual respect, and cooperation (Foley and Kenworthy, 1986).

Group counselling skills of the co-leaders were essential if the group was to meet these goals and maximize the benefits of the group experience. Dyer and Vriend (1975) outlined the leadership skills which the co-leaders strived to utilize throughout the group treatment programme so as to maximize results. These skills included:

1. identifying, labeling, clarifying, and reflecting feeling;
2. identifying, labeling, clarifying, and reflecting behavioural data;
3. identifying, labeling, clarifying, and reflecting cognitive data;
4. questioning, drawing out, and evoking material appropriate for counselling focus;
5. confronting;
6. summarizing and reviewing important material;
7. interpreting;
8. restating;
9. establishing connections;
10. information giving;
11. initiating;
12. reassuring, encouraging, and supporting;
13. intervening;
14. dealing with silence;
15. recognizing and explaining non-verbal behaviour;
16. using clear, concise, meaningful communications;
17. focusing;
18. restraining, subduing, and avoiding potentially explosive and divisive group happenings;
19. goal setting;



20. facilitating closure (p.144).

Dyer and Vriend (1975), suggested that utilizing these intervention skills would "help to keep members working on their goals and give everyone a sense of directionability" (p. 201). The intervention skills as identified, were a primary focus during the weekly supervision sessions between the intern and his field supervisor. Throughout sessions of listening to audiotapes, particular skills were tracked and reinforced as appropriate by the supervisor. As a co-leader, the intern exhibited a level of competence in identifying, labeling, clarifying, and reflecting feeling, cognitive and behavioural data. Other skills that were tracked and observed as strengths were the intern's ability to summarize, review important material, and reassure, encourage and support the group member.

The field supervisor and the co-leaders felt that a number of the earlier sessions of "The Supper Club" lacked the focus and goal-setting necessary to make them effective for the adolescents. With the field supervisor's direction and support, further tracking indicated that the later sessions of the group had particular goals identified prior to the session, and consequently, if these sessions began to move offtrack, the co-leaders were quicker to identify the shift and make a decision to let it go or redirect the focus to the task at hand.

The group treatment programme was based on the model, "The Supper Club" developed by Dr. Alan Kenworthy and Jan Foley (1986). The programme consisted of one session per week for ten weeks, with each session lasting for approximately one and one-half hours.

Each session consisted of:

1. CHECK-IN: This was an opportunity for members to disclose how their week had been and to indicate if they needed more time from the group in the next part. Check-In normally took approximately ten to fifteen minutes.
2. FOCUS: This was an opportunity to spend extra time on one or more members, following up what came out of the Check-In. There were occasions when group members did not wish Focus time. There were also instances when Focus time took up Topic time as well.
- The Check-In and Focus segments of each session set an expectation of some disclosure by members, but it gave them important control over the amount.
3. TOPIC: This part of the session was for a general discussion about a relevant issue. Members occasionally wanted to discuss a personal experience, but the intent of this component was to develop group knowledge, so everyone was encouraged to participate at a more general abstract level. The topics were selected by the co-leaders following suggestions provided both by group members and by the co-leaders. In this way both the facilitators and the group members had an opportunity to ensure that critical issues were discussed.
4. CHECK-OUT: This closing part of the session, lasting approximately five to ten minutes, allowed for a brief review of the session and a presentation of plans for the coming week. The attempt here was to emphasize an expression of feelings and goal-setting. The Check-Out also served as a safety check for the group members to ensure a proper closure for them.

Session topics dealt with during the treatment programme included: Family Violence, Feelings, Anger and Dealing With It, Communication and Assertive Behaviour, Suicide, Substance Abuse, Me and School, and Family Relations.

While each session of "The Supper Club" dealt with a particular topic, the purpose of the group was to have the adolescents come together to:

1. share experiences, strength and hope with each other;
2. discuss their difficulties;
3. encourage and support one another;
4. learn effective ways to cope with their problems.

Eventhough the topics did not always focus on family relationships and attitudes toward family members, an attempt throughout was to have group members learn that:

1. they can detach themselves emotionally from the abuse problems;
2. they are not the cause of anyone else's behaviour, eventhough they may frequently be blamed for the abuse;
3. they cannot control or change anyone but themselves;
4. they have the ability to build satisfying and rewarding life experiences for themselves.

Assuming an internalization of these points each group member's sense of self-worth and ability to cope with the problems that have transpired should develop. This in turn would facilitate an increased awareness and understanding of himself and his relations with his parents, for he would begin to overcome his confusion, fear and hostility and replace it with knowledge, trust and control in his life.

The programme attempted to make the group members aware that —while they could not change their parents' attitudes and behaviour, they

had the ability to change and control how they let their parents' behaviour affect them. From this change, a more positive understanding of self and self's involvement with parents and others could develop.

The group programme, facilitated by the male - female co-leader team, provided the young adults with the opportunity to explore, express, and endeavour to come to terms with their feelings and beliefs in a non-threatening, supportive atmosphere. As well, educational components attempted, with some success, to make the group members more aware of themselves as individuals and the freedom and ability each of them has to make choices for themselves.

## 2.7. Selection of Sample

Initially the names of eight teenagers, ranging in age from 13 to 16, were provided to the intern. These eight adolescents were identified by the Transition House staff from their records of families who had been residents of the house. All of the eight had been exposed to one or a number of forms of family abuse (i.e. sexual, physical, emotional) before they left their homes.

Before the first session the intern attempted to contact each individual to explain "The Supper Club" and to secure a commitment to attend Session One, scheduled for April 29. The intern was able to contact four of the eight adolescents, while the Transition House worker providing liaison with the group, made contact with the families of the other four adolescents.

Session One was attended by four of the eight adolescents. The

names of six additional young people were added to the list of potential group members following contact with Child and Adolescent Guidance Service staff and a number of school counsellors. The intern contacted and arranged to meet the original eight and the additional six adolescents who had been identified as potential group members. Nine of these fourteen adolescents stated that they would attend the next session. However a core of only four was maintained through the first eight sessions following which membership dropped to three for the last two sessions.

Subsequent conversations with the adolescents who initially stated they would attend "The Supper Club" revealed that two did not feel a need for the types of support the group could provide, while the remaining three adolescents were not interested. Each of these young people was informed that they could attend future blocks of "The Supper Club" if they chose to.

## **2.8. Procedures for Implementation**

The group treatment programme ran for ten sessions, from April 29 to July 8. There was no session scheduled for July 1 because of the unavailability of the group members due to short-term employment commitments.

Group members who attended the first and/or second session were asked to complete the Offer Self-Image Questionnaire. The purpose of the questionnaire was explained to each person, however none were informed that primarily those items pertaining to family relationships would be used in the evaluation. Four pre-treatment questionnaires were completed and returned by group members before the commencement of Session Three.

The Offer Self-Image Questionnaire was completed by the three remaining group members at the conclusion of Session Ten on July 8.

### 2.8.1. Offer Self-Image Questionnaire

The Offer Self-Image Questionnaire, (Offer, 1977) was constructed by David Offer and contains 130 items grouped into five separate aspects of the self-system, with each constituting a "self". These selves are:

1. Psychological Self
2. Social Self
3. Familial Self
4. Sexual Self
5. Coping Self

The scales that constitute each self are:

1. Psychological Self
  - a. Impulse Control
  - b. Emotional Tone
  - c. Body and Self-Image
2. Social Self
  - a. Social Relationships
  - b. Morals
  - c. Vocational-Educational Goals
3. Sexual Self
  - a. Sexual Attitudes

#### 4. Familial Self

##### a. Family Relationships

#### 5. Coping Self

##### a. Mastery of the External World

##### b. Psychopathology

##### c. Superior Adjustment

The Offer Self-Image Questionnaire is a self-descriptive personality test used for measuring the adjustment of teenage boys and girls. Offer viewed the instrument as a tool that would "... allow the adolescent to describe his various feeling states in each of the eleven areas" (Offer, 1969, p. 228).

The Offer Self-Image Questionnaire was selected as the pre-treatment and post-treatment evaluation tool because it provided the adolescents with a diversity of areas through which to describe their various feeling states. While the adolescents were asked to complete the entire questionnaire, primarily those responses pertaining to Familial Self were focused on for the evaluation of the effectiveness of the group treatment. Focusing on change as measured by the items of this scale, provided an indication of the magnitude of the attitudinal and perceptual change these adolescents experienced towards their family relationships as a result of their participation in "The Supper Club". As well information from the Psychological Self and the Coping Self was included to assist in determining the adolescents mastery of other aspects of self. Along with an awareness of group process, the extent and the direction of the change was then utilized in a determination of the effectiveness of the programme, and the need, in future blocks of sessions for direction and focus.

The feelings and attitudes teenagers have toward their families are crucial in their overall psychological health. The family can effect the positive or negative development of adolescents more than any other psychosocial variable. The Family Relationships scale was used to measure the adolescent's attitudes toward his family milieu. The Family Relationships scale is concerned with how the adolescent feels about his parents and the kind of relationships he has with his mother and father. It is an indicator of the emotional atmosphere in the home (Offer, 1977).

The Family Relations scale originally contained twenty items (Offer, 1969). Later editions of the questionnaire included nineteen regular items plus item number 33 as an experimental item. The researcher included item number 33 ("Parents should shower children with praise even if they don't deserve it") because of its relevance in assessing the adolescents' attitudes and perceptions of their parents.

Offer (1977), felt that it was necessary to evaluate an adolescent's functioning in multiple areas since he could master one aspect of his world while failing to adjust in another. Therefore both the Psychological Self and the Coping Self scales of the questionnaire were included in the study to assess each adolescent's mastery of these components of self.

The Psychological Self comprised the adolescent's concerns, feelings, wishes and fantasies. The scales that constituted this self dealt with the teenager's sense of control over impulse, the emotions, the teenager's experiences and the teenager's conception of his own body (Offer, 1977).

The Coping Self focused on the strengths that an individual possessed. The scales that constituted this aspect of the self measured the



psychiatric symptoms the adolescent stated he had, if any; they also allowed the adolescent to describe how he coped with his world (Offer, 1977).

Half of the items in the questionnaire were written positively, so that accepting an item as describing oneself gave one a positive score. The other half of the items were written negatively. The adolescent who stated that a particular positive statement described him very well, well, or even fairly well was stating that he was well-adjusted to his world. Responses to negatively worded items was reflected by subtracting the circled value from 7; thus, 4 ("does not quite describe me") for a negative item became a 3 after reflection ( $7-4=3$ ). Thus the highest possible score on an item was 1, which connoted a very positive self-image. A subject's raw score for any scale was the sum of the circled values for positive and reflected negative items (Offer, 1977).

The Offer Self-Image Questionnaire - A Manual (1977), provided information on the translation of raw scores to standard scores and percentile ranks for each scale by age and sex (younger adolescent male, younger adolescent female, older adolescent male, older adolescent female). Standard scores were generated using age by sex-appropriate 1970's normal reference group means and standard deviations.

#### **2.8.1.1. Reliability**

Reliability has been defined by Kerlinger as "the accuracy or precision of a measuring instrument" (1973, p. 430). As measure of its stability the Offer Self-Image Questionnaire was administered to a pilot sample of forty adolescent boys, ten of whom were seriously disturbed patients undergoing psychiatric treatment. The other thirty subjects were

"normal" adolescent boys drawn from three high school populations. The internal consistency reliability of each of the eleven scales was computed using the generalized alpha formula. The Family Relationships scale yielded a reliability coefficient of 0.80 ( $p < .01$ ) indicating a moderate to high stability score. The results of three of the Self-Image Questionnaire scales (Family Relationships, Social Relationships, and Emotional Tone) were also compared with those for three conceptually parallel scales of the Bell Adjustment Inventory for Adolescents. Pearson product-moment correlations were calculated between performance on each of the three scales of the Bell and the corresponding Self-Image scale. The correlations were in the predicted direction with the Family Relationships scale yielding a figure of -0.64 ( $p < .05$ ) with a high score on the Self-Image Questionnaire and a low score on the Bell scales indicating greater adjustment.

#### **2.8.1.2. Validity**

The validity of the instrument is heavily dependent on the adequacy of the adolescent subjects' self-descriptions. Therefore it is necessary to encourage the research subjects to evaluate themselves honestly and accurately and to report these self-evaluations. Edwards (1967) argued that an important source of potential distortion would be the activation of the social-desirability response set, that is the tendency to endorse statements presenting a favourable characterization of oneself and to reject statements presenting an unfavourable characterization. Offer contends that his six-step fixed response choice situation provides a range of permitted favourable and unfavourable responses that permits a realistic self-evaluation (p. 235).

An intercorrelation of the 11 scales of the Self-Image Questionnaire showed that there was, in general, a positive relationship between the performance of each of the students on each of the scales, but the correlations were not so high as to suggest that the scales were testing exactly the same thing. The Family Relationships scale had intercorrelations ranging from -0.02 to 0.56 with the other scales. Coefficients greater than 0.148 are significant at the 0.01 level.

## 2.9. Research Design

The research design used to investigate the effectiveness of a group treatment programme for adolescents from abusive homes was an associational-single case design (Tracey, 1983). This format utilized a pre-treatment - post-treatment measure of the group members' attitudes and perceptions of family relations as indicated through the completion of the Offer Self-Image Questionnaire.

The associational pre - post single case research design had advantages and limitations as a research methodology. This design was advantageous in that it was straightforward enough to be used in a single outcome study. The major difficulty with this type of design was that it did not allow for a conclusive cause and effect relationship to be established. This type of research tended to be more associational, that is, the changes were assumed to be related to the programme.

The design involved measuring the variable of concern, adolescents' perceptions and attitudes toward family relations, prior to the treatment and at the end of the treatment. This design yielded transmittable information on the success of the group treatment programme. As well it

provided a more objective feedback concerning effects of the co-leaders' strategies.

This type of research design, however, did not provide information about what occurred during the group process itself and whether or not the process caused the outcome evidenced. This assessment was carried out through observations of audiotapes of the group sessions tracking the group counselling skills the co-leaders utilized when:

1. a group member spoke for everyone rather than personalizing a statement;
2. an individual spoke for another person in the group;
3. a group member sought the approval of the co-leaders before or after speaking;
4. a group member bored the group by rambling;
5. discrepant behaviour appeared.

## 2.10. Limitations

Since this was the first time that group members participated in a group of this nature, to rely solely on the outcome, as measured by the post-test, as the validator of the effectiveness of the programme does not give a totally accurate evaluation of the programme's effectiveness. The complete and total realization of the group goals may involve a long and arduous journey for many of the group members. This journey, which could involve attending numerous blocks of ten sessions each, will require that these young people further explore and share their experiences, feelings, and beliefs with still more individuals in an atmosphere of support. By session ten of block one, that block recently completed, each of the

group members was able to disclose about particular past or present events in their lives. By this time as well, each individual was able to state that they were more aware of themselves as individuals and that they recognized their freedom and ability to make choices for themselves. Perceiving that they could translate these feelings and choices into action was not so obvious to these young people by the end of block one.

A second limitation of this research lay in the degree to which the group process and the findings can be replicated. Since there was no stringent criteria for group membership, adolescents entered the group having experienced various degrees of trauma and subsequent adjustment or maladjustment. Also, since the group sessions were not standardized or part of a pre-planned package, all group members, including the co-loaders, shared in the direction and focus of the group which was dependent on the members' expressed and perceived needs. An attempt was made to detail each session's topic and goals in the hope that this could improve the programme's replicability.

Since the Offer Self-Image Questionnaire was so heavily dependent on the adolescent subjects' self-descriptions, it was possible that their responses may have reflected not their actual attitudes, but the attitudes they perceived the researcher/co-leader desiring. The impact of this potential limitation appeared to be lessened as a result of the tracking of the group process. If the openness and candor of each of the group members during the sessions served any indication, it was that each adolescent responded to the questionnaire in an open and sincere manner.

Finally, although the number of adolescents participating in this study was small, these limitations did not make the findings meaningless.

Indeed, the sample to which the treatment was given is a small part of a larger population sharing similar characteristics and experiences. However, any significant results can only be generalized to this population provided the sessions, topics and co-leaders are the same.

### 2.11. Statistical Analysis

The low number of subjects in the treatment group allowed for an analysis, not only of the effectiveness of the treatment programme for the whole group (Figure 1), but an analysis of individual pre-treatment and post-treatment responses. Individual and group mean standard scores and profiles for the complete questionnaire (pre-treatment and post-treatment) have also been included.

Individual change was noted by identifying individual response variations on the Offer Self-Image Questionnaire six point Likert scale:

1. Describes me very well;
2. Describes me well;
3. Describes me fairly well;
4. Does not quite describe me;
5. Does not really describe me;
6. Does not describe me at all.

Eleven of the nineteen items presented in the Family Relationships scale were presented in the negative (0, 15, 21, 24, 73, 85, 87, 95, 102, 106, 118). As well, the extra item added, item number 33, was presented in the negative. Positive change on these twelve items was identified as

movement to a higher value response on the post-treatment questionnaire. For the other eight items (4, 26, 51, 55, 60, 64, 71, 112), a lower value response on the post-treatment questionnaire indicated positive response.

Individual pre-treatment and post-treatment standard score profiles were also tabulated using conversion tables provided in Offer Self-Image Questionnaire - A Manual, (1977). These profiles (Table 1, Figures 2, 4, 6) provided a more comprehensive assessment of the members' various self-images at both the outset and the conclusion of "The Supper Club".

## 2.12. Results

The Family Relationships scale was concerned with how the adolescent felt about his parents and the kind of relationships he had with his father and mother. A low standard score implied that the teenager did not get along well with his parents, and indicated that there were major communication gaps between the adolescent and his parents. A high standard score implied that the adolescent communicated openly with his parents.

The group's mean pre-treatment and post-treatment standard scores for the Family Relationships scale can be observed in Table 1. An analysis of the group mean pre- and post-treatment standard scores showed an insignificant change in group members' attitudes and perceptions of family relationships (pre 36 - post 37).

An analysis of the group's mean pre- and post-treatment ratings of perceptions of family relationships is presented in Figure 1. The analysis of the pre- and post-treatment mean responses indicated that more positive

Table 1

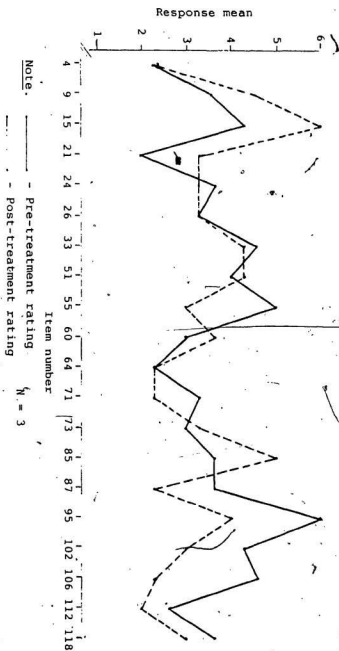
Offer Self-Image Questionnaire Pre-treatment  
and Post-treatment Standard Scores

	Subject 1		Subject 2		Subject 3		Group Mean (n=3)	
	Pre	Post	Pre	Post	Pre	Post	Pre	Post
<u>Psychological Self (PS)</u>								
Impulse Control	36	54	37	41	34	31	36	42
Emotional Tone	54	35	49	24	33	76	45	45
Body & Self-Image	41	60	42	32	31	70	38	54
<u>Social Self</u>								
Social Relationships	39	51	72	44	49	71	53	55
Morals	30	49	64	43	69	32	54	41
Vocational-Educational Goals ↑	27	65	47	34	41	77	38	59
<u>Sexual Self</u>								
Sexual Attitudes	38	54	43	49	35	56	39	53
<u>Family Self</u>								
Family Relationships	29	53	56	37	24	22	36	37
<u>Coping Self</u>								
Mastery of External World	38	50	67	50	29	76	45	59
Psychopathology	24	53	47	34	27	79	33	55
Superior Adjustment	33	39	46	38	35	44	38	40



Mean Scores of Treatment Group Perceptions of Family Relations

Figure 1



perceptions and attitudes were evidenced through items 9, 15, 21, 55, 71, 73, 85, and 112, while more negative perceptions were found for items 24, 33, 51, 60, 87, 95, 102, 106, and 118. No change in attitude or perception was indicated through items 4, 26, or 64.

The Psychological Self comprised the adolescent's concerns, feelings, wishes and fantasies. The scales that constituted this self dealt with the teenager's sense of control over impulses, the emotions, the teenager's experiences and the teenager's conception of his own body.

The group's mean pre- and post-treatment standard scores for the scales that comprised the Psychological Self (Impulse Control, Emotional Tone, and Body and Self-Image) are presented in Table 1. Two of the three scales that comprised this self, Impulse Control (36 - 42), and Body and Self-Image (38 - 54), indicated that group members had a more positive sense of self following session ten, while the group mean standard score for Emotional Tone (45 - 45) remained unchanged.

The Coping Self focused on the strengths that an individual possessed. The scales constituting this aspect of self measured the psychiatric symptoms the adolescent stated he had. They also allowed the adolescent to describe how he coped with his world.

The group's mean pre- and post-treatment standard scores for the scales that comprised the Coping Self (Mastery of the External World, Psychopathology and Superior Adjustment) are presented in Table 1. Each of the three scales that comprised this self, Mastery of the External World (45 - 59), Psychopathology (33 - 55) and Superior Adjustment (38 - 40) indicated a more positive sense of this self, although the change in the Superior Adjustment scale was not deemed significant.

Figure 2 presented the Offer Self-Image Questionnaire pre- and post-treatment standard score profiles for Subject 1, a sixteen year old girl living in an intact nuclear family. This young woman's father is an alcoholic. Throughout most of the ten week period during which the group was run, her father was not drinking. While some of this young woman's anger was directed towards her father, far more of it was felt to be towards her mother whom she perceived as being too weak to leave. She also seemed to resent her mother's not being there for her.

Subject 1 attended 90% of the sessions and through the post-treatment questionnaire indicated a significant move to more positive perceptions and attitudes in Family Relationships (29- 53). Even though her father had begun to drink again near the completion of the group, she responded much less angrily towards him and perceived him much more positively (Figure 3; Item 21). Her negative perception of her mother had also changed over the ten weeks of the group (Figure 3, Item 118).

Subject 1's Emotional Tone (54 - 35) appeared to be the only aspect of self that degenerated over the course of "The Supper Club". This scale measured the degree of affective harmony within the adolescent's psychic structure, the extent to which there was fluctuation in emotions as opposed to feelings that remained relatively stable. This would indicate that while this young woman had begun to become more aware of herself as an individual and made changes for herself, she had difficulty resolving the emotional impact of the familial abuse. She had not yet developed affective control and consequently still showed considerable emotional fluctuation.

Figure 4 presented the Offer Self-Image Questionnaire pre- and post-

Figure 2

Offer Self-Image Questionnaire Pre-treatment  
and Post-treatment Profiles for Subject 1

Psychological Self

Impulse Control

Emotional Tone

Body & Self-Image

Social Self

Social Relations

Morals

Vocat.-Educ. Goals

Sexual Self

Sexual Attitudes

Family Self

Family Relations

Coping Self

Mastery of Ext.  
World

Psychopathology

Superior Adj.

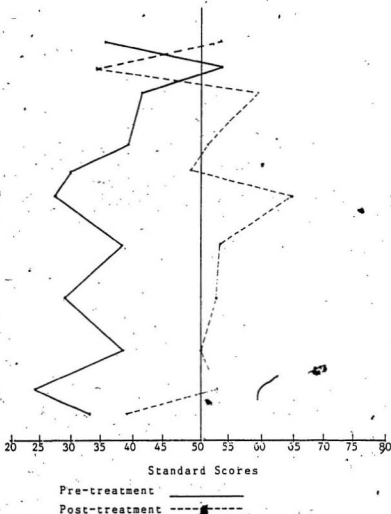


Figure 3  
Subject 1 - Item Response Ratings on Family Relations Scale

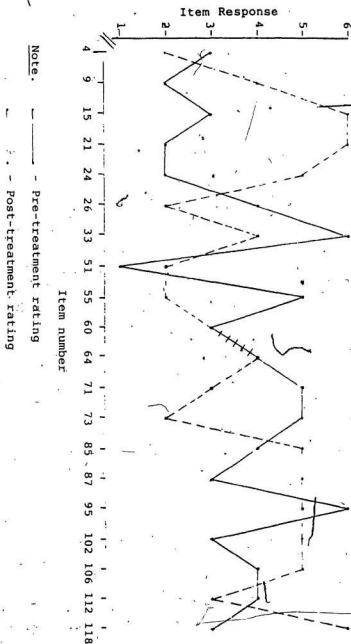


Figure 4

Offer Self-Image Questionnaire Pre-treatment  
and Post-treatment Profiles for Subject 2

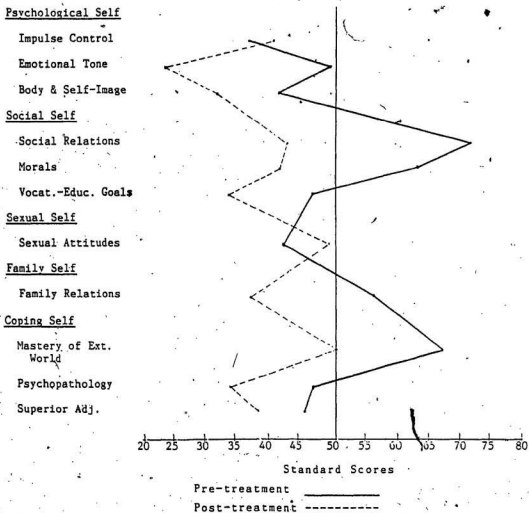
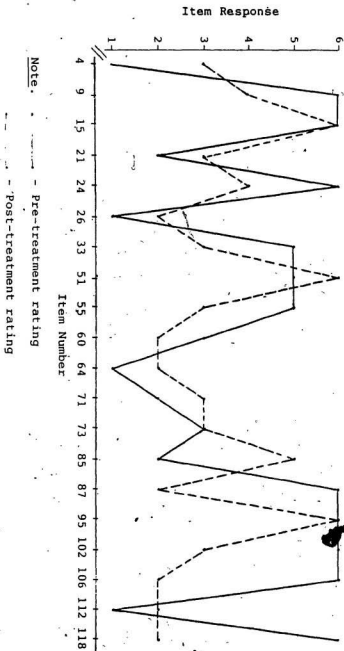


Figure 5

Subject 2 - Item Response Ratings on Family Relations Scale



treatment standard score profiles for Subject 2, a thirteen year old boy who had, before the completion of the group, moved into Transition House for the fifth time. This young man had witnessed countless incidents of violence directed at his mother by his alcoholic father. Throughout most of the ten week period during which the group was run, his father was in jail. Upon his father's release from jail, this young boy, his younger sister and his mother were forced to move back to Transition House out of fear. Before the last session this group member had an experience with his father that unnerved him greatly. His father seemed intent on committing suicide in front of him and this scared him deeply. As a consequence perhaps of this trauma, Subject 2 indicated a significant negative change in his perceptions of Family Relationships (56 - 37) by the completion of the group. Despite these experiences, this young man indicated that, while he still harboured negative feelings toward his father, he had become a little more accepting of him (Figure 5, Item 21).

Subject 2 attended 80% of the sessions, missing two because of transportation difficulties. A study of this subject's standard score profiles (Figure 4) highlighted significant regression on most scales of the various selves following completion of "The Supper Club". This subject's Emotional Tone (49 - 24) and Body and Self-Image (42 - 32) were those scales of the Psychological Self that showed a decrease over the course of the ten weeks. Each of the three scales that comprised the Coping Self (Mastery of the External World, 67 - 50; Psychopathology, 47 - 34; and Superior Adjustment, 46 - 38;) also indicated more negative perceptions of self than were presented in the pre-treatment questionnaire.

Through the post-treatment questionnaire this young man indicated



more positive perceptions and attitudes towards Family Relationships through four of the twenty items in the scale. More negative perceptions were indicated through thirteen items. Perhaps having to move into Transition House again had a negative impact on this young man, and he may have held his mother responsible (Figure 5, Item 118).

There appears to have existed for this young man at the conclusion of the group, a significant negative perception of himself that was not evidenced at the outset. So, despite good attendance and a desire and willingness to be present and participate in the sessions, the young man was not able to internalize the goals of the programme in a manner that could adequately offset the negative life influences he was experiencing.

Figure 6 presented the Offer Self-Image Questionnaire pre- and post-treatment standard score profiles for Subject 3, a thirteen year old girl living in a foster home. This young woman had been the victim of sexual abuse by her father and had been declared a ward of the state as a result of a lack of support in her home. She had been moved to another community and a new school prior to the commencement of the group. This young girl was also diagnosed as having diabetes, a disease which she did very little to keep under control. Prior to, and in the early stages of the group, her lack of self-discipline and self-caring seemed to indicate that she was self-destructive.

Subject 3 attended 80% of the sessions and through the post-treatment questionnaire indicated only slightly stronger negative attitudes and perceptions toward Family Relationships (24- 22). This despite the trauma of appearing in court and presenting her testimony in the sexual abuse trial against her father just prior to the completion of "The Supper

Figure 6

Offer Self-Image Questionnaire Pre-treatment  
and Post-treatment Profiles for Subject 3

Psychological Self

Impulse Control

Emotional Tone

Body & Self-Image

Social Self

Social Relations

Morals

Vocat.-Educ. Goals

Sexual Self

Sexual Attitudes

Family Self

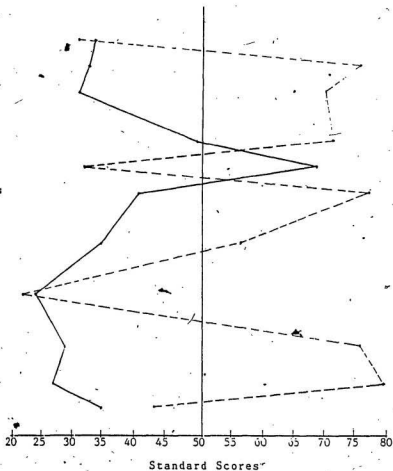
Family Relations

Coping Self

Mastery of Ext.  
World

Psychopathology

Superior Adj.

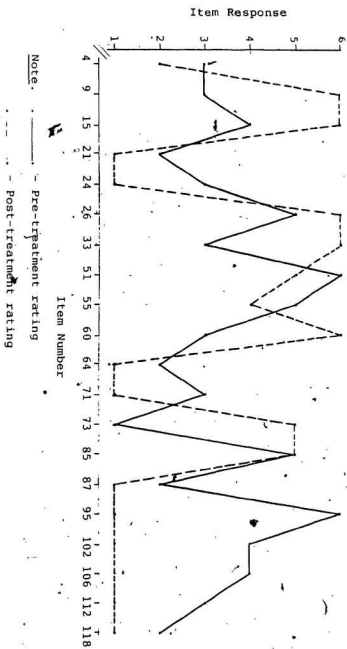


Pre-treatment

Post-treatment

Figure 7

Subject 3 - Item Response Ratings on Family Relations Scale



Club\*. Not totally surprising, her post-treatment responses representing her feelings towards her parents (Figure 7, Items 21 and 118), were more negative than at the time of completing the pre-treatment questionnaire. Despite these and other negative perceptions, this young woman indicated verbally and in her post-treatment standard score profile, that she had started to feel better about herself. While Subject 3's attitudes and perceptions toward Family Relationships remained very negative, her profile indicated a significantly more positive Psychological Self (Emotional Tone, 33 - 76; Body and Self-Image, 31 - 70). Impulse Control still remained low, indicating a poorly organized defensive structure, low frustration level, and an increased likelihood of acts of impulse (shoplifting, attempted suicide, ...). Each of the scales that comprised this young person's Coping Self, namely Mastery of the External World (29 - 76), Psychopathology (27 - 79) and Superior Adjustment (35 - 44) all indicated an enhanced self-perception, by this young person, in her ability to adapt in her immediate environment, and a stronger sense of good coping skills.

By the completion of "The Supper Club" this young person felt that she had developed a more positive self-understanding and self-concept. While she still appeared somewhat impulsive, she no longer seemed as intent on self-destruction as she had during the earlier sessions.

Analysis of the Family Relationships scale of the Familial Self indicated that Subject 1 showed a change in the hypothesized direction, that is toward more positive attitudes and perceptions, Subject 2 showed a change opposite to the expected direction, and Subject 3 showed a very small change in the opposite direction.

### 2.13. Discussion

The findings from the questionnaire indicated that while certain components/ scales of each member's various selves developed to become more positive, still other components/scales did not. In fact the observation was that some self-ratings on various scales were significantly lower at the conclusion than at the outset. Each group member's life situation had changed somewhat towards the end of the sessions, and while it was unclear as to the impact these changes had on the outcome, it was apparent that each scenario did indeed have an effect on each individual group member.

Over the course of the sessions and through the post-treatment questionnaire, Subjects 1 and 3 indicated positive developments in their abilities to cope with the difficulties life dealt them. Both members indicated that they could now begin to feel that they could not control anyone but themselves, and therefore must begin to redirect some of their energies to that aspect of self. Subject 2 remained caught up in the family turmoil and appeared unable to disassociate his thoughts and/or feelings from the behaviour of his parents.

The group experience, from April 29 to July 8, along with the weekly supervision meetings with the field supervisor, provided each of the co-leaders with the opportunity to become more aware of and develop many of the skills necessary to effectively coordinate and facilitate future blocks of "The Supper Club".

Since neither co-leader of "The Supper Club" had any previous experience as a group leader a decision was made, prior to the

commencement of the group, to audiotape each session and track the group leaders' counselling skill development and ascertain that the group plan and process occurred as it was supposed to.

Each week following a session of "The Supper Club" the co-leader met with his field supervisor to review the session tape. For the first three sessions a major observation of the field supervisor centered on the lack of focus on the topic chosen for the day. During each of these sessions the co-leaders established a topic, yet either at the Check-In, Focus, or Topic time, they would not recognize either that the discussion was drifting away from its purpose, or they would miss making a natural transition between what an individual was saying and the topic for that day, thereby allowing the "safe" conversation to continue. During these first three sessions the topics were not adequately covered and consequently the goals for the sessions were not achieved. This difficulty was overcome by session four. As the co-leaders became more aware of what was transpiring, they were able to recognize when members were getting off-track and re-direct group member attention. On two occasions however, the group leaders through eye contact, made a decision to let the conversation go since, as on one occasion it represented the first opening-up/sharing by a particular member, and on the second occasion because it appeared that the feelings presented by an individual in Check-In and Focus were those that the other group members identified with.

The weekly review of the audiotapes also highlighted a fair amount of "dead" time of superficial conversation. The conversation frequently centered on "safe" things, possibly indicating that was how people felt they had to be. Initially the co-leaders modelled this behaviour for group

members, but as the group moved through the sessions the co-leaders became more appropriate models by sharing their feelings, particularly those dealing with the here and now. This led to more provocation and confrontation, but also to more openness within the group.

A review of the audiotapes, self-assessment, and group members' not so subtle hints revealed to the intern/co-leader that he tended to be too wordy, or spent too much time in sessions "sermonizing". Consequently, in Check-Out in particular, members were hesitant to choose him because they found it difficult to give back or summarize what he had said. This became less of a concern as the group progressed and the co-leader attempted to be less long-winded.

As well as a general review of the audiotapes, tracking five specific group behaviours was undertaken throughout the sessions to ascertain how the co-leaders dealt with various group member behaviours. The behaviours tracked were:

1. a group member speaking for everyone rather than personalizing a statement;
2. an individual speaking for another person in the group;
3. a group member seeking the approval of the co-leaders before or after speaking;
4. a group member boring the group by rambling;
5. discrepant behaviour appearing.

A repeated difficulty throughout "The Supper Club" focused on individual group members speaking for everyone rather than personalizing

a statement. Members frequently used "we" instead of "I". Throughout the earlier sessions, one to three, this behaviour was infrequently addressed by the co-leaders. However, following a review of the session three tape emphasis was placed on statement ownership by the co-leaders as they asked, "Can you own that statement you just made?" This strategy was repeated throughout sessions five and six, following which group members then began to emphatically state, "I think", or "I feel". Ownership of a statement of cognition, feeling, or behaviour became less of an issue after session six as group members began to recognize and own statements.

The tracking of an individual speaking for another member in the group revealed that this occurred only twice over the entire ten sessions. The first instance, in session two, was not responded to by either the group member who was spoken for, or by either of the co-leaders. On the second occasion in session six, the group member who was spoken for, responded himself to being spoken for by stating, in a rather agitated manner, that he could speak for himself, as he subsequently proceeded to do.

The tracking of items three, four and five (a group member seeking the approval of the co-leaders before or after speaking; a group member boring the group by rambling; and, discrepant behaviour appearing) revealed that in the earlier sessions, sessions one to three inclusive, these behaviours did frequently arise and subsequently were not dealt with in any manner by either co-leader. Following session three however, the co-leaders began to use various skills in bringing an end to these behaviours. As "The Supper Club" neared completion, group members and co-leaders were more adequately able to deal with the various discrepant behaviours that arose. The attitude of not wanting to "scare-off" or "not wanting to



rock the boat" that seemed to be present in sessions one to three dissolved over the remaining weeks and co-leaders and group members began to feel more able and more comfortable in letting others know their thoughts or feelings about different behaviours, attitudes, or feelings. Along with these changes, both co-leaders became more aware of behaviours and skills that were appropriate for them to be using.

As a result of the supervision by the field supervisor, co-leader review of the audiotapes, and the tracking of counselling skills used when five specific behaviours appeared, each co-leader began to develop many of the skills necessary to facilitate the running of an effective group. Sessions four through ten were deemed more effective by both co-leaders and the field supervisor in achieving the specific goals of the sessions and the programme. These developments should further aid both co-leaders in their facilitation of future blocks of "The Supper Club".

Numerous organizational difficulties were faced both by the group members and the co-leaders. Perhaps the most significant logistical concern had to deal with the time of the year during which this block of sessions was offered. The end of the school year proved especially difficult as members prepared for final exams and endeavoured to find summer employment. A decision arrived at by the co-leaders and the sponsoring coordinator provides for future sessions of "The Supper Club" from late September to early December, from early January to late March, and possibly from late March to early June. These times would appear to fit well with the school year, and should not cause too many disruptions for either the group members or the co-leaders. The weather during the time of year this block was offered also had an impact on group participants.

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While the setting was spacious, the fact that it was on the top floor of a building that had neither air conditioning nor adequate air circulation served to distract group members. Presenting the group during the periods recommended should alleviate this concern.

A second logistical difficulty that had to be dealt with each week by the co-leaders and group members revolved around transportation. Group members resided in an area that extended over seventy miles. Transportation arrangements had to be made on a week by week basis, with the accompanying uncertainty doing little to ensure stability and security for the group members. A recommendation would be that either the geographical boundaries for group membership be narrowed or transportation arrangements be made prior to the beginning of a block so that each group member has the security of knowing how, when, and where his ride will come from each week.

A shortage of members was a source of frustration for both group members and co-leaders. Members were disappointed when an individual, who had attended a previous session, failed to show for subsequent sessions. They expressed disappointment that these people chose not to attend to provide and receive the support of the group. Co-leader frustration developed at the outset when adolescents who said they would attend, did not attend. This annoyance was put aside once the group was established and rapport within the group developed. Future blocks of sessions should include a cutoff time, such as after the second or third session for new members so that those who choose to attend can begin to feel some sense of consistency and develop their own support within the group.

Participants in the group exhibited a significant degree of trust and

openness within the group setting. Those who participated through the entire block also gave evidence of a commitment to the group. They looked forward to returning each week and were disappointed when they could not attend.

There also developed during this block of sessions an openness between the co-leaders. This was evidenced through increased feedback provided during the weekly meetings. The development of openness and constructive sharing allowed the co-leaders to experience professional and personal growth through topic preparation and session participation.

While a group made up of three or four members may not, in the strictest sense be classified as 'a group', this experience established the basis for future "Supper Club" blocks. As group members struggled to become more aware of themselves as individuals, they also began to realize that they have the freedom and ability to make choices for themselves. While this realization was not yet uppermost in their thoughts, with their continued involvement in "The Supper Club", these individuals could begin that arduous task to develop those abilities that might permit them to lead healthy, successful, non-violent lives, and thereby lessen the potential for their cycle of violence continuing.

## **Chapter 3**

### **Conclusions and Recommendations**

#### **3.1. Internship Conclusions**

The internship undertaken at the Child and Adolescent Guidance Service of the Western Memorial Regional Hospital proved to add substantially to the intern's levels of competence and confidence. The intern's competence was increased through the participation in counselling activities which were in addition to the academic portion of the Master's programme in Educational Psychology. These activities included:

1. Conducting a research study;
2. Administering, scoring, interpreting, and the reporting of test results for psychoeducational assessment;
3. Individual and Family counselling;
4. Developing behavior modification programmes;
5. Exploring with other clinical professionals appropriate counselling strategies.

The intern's confidence was developed through:

1. Evaluative feedback on individual and group counselling activities both by supervisors and other clinical professionals;
2. Consultations before and after intervention strategies had been implemented;
3. Instructive dialogues between the intern, his supervisors, and

other clinical professionals concerning professional counselling issues;

4. Acceptance of the intern by those at the setting as a professional and, in general, having a variety of individuals available as professional role models.

There were many incidental things learned through the internship. The exposure to professional therapists gave the intern an operational view of the ethical standards of behaviour appropriate for therapists. Seeing these standards applied helped the intern to internalize various concerns for clients (i.e. confidentiality, record-keeping, respect, trust).

The intern also internalized the importance of research, its purpose and design. Research came to be viewed as an integral component of programme development and an essential element of professional accountability.

As a result of this internship experience there is a stronger commitment to the importance of thoroughly understanding the theoretical assumptions and procedures of particular behaviour change strategies. An additional and immense benefit was realized through an increased awareness of the need for and value of professional consultation in the ongoing development of professional competence.

In the broadest sense the internship resulted in a keener sense of professional identity and confidence.

### 3.2. Recommendations

The intern deems it appropriate to make four recommendations for others when considering the internship option for the Master's degree. The intern recommends:

1. All students in the Master of Education Programme in Educational Psychology should have extended full-time practicum experiences.
2. The duration of an extended practicum be increased from thirteen weeks to approximately twenty weeks.
3. The setting for the extended practicum be one wherein the intern has the opportunity to develop those competencies viewed as necessary for his future vocational placement.
4. The establishment of definite structures for the evaluation of the intern and of his internship involvement prior to the commencement of the practicum placement.

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## Appendix A

### Counsellor Evaluation Rating Scale

Name of Counsellor: \_\_\_\_\_

Level of Experience: \_\_\_\_\_

Date: \_\_\_\_\_

Evaluator: \_\_\_\_\_

Below are listed some statements which are related to evaluation in supervising a counselling experience. Please consider each statement with reference to your knowledge of the counsellor rated.

Mark each statement in the left hand blank according to how strongly you agree. Please mark every statement. Write in +3, +2, +1, or -1, -2, -3 to represent the following:

+3 -- I strongly agree	-1 -- I slightly agree
+2 -- I agree	-2 -- I disagree
+1 -- I slightly agree	-3 -- I strongly disagree

- \_\_\_\_\_ 1. Demonstrates an interest in client's problems.
- \_\_\_\_\_ 2. Tends to approach clients in a mechanical, perfunctory manner.
- \_\_\_\_\_ 3. Lacks sensitivity to dynamics of self in supervisory relationship.
- \_\_\_\_\_ 4. Seeks and considers professional opinion of \_\_\_\_\_

supervisors and other counsellors when the need arises.

- \_\_\_ 5. Tends to talk more than the client during counselling.
- \_\_\_ 6. Is sensitive to dynamics of self in counselling relationships.
- \_\_\_ 7. Cannot accept constructive criticism.
- \_\_\_ 8. Is genuinely relaxed and comfortable in the counselling session.
- \_\_\_ 9. Is aware of both content and feeling in counselling sessions.
- \_\_\_ 10. Keeps appointments on time and completes supervisory assignments.
- \_\_\_ 11. Can deal with content and feeling during supervision.
- \_\_\_ 12. Tends to be rigid in counselling behavior.
- \_\_\_ 13. Lectures and moralizes in counselling.
- \_\_\_ 14. Can critique counselling tapes and gain insights with minimum help from supervisor.
- \_\_\_ 15. Is genuinely relaxed and comfortable in the supervisory session.
- \_\_\_ 16. Works well with other professional personnel.
- \_\_\_ 17. Can be spontaneous in counselling, yet behavior is relevant.
- \_\_\_ 18. Lacks self-confidence in establishing counselling relationships.

- \_\_\_\_\_ 19. Can explain what is involved in counselling and discuss intelligently its objectives.
- \_\_\_\_\_ 20. Is open to self-examination during supervision.
- \_\_\_\_\_ 21. Can express thoughts and feelings clearly in counselling.
- \_\_\_\_\_ 22. Verbal behavior in counselling appropriately flexible and varied, according to the situation.
- \_\_\_\_\_ 23. Lacks basic knowledge of fundamental counselling principles and methodology.
- \_\_\_\_\_ 24. Participates actively and willingly in supervisory sessions.
- \_\_\_\_\_ 25. Is indifferent to personal development and professional growth.
- \_\_\_\_\_ 26. Applies a consistent rationale of human behavior to counselling.
- \_\_\_\_\_ 27. Can be recommended for a counselling position without reservation.

Recommended Grade: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Appendix B

### Offer Self-Image Questionnaire

To the student:

This is a confidential self-image questionnaire. It is used only for research purposes. There are no right and/or wrong answers. Please answer all items. After each statement you will have a choice of six answers. Please circle only one for each statement.

Describes me very well	Describes me well	Describes me fairly well	Does not quite describe me	Does not really describe me	Does not describe me at all
1	2	3	4	5	6

Example

I am a high school student.	1	2	3	4	5	6
-----------------------------	---	---	---	---	---	---

---

- |  |   |   |   |   |   |   |
|--|---|---|---|---|---|---|
| 1. I carry many grudges.   | 1 | 2 | 3 | 4 | 5 | 6 |
| 2. Other people are not<br>after me to take<br>advantage of me.                      | 1 | 2 | 3 | 4 | 5 | 6 |
| 3. Most of the time I<br>think that the world<br>is an exciting place<br>to live in. | 1 | 2 | 3 | 4 | 5 | 6 |



4. I think that I will be a source of pride to my parents in the future. 1 2 3 4 5 6
5. I would not hurt someone just for the heck of it. 1 2 3 4 5 6
6. The recent changes in my body have given me some satisfaction. 1 2 3 4 5 6
7. Most people my age have scary dreams once in a while. 1 2 3 4 5 6
8. I lose my head easily. 1 2 3 4 5 6
9. My parents are almost always on the side of someone else, my sister and/or brother. 1 2 3 4 5 6
10. The opposite sex finds me a bore. 1 2 3 4 5 6
11. If I should be separated from all people I know, I feel that I would be not be able to make a go of it. 1 2 3 4 5 6
12. I feel tense most of the time. 1 2 3 4 5 6
13. I usually feel out of place at picnics and parties. 1 2 3 4 5 6
14. I feel that working is too much responsibility. 1 2 3 4 5 6

- |     |   |   |   |   |   |   |   |
|-----|---|---|---|---|---|---|---|
|     | for me.   | 1 | 2 | 3 | 4 | 5 | 6 |
| 15. | My parents will be disappointed in me in the future.                          | 1 | 2 | 3 | 4 | 5 | 6 |
| 16. | It is very hard for a teenager to know how to handle sex in a right way.      | 1 | 2 | 3 | 4 | 5 | 6 |
| 17. | At times I have fits of crying and/or laughing that I seem unable to control. | 1 | 2 | 3 | 4 | 5 | 6 |
| 18. | I am not afraid to use my hands when necessary for work.                      | 1 | 2 | 3 | 4 | 5 | 6 |
| 19. | If I put my mind to it, I can learn almost anything.                          | 1 | 2 | 3 | 4 | 5 | 6 |
| 20. | Only stupid people work.  | 1 | 2 | 3 | 4 | 5 | 6 |
| 21. | Very often I feel that my father is no good.                                  | 1 | 2 | 3 | 4 | 5 | 6 |
| 22. | I am confused most of the time.   | 1 | 2 | 3 | 4 | 5 | 6 |
| 23. | I feel inferior to most people I know.  | 1 | 2 | 3 | 4 | 5 | 6 |
| 24. | Understanding my parents is beyond me.  | 1 | 2 | 3 | 4 | 5 | 6 |
| 25. | I do not like to put  |   |   |   |   |   |   |

- things in order and  
make sense of them. 1 2 3 4 5 6
26. I can count on my  
parents most of the  
time. 1 2 3 4 5 6
27. In the past year I  
have been very worried  
about my health. 1 2 3 4 5 6
28. Dirty jokes are fun  
at times. 1 2 3 4 5 6
29. I often blame myself  
even when I am not at  
fault. 1 2 3 4 5 6
30. I would not stop at  
anything if I felt I  
was wrong. 1 2 3 4 5 6
31. The size of my sex  
organs is normal. 1 2 3 4 5 6
32. Most of the time I  
am happy. 1 2 3 4 5 6
33. Parents should shower  
children with praise  
even if they don't  
deserve it. 1 2 3 4 5 6
34. I can take criticism  
without resentment. 1 2 3 4 5 6
35. My work, in general,  
is at least as good as  
the work of the person  
next to me. 1 2 3 4 5 6

36. Sometimes I feel so  
ashamed of myself that  
I just want to hide in  
a corner and cry. 1 2 3 4 5 6
37. I am sure that I will  
be proud about my future  
profession. 1 2 3 4 5 6
38. My feelings are easily  
hurt. 1 2 3 4 5 6
39. When a tragedy occurs  
to one of my friends,  
I feel sad too. 1 2 3 4 5 6
40. I blame others even  
when I know that I am  
at fault too. 1 2 3 4 5 6
41. When I want something  
I just sit around  
wishing I could have it. 1 2 3 4 5 6
42. The picture I have of  
myself in the future  
satisfies me. 1 2 3 4 5 6
43. I am a superior student  
in school. 1 2 3 4 5 6
44. I feel relaxed under  
normal circumstances. 1 2 3 4 5 6
45. I feel empty emotionally  
most of the time. 1 2 3 4 5 6
46. I would rather sit  
around and loaf than  
work. 1 2 3 4 5 6

47. I think it is important to have at least one good friend. 1 2 3 4 5 6
48. Telling the truth means nothing to me. 1 2 3 4 5 6
49. Our society is a competitive one, and I am not afraid of it. 1 2 3 4 5 6
50. I get violent if I do not get my way. 1 2 3 4 5 6
51. Most of the time my parents get along well with each other. 1 2 3 4 5 6
52. I think that other people just do not like me. 1 2 3 4 5 6
53. I find it very difficult to establish new friendships. 1 2 3 4 5 6
54. I am so very anxious. 1 2 3 4 5 6
55. When my parents are strict, I feel that they are right, even if I get angry. 1 2 3 4 5 6
56. Working closely with another person never gives me pleasure. 1 2 3 4 5 6
57. I am proud of my body. 1 2 3 4 5 6
58. At times I think about

- what kind of work I will  
do in the future. 1 2 3 4 5 6
59. Even under pressure I  
manage to remain calm. 1 2 3 4 5 6
60. When I grow up and have  
a family, it will be in  
at least a few ways like  
my own. 1 2 3 4 5 6
61. I feel that I would  
rather die than go on  
living. 1 2 3 4 5 6
62. I find it extremely  
hard to make friends. 1 2 3 4 5 6
63. I would rather be  
supported the rest of  
my life than work. 1 2 3 4 5 6
64. I feel that I have a  
part in making family  
decisions. 1 2 3 4 5 6
65. I do not mind being  
corrected since I learn  
from it. 1 2 3 4 5 6
66. I feel so very lonely. 1 2 3 4 5 6
67. I do not care how my  
actions affect others  
as long as I am gaining  
something. 1 2 3 4 5 6
68. I enjoy life. 1 2 3 4 5 6
69. I keep an even temper

- most of the time. 1 2 3 4 5 6
70. A job well done gives me pleasure. 1 2 3 4 5 6
71. My parents are usually patient with me. 1 2 3 4 5 6
72. I seem to be forced to imitate the people I like. 1 2 3 4 5 6
73. Very often parents do not understand a person because they had an unhappy childhood. 1 2 3 4 5 6
74. For me, good sportsmanship in school is as important as winning a game. 1 2 3 4 5 6
75. I prefer being alone to being with other people. 1 2 3 4 5 6
76. When I decide to do something, I do it. 1 2 3 4 5 6
77. I think that girls find me attractive. 1 2 3 4 5 6
78. Other people are not after me to take advantage of me. 1 2 3 4 5 6
79. I feel that there is plenty I can learn from others. 1 2 3 4 5 6
80. I do not attend sexy

- |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| shows.  | 1 | 2 | 3 | 4 | 5 | 6 |
| 81. I fear something constantly.  | 1 | 2 | 3 | 4 | 5 | 6 |
| 82. Very often I think that I am not at all the person I would like to be.  | 1 | 2 | 3 | 4 | 5 | 6 |
| 83. I like to help a friend whenever I can.   | 1 | 2 | 3 | 4 | 5 | 6 |
| 84. If I know that I will have to face a new situation, I will try in advance to find out as much as possible about it. | 1 | 2 | 3 | 4 | 5 | 6 |
| 85. Usually I feel that I am a bother at home.  | 1 | 2 | 3 | 4 | 5 | 6 |
| 86. If others disapprove of me I get terribly upset.  | 1 | 2 | 3 | 4 | 5 | 6 |
| 87. I like one parent much better than the other.   | 1 | 2 | 3 | 4 | 5 | 6 |
| 88. Being together with other people gives me a good feeling.   | 1 | 2 | 3 | 4 | 5 | 6 |
| 89. Whenever I fail in something, I try to find out what I can do in order to avoid another failure.                    | 1 | 2 | 3 | 4 | 5 | 6 |
| 90. I frequently feel   |   |   |   |   |   |   |



- ugly and unattractive. 1 2 3 4 5 6
91. Sexually I am way behind. 1 2 3 4 5 6
92. If you confide in others  
you ask for troubles. 1 2 3 4 5 6
93. Even though I am  
continually on the go,  
I seem unable to get  
things done. 1 2 3 4 5 6
94. When others look at me  
they must think that I  
am poorly developed. 1 2 3 4 5 6
95. My parents are ashamed  
of me. 1 2 3 4 5 6
96. I believe that I can  
tell the real from the  
fantastic. 1 2 3 4 5 6
97. Thinking or talking  
about sex frightens me. 1 2 3 4 5 6
98. I tend to do things even  
if there is some danger  
in them. 1 2 3 4 5 6
99. I feel strong and  
healthy. 1 2 3 4 5 6
100. Even when I am sad I  
can enjoy a good joke. 1 2 3 4 5 6
101. When I get very angry  
at a person, I let  
him/her know it. 1 2 3 4 5 6

102. I try to stay away from home most of the time. 1 2 3 4 5 6
103. I find life an endless series of problems without solutions in sight. 1 2 3 4 5 6
104. At times I feel like a leader and feel that other kids can learn something from me. 1 2 3 4 5 6
105. I feel that I am able to make decisions. 1 2 3 4 5 6
106. I have been carrying a grudge against my parents for years. 1 2 3 4 5 6
107. I am certain that I will not be able to assume responsibility for myself in the future. 1 2 3 4 5 6
108. When I enter a new room, I have a strange and funny feeling. 1 2 3 4 5 6
109. I feel that I have no talent whatsoever. 1 2 3 4 5 6
110. I do not rehearse how I might deal with a real coming event. 1 2 3 4 5 6
111. When I with people I am bothered by hearing strange noises. 1 2 3 4 5 6

112. Most of the time my  
parents are satisfied  
with me. 1 2 3 4 5 6
113. I do not have a hard  
time making friends. 1 2 3 4 5 6
114. I do not enjoy solving  
difficult problems. 1 2 3 4 5 6
115. School and study mean  
very little to me. 1 2 3 4 5 6
116. Eye for an eye and  
tooth for a tooth does  
not apply to our society. 1 2 3 4 5 6
117. Sexual experience gives  
me pleasure. 1 2 3 4 5 6
118. Very often I feel that  
my mother is no good. 1 2 3 4 5 6
119. Having a girlfriend is  
important to me. 1 2 3 4 5 6
120. I would not like to be  
associated with those  
kids who "hit below the  
belt". 1 2 3 4 5 6
121. Worrying a little about  
one's future helps to  
make it work out better. 1 2 3 4 5 6
122. I often think about sex. 1 2 3 4 5 6
123. Usually I control myself. 1 2 3 4 5 6
124. I enjoy most parties I

- |  | 1 | 2 | 3 | 4 | 5 | 6 |
|--|---|---|---|---|---|---|
| go to.   |   |   |   |   |   |   |
| 125. Dealing with new intellectual subjects is a challenge to me.    | 1 | 2 | 3 | 4 | 5 | 6 |
| 126. I do not have many fears which I cannot understand.             | 1 | 2 | 3 | 4 | 5 | 6 |
| 127. No one can harm me just by not liking me.                       | 1 | 2 | 3 | 4 | 5 | 6 |
| 128. I am fearful of growing up.                                     | 1 | 2 | 3 | 4 | 5 | 6 |
| 129. I repeat things continuously just to make sure that I am right. | 1 | 2 | 3 | 4 | 5 | 6 |
| 130. I frequently feel sad.  | 1 | 2 | 3 | 4 | 5 | 6 |
-







