

REPORT OF A COUNSELLING INTERNSHIP AT THE
DR. THOMAS ANDERSON CENTRE, INCLUDING A
CONCEPT PAPER ON CAREER COUNSELLING OF
PREGNANT TEENAGERS AND TEENAGE MOTHERS

CENTRE FOR NEWFOUNDLAND STUDIES

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LYNDA JANE YOUNGHUSBAND



REPORT OF A COUNSELLING INTERNSHIP AT
THE DR. THOMAS ANDERSON CENTRE,
INCLUDING A CONCEPT PAPER ON CAREER COUNSELLING
OF PREGNANT TEENAGERS AND TEENAGE MOTHERS

Presented to
The Faculty of Graduate Studies
Memorial University of Newfoundland
St. John's, Newfoundland

In Partial Fulfillment
of the Requirements for the Degree
Master of Education

Department of Educational Psychology

by
Lynda Jane Younghusband

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I have not reached this juncture entirely on my own. From the very beginning it has been a group project with support from family, friends and teachers.

For his patient, untiring assistance and constant encouragement throughout this past fourteen months of study, research and internship I wish to extend my appreciation and very special thanks to Dr. Norman Garlie, Professor - Department of Educational Psychology and internship supervisor.

To Dr. Glen Sheppard, Head of Department, Educational Psychology, who so quietly and ably guides and encourages students, thank you. Ms. Susan McConnell, the field supervisor at the Dr. Thomas Anderson Centre gave generous assistance and direction during the internship and challenged me to self-direction and self-evaluation.

To my sons and best friends - Geoffrey, whose courage in the face of my computer anxiety was never-ending and whose wonderfully positive outlook on life inspires me, and Andrew, whose ability to communicate love, understanding and support is far beyond his years - a very special thank you. To Ban, on whose wisdom, support and judgement I lean appreciatively, a long overdue thank you.

Finally, a bouquet to my parents who since my childhood have demonstrated through example that anything is possible if we believe in it and are prepared to work for it. Though geographically distanced, along with my brothers and sisters, they have constituted a solid support group.

ABSTRACT

This report provides a comprehensive account of a thirteen week, full time counselling internship completed from April 30, 1990 to July 27, 1990 at the Dr. Thomas Anderson Centre, St. John's, Newfoundland.

The report encompasses two areas:

1. A statement of the internship rationale and objectives, a description of the internship setting and activities that were undertaken to fulfil the objectives. Details of the intern supervision and evaluation procedures used are also described.
2. A thorough literature review and report on the career education needs of teenage mothers. A proposed programme to meet those needs in rural areas of Newfoundland is described as well.

The internship setting at the Dr. Thomas Anderson Centre was considered appropriate by the intern and her supervisors because a) supervision could be on-going and extensive and b) the multi-disciplinary staff could provide an opportunity for experience in a variety of child and adolescent counselling services c) the setting would provide experiences related to an area in which the intern eventually hoped to be employed.

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Chapter 1

RATIONALE

My involvement with families over the past twenty-five years as a community health nurse created an awareness of the importance of good communication and the need for time and a non-threatening environment in which to talk. As both a mother and a high school teacher I became more interested in how adolescents fare in the family structure and how best I could assist them and their parents cope more effectively with some of their problems.

Much of my work in the past has involved teaching sexuality to pre-adolescents, adolescents and parents. As well, I have counselled and assisted pregnant adolescents in their decisions about becoming parents, health concerns, the pregnancy itself and child care. In my research component I have continued this interest. That work is detailed in a separate section of this report.

One of my concerns was that I not get too specialized in adolescent sexuality, but expand my knowledge to adolescents in general. The main objective in this internship was to gain experience in individual and group counselling skills particularly as they apply to adolescents and their families.

INTRODUCTION

Candidates for the Master of Education degree in School Counselling offered by the Department of Educational Psychology, Memorial University of Newfoundland, have the option of completing either a thesis or an internship. The internship is a thirteen week continuous placement in a stimulating environment chosen to promote the professional development of the intern in a particular area of his or her interest. The placement should offer a variety of counselling experiences to further develop those skills necessary for guidance counselling.

This writer chose the internship for the following reasons:

1. The internship allowed for the opportunity and the time to develop a more comprehensive view of guidance and counselling in a setting which offers a variety of counselling experiences.
2. The internship required the intern to undertake an applied research project. This process allowed assessment as to what extent research and practice are compatible and whether or not research would provide a greater understanding of the curative process in group interaction.
3. The internship provided an opportunity for direct supervision in both group and individual

counselling, thus providing the added opportunity to assess and improve counselling skills.

4. The internship provided an opportunity to observe other professionals in circumstances comparable to those in which a guidance counsellor works and to discuss with them how best to apply previous learning.
5. The internship provided the opportunity to learn about and how to use community resources and how to draw on support systems beyond the school and clinic boundaries.

THE SETTING

The guidelines for the Internship Programme as outlined by the Department of Educational Psychology (1975) state that the intern should work with a variety of clients of the type which she/he may eventually be employed to counsel. As well, the setting should provide experiences that are related to tasks judged to be part of the role contemplated by the intern in his initial vocational placement. There should be provision for assistance to the intern in integrating theory and practice. The experiences and time allotment should be sufficient to enable her to grow personally and professionally and to develop an appropriate level of skills.

The following are to be considered in selecting 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 internee ultimately expects to work.
4. The availability of time for full-time involvement of the intern for a minimum of thirteen consecutive weeks.
5. Availability of a qualified field supervisor on-site.
6. Ready access to the university supervisor.

The Department of Educational Psychology stipulates that the field supervisor should:

1. hold a Master's degree or its equivalent appropriate to the work of the intern, or appropriate experiences as determined by the Department;
2. have a minimum of two years experience in the field or its equivalent as determined by the Department; and
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.

According to the same guidelines the university supervisor should:

1. be professionally trained in the area of guidance and counselling and indicate an interest in counsellor training.
2. have sufficient time as determined by the Department to consult regularly with the intern.
3. be responsible, in consultation with the field supervisor, for directing the preparation and evaluation of the report on intern activities.
4. not supervise more than one intern during a semester in which he has full-time teaching responsibilities.

The Dr. Thomas Anderson Centre (Anderson Centre) was approved as the setting for the internship. Dr. Glenn Sheppard, Head of Department (Educational Psychology); Dr. Norman Garlie, Educational Psychology and Ms. Susan McConnell, Supervisor, Adolescent Programme at the Anderson Centre agreed to co-ordinate the internship and to provide the learning opportunities necessary to acquire the required specific knowledge and skills.

The Mission Statement for the Dr. Thomas Anderson
Centre reads as follows:

PHILOSOPHY

a) General Values

We believe:

- in the right of all children to grow and learn in ways and in an environment conducive to positive mental health.
- in the fundamental importance of the family in child development and mental health.
- in the right of all children and their families to have reasonable access to modern, professional mental health care of the highest quality.
- in the right of all people to be involved in their own health care and in decisions regarding assessment and treatment.

b) Principles for Service Delivery

We believe:

- specialized mental health services for children and adolescents require specialist knowledge of children and adolescent mental health.
- for maximum efficacy and cost-benefit, mental health services for children and adolescents must be based on early identification, precise intervention when problems are discovered, and ongoing follow up and support.
- to be sure of serving all of those in need or at risk, mental health services for children and adolescents must strive to identify and overcome social and practical barriers to service availability and use, and work closely with other services for children and adolescents.
- for maximum efficacy, mental health services for children and adolescents must strive to serve and maintain children and adolescents in their own families and communities, and to work with families as partners in a common endeavour.
- for continuing maximum benefit, mental health services for children and adolescents must be sensitive to changing needs in the community, and new developments in assessment and treatment.
- for maximum cost-effectiveness, mental health services for children and adolescents must use an

organizational structure that makes full use of the knowledge and skills of its staff, and methods of intervention that support and develop the knowledge and skills of other people involved with children and adolescents.

-residential and in-patient programs for children and adolescents are more effective and efficient where they operate in conjunction with strong ambulatory mental health services for children and adolescents.

ROLE

The St. John's and Eastern Region Unit was set up in 1987 as the first of several such units which will form a new provincial system for delivering mental health care to children and adolescents. This system is under the direct control of the Department of Health, through the Directorate for Child and Adolescent Mental Health Services. In August, 1988, this unit was officially opened as the Dr. Thomas Anderson Centre.

The new system is being developed to fill the serious gap in service, and it is intended to add to and not replace existing services. In the St. John's and Eastern Region, the main gaps are in ambulatory care, meaning out-patient and day-treatment programs. Also, there are some patient groups that have been inadequately served, and these include pre-school children, older adolescents, emotionally disturbed mentally retarded children and adolescents, and children and adolescents who have been neglected or abused.

The Dr. Thomas Anderson Centre, the first Centre of its kind in Newfoundland, has a critical role in developing a sound model for other such units. In particular, the Centre will be important as a model in terms of its programming and clinical activity, and in its effective and efficient use of professional knowledge and skills. The Centre will also have a critical role in supporting the professional education programs at Memorial University in child and adolescent mental health, so that a supply of personnel for other centres is ensured.

CATCHMENT AREA AND TARGET POPULATION

The mandated catchment area for the Centre includes the Avalon, Burin and Bonavista peninsulas. Initially, the Centre will only attempt to serve the Avalon peninsula.

The target population is defined as all children and adolescents at risk for disability in mental health, between birth and nineteen years, i.e. twentieth birthday. Prevalence estimates for psychological disorder in children vary, but it is reasonable to say that one in ten Canadian children has a disorder. Application of this proportion to the Eastern Region yields a figure of 5,845 children and adolescents. The definition of the target population uses the term "at risk" so as to include children and adolescents whose disability may be prevented or minimized by early identification and action.

HEALTH SERVICE STATUS

The Centre is a regional, specialized health care facility. It provides mental health care, and it is concerned with children and adolescents. The Centre is operated directly by the Department of Health and it is distinct from the Department's Public Health system.

The Centre relates directly to the community and to a variety of agencies in the community and to other health agencies involved with primary, secondary and tertiary care. The relationship with the Janeway Child Health Centre is greater because of the common concern with children and adolescents.

(The Centre has no accreditation at present. An application for accreditation will be made after the Unit has been operating for at least a year.)

GOALS

1. To reduce the incidence, severity, and duration of psychological disturbance in children and adolescents, and of any resultant disability.
2. To promote the positive development and mental health of children and adolescents.
3. To advance the development of mental health care for children and adolescents.

GENERAL OBJECTIVES

1. To develop and maintain a modern mental health service for children and adolescents, which is a model for other such services in the province.
2. To enhance the supply of professional personnel for staffing this and other specialized mental health services for children and adolescents, by contributing to existing professional education programs and encouraging the development of new, specialised programs.
3. To contribute to the science of child and adolescent mental health through research.
4. To enhance knowledge of child and adolescent mental health through professional and public education.

The Anderson Centre has 5 full-time and 3 part-time counsellors.

Professional faculty employed at the Anderson Centre are:

Alan Kenworthy, Ph.D. (Director)

Elizabeth Ivanochko, M.A.

Elizabeth Newlands, M.S.W.

Susan McConnell, M.S.W.

Christine Arlett, Ph.D.

David Aldridge, FRCP

Michelle Sullivan, Ph.D.

Kim St.John, FRCP.

Counselling services are provided on an individual, group and family basis dealing with issues related to physical, mental, social and/or emotional development. Parenting programmes are presently offered for the pre-school and adolescent aged child.

INTERNSHIP OBJECTIVES

The internship setting should provide feedback and direction that will elevate the intern's level of competence. To expand her knowledge and develop her skills the objectives and activities are stated as follows:

1. To attain a higher level of professional development.

Activities:

- a. Meet on a regular basis with the on-site supervisor and co-workers to discuss my case-load, reviewing tapes and videos of counselling sessions.
- b. Meet on a regular basis with the university supervisor to discuss my progress in general.
- c. Create a bibliography of reading material with the direction of the on-site supervisor.
- d. Evaluate my own progress by keeping a journal of my observations, experiences, concerns and personal reactions to my work.
- e. Review video-tapes, alone and with the field supervisor, of counselling sessions in order to evaluate and improve counselling skills.
- f. Attend workshops of interest and importance to counselling adolescents and their families.

2. To learn more about the provision of counselling services to adolescents in Newfoundland.

Activities:

- a. Take an active part in the day-to-day activities of the Dr. Thomas Anderson Centre.
- b. Discuss the programme and how it functions with the supervisor and co-workers.
- c. Become acquainted with other professionals and agencies in the community and discuss with them their mandates, resources and theories of adolescent counselling.
- d. Compile a manual of agencies and professionals to contact in the future.

3. To develop a more comprehensive view of counselling, particularly the effect it can have on adolescent clients in a variety of social settings (e.g. home, school, employment, community).

Activities:

- a. Read recommended books and journals on adolescent and family counselling as suggested by the supervisors and provide a summary of readings.
 - b. Observe co-workers at work and discuss with them their case-loads.
 - c. Review as many tapes of other counsellors as possible and discuss them with the supervisor and counsellors.
4. To improve, further develop and evaluate my own counselling skills.

Activities:

- a. Re-read parts of Corey and Corey (1989) Becoming a Helper.
 - b. Observe other counsellors during counselling.
 - c. Counsel adolescents and/or their parents on a one-to-one basis.
 - d. Review and discuss all video tapes of my counselling sessions and selected ones with the supervisor.
 - e. Review and discuss my daily journal with the supervisors.
 - f. Have the on-site supervisor evaluate my counselling skills periodically, using the Counsellor Evaluation Rating Scale.
5. To gain further experience in group counselling and assess to what extent group counselling is an effective method of increasing self-esteem for adolescents.

Activities:

- a. Observe group sessions behind a one-way mirror.
- b. With an experienced leader, co-lead a minimum of one group for adolescents.
- c. Discuss with the supervisors and co-workers a variety of approaches to group counselling.
- d. Administer and score the Coopersmith Self-Esteem Inventory pre and post group counselling.
- e. Observe group counselling sessions led by other professionals at the centre.

A discussion of how these objectives were met is detailed in a later section of this report.

CHAPTER 2

This chapter details the actual activities of the thirteen week internship. A discussion of the degree to which the various objectives were met is also included.

As a member of the adolescent counselling team at the Anderson Centre there was the opportunity to work with and consult professionals highly respected in the field of counselling. The case load dealt particularly with adolescents. However, by meeting with other staff personnel a better understanding was gained of their programmes for pre-school and school age children. All the staff willingly shared their skills, encouraged new learning and offered advice and assistance when approached.

Meetings were held regularly with Susan McConnell, my field supervisor. Two of Ms. McConnell's ongoing cases were observed on a number of occasions. After those sessions, discussions were held where the intern was able to ask questions, make comments and generally gain new insight into possible approaches to a particular programme. This was a very worthwhile learning experience. We routinely reviewed video tapes of counselling sessions with clients. This was an

excellent opportunity to gain awareness of personal strengths and weaknesses and gain more confidence in developing personal style and professional orientation.

The taping policy at the Anderson Centre is in keeping with the guidelines pertaining to the audio/visual taping of clients put forth by the Canadian Guidance and Counselling Association's publication, Guidelines for Ethical Behaviour. The booklet states:

1. A counsellor or practitioner's primary obligation is to respect the integrity and to promote the welfare of the client with whom he/she is working.
2. The counselling relationship and information resulting from it 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 interview notes, test data, correspondence, tape recordings and other documents, are to be considered professional information for use in counselling, research, and teaching of counsellors, but always with the full protection of the identity of the

client and with precaution so that no harm will come to him/her.

4. The client should be informed of the conditions under which he/she may receive counselling assistance at or before the time he/she enters such a relationship. Particular care should be taken in the event that conditions exist about which the client would not likely be aware.

Prior to the initial interview, the clients were informed of the policy to video tape sessions and were informed that only the field supervisor and the intern would see the tape afterwards. They were told the purpose of taping. Clients were requested to sign a consent form and were told that they could change their mind and withdraw consent at any time. At each subsequent session they were again asked permission for taping.

My case-load consisted of ten clients; seven males and three females. Four of the males and all three females were seen on a regular basis throughout the internship. Four of their families were also seen on a continuing basis. The problems were varied: high anxiety, suicide, aggressive behaviour at home, child abuse, wife abuse, lack of motivation at school, anger and sadness as a result of divorce in the family, court

ordered counselling for infractions of the law, mental handicap and generalized lack of communication within the family.

Following is a brief description of some of the cases followed during the internship.

Subject number one was a seventeen year old female referred by the staff nurse at corrections group home. It was felt the subject needed to talk to someone about the physical abuse suffered as a child. She had been adopted at age five years. The adoptive father was physically and verbally abusive toward the subject, her mother and older sister. At age sixteen she attempted suicide and two months later, along with her sister ran away from home to escape the abuse. Eventually, finding herself without support, board or lodging she turned to breaking and entering homes. As a result she was charged and sent to a group home in September, 1989. The subject had difficulties coping with the atmosphere and the other clients in remand whom she described as "rough, aggressive and always fighting". A person of small stature and pleasant, quiet demeanour she felt "picked on". She described the feeling of being taunted by the other clients as similar to when her father would threaten her. She sought help to control her temper and to refuse to fight. We explored ways in which she might gain power over her peers (e.g.

by ignoring the taunts and threats). The subject was seen twice for individual counselling and then joined the adolescent group with plans to resume individual counselling in six weeks. Unfortunately, she was released early due to a strike and returned to her family in Central Newfoundland. She had hoped to enter a job readiness programme and find accommodation and supervision in St. John's.

Subject number two was a sixteen year old, grade ten, female student who referred herself because of anxiety attacks. She described herself as a good student and good musician (piano, flute and voice). She spoke well of her family, describing them as close and supportive. Her anxiety attacks originated during school examinations in January, 1990. During this time her parents were on holiday and her grandparents had come to care for her. She was taking a prescribed medication for an infection and one of the side effects was urinary frequency. She became anxious that she would have to leave her examination(s) to use the bathroom or that she would have to interrupt a music lesson. In fact, only on one occasion did she have to be excused. Since that time she has experienced nausea, rapid pulse, rapid breathing and general anxiety prior to school tests or musical performances. We discussed the methods she has used thus far to cope

with the anxiety: deep breathing, concentrating on other things to do, self-talk to calm herself, eating small snacks to calm her stomach and listening to music. She was encouraged to continue using these methods and assured that anxiety is not uncommon. The Student Stress Manual was given to the subject. She returned for counselling the afternoon after her first final school examination. She reported anxiety for the first fifteen minutes but stated that it was less than previously experienced and felt confident that she could cope. She had tried a new technique from the manual, tensing and relaxing muscles, and found this to be beneficial. Reassurance and encouragement were again given and it was understood that she could call during exams if her anxiety increased. Since that time a very nice note was received from the subject stating that exams had gone well and that she would be teaching at a music camp this summer.

Subject number three was a sixteen year old male, a student in grade ten special education. He was referred by his mother who reported two attempts of suicide; the first one several months ago and the most recent two days prior to referral. This young man presented himself as angry, defiant and non-communicative. He eventually gave a history of depression for several years. He could not remember

when he last felt happy except when under the influence of drugs. He is in the habit of "smoking up" with his friends several times per week including during school hours. He feels unsettled at school and frustrated that he is in special education. The family is reported to be rather subdued and non-communicative. Two older siblings live outside the province, father travels frequently in his job and mother and grandmother are at home with the subject. Sleep habits, eating habits and family relations were explored. He suffers from insomnia and has experienced nightmares for two to three years. A contract was agreed upon at each meeting which stated the subject would not harm himself or that he would seek help if he felt he might. The nightmares were explored and described and a consultation was held with Dr. David Aldridge, staff psychiatrist, to seek their possible meaning. On the third interview Ms. Susan McConnell joined the subject and myself and further explored his childhood. When asked to rate the day on a scale of 1 to 10 (10 being a very good day) he rated it as a 2 and said this would be usual. He could not remember when he might have had a rating of 5 except with drugs. The subject usually feels quite depressed shortly after the effects of the drugs has worn off. About the time of the third interview he was offered the opportunity of a

work placement organized by the school board. This made scheduling appointments rather difficult. However, subsequent visits were made after work hours and the subject expressed an interest in having the counsellor talk with his mother about some of the arguments they were having on a regular basis. He complained that both parents were too protective and restrictive, treating him as much younger than his years. His mother also expressed an interest in talking with the counsellor on her own and this was implemented.

Subject number four was a thirteen year old male referred by his mother and the school guidance counsellor. He had a history of shoplifting and stealing money from the family, aggressive behaviour at school, inappropriate behaviour at home and a generally poor attitude to anyone in authority. Although he had been assessed as an above average student he was not succeeding academically. By the time he was seen at the Anderson Centre the stealing from family had ceased and there had been no recent incidents of shoplifting. On the first visit the subject was interviewed with his parents for forty-five minutes and then on his own for another thirty minutes. Both parents seemed genuinely concerned about his behaviour in general. They expressed regret at his lack of respect, refusal to co-

operate at home, sullenness, and lack of communication. In turn, the subject perceived the rules at home, the insistence that he talk more and his father's "put down" statements to be a lack of respect for him. He admitted he was a problem student but stated he was "bored stiff in a class of forty students which moves at a monotonous pace". The family was seen on four occasions. The parents were interviewed on one occasion by themselves. A history of the subject's infancy and childhood was recorded and considerable attention was paid to the relationships within the family. In time he managed to realize that his continual harassment of mother and sisters in particular would have to lessen if he were to receive some measure of the respect he desired. Of his own accord he decided that he could come to an agreement with his siblings about television viewing and use of the recreation room at home and that he would stop ridiculing his mother's gentle manner of speaking. On two occasions the question of who owned the problems was discussed. We also discussed the triangles that had formed with son as the persecutor, mother or sisters as the victims and father as the rescuer. By the fourth interview the family reported better communication and fewer episodes of aggressive behaviour by the subject. They all expressed relief in

the lessened degree of tension at home. A telephone consultation with the home room teacher and the school guidance counsellor was carried out and the subject agreed he needed to make some behavioral changes at school as well. This file will be kept open for a short while so further interviewing can be arranged once school begins if that is deemed necessary. Generally, clients were seen at the Anderson Centre. However some home visits were made in cases where the clients felt more comfortable in their own environment or where transportation was a problem. Also, one school visit was made at the request of the educational therapist at that school.

All counselling sessions were recorded in the client's file. This allowed for the continuing counselling of clients with another counsellor, if necessary.

Case review meetings were held weekly. Staff discussed problems or progress in individual cases and solicited advice from each other. Many interesting and informative discussions evolved from these meetings. On two occasions the intern presented cases of her own. Particularly rewarding was the opportunity to view a situation in alternative ways allowing more effective counselling with clients. To protect the confidentiality of clients only first names were used.

Parenting Group

As of late May, 1990 there were 43 adolescents on the waiting list at the Anderson Centre. To assist parents until their child could be seen Ms. McConnell decided to run a parent group and asked me to co-lead this group with her. Following some initial planning the parents of twenty adolescents were contacted and the parent(s) of nine agreed to join the group: five single parents and four couples.

The first meeting was held June 19, 1990. These parents were all under considerable stress at home and it was important to create a relaxed, supportive atmosphere in order that they would feel comfortable and be encouraged to fully participate. We asked each parent to wear a (first) name tag at each meeting. This assisted them and us, to address each other by name. Refreshments and a smoking area were provided for a five minute break. Chairs were arranged in a circle so that each member could see every other member and make eye contact with them. Members appeared to enjoy setting their own group norms at the first meeting. It was also an opportunity for them to stress confidentiality and for the group leaders to support that rule. Each meeting started with a check-in and ended with a check-out.

Week #1. The first meeting, we brainstormed topics that parents wished to discuss. These were motivation, anger (expressing and responding to), suicide, procrastination, sibling rivalry, peer pressure, authority (what you can control as a parent), frustration (how do parents handle their own frustration), school (dealing with the system and the rules and teaching children how to do the same.)

Week # 2. A short presentation was given regarding "normal" adolescence. Adolescents struggle with three broad issues: autonomy, identity formation and emerging sexuality. The pressures under which they live were listed under the headings external and internal.

EXTERNAL

peer pressure
sexuality
drugs and alcohol
school

INTERNAL

fears about self
worries about changes
worries about the future
standards they set for themselves

Normal adolescent stress is often the basis for other problems.

The teenagers' "job description" seems to be to oppose persons in authority. This is part of defining

themselves as separate, distinct and unique individuals.

Week # 3. The subject was authority and resulting power struggles. The group looked at various problems they had with their adolescents, e.g. messy rooms, ignoring curfews, lack of motivation. The questions asked by the co-leaders were: 1) who owns this problem? 2) who can do anything about it? 3) where does authority come from? 4) why do you want authority/power? 5) what do you do with it? 6) what are the consequences?

Week # 4. During check-in several parents mentioned ways in which they had regained some power over small issues during the week. Everyone reported some degree of success and the mood of the group was very supportive. A list of feelings were brainstormed and written on the board. If the teenager feels this way e.g. lonely, how do we as parents feel? (concerned, worried, responsible, inadequate).

The idea was to get people in touch with the responses feelings engender. It is important to get in tune with the feelings we have in response to our children's feelings if we are going to help them deal with these feelings. Parents requested we deal specifically with suicide and depression next week. Ms. McConnell mentioned the possibility of extending

this group period and perhaps inviting more parents to join or of starting another six week programme. Several parents felt they did not want new members at this point. They expressed feelings of support and a level of comfort with the present members and were concerned that would change if additional members were invited.

Week # 5. The topics discussed were suicide and depression. Some common reasons for attempting suicide were disclosed by the leaders: loss of a loved one, sudden illness, a chronic feeling of hopelessness and depression and spontaneous decision with no previous signs. The signs that might alert a parent to suicidal feelings of their adolescent and the manner in which to respond to those feelings were discussed as well. A handout on the subject was given to each parent group member.

Week # 6. This last meeting was devoted to discussing what parents could expect from counselling for their children when they are finally given an appointment at The Anderson Centre. As well, what the adolescent expects counselling to be was compared to what the parents hope it will accomplish. Several parents admitted they were hoping counselling would accomplish a miracle and bring some harmony to the family. To sum up these group meetings the parents were asked to list what helped the most and what they

felt were problems that the co-leaders could correct before the next group started. The sessions on feelings and on depression were felt to be the most helpful. All the group members agreed that six weeks was not long enough for this programme and that meetings be two hours rather than one and one-half. They suggested that a summary of each meeting be provided for those members who unavoidably miss a meeting.

The staff at the Anderson Centre provided a practical view of the ethical standards of behaviour appropriate for counsellors. Professional confidentiality, respect and trust, and record keeping were demonstrated by all practitioners at the centre.

As a result of the internship experience there is a stronger commitment to the significance of ongoing self-evaluation and research. As well, there is an increased awareness of the value of professional consultation in the ongoing development of professional competence. When the internship was chosen this writer was unsure to what extent research and practice were compatible. Research has come to be viewed as an intrinsic component of programme development and an essential element of professional accountability.

It is with a heightened awareness of counselling skills and a keener sense of professional identity and confidence that this intern looks forward to a career in counselling.

CONFERENCES and WORKSHOPS ATTENDED DURING THIS INTERNSHIP

Several excellent conferences and workshops were attended during this thirteen week period. Following is a brief summary of each.

Adolescence in the Family - a workshop presented by Jay Haley and Cloe Madanes, May 31 and June 2 1990 in Halifax, Nova Scotia. They use a strategic (goal oriented) approach in their clinic. The therapist views the family as being composed of subsystems hierarchically arranged. He/she attempts to alleviate specific dysfunctional aspects of the family and redistribute power within those hierarchies. On day one Cloe Madanes presented an outline of their strategic approach and spoke about the common goals of therapists. By having clear goals she says we are much less likely to do further harm to our clients.

Common Goals of Therapy

We want to help the individual to:

- control his/her actions
- control his/her mind and thoughts.

We want to:

- control violence and anger
- promote empathy
- promote hopefulness and humour
- promote tolerance
- encourage forgiveness
- promote harmony and balance in their lives.

Madanes stated that if the therapist has clear and explicit goals then the influence on the family and other associated social institutions will be "more positive and effective".

According to Madanes there are 15 steps in adolescent therapy:

1. Assemble the whole family and get an account of the problem.
2. Communicate empathy to everyone.
3. Reframe whatever has been said to be the problem and imply hope in that re-framing. Frame the problem so that each individual is needed to solve it.
4. Ask each family member what they did that was wrong and why it was wrong.
5. Allow for apologies. The exception to this is when someone has done something horrible (e.g. sexual abuse) and it is inappropriate to have others apologize at the same time.

6. Try to get a promise from everyone that the family will stay together until the problem is solved.
7. Elicit a pact of non-aggression.
8. Say something about tolerance, love and compassion.
9. Talk about the rules and the consequences if these are not obeyed (e.g. social control).
10. Have something to look forward to - a reward.
11. Talk to the adolescent about the necessity of taking care of the parents.
12. Discuss improving the parents marriage or partnership.
13. "Sex, drugs and rock and roll" - Madanes explained that rock and roll is about having fun.
14. Heartbreak and disappointment - all teens have this. Talk about it and help the parents talk about it.
15. The path of the hero - it is important to talk about what ultimately everyone is trying to accomplish and the path they are taking to get there. It is important to present the adolescent to himself as a hero - that he is accomplishing great things in spite of great odds.

In order to accomplish the above mentioned goals, Madanes suggests using the following strategies in adolescent and family therapy:

- reunite the family members.
- organize the family so they will retain their own members, especially when some member(s) has been estranged.
- coach family members on how to deal with other in the family.
- elicit suggestions from the children as to what the parents should do to make their (the parents) life more interesting.
- repent and forgive. Often the main emotion in the family is shame. The therapist has to redistribute the shame because it is often the victim who carries it.
- elicit a sense of compassion and unity in the family.

Jay Haley spoke on day two of the workshop. He began by saying that adolescent problems often begin when the adolescent attempts to help the parents. His/her behaviour is often a way to protect or help the parents. Psychological problems often come in clusters at different stages of life: marriage, the birth of children, when the child starts school, when children leave home, at retirement and old age.

Haley suggests that the therapist should pay attention to the hierarchy within the family in order to diagnose any coalitions. It is important not to pay

too much attention to one of the people or you will give them all the power. Never assume the parent is in the wrong. If you treat them as the wrong-doer they will feel badly and angry. Haley also advised that a therapist should keep in mind the long term goals and be careful not to get tied up in short-term goals.

The Ghandi Technique was described. The therapist asks a helpless family to stay home and be helpless with the child who has the problem. After a contract of behaviour is drawn up between the child and his family, if a rule is broken, the Ghandi technique is put into effect. For 24 hours no one leaves the house for work or play. This was demonstrated using a video tape of a family counselled in Haley's clinic. It appeared to be very effective.

The use of videos on both days of the workshop was very helpful. They were used often to explain technique and to show process. To that end there was some good discussion among conference participants about the possibility of using videos ourselves to give and receive professional criticism.

Family Therapy Techniques - was a workshop offered at the conference, "Meeting The Challenges Of Change: Counselling In The 90's" sponsored by Memorial University. This workshop was delivered by Dr. Ron Lehr. Throughout the day he referred to the work of

Dr. Michael Waite and encouraged participants to read this research.

Dr. Lehr approaches family therapy from a systems perspective. He encouraged participants to remember that even a small change introduced in the system may provide and amplify change in that system. However, he cautioned that clients have to be ready to receive new information before any change can take place. He pointed out that any problem has to have a life support system or it will not live. Therefore, the therapist should assist the clients to look at what they are doing to contribute to the problem.

Unique outcome questions were explained and examples given. This type of questioning invites family members to select out those intentions and actions that contradict the problem. Example: Can you recall an occasion when you could have given in to the problem but didn't?

Atlantic Alcohol and Drug Addiction Conference - This was sponsored by the Alcohol and Drug Dependency Commission of Newfoundland. The conference was held over three days and began with a public address by Derek Sanderson, former player with the National Hockey League. The large audience of children, adults and

senior citizens listened spellbound as he related the effects of alcohol on his life.

A plenary session each morning was followed by a variety of workshops from which participants could choose. This intern attended workshops on Family Violence, Adolescent Drug Problems and the School, a panel discussion on Adolescents and Drugs, Families Facing Addictions and a parenting programme - "Ready Or Not".

All the workshops were good learning experiences. The speakers were knowledgeable and were able to answer questions and give advice. After participating in many discussions it became clear that not every alcoholic or drug addict fights the same battle. As well, it seems crucial to link families with a long term recovery process. Alcohol is not an acute illness but a chronic illness.

Peer Counselling Workshop - This was given by Dr. Rey Carr from British Columbia. Dr. Carr outlined a programme to train peer counsellors using videos to show examples of successful programmes. In the space of five hours we were able to understand the principles of peer counselling and recognize the programme development needs including recruiting, selection, training and supervision.

Several participants had initiated such a programme in their own school and shared with the rest of us their experiences. This was very worthwhile. Dr. Carr was able to give advice on how they might deal with some of the problems they were encountering and participants were able to ask questions.

Eating Disorders - Anorexia and Bulimia. A workshop given by Dr. Delores Doherty. Contrary to what we may think, eating disorders are seen primarily in developed countries, not in underdeveloped countries. Those eating disorders with which we most frequently come in contact are obesity, anorexia and bulimia and they are part of a compulsive disorder.

Dr. Doherty described what we see in the teen as: anxiety, absolutes (there is little abstract thinking; things are either really good or really bad), catastrophizing and "the shoulds" (guilt). What we see in the family is: primary enmeshment, over protectiveness, lack of conflict resolution and the teen in the middle of parental conflict.

The therapist needs to impress on the child and family that this is not anyone's fault. Discussion of weight and/or food should be avoided as much as possible. This is not the main problem, but only a

symptom. Identifying signs and symptoms of the problem are:

- evidence of distorted body image
- excessive/rapid weight change
- fainting/vomiting
- social isolation
- peer concern

Dr. Doherty's presentation was directed toward school guidance counsellors. She answered many questions from participants and left her audience with a much better understanding of this problem.

Interview and Assessment Techniques in Child Sexual Abuse Cases - Dr. Max Stellar, Professor of Forensic Psychology, Free University of Berlin and Tascha Boychuk, coordinator of the Child Abuse Prevention Centre at St. Joseph's Hospital in Phoenix, Arizona conducted this workshop. It was directed toward professionals working with child sexual abuse victims in the early stages of investigation.

Ms. Cathy Knox, Crown Attorney, gave the opening address, a legal perspective on interviewing and assessing child sexual abuse victims in Newfoundland. Approximately 550 cases of alleged sexual abuse were reported in Newfoundland in 1989.

Over the two and one-half days of the workshop Ms. Boychuk and Dr. Stellar taught the basic principals and methods of the Statement Validity Assessment (SVA) and the Criterion Based Content Analysis (CBCA). Video tapes and transcripts of Ms. Boychuk's interviews with children who were alleged victims of sexual abuse were used to demonstrate an investigative approach. Dr. Stellar encouraged participants to explore several hypothesis based on the facts and circumstances of each case rather than try to prove that the allegations are true.

Transcripts of investigative interviews, a validity checklist, examples of content criteria and an unpublished manuscript describing how to interview a child witness were among the papers included in a well prepared resource package for each participant. This information was used during the entire workshop as Dr. Stellar and Ms. Boychuk demonstrated their methods and assisted participants to become familiar with them. In a text, soon to be published, Dr. D.C. Raskin and Dr. P.W.Esplin conclude that discriminating between the statements of children who describe their experiences of sexual abuse and those who invent such statements is made easier using the SVA and CBCA.

Over all, this workshop was a good learning experience. The diversity of the participants evoked

stimulating discussion and a more complete understanding of the roles of other professionals in this area of growing concern.

REVIEW of OBJECTIVES

Objective #1

To attain a higher level of professional development.

The field supervisor, Susan McConnell, and I met regularly for approximately 3 hours per week. Selections of my counselling sessions on video tape were reviewed and the case load was discussed. Through Ms. McConnell's guidance it became easier to recognize family themes and to identify and challenge dysfunctional processes between parents and adolescents while at the same time supporting these clients.

Each Monday a meeting was arranged with Dr. Garlie, the university supervisor. A log was submitted, fortnightly, which detailed my daily schedule. We discussed progress in general and concerns as they arose. Dr. Garlie provided guidance and encouragement in all areas of professional development.

Reading materials were suggested and supplied by both supervisors who generously shared their personal libraries with me. A bibliography of reading materials

consisting of a synopsis of each article or book was organized.

Throughout the internship a daily journal of observations, experiences, concerns and reactions of both the field supervisor and myself to my work was kept. This was submitted to Dr. Garlie on a fortnightly basis to be discussed the following week. This was helpful to record both progress and frustrations. I found it beneficial to share ideas with Dr. Garlie who frequently wrote comments and /or suggestions for me to read.

All video tapes were reviewed. Portions of selected videos were reviewed together with Ms. McConnell and discussed. Time spent with the supervisor was very profitable and over time it was possible to develop a structural map of the troubled family. This helped delineate specific goals for therapy. Observing videos on individually was a much greater struggle as standing back far enough from the problem to be objective about my own counselling proved to be difficult.

Three meetings between Dr. Garlie, Ms. McConnell and myself were held during the internship. At mid-point we discussed my progress and reviewed those areas in which Ms. McConnell felt I needed to improve. This

format was followed again one week prior to the completion of the internship.

A review of workshops attended during the internship is included earlier in this report. Both supervisors encouraged and supported attendance at an eclectic assortment of workshops and conferences. Workshops and conferences provided an opportunity to meet other professionals and discuss with them their interests and theories in the field of adolescent counselling.

Objective #2

To learn more about the provision of counselling services to adolescents in Newfoundland.

Regular in-take meetings and case conferences were attended at the Anderson Centre. Staff included graduate students in their discussions and invited us to comment on the case presentations.

In general, the programme at the Anderson Centre works well. However, in the areas of school-age children and adolescents there are long waiting lists necessitating up to a six month delay in being seen from the time of referral. Additional staff in these areas is urgently required.

Many discussions were held as to where children and adolescents could seek assistance with their

problems. For personal use in the future a list was compiled of professionals and agencies from whom advice and/or information could be sought.

During the period of internship many professionals from other agencies visited the Anderson Centre and the opportunity was made to meet with them and discuss their work in the community. Workshops and conferences provided another similar opportunity and many interesting discussions were the result.

Objective #3

To develop a more comprehensive view of counselling, particularly the effect it can have on adolescent clients in a variety of social settings (e.g. home, school, employment, community).

Both the field supervisor and university supervisor recommended and provided suitable books and journals on adolescent and family counselling. It was not possible to view many co-workers in counselling sessions. Conflicting schedules, reluctance of clients to have extra people included in their sessions and the fact that there were two graduate students at the Centre often made this an impossible request. Video tapes of other counsellor's work were not viewed. Only students record their work and because of confidentiality concerns these were not exchanged.

Consultations were arranged, with the permission of the clients, with school guidance counsellors and educational therapists, teachers, parents and foster parents in order to increase the likelihood of successful counselling. In some cases it will be necessary to contact the schools again in September, 1990 to make suggestions for the adolescents and to talk with the guidance counsellors involved.

Objective #4

To improve, further develop and evaluate personal counselling skills.

For two weeks an attempt was made to use a self-assessment scale based on Gerard Egan's Helping Model (1986, pp.31-68). However, the field supervisor did not feel that this was an adequate self-evaluation measure. More process orientation was an area in which further development was needed.

Ms. McConnell completed the Counsellor Evaluation Rating Scale (Appendix B) on June 18 and discussed this with me on June 27. The areas in which improvement was needed were seen to be a) dealing with content and feeling during supervision and in counselling sessions and b) becoming more sensitive to self-dynamics in the counselling relationships. These areas were

concentrated on for the remainder of the internship. A second evaluation was completed on July 27.

The text, Becoming A Helper (Corey and Corey, 1989) was useful to re-read, especially chapters 2, 4, 5 and 6. Two texts by Salvador Minuchin (listed in the bibliography) were found to be very valuable. Numerous other reading materials were useful as well. From time to time it was possible to observe the field supervisor as she counselled her own clients. On several occasions she sat in with me and we conducted the counselling session together. These experiences were tremendously beneficial. Ms. McConnell develops rapport with clients very quickly and is thus able to form a partnership, working toward a common goal.

Adolescent clients and their parents were seen on their own and together. Thus, there was an opportunity to put into practice what was learned from the field supervisor, the university supervisor and the many readings.

Ms. McConnell was consulted regularly regarding specific goals in each case. The difference between content problems and process problems was discussed at length. A range of strategies was brainstormed to help clients talk more freely and accurately about their principal concerns. Encouragement was given to monitor interactions with clients in a constructive way to

observe what has been going well and correct what was going poorly.

As reported earlier, all video tapes of counselling sessions were reviewed and portions of selected tapes were viewed with the field supervisor.

Objective #5

To gain further experience in group counselling and assess to what extent group counselling is an effective method of increasing self-esteem for adolescents.

An adolescent group was established by Dr. Kenworthy and Ms. Michelle Melendy, during the internship period. Provision was made for me to observe a number of these sessions behind a one-way mirror. However, I was unable to co-lead such a group myself as it was thought that there were not sufficient interested adolescents available during the summer months. Various approaches to group counselling were discussed with both Ms. Melendy, Ms. McConnell, Dr. Garlie and Dr. Kenworthy.

A group, co-lead with Ms. McConnell, consisted of parents whose adolescents were on the waiting list to be seen at the Anderson Centre. These parents were all under considerable stress at home and it was important to create a relaxed, supportive atmosphere in order that they would feel comfortable and be encouraged to

fully participate. Ms. McConnell is an experienced group leader and the intern was able to increase knowledge and skills of group counselling by observing and co-leading with her. An outline of this group is reported on earlier.

The intention was to use the Coopersmith Self-Esteem Inventory pre and post group counselling. Since it was not possible to co-lead an adolescent group this assessment could not be done.

SUMMARY and RECOMMENDATIONS

This internship has provided opportunities to meet and work with a number of professionals in a range of roles. As a result, new and valuable insights into the helping relationship have been gained.

An increasing interest in family counselling has been fuelled by exposure to families in crises at the Anderson Centre and by consultation with the field supervisor and other counsellors. The views of adolescents and parents of adolescents have been immensely valuable in increasing the understanding of the family system. One parent of an adolescent reported about parenting an adolescent that "it would have been easier to go to war - at least there would have been some idea of what to expect".

Time was provided to read and discuss the theories of several family therapists (e.g. Salvador Minuchin). The writer has become more confident in establishing some theories of her own as well. One of those is that while parents feel they should be protective of their children and guide them, they need to be helped to feel comfortable controlling and restricting at the same time. Another is that any intervention attempted to assist the parents and children achieve more effective functioning must also be supportive of all members.

Leading and participating in a parenting group was a rewarding experience. The setting allowed parents to explore their concerns and learn new problem-solving techniques. The reduction of self-doubt and the increase in confidence was apparent among group members.

The broad range of experiences and knowledge gained from staff proved beneficial to the intern. Primarily, the focus of counselling for the intern progressed from being content-oriented to process-oriented. The internship ended with the writer feeling that she had achieved an over all objective in learning how to become a more effective agent of change.

Two recommendations come to mind for others when considering the internship option for the Master's degree.

1. All students in the Master of Educational Psychology Programme should have extended full-time practicum experiences.
2. The duration of an extended practicum should be increased from thirteen weeks to approximately twenty weeks.

CONCEPT PAPER

A DISTANCE CAREER COUNSELLING INTERVENTION PROGRAMME
FOR TEENAGE MOTHERS and PREGNANT TEENAGERS

August 1990

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PREFACE

Eight out of ten adolescents who become pregnant before 17 years never complete high school and greatly reduce their chances of developing a career.

Sixty percent of girls who have babies in their teens will end up on social assistance.

Approximately 50% of teenage mothers will live below the poverty level.

Those who choose to get married will have a three times greater chance of having an unhappy marriage and being divorced later.

The death rate for teenage girls due to pregnancy is 60% higher if pregnancy occurs at 15 years of age or younger.

The income of teenage mothers is half that of those who first gave birth in their 20's.

Six percent of first babies born to females under 15 years of age die in their first year, a rate 2.4 times higher than that of mothers 20 years of age and older.

Women who begin childbearing in their teens have more children, have them closer together and have more unwanted children than women who wait until their twenties to start a family (Planned Parenthood Newfoundland and Labrador, personal correspondence, February, 1990).

Jennifer, a 16 year old grade 10 student in a rural high school in northern Newfoundland has come to see the guidance counsellor. The eldest of seven children, she is pale, undernourished and has a record of being absent from school thirty percent of this term. Her father is a fisherman, unemployed much of the year; mother is poorly educated and unable to find employment in this small community. Jennifer is pregnant and scared.

The above composite description points out the phenomenon of teenage pregnancy. Children bearing children, has begun to reach distressing levels in many countries. The health problems and risks to both mother and child are well documented; the socioeconomic and demographic implications for society as a whole headline our news papers and blaze across our television screens. The young teenager who gives birth to a child has "90% of her life script written for her...her life choices are few, and most of them are bad" (Menken, 1981, pp.167-168).

One million, nine hundred thousand Canadians are teenagers between the ages of 15 - 19 years. In 1986 26% of the 62,976 live births to single mothers were to teenagers. A further 5,468 babies were born to married teenagers. Thirty-five percent of the teenage population in Canada live in areas with populations of

10,000 or less where the risk of pregnancy is higher than in urban areas (Krishnamoni and Jain, 1983). The province of Newfoundland has relatively more teenagers than Canada and more teenage pregnancies. In rural Newfoundland as many as 90/1000 adolescents under 19 years of age become pregnant each year (Planned Parenthood Newfoundland and Labrador, personal communication, 1990). Throughout this paper the terms teenager and adolescent will be used interchangeably.

Although these young women may be no different from their non-pregnant peers, those who choose to continue the pregnancy and keep their child, rapidly become quite different from their peers. Most teenage mothers never catch up with the educational, occupational and social advances of their non-pregnant peers (Grindstaff, 1988; Mott and Marsiglio, 1985; Ortiz and Bassoff, 1987).

ADOLESCENT DEVELOPMENT

Adolescence is frequently confused with puberty. While puberty is generally considered a period of rapid physical growth and sexual maturation, adolescence signifies the period from the beginning of puberty to the beginning of adulthood.

According to Havighurst (cited in Santrock, 1987) the developmental tasks of adolescence are:

1. Accepting their new physical body.
2. Accepting and learning appropriate sex roles, that is identifying with cultural values, habits, interests and characteristics of the appropriate sex.
3. Achieving economic and emotional independence from parents and other significant adults.
4. Preparing for and achieving the socially responsible behaviour necessary for marriage and a family.
5. Achieving new, mature relationships with peers of both sexes.
6. Adopting values and an ethical system appropriate to society.

Adolescence is seen by Erik Erikson (1968) as perhaps the most pronounced period of identity crisis in an individual's life. If a young person is unable to resolve these conflicts of what and who she is by young adulthood then Erikson calls this a role and identity "diffusion." He cautions that adolescents who fail to gain a sense of intensity and adequate self-worth may withdraw from reality, perhaps even from life. Most adolescents experience some turmoil in trying to achieve this goal, especially in the area of sexuality. Pregnancy dramatically interrupts this

attempt to achieve a sense of inner continuity and these young women feel a loss of the potential chances for success in making this transition to adulthood. Simultaneously they are attempting to cope with adolescence and the new role of mother which is likely to be unexpected, and may be unwanted as well. As will be seen below, while she may feel the role of adolescence is ambiguous, the role of unmarried mother is even more so.

Developmentally, the adolescent years are characterized by the formal operational stage (the ability to think abstractly, to systematize ideas and deal critically with them). In other words, they "think about thinking" (Bibby and Posterski, 1985).

According to Piaget's theories of cognitive development, during adolescence the transformation is from the logical operations of the concrete level to the ability to think in terms of the purely hypothetical (Piaget, 1970). This orientation toward the realm of the possible allows the young person to consider alternative models of what she/he would like to become. A broader range of occupational choices becomes apparent and while adolescents think about the appropriateness of certain occupations in relation to their personal needs and interests they also begin to think of themselves as potential mates, parents and

community members (Erikson, 1968). Phippy-Yonas (1980) concluded that there is no single profile of the single pregnant teenager. However, a study by Hayes and Cryer (1987) paints a portrait of the teenage mother. They state a teen mother is "likely to express less acceptance of social norms, be biologically ready for pregnancy and childbirth, possess an inability to use information and an inability to project events into the future, have an unstable family environment, have no clearly defined religious orientation, have poor school performance and low educational aspirations, and have - self-esteem." Research by Krishnamoni and Jain, 1983; Moore, 1978; Ortiz and Bassoff, 1987; and our own personal experience with this population support this picture.

The Camden County Department of Health (1987) reported a study showing 82% of all adolescent mothers who gave birth at age 15 years or younger were daughters of women who themselves had been teen mothers. This profile was confirmed by Ulvedal and Feeg (1983). In addition, 35% of the teenage mothers interviewed by them had sisters who had also experienced a teenage pregnancy. A study of 69 unmarried mothers (Presser, 1980) indicated 41% had a second child within 45 months. This cycle is one that

must be addressed and the proposed programme will be one method of doing so.

FACTORS THAT RELATE TO ADOLESCENT DEVELOPMENT

Adolescence is a period of major decision (e.g., occupational choice, dating, sexuality), a period of unusual external and internal physical changes, and finally a period of unusual social ambiguity since society does not have a definite role for these individuals (Rosenberg, 1965).

The need to begin to establish personal autonomy becomes very important during adolescence. At the same time societies' need to create socially responsible adults remains high. Some adolescents experience a loss of identity during this period. A positive self-image is related to many variables: academic achievement, social skills, psychological and emotional success. The adolescent with high self-esteem respects himself and considers himself worthy. Low self-esteem implies self-rejection, self-dissatisfaction, and self-contempt. The individual lacks respect for the self he observes (Rosenberg, 1965).

Self-concept is the concept the individual has of himself as a physical, social and spiritual/moral being (Gecas, 1982).

Self-esteem deals with the evaluative and emotional dimensions of the self-concept, the individuals over-all self-evaluation. There is self-esteem based on a sense of virtue or moral worth. Along with self-esteem and body image, other aspects of the self-concept found to be affected by the transition from childhood to adolescence are the locus and control of self-knowledge (Gecas, 1982).

Coopersmith, (1967) considers five categories of personal characteristics related to self-esteem: physical attributes; general capacities, ability and performance; affective states; problems and pathology; and, personal values. Many pregnant teenagers are embarrassed by their physical appearance, decreased ability to take part in the usual activities with their peers and inability to dress in the fashions of their peers. With the general orientation toward achievement in our society and the importance of education in the lives of middle class Canadians it seems reasonable to believe that failure in that area will have marked consequences upon self-esteem. Academic achievement lends itself to frequent and objective indications of competence and becomes a testing ground for future success. As such, it is the object of considerable concern and emotional investment.

Coopersmith believes strongly that a person's affective state is closely related to his/her self-evaluation. Indeed, it seems unlikely that an adolescent who regarded himself/herself negatively could achieve states of happiness and ease. Coopersmith states "negative appraisals not only reduce the pleasures of the present but they also subvert or eliminate realistic hope for the future" (p.130). A study by M. Rosenberg, "The Association Between Self-Esteem and Anxiety" (cited in Coopersmith 1967), presents some evidence that persons low in self-esteem report they have more psychosomatic symptoms and personal difficulties. Their work raises the following question in the authors' minds. Is the pregnant teenager/teenage mother who is uneducated and unemployed able to focus on other abilities and feel herself a worthy person?

The way in which an adolescent views achievement is closely linked to his or her sense of personal responsibility. Adolescents who believe strongly that they are in control of their world and can cause things to happen if they choose, have an internal locus of control. Adolescents who perceive that other people have more control over them than they do themselves have an external locus of control. Whether or not the locus of control is perceived to be internal or

external has important implications for how the adolescent may behave in a variety of circumstances (Santrock, 1987).

Coletta, Hadler and Hunter (1981) determined that "if a mother has a positive self-esteem, an internal sense of control and is embedded in a supportive social system, she will report an active style of coping with difficulties and a less negative evaluation of her life situation" (p.503.)

Studies have demonstrated that adolescents from lower socio-economic backgrounds have less internal locus of control than those from middle class backgrounds (Stephens and Delys as cited in Santrock, 1987) and attribute more negative attributes towards themselves (Bryant as cited in Santrock, 1987). And, finally, that externally oriented adolescents tend to be threatened by failure (Phares and Lamiell as cited in Santrock, 1987).

The pregnant teenager/teenage mother often exhibits one or more of the following characteristics: anxiety, anger, shock, disbelief, denial, sadness, inability to sleep at night, guilt, lower academic achievement and depression. It is my experience that many pregnant adolescents and adolescent mothers feel a loss of control over what is happening to and around them. Additionally, they feel powerless in terms of

making decisions and helpless in coping with various situations. Thus they tend to possess an external locus of control.

External locus of control has a negative impact on other aspects of their lives causing lower motivation, underachievement and increased emotional and social adjustment problems. These individuals are usually found to have low self-esteem while the individual with good internalization can be expected to also have an appropriately positive sense of self (Jacobsen et al, 1985).

Ortman, (1988) interviewed adolescents concerning their views and feelings about control and responsibility in their lives. All of them agreed that having control and being responsible were desirable states leading to more positive than negative feelings thus supporting Ortman's hypothesis that both are related to life satisfaction.

M. Rosenberg (1967) discussed the occupational orientation of self-esteem and proposed that low-self esteem produces an aversion to conflict in the world of work. People with low self-esteem definitely and emphatically reject leadership. They do not want to tell others what to do and at the same time they do not want others to tell them what to do. People with high self-esteem do not particularly desire leadership in

their work but neither do they reject it. "The very thing that makes him so strongly desire success viz., his low self-esteem, also makes him anticipate failure and very likely helps to produce failure. This vicious circle is calculated to reduce his potential occupational contributions at the same time it enhances his emotional distress" (M.Rosenberg, p.239).

CONSEQUENCES OF TEENAGE PREGNANCY

It has been well documented that the teenage mother is at risk for a variety of reasons. Physical immaturity, poor nutrition, inadequate health care, social isolation, incomplete education and lack of economic resources are only some of the factors weighing heavily against a successful parenting experience (Hayes and Cryer, 1987; Kilburn, 1983; Miller and Miller, 1983). In addition, the number of teenage mothers who attempt suicide is seven times higher than non-pregnant teens. (Julian, Jackson and Simon, 1980). Early pregnancy and parenthood are established indicators of high risk status for both mother and child with regard to future health problems, poverty, child abuse and neglect (Krishnamoni and Jain, 1983; Merki, 1988).

Whether or not the pregnancy goes to term, the pregnant teenager is a high health risk. She is

usually not psychologically prepared for pregnancy and is not physically mature enough for childbearing. Prenatal care is often delayed or neglected. Her diet is frequently unbalanced contributing to anaemia and malformation or retardation of the fetus, susceptibility to disease, miscarriage and stillbirth. Toxaemia (oedema accompanied by high blood pressure) is common in teenage pregnancies and may be related to emotional stress, poor diet or lack of good health care. A teenager's delivery is often prolonged with a higher percentage of complications than in deliveries of women in their 20's. It is clear that in terms of the approved timetable for parenting, adolescent parenthood is off schedule for many reasons (Santrock, (1987). For example, the following facts draw our attention to the seriousness of this problem:

Eight out of ten adolescents who become pregnant before 17 years never complete high school and greatly reduce their chances of getting a job later.

Sixty percent of girls who have babies in their teens will end up on social assistance.

Approximately 50% of teenage mothers will live below the poverty level.

Those who choose to get married will have a three

times greater chance of having an unhappy marriage and being divorced later.

The death rate for teenage girls due to pregnancy is 60% higher if pregnancy occurs at 15 years of age or younger. The income of teenage mothers is half that of those who first gave birth in their 20's.

Six percent of first babies born to females under 15 years of age die in their first year, a rate 2.4 times higher than that of mothers 20 years of age and older.

Women who begin childbearing in their teens have more children, have them closer together and have more unwanted children than women who wait until their twenties to start a family (PPNL, personal correspondence, February, 1990).

The pregnant teenager faces social stigma/truncation of education, forced marriage, neglect and/or abuse by her family and adoption or abortion as a result of this unforeseen and often unwanted pregnancy. The family of the girl also suffers the effects of her pregnancy in their efforts to cope with the unexpected crisis. Effects specific to the Newfoundland population were documented in a 1987 study by the Newfoundland and Labrador Department of Education entitled, "Incidence, Effects and Policies

Relating To Teenage Pregnancy in Newfoundland and Labrador." Within that study the Department of Health reported 555 pregnancies for young females 13 - 17 years of age in 1984. Assuming that those females were attending school at the time they became pregnant, the incidence of pregnancy per 100 female school population age 13 - 17 years is calculated to be 2.0% for that year. Compared to figures from PPNL this seems quite low. As well, the 1986 statistics from Newfoundland and Labrador Department of Health show that the birth rate in three different rural areas was high. This data is reported in Table I:

NEWFOUNDLAND DEPARTMENT OF HEALTH DATA

Table I

<u>Statistics</u>		St. Anthony	Burin	Springdale	Twillingate	Baie Verte
<u>Canada 1986</u>	<u>Canada</u>	<u>Nfld.</u>	<u>Nfld.</u>	<u>Nfld.</u>	<u>Nfld.</u>	<u>Nfld.</u>
Female Population	12,823,675	1,645	1,475	1,825	780	1,020
Female Population 15-19 yrs.	939,605	175	165	185	70	130
Female Population Over 15 yrs.	10,027,850	1,205	2,270	1,060	1,300	795
Females with Post-Secondary Education	2,958,885	(23.4%) 385	(15.6%) 230	(18.7%) 340	(16.7%) 130	(14.6%) 150
Females over 15 years Employed	(56.7%) 5,687,640	(51%) 615	(29.2%) 310	(32.3%) 420	(43.3%) 260	(34.6%) 275
Average Female Income	\$ 12,891.	12,487.	8,268.	9,948.	8,819.	8,730.
Live Births to Females under 19 yrs.	(2.3%) \$ 21,662.	(33%) *58	(11.5%) *26	(14.6%) *27	(37.1%) *26	(21.5%) *28

*These figures particularly St. Anthony may be slightly inflated because these are regional centres.

NB Live births are recorded for women under 19 years, whereas the female population is recorded 15 - 19 years. However, births under 15 years were only 210 for all of Canada.

There are no statistics available to demonstrate how many of these mothers returned to school.

Although the government study did not identify factors relating to the decision to return/not to return to school the following factors were cited as possible influence:

- "1. attitude of school staff and their encouragement.
2. insistence of parents in continuing their education.
3. attitude of student toward pregnancy.
4. possibility of marriage.
5. degree to which students have established career plans and been successful in their studies prior to the pregnancy" (p.12).

Whatever the reasons for discontinuing their education these young women were deprived of the stabilizing experience of involvement in a study programme and the social contact which schooling ordinarily provides. By cutting short the number of years spent in school the childbearing adolescent is likely to disrupt the normal route to adult achievement

and will have little chance to improve either her economic or educational status in the future. It will be difficult for her ever to match her classmates in prestige, income or job satisfaction. The deficits are greater for the young mother than for the young father as mothers are generally responsible for the early care of the child (Card and Wise, 1978). Studies by Card and Wise, (1978), Mott and Marsiglio, (1985) and by Moore (1978), have shown that women who become mothers at an early age attain less formal education than do women who have their first child after 20 years. A Canadian study by Grindstaff (1988) reported 64% of women who married and had a child prior to age 20 did not receive a high school diploma. Only 4% had ever been to university.

During the 1980's about 80% of teen mothers kept their babies. While the reasons for this change in trend are not entirely clear Grindstaff (1988) felt that it could be because of:

- an increase in common-law union formation.
- greater social acceptance of unmarried mothers.
- government financial assistance.
- greater availability of child care outside the home.
- feelings of independence associated with greater economic opportunity for women.

The long term educational and economic consequences of adolescent childbearing are likely to remain similar to those documented as long as career education and the impact of early childbearing continue to be exclusive of one another.

ADOLESCENT CAREER DEVELOPMENT

The climax of adolescent development is perhaps at the point a young person makes a commitment to a vocation. "A vocational commitment provides a focus for the young person's needs for fidelity, autonomy, initiative, and industriousness. However, making a vocational choice is not easy and may be one of the most disturbing aspects of adolescence" (Erikson, 1968). Once individuals achieve an occupational identity this frees them in part from their dependence on the peer group as well as their family.

Career maturity is the "additional and cognitive readiness to cope with the development task of finding, preparing for, getting established in, pursuing and retiring from an occupation" (Super as quoted in Herr and Cramer, 1988 p.17). There are many factors involved in an individual's level of career development and maturity although there are some contradictions regarding these factors. Herr and Cramer (1988) reported levels of parental support, work salience,

gender, self-concept, health and physical development as being important. Super, (1983) argued that gender is not closely related to career maturity. Career maturity of educationally or academically and economically disadvantaged persons is usually less than their middle class counterparts. Nevertheless, while young people who grow up in adverse circumstances may have few effective options through which to shape their lives and careers, all people have some options and the majority have many.

Career maturity involves planning, exploration, information gathering, decision making and reality orientation. Planning can take place only if the individual believes he/she has some control over his/her career. For many adolescents, particularly those who are pregnant and uneducated, occupational futures are too remote or too uncontrollable for planning to seem worthwhile. Many of these same young people have little knowledge of themselves or of the world of work (Super, 1983).

Control over one's life is often called "locus of control." This has been the subject of personality studies but has recently been taken into account in career development research. Donald Super's research shows that a sense of autonomy or of internal locus of control, self-esteem and future perspective are

essential to planning, exploration and acquisition of career skills and information. Rodriguez and Blocker (1988) agree. Results from their study found a relationship between internal locus of control and the development of more mature career attitudes for women. There is controversy as well, over whether providing explicit career information enhances vocational maturity. It seems likely that the order of presenting information to group members is important (Peronica and Mierzwa, Schenk, and Westbrook as cited in Kivlighan 1990).

Not everyone is work-motivated, the reasons for this are varied. The lack of awareness of any need to work and the belief in the impossibility of finding work, even if it is needed, could be two reasons for adolescent females in rural areas of Newfoundland to be poorly motivated. Eli Ginzberg (1972) believes that if occupational decision making is negatively affected or prolonged until later in life there will be fewer options for freedom of choice. Thus, factors such as pregnancy which inhibit an adolescent's ability to make occupational decisions may affect her future involvement with work.

Occupational choice is a developmental process, a series of decisions made over a period of years with each step of the process related to the preceding and

following steps. Ginzberg and colleagues (as Cited in Herr and Cramer, 1988) identified four sets of factors, the interplay of which influences the ultimate vocational choice: individual values, emotional factors, the amount and kind of education and the reality through environmental pressures. They also formulated three developmental stages of vocational choice process. Birth - 11 years is a fantasy stage, 11 - 17 years is the tentative stage and 17 - early 20s is the realistic stage.

Adolescents move through a transitional period from infancy to reality evaluating their interests, capacities and values. During the realistic stage the late adolescent explores available occupations, narrows his sights to a particular occupation or set of occupations and then chooses a career within that occupation (Ginzberg et al as cited in Herr and Cramer, 1988; Santrock, 1987).

Donald Super believes adolescence is a period in which the individual engages in extensive exploration of career alternatives and that this is a critical component of their vocational development. However, he found that adolescents were neither systematic nor intentional in their exploration of and decision-making about careers. For career development to be optimal a great deal of cognitive and behavioral exploration

needs to take place (Super, 1983). Clearly, from what is known about adolescent pregnancy and motherhood, these young women probably approach career exploration with a great deal of ambiguity, uncertainty and stress.

Adolescence is an important time for decision-making in a young woman's career development process. However, this population continues to hold sex-role stereotypes that are nurtured via parental and cultural socialization. This is well supported in the research literature (Cini and Baker, 1987; Growing Up Female, 1987; Parsons and Crabb, 1978). These sex-role stereotypes continue to influence women's career choices, often imperceptibly (Cini and Baker, 1987) and they see themselves as only being able to obtain minimum wage jobs and traditional careers with dead end advancement. This narrow job perspective combined with the adolescent mother's and pregnant teen's focus on their immediate concerns of day to day living poses a major challenge for both client and counsellor (Camden County Report, 1987).

The Growing Up Female Report, (1987) demonstrated that in Newfoundland many of our female adolescents continue to cling to the traditional view that women's primary role is in the home. Many of the adolescents surveyed felt it was proper for women to work but only if they also fulfilled their role as wife and mother.

Because of this dual duty they would be likely to choose less demanding jobs with less educational prerequisites and jobs in which work can be interrupted as family demands occur. According to Braschart (cited in Chusmir, 1983) they avoid the conflict of combining home roles and demanding but rewarding careers by setting priorities and putting family responsibilities first, ahead of occupational goals. Miller (1976) states that "...even individuals with reasonably high degrees of security and self-confidence do not easily break out of established social and behavioral patterns."

Career options then, are severely reduced by women's lower aspirations as well as external limitations. Career counselling and job placement for teens, in general, has its disadvantages and obstacles but these are further compounded by pregnancy and parenting. Some of the barriers to career options for pregnant teens and teenage mothers that have been observed, particularly in rural areas, and discussed with teachers, career counsellors, public health nurses and adolescent females themselves are:

Internal Career Barriers

- cultural values
- feminine role perceptions

External Career Barriers

- inaccessibility to career
- counselling

- role conflict
- fear of career impact on family life
- lack of confidence, self-esteem and internal locus-of-control
- lack of future goals
- paucity of role models
- lack of family support
- truncated education
- lack of day care
- being unskilled and inexperienced
- being pregnant

Presser (1980) stated that the role aspirations and behaviour of women may be affected by and affect the timing of motherhood. Young women who have high educational and career aspirations "may be highly motivated to postpone motherhood until their aspirations are fulfilled." On the other hand, the young mother who lacks both education and career goals is more likely to find difficulty in returning to school or in seeking employment.

The majority of all guidance counsellors are employed within the educational system. Therefore, adolescents who are no longer in school, yet, in the throws of making career commitments are hard pressed to find job and career advice. It is not enough for an adolescent mother to engage in career exploration without guidance. In a study by Ortiz and Basso (1987) a high proportion of teenage welfare mothers stated that they had no specific career goals. These young mothers felt that they had no "significant"

achievements and nothing much to offer. In career counselling, for this population, it would seem wise to proceed at a pace based on the clients' level of understanding and degree of acceptance. The client may be seriously threatened by a long range choice. A choice about tomorrow can be handled but not one about the next 20 years or a lifetime. The programmes developed in this project will have to keep this problem in mind.

It is likely that the high incidence of teenage pregnancy and births will continue for at least the foreseeable future. Therefore, the question of long term economic consequences for the young mother is serious. Despite the growing concern, in Canada and in Newfoundland, about the high pregnancy rate among adolescents, reliable information about the effectiveness of programmes serving young mothers is extremely limited.

The support that teenage single parents receive from others is bound to affect their ability to cope with life's challenges. They may need help to realize that taking time to meet some of their own needs can also benefit their children. The relationship between the well being of the adolescent parent and their ability to cope with every-day problems and the problems of parenting seem only common sense. For

persons to succeed as both parents and persons they need to deal with issues that go beyond the present. The task of career counsellors is to help young mothers identify long-range plans so as to help them with current conditions while at the same time helping to develop self-esteem and feelings of empowerment to accomplish long-term adult objectives. "In dealing with problems of self-understanding, educators need to exercise care so that students can deal with their own conceptions of reality rather than a reality imposed by well-meaning adults" (Lee and Berman, 1987).

ADOLESCENT DECISION MAKING

Decision making is a major concern in career counselling. For example, when compared with their Canadian counterparts, more Newfoundland youth reported having trouble making decisions (Grade 7, 47% compared with 34%; Grade 9, 32% compared with 24%; and Grade 11, 35% compared with 27%). (Youth and Aids Study, 1988). It is crucial to know how to apply the principles of decision making to career decision problems.

Many factors in decision making are outside the control of the decider. Variables such as the state of economy and accessibility of education and training opportunities. Shumrum and Hartman (1988) believe the family is also a factor, influencing more than career

preferences and work adjustment but also controlling how people make career decisions. Other factors related to career decisions might be values, propensity for risk, achievement motivation, coping style and age.

"Occupational choice is a lifelong process of decision making in which the individual seeks to find the optimal fit between his career preparation and goals and the realities of the world of work" (Ginzberg, 1972). In other words, the choices and decisions we make influence the size and shape of our world. Occupational decision making then, is an opportunity to examine, refine and direct one's life. Ginzberg concluded that much of the information presently provided for occupational decision making is too general to be of much value and that the information needed about training and employment opportunities for an individual in his own locale is not available. Certainly this is the case in rural Newfoundland. Lacking are assistance in filling out a job application, how to conduct oneself during an employment interview, information about how to assess current wages versus deferred benefits, and many other unexciting but relevant considerations in career decision making.

Pregnant teens or mothers may experience this unstable part of their lives with feelings of

indecision, meaninglessness or indecision. "In providing career counselling and job placement services to adolescent mothers and pregnant teens the young women's need to develop a self-identity, an awareness of competency and the experience of option needs to be recognized." (Camden County Report, 1987). Counsellors can help these young clients by facilitating the self-conceiving process, stimulating self-awareness, promoting choice and decision making and by encouraging clients to see these new conceptions of self, to act in a more resourceful manner and, to plan for the future.

According to Jepsen, Dustin and Miars (1982), career decision making behaviour involves organizing and deliberating about the information gathered through exploration. To assess the readiness of youth for career decision making the Career Maturity Inventory by Crites (1978) and the Career Development Inventory by Donald Super (1981) are two reliable instruments which can be used. Those who are not yet ready to make career decisions can be helped to develop short and long range goals and to further generate and test information about themselves and the world of work.

Bergland (cited in Herr and Cramer 1988) suggested that the basic strategy of decision making is problem-solving and offered the following stages that the decision maker should be helped to negotiate:

- "1. defining the problem.
2. generating alternatives.
3. gathering information.
4. developing information seeking skills.
5. providing useful sources of information.
6. processing information.
7. making plans and selecting goals.
8. implementing and evaluating plans" (p.425).

Once taught, it is likely that decision-making strategies and skills have generalizability. This is evidenced in a statement by A. N. Whitehead (cited in Herr and Cramer 1988), "People create their realities by the decisions they make."

Carlsen, (as cited in Savikas, 1989) talks of careers as a path that provides direction, structure and significance to life. She describes four stages in the therapy of career development:

- "a) establish relationships and define problem.
 - b) gather historical data relevant to this moment in time.
 - c) process and reshape clients patterns of experience.
 - d) achieve closure through reintegration"
- (p.103).

All of these stages are represented in Super's Developmental Assessment Model (Super 1983) for career counselling (Figure 1).

FIGURE 1

A DEVELOPMENTAL ASSESSMENT MODEL

- Step 1. PREVIEW
 - A. Assembly of Data on Hand
 - B. Intake Interview
 - C. Preliminary Assessment
- Step 2. DEPTH-VIEW: Further Testing?
 - A. Work Salience
 - 1. Relative Importance of Diverse Roles
 - a. Study
 - b. Work and Career
 - c. Home and Family
 - d. Community Service
 - e. Leisure Activities
 - 2. Values Sought in Each Role
 - B. Career Maturity
 - 1. Planfulness
 - 2. Exploratory Attitudes
 - 3. Decision-Making Skills
 - 4. Information
 - a. World of Work
 - b. Preferred Occupation and Group
 - c. Other Life-Career Roles
 - 5. Realism
 - C. Level of Abilities and Potential Functioning
 - D. Field of Interest and Probable Activity
- Step 3. ASSESSMENT OF ALL DATA
 - A. Review of All Data
 - B. Work Salience
 - C. Career Maturity
 - D. Matching and Prediction
 - 1. Individual and Occupations
 - 2. Individual and NonOccupational Roles
 - E. Planning Communication with Counsellor, Family, et al.

Step 4. COUNSELLING

- A. Joint Review and Discussion
 - B. Revision or Acceptance of Assessment
 - C. Assimilation by the Counsellee
 - 1. Understanding the Present Stage and Next Stage of Development
 - 2. Understanding the Meanings of Work and Other Life Roles
 - 3. Exploration for Maturing?
 - 4. Exploration in Breadth for Crystallization?
 - 5. Exploration in Depth for Specification?
 - 6. Choice of Preparation, Training, or Job Objective?
 - 7. Searches for Job and Other Outlets for Self-Realization?
 - D. Discussion of Action Implications and Planning
 - 1. Planning
 - 2. Execution
 - 3. Follow Up for Support and Evaluation (p.557.)
-

This model suggests the idea that readiness of vocational and related career decision making requires: (1) a sense of autonomy, time or future perspective and self-esteem; (2) a commitment to work or to a self actualizing career (work salience); (3) career maturity in the sense in which that term is now used by counsellors and career development specialists; and, (4) the search for a good match of developing interests, values and aptitudes with those characterizing field work and other life career roles. This model seems to provide a base for the direction in which this project is moving.

An outcome goal represents what the individual hopes will happen as a result of counselling. According to Cormier and Cormier (1985) outcomes represent two major classifications of problems, choice and change.

Choice refers to being caught between two or more choices that may often be conflicting. An example of the rural adolescent mother being faced with two choices might be (a) stay at home with her child and receive social assistance or, (b) get a job and be forced to look for (almost non-existent) daycare facilities. Choice issues are usually best attended by educational and vocational counselling, decision making, conflict resolution and role playing.

Change refers to changes the individual wants to make. An example of change might be the adolescent mother who decides she must improve her job skills in order to be employed at more than the minimum wage. In all cases the change is expected to be an improvement over what presently exists. Changes may result from developmental changes, counselling interventions or both. (Cormier and Cormier, 1985).

CAREER DEVELOPMENT and SELF-ESTEEM

The school-age mother must cope with many roles: daughter, mother, student, partner and employee. Learning to reach out to others, to request help from resourceful contacts and to diminish or resolve conflicts are skills useful for all roles. Donald Super's developmental theory stresses that during adolescence the individual explores career alternatives and later chooses occupations that will allow her to function in a role consistent with her self-concept. She develops opinions about the various roles she will have in life and imagines these roles in her life plan (Herr and Cramer, 1988). Some of the factors involved in this process may be:

- "- number of occupations explored (traditional and non-traditional).

- relation of educational plans to preferred occupations.
- relation of fertility to preferred occupations.
- degree of commitment to career, marriage and parenthood.
- plans for the articulation of occupational and homemaking responsibilities.
- degree of gender stereotyping of all adult roles"

(Tittle, 1988 p.129).

The nature of the career exploration is important if it is to have a positive effect on adolescence. Ortiz and Bassoff (1987) concluded that teenage mothers are less optimistic about their future than their non-parent peers. It appears their experience of early parenthood has lowered their life expectations. The ensuing struggle for survival as independent persons may put them at risk for depression and learned helplessness if they are not guided into career education programmes and given an opportunity to achieve their life goals. Based on feedback from high school students some career education programmes leave students too much on their own. Since there is little self-exploration or occupational exploration there is no significant change (Personal communication with students, 1989-90). Teenage mothers and pregnant

teenagers, recognized as a high risk group, could benefit from comprehensive and intensive career education services.

For a variety of reasons and despite the extent of the need, the adolescent parent/pregnant teenager may resist asking for help either formally or informally. Some of the major factors acting as deterrents are: "1. lack of knowledge about existing service; 2. poor access to services (e.g. transportation, lack of child care services etc.); 3. inadequate economic resources; 4. a wish to conceal the pregnancy as long as possible; 5. fears of retribution and punishment by parents, school and welfare authorities, employees, etc; 6. attitudes of service providers (often demeaning, critical or unresponsive to the special needs and fears of this cliental; 7. mistrust of adults; and, 8. the fear of being branded a "bad parent" and consequently having one's child taken away (Kilburn,1983,p.54). Whatever, the reasons, this particular population often does not receive the guidance and counselling which would enable them to develop their occupational potential.

One purpose of career counselling is to facilitate the development of self-esteem, personal insight, interpersonal skills and positive attitudes to the world of work. It seems reasonable to assume, knowing

what we do about self-esteem and locus of control, that as people come to believe they can control their own environments and their own future, career attitudes may also become more mature.

Most career interventions generally have positive effects (Herr and Cramer, 1988; Savikas, 1989; Super, 1983). Career education programmes for under-educated adolescent females must be specifically designed with their needs in mind in order to have impact. In a population, such as teenage mothers who are likely to be economically disadvantaged, carefully developed traditional career interventions can produce significant results (Rodriguez and Blocher, 1988). By traditional is meant mini lectures followed by experiential activities and small group discussions. Herr and Cramer (1988) believe that "the uses to which groups can be put in career guidance and counselling are limited only by the imagination and energy of the counsellor." The following section will explore the uses of group approaches with unemployed pregnant adolescents and adolescent mothers who constitute a population of high risk individuals for whom joblessness may be yet another precipitant of catastrophic psychological, health and family problems impacting the larger society.

GROUPS IN CAREER COUNSELLING

Omizo and Omizo (1986, 1987, 1989) have conducted research to investigate the effects of participation in group sessions on the self-esteem and locus of control of children and adolescents of divorced families. The results demonstrate clearly that participants of group counselling have a higher measure of locus of control and self-concept than those who did not receive counselling. Kilburn (1983) developed a successful educational/supportive group model for school-age parents which increased their feelings of competence. Schilling (1986) suggests group discussion to help increase feelings of significance.

The success obtained in the above studies suggest that a similar approach might be effective in raising the self-esteem and locus of control of the teenagers focused on in this paper.

"Group counselling is especially suited for adolescents because it gives them a place to express conflicting feelings, explore self-doubts, and come to the realization that they share these concerns with their peers. A group allows adolescents to openly question their values and to modify those that need to be changed. In the group, adolescents can learn to communicate with their peers, can benefit from the modelling provided by the leader, and can safely

experiment with reality and test their limits...The participants can express their concerns and be heard, and they can help one another on the road toward self-understanding and self-acceptance" Corey (1990) p.9.

Groups for adolescent parents may be marked by a defensiveness brought on by feelings of shame and anger toward a number of individuals (e.g., the putative father, the family and peers. Particularly, with the pregnant teenager, it is helpful to allow denial of problems or of feelings such as sadness or terror until they are ready for confrontation or interpretation. It is easy to lose them in counselling and their denial often serves to maintain dignity.

Basic to planning any successful group programme for pregnant teenagers and/or teenage mothers is an understanding of the normal psychosocial and cognitive development of adolescents. The formation of a stable sense of identity and the movement from concrete to abstract thinking has been discussed earlier. For the adolescent who has not completed the developmental tasks of this period, the added complexity of an unplanned and often unwanted pregnancy can be a lonely and frightening experience (Havighurst, 1972).

The group approach provides the participants with an opportunity to:

- clarify feelings about pregnancy/motherhood.

- help them become aware that the other young women are in similar situations and experiencing similar feelings (universality).
- help them gain a realistic picture of their situation.
- enhance their self-concept.
- learn to cope with their feelings.
- support and motivate each other to explore career development as well as life skills.

Subjects participating in group counselling often indicate feelings of closeness and support from the other group members (Calvin, 1979). This is vital because it reduces isolation (Yalom, 1970). As has been previously documented in this paper, participants in such groups are likely to have a higher locus of control and a higher self-concept than those who do not receive group counselling.

As group cohesion is developed honest and caring feedback results. "The whole process can be described as a cycle that is being set in motion and in which (a) perceptions and beliefs change, (b) courage and belonging enable one to try on new behaviours, (c) involvement and risking are rewarded by acceptance and belonging, (d) fear of making a mistake is replaced by the courage to be imperfect which reduces anxiety and insecurity, and (e) as self-esteem and feeling of worth

develop, the person is able to try additional change" (Dinkmeyer, 1979, p.141). Bednar and Kaul (1978) reviewed group process by examining group structure, cohesion self-disclosure and feedback. Moran and Stockton (1983) added leadership and pre-group preparation. Yalom (1970) speaks of process as on-going interaction between group members (leader included) on both verbal and non-verbal content levels. While different studies report different stages of process, Elliot (1989) in a rather unique study of a non face-to-face group conducted on a teleconferencing system, concludes that there is a basic pattern of development in both face-to-face and non face-to-face groups consisting of several phases. They usually move from dependence on the leader toward group members supporting each other. He cautions, though, that it may be difficult to determine where one phase ends and another begins.

Kivlighan's (1990) review of the research documented variables such as client individual differences, group composition and group leadership as being crucial to group process and outcome. Gazda (1989) agrees that group composition affects the group's performance and suggests that expression of warmth in adolescent groups occurs more often when the

groups are socioeconomically and heterogeneously composed.

Elliott's (1989) review of the literature indicates a "significant relationship between the stages of group process and positive outcomes in the group." Hagen and Burch (1985) report a significant relationship between member satisfaction and the stages of group process.

Although Kivlighan's (1990) review stressed that there is scant knowledge of the role of group process in the outcome of career counselling groups it seems safe to presume that a number of objectives of career guidance and counselling can be achieved through group methods. The dissemination of information could be accomplished more efficiently and effectively if presented to a group rather than to an individual. Group methods of problem -solving have been found to be consistently better in certain types of problem-solving tasks (Gazda, 1989; Shaffer and Galinsky, 1989; Shulman, 1979) and problem-solving training has a proven influence on career exploration (Jepson et al., 1982). Since many dysfunctional behaviours tend to be learned in groups they are best unlearned or relearned in groups. Group members typically receive more feedback on how others perceive them than they do in individual counselling or daily living situations.

Concurrently, they are able to observe the behaviour of others and perhaps find appropriate role models. In this protected group environment they are able to practise new behaviours. Universality has been mentioned previously. The opportunity to learn that they are not alone in having problems and the supportive atmosphere that results from this cannot be under-estimated.

DISTANCE EDUCATION and CAREER COUNSELLING

In a world obsessed with information, the challenge is in the access, distribution and communication of that information. The more information a person (or institution) possesses the more accurate and efficient their decisions will be (Azarmsa, 1987).

The word communication is derived from "munia" meaning service, implying the mutual help, exchange and interaction of those belonging to the same community. Good communication works towards definitive goals and recognizes the needs of individuals and groups to be informed. Face to face interaction is the traditional mode of communication. However, when participants are separated by great distances necessitating lengthy travel, this may be an inefficient and costly way in

which to conduct meetings and/or group information sharing.

Many women experience conflict between their need and desire to care for their families and their need to study, both for personal fulfilment and for job-related purposes. This is particularly true for single adolescent mothers whose children are dependent on her earning capabilities. Such women often identify a need for more contact with others in similar circumstances. Distance education creates opportunities for interaction (Faith,1988).

One form of distance education that is gaining widespread support is teleconferencing. The idea of teleconferencing was first suggested in 1945 by Arthur Clarke, a science fiction writer. Because of Clarke's profession, the scientific world did not receive his idea with much seriousness. However, in the late 1950's Bell Laboratories began to discuss a non-geosynchronous satellite communications system called Telstar 1. The first American communication satellite was placed in low orbit from Cape Canaveral on July 10, 1962. Though relatively new, teleconferencing has expanded the horizons of education and aside from the financial problems of setting up the system, there appear to be few limitations to using it to enhance the quality of the teaching/learning process.

Teleconferencing can be defined as interactive group communication joining three or more people at two or more locations, through an electronic medium.

The use of teleconferencing systems in education is well documented by the University of Wisconsin Extension Division. They established The Educational Telephone Network in 1965 and that system now links more than 200 locations throughout that state.

In a province such as Newfoundland and Labrador, as in many other rural parts of Canada, there are many areas left virtually untouched by relevant services. At Memorial University of Newfoundland the Faculty of Medicine and the Division of Educational Technology started a teleconference centre which today links 125 sites in 75 communities to Memorial University. Conference rooms are located in hospitals, vocational schools, governmental departments and other health and educational centres. The system now has become a significant part of the health and educational activities in the province. The technology is now available to reach out to any community with a telephone.

The teleconference system is technically relatively simple, consisting of sets of microphones and speakers in each participating institution. Up to three buildings can be wired in each town. In each

building there can be three separate teleconference rooms. The speakers and the microphone systems are linked by dedicated telephone lines. Memorial University has long been recognized as a leader in distance education in Atlantic Canada and was the first in the region to make regular use of the Teleconference System (TCS) to provide degree-credit courses for part time students. Memorial's TCS is administered and co-ordinated in the Faculty of Medicine. There are two major types of teleconferencing:

- A. Point to Point - two locations with more than two persons involved.
- B. Multi-point - three or more locations with more than three persons involved. Within these two major types then there are four styles of teleconferencing:
 - "1. Audio-Teleconferences
 - telephone teleconferencing among 3 or more participants.
 - persons in several locations can be linked anywhere along the telephone network
 - graphic, written or video materials are provided by mail in advance.
 - 2. Audio-Plus Teleconferencing

- audio teleconferencing with the addition of several audiographic communication techniques, these being:
 - a. Slow Scan Video - transmission of still pictures over regular telephone lines.
 - b. Electronic Blackboard - transmits written images over telephone lines.
 - c. Videotext (Telidon in Canada) - allows one to select information stored in a computer to appear on a screen.
- 3. Video-Teleconferencing
 - two-way, full motion video.
 - moving pictures and sound are transmitted simultaneously.
 - too expensive for use beyond experimentation at Memorial though it is used at some centres.
- 4. Computer-Teleconferencing
 - two or more persons conference by computer.
 - bound neither by distance nor time" (Kelsey, 1984 pp.18-19).

For the vast majority of teleconference users in Canada, both in education and in business, the telephone conference (audio-teleconferencing) remains

the primary mode. By teleconference an instructor can have a class of 35 - 40 students but also accommodate a single student in a community. The instructor does not have to be at the main teleconference centre, he can teach from any centre. The system allows instructor-student, student-student, student-instructor interaction in a situation where each person can hear and respond to each other person. Compared to correspondence courses and courses offered through one-way, non-interactive educational television, students in distance learning at Memorial University currently rate teleconferencing next in preference to a live instructor in the classroom (Mandeville, 1982).

In his review of the Memorial University teleconference system Mandeville reported that many students like the informality associated with the system although that will vary from group to group depending on personalities, numbers and physical arrangements. He goes on to say that there is the satisfaction of immediately discussing and questioning what is going on that often does not occur in a regular classroom where tradition, respect and courtesy sometimes make outright discussion unthinkable. In a teleconference setting if a question has been asked, even of a specific individual, there is often consultation since the instructor cannot see the class

and cannot hear until the microphone is switched on. The student does not mind getting a "consensus" before providing an answer and no one else is interrupted while that is happening. No one seems to mind the periodic silences that occur. "It is notable that those who are reticent about face-to-face interaction will often voice questions on the system."

The advantages of the system are well documented. A compilation of reported advantages is given below.

- people (including outside guest speakers) who could not normally attend a distance face-to-face meeting can participate.
- follow-up to earlier meetings can be done with relative ease and little expense.
- socializing is minimal compared to a face-to-face meeting; therefore, meetings are shorter and more oriented to the primary purpose of the meeting.
- communication between the home office and field staff is maximized.
- participants are generally more prepared than for face-to-face meetings.
- group members participate more equally in well modulated teleconferences than in a face-to-face meeting.

- there are considerable savings in travelling time and resulting expenses.
- there is the possibility of providing quality instructors in remote areas or of providing instruction where none would otherwise exist.
- it offers new opportunities to the disabled and others for whom it may be difficult in the normal course of instruction.
- there is the possibility of sharing between educational establishments (Azarmsa, 1987; Bjorkland, and Freedmeyer, 1985; Clinksdale, 1986; House, 1981; Rogan and Simmons, 1984).

Teleconferencing is not intended to replace the classroom teacher but rather to extend the classroom beyond its immediate walls. Many educators believe that teleconferencing can be substituted in a more cost effective way for a large percentage of face-to-face meetings (Clinksdale, 1986). An unpublished paper by Ellis and Chapman from the University of Calgary cites many studies to verify that student learning is not decreased by audio-only educational teleconference instruction. Like Memorial, the University of Calgary experience has been very positive. However, students need face-to-face meetings interspersed with teleconferences and appreciate as many instructor visits as time and budget will allow. Experience at

Memorial has shown that visits tend to enhance future interactions (Mandeville,1982).

In order to maximize the effectiveness of the teleconference system Clinksdale (1986) stresses a team effort involving school personnel, teachers, media staff, and administration. Teachers serve as co-ordinators introducing new technology and classroom strategies. Media staff provide resources and technical assistance. Administration supports the process and efforts of teachers and media staff. She suggests a variety of resources and teaching techniques for interactive sessions and student activities including: discussions, the use of experts in the field, dramatizations, films, other visuals, role playing and field trips. Learning activities should branch out in many directions. Community agencies and their supportive materials can and should support teaching.

Clinksdale also stresses using resource people in the classroom, again to enhance the effectiveness of the teleconference process. Resource people can:

1. provide occupational expertise not available from staff and students in the classroom.
2. aid teachers in their efforts to keep the course content relevant and current to the

actual occupations for which they are being trained.

3. provide varied viewpoints within occupational areas.
4. develop community relationships that will allow resource people to play an integral part in developing and maintaining educational programmes.
5. provide accurate and usable employment information as it relates to such factors as human relations among workers, working conditions, opportunities for advancement, responsibilities associated with a specific job, and worker relationships.
6. provide students with the opportunity to meet with actual workers where the contributor can serve as a positive role model.
7. provide career information in specific occupational fields.

Since many rural communities in Newfoundland and Labrador and perhaps across the country do not have public libraries (or even adequate school libraries) instructors can provide copies of written information that students might find useful as part of their learning materials. Reference sets can be sent by interlibrary loan to rural libraries as well.

Teleconferencing is a multimedia delivery system, a revolutionary method of delivering courses - largely because of its flexibility. This flexible framework can provide the exchange of needed information in such a way as to serve the needs of participants.

TELECONFERENCING and GROUP PROCESS

For several years an introductory class in exceptionality has been taught by Dr. Norman Garlie via the TCS at Memorial University. Several times during the offering of this course incidents have occurred which called for active, tactful listening to the expressed hurt of students over some issue of importance in their life. For example, last year during a lecture and discussion on suicide one person broke into tears and shared with everyone on the "system" that she had recently lost someone close to her by suicide. This led to several supportive comments by the instructor and other participants, i.e. an atmosphere much like occurs in group counselling (Personal Communication 1990.) This example can be multiplied several times, even though the focus has not been group counselling but the teaching of a formal course.

Garlie and Elliott (1989), hypothesized that the TCS might be able to be used for therapeutic purposes.

If they could demonstrate this approach to be effective it could lead to providing counselling services in isolated and remote areas where such services are rarely available.

Few studies have been found that have attempted to conduct group counselling via the telephone. One was by Jaureguy and Evans (1981 & 1983). The purpose of the study was to learn if "short term group telephone counselling with a visually impaired group of veterans would reveal psychosocial problems and whether these problems could be alleviated by structured phone contact." Subjects were chosen from a list of registered legally blind veterans in the United States. To be included in the sample they "had to be able to hear ordinary speech by telephone, have sufficient cognitive ability to permit meaningful participation in weekly calls, and be willing to participate for a period of eight weeks." The final sample consisted of 24 subjects. The experimental group consisted of 12 subjects, broken into four groups with a leader and 3 subjects in each group. They then participated via a conference call system in eight group sessions. A control group was "matched for age, aspects of blindness, such as type of onset (sudden or progressive) and geographic location." Pre and post testing was done to measure depression, loneliness and

life satisfaction levels. The results indicated short-term telephone counselling in groups positively affected the behaviour of these visually impaired people. There were increases in the subjects' physical activity level and social interaction.

Another study (Evans, et. al. 1984) attempted group treatment with physically disabled adults by telephone. Support groups were used to solve problems related to feelings of discouragement, loneliness or being too inactive to remain healthy. A majority of the eight subjects (2 groups of 4) reported being "less anxious and more socially involved as a result of the intervention." The authors suggested further research should evaluate the cost effectiveness of phone intervention with such populations as they are groups that often receive little help after leaving the hospital setting.

Elliott (1989) was unable to locate any studies identifying the process of group development on the teleconference system. He hypothesizes that since group process is necessary for successful group counselling in face-to-face situations then it ought to be necessary for successful group counselling via the teleconference system as well. He reproduced the TCS in a simulated laboratory on the campus of Memorial University using a number of small rooms connected by

the same equipment used in the regular system. In this way he was able to simulate the larger system, that is, two way audio with no visual interaction between group members. This initial study was done with volunteer undergraduate students. Using group process as a basis to compare the effectiveness of group counselling procedures in face-to-face and non face-to-face (teleconference) environments, Elliott demonstrated that the pattern of group process development described in the literature for face-to face groups occurred in a counselling group conducted on an audio TCS. Pregnant teenagers and teenage mothers would seem to be an ideal population to benefit from this system.

LIFE SKILLS and CAREER COUNSELLING

Havighurst defines developmental task as follows:

"A developmental task is a task which arises at or about a certain period in the life of the individual, successful achievement of which leads to his happiness and to success with later tasks, while failure leads to unhappiness in the individual, disapproval by society, and difficulty with later tasks."

It seems reasonable to assume that developmental tasks and life-skill needs can be classified according to the developmental age group: childhood, adolescence and adulthood (Gazdza, 1989) stresses the need to use a

developmental approach to adolescent group counselling and life-skills training following Havihurst's concept of the developmental tasks of adolescence (p.5 of this manuscript). The developmental level and the needs of an individual help the group leader determine whether she/he is ready for life-skills training.

Gazda (1989) defines four generic life-skill areas: Interpersonal Communication/Human Relations, Physical Fitness/Health Maintenance, Identity Development/Purpose in Life, and Problem Solving/Decision Making. The individual uses these life-skills in four settings: home and family, school, work, and the community at large.

Adolescent mothers in rural areas often lack good career role models and because of this lack may fail in their search for a career. They may also fail to adjust to employment because they lack the necessary coping skills (personal communication with single mothers, 1989). Gazdza (1989) cites a treatment programme devised by Curran which helps correct these skills-deficits. He uses five techniques: (1) instruction, (2) role play, (3) feedback and social reinforcement, (4) modelling, and (5) practice.

Since the conception of this programme the author has met with many community agencies and discussed with them relevant materials suitable for career

counselling. As well, we have conducted a thorough search for recent publications and programmes on all aspects of career counselling for adolescents and young women in particular has been conducted. A library of materials has been established and it is from this collection that will be chosen those believed to be most suitable for this programme.

SUMMARY

In summary, the links between teenage pregnancy and unemployment and poverty are powerful. The likelihood of living in poverty is seven times greater for a teenager who becomes pregnant and gives birth than for women who have their first child after 20 years of age. Newfoundland has the highest rate of unemployment in Canada. We also have the highest rate of teenage pregnancy. For example, a 1982 study from the St. John's clinic (PPNL, personal communication, 1990) reported 87 single women tested positive for pregnancy in one 3 month period. Thirty one of these eighty seven women (36%) were 15 - 19 years of age. Five were 15 years old. None of these young women 15 - 19 who continued their pregnancy planned to continue their education. If the urban statistics are this high we presume the rural statistics may be even higher based on informal studies from PPNL.

The problem of teenage pregnancy and resulting motherhood translates into heavy reliance upon public assistance programmes for financial, medical and social support. Young mothers, particularly in rural areas of the province, do not have the education or skills necessary to be self-supporting, economically productive and emotionally and socially mature individuals. Since their own growth has been truncated they face difficulties being good role models for their children. Thus, the cycle continues as these children of children often enter the world with serious economic, social, emotional and developmental disadvantages.

The challenge is to implement a career intervention programme with techniques for moving these individuals from the negative toward the positive. These young mothers need to renew their feelings of self-confidence and self-worth, re-energize themselves and become empowered to take control of their lives.

This will not be an easy task. Weatherly and Cartoof (as cited in Chilman, et. al. 1988) write that "aggressive, personal and persistent outreach is generally required to recruit and serve pregnant girls and young parents who are having problems. Programmes and services must be perceived as valuable and accessible." Joanne McKinnon and Lynn Vivian-Book of

Newfoundland and Labrador Department of Health caution that recruitment is a real challenge especially because transportation and babysitting in rural areas will be a problem. They suggest that recruiting be done on a one-to-one, face-to-face basis (Personal communication 1990).

Work is a fundamental value of all societies. It affects attitudes and behaviour patterns. Adolescent mothers often express a desire to work but frequently do not use the resources available to them, perhaps due to the time and effort needed to locate them or to discouraging past experiences. A group career intervention programme delivered to their locale could offer support and help them identify the community agencies that offer assistance with housing, health care, legal problems, emergency funds, career education and other matters.

A group career counselling programme offered via teleconference would offer anonymity to participants thus generating trust and support. The opportunity to take part in the programme in a community venue may not generate anxiety possibly associated with the classroom environment. The background of the various programme personnel involved would provide skills in areas that seem to be causing single parents the most concern (parenting, health, counselling, career knowledge,

finances). The more interaction and emotional support adolescent mothers and pregnant adolescents receive from those around them, the less isolated, less lonely and more secure they should be. Empowering these young women to take control of their futures can help them become a supportive group that in turn provides a source of support and new friends that should enrich the adolescent mother's life beyond the duration of the programme. Skills taught in this intervention would directly apply to the life of the adolescent mother, thereby improving and enhancing the quality of life for her entire family.

The remainder of this paper will deal with strategy development, programme objectives, target groups, community development, budget, programme planning, evaluation and products.

STRATEGY DEVELOPMENT

Goals:

1. To design and implement a comprehensive developmental group career counselling programme to be delivered via the teleconference system.
2. To increase economic self-sufficiency among pregnant adolescents and adolescent mothers, thereby reducing welfare dependency and breaking

the cyclical generational outcome of teenage pregnancy.

3. To facilitate development of career awareness, exploration and attainment of higher paying jobs, some of which may be non-traditional, for women among the target population.
4. To increase the ability of the target population to plan and control their lives, so that their career development can productively continue in the years to come.

Programme Objectives

1. To identify and locate pregnant adolescents and adolescent mothers.
2. To recruit them to participate in the group career intervention programme.
3. To screen all programme clients and administer an appropriate testing programme.
4. To interpret and discuss results of this process with the participants.
5. In addition to a group counselling intervention programme to provide individual counselling for all programme participants with respect to both life skills and career/educational development.
 - a) To provide life skills training to assist group participants in knowing how to care for themselves and their children, thus making

it possible for them to work towards career development.

- b) To provide career exploration aimed towards development of understanding of fundamentals of work skills, e.g., punctuality, responsibility, resume writing and interviewing.
- c) To assess outcomes for programme participants and evaluate the aggregate programme impact.

Target Groups:

The target population has broadened somewhat since initial planning. It has become apparent at least the following groups need to be accessed. Pregnant teenagers, teen mothers with infants, parents of teenage mothers and potential teen mothers.

What has been learned from our pilot group of teenage mothers is that parents play an extremely important role in the entire process, especially in terms of care and control of the teenager's baby. In some cases the grandparents treat the adolescent mother like the baby's sibling rather than his/her mother.

Learning Objectives:

1. That these young women will learn to do the kind of planning and organized work needed to establish a viable lifestyle for themselves and their infants.
2. Learn to be goal directed and self-sufficient.

3. Learn to make important decisions about their educational and career futures out of reasoned thinking and knowledge.
4. Learn about the adult education principles of discussion and group support rather than just the traditional modes of classroom instruction.
5. Gain information and guidance to better understand how to utilize the opportunities that existing services offer.
6. Develop a greater self-awareness and understanding of their goals, dreams and needs and of how these will likely change and develop in the future.
7. Develop improved communication skills.
8. Learn to identify potential sources of employment and how to best equip themselves with the necessary skills to meet these job requirements.
9. Have improved self-perceptions through this participation.

STRATEGY FORMULATION

1. MASS COMMUNICATION COMPONENT

Mass Communications:

Schools, churches, public health nurses, physicians, social services agencies in selected rural areas of Newfoundland will be informed by letter and by personal contact where possible that a career

intervention programme will be offered to adolescent mothers and pregnant adolescents. Radio and newspaper ads will be used to notify the adolescent population and their parents.

Target Audience:

Adolescent mothers and pregnant adolescents in rural areas of the province as well as professionals and others dealing with that population. Public Health Nurses, Family Practitioners, and Guidance Counsellors in the selected rural areas will be contacted to help us reach the target audience.

Message Intent:

- To promote interest in the exploration of careers and vocations.
- To draw attention to a new and innovative programme for pregnant adolescents/adolescent mothers.

Media:

- Radio advertisements will be broadcast at popular listening times for adolescents and their parents.
- Newspaper advertisements will be placed in appropriate newspapers.

INTERVENTION

The teleconference system supplemented by video and printed materials will be used by the programme leader. Participants in rural areas of the province will be connected by the TCS to the leader and to each other. An adolescent mother will be trained to act as co-leader. In addition, individual counselling will be provided as needed by an on-site counsellor. The course content will be designed to meet the real life needs and concerns of adolescent mothers pertaining to careers. The pace of counselling will proceed at a pace based on the participants' levels of understanding and acceptance. A newsletter containing on-going information and education on community resources will provide a communication link between all programme members across the province.

Target:

- Pregnant adolescents in rural Newfoundland.
- Adolescent mothers in rural Newfoundland.
- Parents of pregnant adolescents/adolescent mothers.

Message Intent:

- To develop self-assessment skills and utilize these in developing an improved self-understanding and self-concept.

- To critically analyze their own learning needs.
- To develop career awareness.
- To encourage group support and mutual career education.
- To reinforce the informal learning network/linkages.

Media:

Future conferences

Co-leaders will attempt to arrange periodic face-to-face meetings of participants and others involved in the areas being served.

2. COMMUNITY DEVELOPMENT COMPONENT

Community Development:

A career intervention designed to promote the occupational well being of adolescent mothers and pregnant adolescents in the community with the active participation of professionals and service groups in that same community.

Target:

- Home and School Associations
- School Administrations
- Social Services
- Public Health Nurses
- Physicians
- Parents
- Service Groups (Lions, Rotary, Kinsmen, etc.)

- Churches
- Student organizations

Message Intent:

- To create an alternative learning environment in the community.
- To promote the need to explore careers and vocations.
- To empower participants to meet the challenge of being a teenage mother while simultaneously having a career.

PARTNERS

The Departments of Health, Education, Career Development and Advanced Studies, the Women's Policy Office, Planned Parenthood of Newfoundland and Labrador, the School Counsellor's Association of Newfoundland, Memorial University Education Psychology Department, the YMCA, the Status of Women Council all have professional ties with Memorial University of Newfoundland's TETRA project (Telemedicine and Educational Technology Resources Agency).

INTERVENTION

Year One

At the present time I am meeting with a small group of teenage mothers/pregnant teens in a face-to-face group format. I am beginning to explore with them

the general types of problems they perceive facing this group. This is giving me a better idea about how to locate and what type of problems we will run into when we move into the next phase of the project. It has become apparent that we will need to evolve the pilot programme content from discussion of the needs of the target group rather than develop and deliver a prepackaged programme. This will mean we will spend the initial year or so of the project finding out the best ways to identify the teens, finding out what their perceptions of the problems are, locating and training potential teen moms for co-leadership, and locating individuals who have gone through the process of being a teen mom and survived who might be able to share what they went through and what factors were helpful to their personal and vocational adjustment. We will also be deciding which rural areas of the province will provide the best location for testing the package developed with the experimental group.

At the same time I will need to locate people in the community that will co-operate with the presentation of this programme and more important, identify and train potential helpers in the rural areas that can provide individual support to the target population.

Training manuals will need to be developed during the first year.

Late in year one a pilot project will be conducted in a rural community within a reasonable distance from St. John's. This will allow for careful attention to the testing of the materials and follow-up of the participants. The tentative area selected is about fifty miles from the city and is reported to have a large number of the target group.

Planning is just beginning with the Division of Educational Technology regarding the equipment and staff needed to conduct this pilot project. A producer has been assigned to the project for this purpose. A review of existing potential video material is underway.

It is also apparent that someone will need to be hired to develop and conduct this pilot programme during this first year.

Outline of Timetable:

Summer 1990

- Continuation of the collection and development of possible materials to deliver to the target population.

- Continuation of updating the literature review based on feedback received to-date.

- Further meetings and discussions with a potential group leader who was a teen mom.

- Selection and evaluation of potential instruments to use in collection of information about the participants.

- Attendance at a conference on working with adolescence with Jay Haley and Cloe Madanes in Halifax, Nova Scotia.

Fall 1990

The Project Director will:

- Spend part of leave time developing the manual for group leaders.
- Search for replacement research assistant/group leader.
- Continue review of existing materials that might meet the needs of the target populations.
- Write up advertisements that could be used on radio and in other media.
- Make final decision on location of pre-test area.
- Compile a specific list of contact people in pre-test area and contact each of them.

Winter 1991

The Project Leader and Assistant will:

- Begin Training of group leaders.

- Set up and conduct a pretest of the group counselling intervention in an area about 50 miles from St. John's using both the teleconferencing system and personal contacts (10 - 12 weeks x 1 1/2 hours per week).
- Gather views from participants to further develop an appropriate package of materials for the main intervention to be conducted later.
- Conduct pre and post testing of all participants using instruments selected during the fall of 1990.

Summer/Fall 1991

The Project Leader and Assistant will:

- Evaluate the success of the programme in the test setting by conducting follow-up interviews and using results of pre and post testing from the inventories selected earlier.
- Begin to further develop a package of materials to be used in the main intervention in another selected rural area of the province.

Winter/Spring 1992

The Project Director and Assistant will:

- Conduct the main group counselling intervention in selected rural areas of the province (10 - 12 weeks x 1 1/2 hours per week).

- Administer revised pre and post testing materials.
- Conduct follow-up interviews of all participants.

Summer/Fall 1992

The Project Director and Assistant will:

- Analyze the data.
- Modify the materials based on the feedback received.

Winter 1993

The Project Director will:

- Write the final report.
- Submit the final products to the appropriate body(ies).

PRODUCTS

1. Programme Leaders Manual - Developed for the person in charge of the entire undertaking and will contain copies of all materials.
2. Counsellors Manual - Developed for the person on the local scene working with the teens both individually and in groups. It will include specific information on ways that might best be used to work with the teenagers on a meeting to meeting basis. The manual will also have copies of

the leader's instructions for all group guidance activities that may be used in various sessions.

3. Participants Manual - Developed for each of the teenagers in the project. It will include a variety of materials that will aid each participant to fully participate in the weekly meetings. It will include the participant's materials for all group guidance activities (e.g., decision making materials) as well as other materials that the participants can use in rethinking their career directions.
4. Evaluation Package - This will include a set of the pre and post test materials that were found most predictive and helpful in the evaluation process. (Assuming Copywriter permission can be obtained. If not, the location for obtaining the materials will be supplied).

The following is a list of testing materials that are being investigated for use in the project.
 - A. Coopersmith Self-Esteem Inventory
 - B. The Guided Career Exploration
 - C. Job Awareness Inventory
 - D. A Career Maturity Measure
5. Critical Incidents - This will include a sampling of the materials that the participant's provide via teleconference feedback, questionnaire

data, etc. that offer suggestions on the approaches that worked best for influencing their career decision making process.

6. Group Leader Observations and Comments - This will include a summary of all group leaders' views about the processes found to be most successful in the project.
7. Video Tapes - This will include copies of all video materials produced or copied for use in the programme. A brief synopsis of each tape and an evaluation of its effectiveness will also be provided.

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APPENDIX A

LIST of READINGS

Archer, S. (1989) The Status of Identity: Reflections on the Need for Intervention. Journal of Adolescence 12(4), 345-359.

Archer reviews Erikson's theory of identity as it pertains to adolescents. She reports that a substantial number of adolescents are in the diffuse and/or foreclosure stage, and are not meeting the expectations of Erikson's theory. Archer believes that identity intervention is needed to help our youth enhance their decision-making processes and refine the components of their self-identity. She goes on to say that direct intervention is more likely to be effective when the adolescent herself/himself perceives a need and feels ready for change. This was a useful article to read to attempt to assist young people in examining alternatives and make some commitments with regard to their personal values, beliefs and goals.

Bar-Joseph, H. and Tzuriel, D. (1990). Suicidal Tendencies and Ego Identity in Adolescence. Adolescence 25(97) 215-223.

The authors hypothesized that normal adolescents have better developed identities than those who are suicidal. Their study confirmed this and their suggestion is that mental health organizations and educational authorities should attempt to strengthen

ego identity in a preventive effort against suicide.
This article was not particularly enlightening.

Bergen, W.L. (1989) Enhancing Self-Image in Adolescents Through Group Counselling. Guidance counselling 5(2), 18-25.

Three important aspects of developing a positive self-concept are discussed 1) to be able to accept the uniqueness of self with both positive and negative characteristics 2) a core of positive beliefs about others and about life 3) learning to reach out and care for others. It is very important to develop a positive self-concept during adolescence and Bergen believes that group counselling can be effective in accomplishing this, providing a sort of "comfort zone". Group counselling can be both preventive and remedial. Bergen reviews the group process particularly as it applies to adolescents. This article is a good review and a good example of how group counselling might best be used.

Bundy, M.L. and White, P.N. (1990) Parents as Sexuality Educators: A Parent Training Programme. Journal of Counselling and Development 68, 321-323.

Bundy and White designed a four session programme to assist parents in teaching their children about

sexuality. The programme is well described and the authors' addresses included for further correspondence. The aim of reading this article was to gain some insight into approaching the topic with a 15 year old developmentally delayed adolescent. As a result of the reading a letter has been written to Michael Bundy requesting a copy of his programme. Perhaps in the future such a programme could be delivered to parents by this writer.

Burns, R.C. and Kaufman, S.H. (1970) Kinetic Family Drawings (K-F-D) Brunner/Mazel, Publishers, New York.

The authors use kinetic family drawings in their diagnostic and therapeutic work with disturbed children. This book offers instruction in the optimal use of projective materials and in evaluation and analysis of these same materials.

Cameron, S.J., Orr, R.R., and Sutton, M.A. (1989). The parenting Stress Index: Use as a Guide When Counselling Families With Developmentally Delayed Children. Guidance Counselling 5(3), 26-33.

This article describes the use of the Parenting Stress Index with families of developmentally delayed children. Although some counsellors might find this to

be of some use to them it is not related to this intern's work at present.

Chilman, C., Nunnally, E. and Cox, F. (editors) (1988). Variant Family Forms. Sage Productions, Beverly Hills. pp.17-55.

This book looks at the various life-styles of families today; single parent families, widows and their families, adoptive families, Gay/Lesbian families among others. Chapters were read on never married, single, adolescent parents and one on Helping Single Adolescent Parents. There was not a great deal of new information but it was a good review.

Chin, P.C., Winn, J., & Walters, R.H. (1978). Two-Way Talking With Parents of Special Children C.V.Mosby Co., Saint Louis.

This book deals with more effective communication patterns for families of "special" children. The ideas expressed would be beneficial for all families, whether or not they had a special or handicapped child. In that respect it was worthwhile reading but it was not particularly useful in helping me help parents of a handicapped child.

Cleland, C.C. and Swartz, J.D. (1982). Exceptionalities Through the Life-Span. Macmillan Publishing Co., Inc., New York. pp. 54-94, 397-406, 429-437.

This book introduces the student to handicapped persons, their problems and some of the methods by which they can be assisted to live a life that is enjoyable to them and to their families. Case examples have been included to assist understanding. Of particular interest were the chapters on mental retardation, behaviour modification and parental consideration. This book is to be recommended for undergraduates and graduate students interested in helping professions and in special education.

Colletta, N.D., Hadler, S. and Gregg, C.H. (1981). How Adolescents Cope With the Problems of Early Motherhood. Adolescence 16(63), 499-512.

The authors reviewed the literature on adolescent pregnancy and hypothesized that if the mother has a positive self-esteem, an internal sense of control and supportive social network she will feel that she is coping with the difficulties of parenting and will see her life more in positive terms than in negative terms. They interviewed mothers 14-19 years of age and found that they tended to use direct action for task-oriented problems. However, when faced with interpersonal

problems they coped by avoiding the situation. To relieve emotional stress they usually sought assistance from others and the authors suggest a number of reasons for this. It will be interesting to see if we agree with their findings after we have run the career intervention programme for adolescent mothers.

Cooper, C.S., Dunst, C.J., Vance, S.D. (1990). The Effect of Social Support on Adolescent Mother's Styles of Parent-Child Interaction as Measured on Three Separate Occasions. Adolescence 25(97) 49-57.

The authors observed 19 adolescent mothers to determine the effect of social support on parent-child interaction. As a group, adolescent mothers have low verbal interaction with their children and show a lower rate of other communication skills. They also have unrealistic expectations of their children. In this study girls over 16 years increased their frequency of using responsive, communicative behaviour after working beside skilled caregiver models for 20 weeks. After reading this article the intern plans to increase the parenting skills component of future Family Living classes.

Corey, M.S. and Corey, G. (1989). Becoming a Helper. Wadsworth Inc. California. pp.18-37.

This second chapter is entitled Getting The Most From Your Education And Training. The authors encourage the student to assume an active stance in her/his fieldwork and studies. They write about the value of field work as a "bridge between theory and practice" and offer strategies for making the most of the fieldwork experiences. This would be a good chapter for anyone contemplating an internship. Its quite helpful.

Crespi, T.D. (1990). Approaching Adolescent Suicide: Queries and Signposts. The School Counselor. 37, 256-260.

Suicide is ranked as the second leading cause of death among teenagers and thus the subject demands attention from counsellors. Crespi writes that there are four factors common to children who have demonstrated suicidal potential. These are 1) broken homes 2) a family history of psychiatric difficulties 3) family suicidal behaviour 4) childhood maltreatment. He offers a list of interview questions for suicidal youth which every counsellor would find useful.

Daniels, J. (1990). Adolescent Separation - Individuation and Family Transitions. Adolescence 25(97) 106-115.

This paper investigates the transition of adolescents to mature, self-reliance. In the traditional two-parent family, the father provides standards and approval. The mother is the primary communicative parent, less authoritarian and more like the adolescent's peers. Together they meet the adolescent's needs and aid in the transitional period between dependence and independence. Much of this article deals with the issue of divorce and the impact it has on the normal separation process. Daniels offers a good overview of the current literature on this theme. She suggests peer support groups for both adolescents and parents as a way in which to better understand and cope with this phase of life.

Dryfoos, J. (1985) A Time for New Thinking About Teenage Pregnancy. American Journal of Public Health 75(1), 13-14.

This is an editorial introducing research by Nathanson and Becker (1985) on family planning clinics and teenage patients. Dryfoos discusses the problem of teenage pregnancy, voicing the opinion that it is really a "symptom of the lack of options available to

poor youngsters who are disproportionately members of minority groups". Today's teenage population sees little hope and few opportunities in their future, therefore little reason to delay early parenthood or prevent subsequent pregnancies.

Farr, C. (1990) A Study of the Guided Imagery Process: Awareness and the Discovery of Personal Meaning. Canadian Journal of Counselling 24(1), 45-52.

This study by Farr, using guided imagery, suggests that this method is helpful in guiding clients towards disclosing and exploring deep emotional material in a supportive way. It helps reveal the client's attitudes, strengths and conflicts so that they come to a better understanding of themselves. It inspired me to read more on this topic and to try a simple group exercise with some adolescents.

Friesen, V.I. and Casella, N.T. (1982). The Rescuing Therapist: A Duplication of the Pathogenic Family System. The American Journal of Family Therapy 10, (4), 57-61.

The authors discuss how rescuing clients, if not confronted and explored, may lead to frustration and burn-out on families and therapists. They use the triangle to demonstrate the roles of persecutor,

rescuer and victim which are found in family therapy situations. Six manifestations of "rescuing" in behavioral terms are listed. A very thought-provoking article.

Gardner D.C., Beatty, G.J., and Bigelow, E.A. (1981). Locus of Control and Career Maturity: A Pilot Evaluation of a Life-Planning and Career Development Programme for High School Students. Adolescence, 26(63), 557-561.

The authors cite evidence that demonstrates locus of control and career maturity are related to "work personality" (skills in choosing a job, planning ahead for career options, career choice skills, knowledge of jobs, knowledge of self and general work attitudes). They report that Curry (1980) designed a pilot study to document the positive effect of a one semester Life Planning/Career Development course on the "work personality" of high school students in relation to locus of control and career maturity. This was Curry's doctoral thesis.

This was a very useful paper to read. It is closely linked to the research component of the internship. There were a number of suggestions regarding the measurement of locus of control and

career maturity which can be used in the proposed programme.

Heard, D. B. (1978). Keith: A Study of Structural Family Therapy. Family Process 17, 339-356.

Originally, 8 year old Keith presented as the problem. What ensued was marital therapy for his parents. The author attempts to show the stages involving critical transition points by presenting the (edited) dialogue of the case and commenting at appropriate points. He also demonstrates the use of a task to bring about structural realignment in the family. A criticism of the therapy by another therapist is included and it is interesting to read how he would have handled some aspects of the case with a different approach.

Held, L.P. (1981). Self-Esteem and Social Network of the Young Pregnant Teenager. Adolescence 26(64), 905-912.

Dr. Held designed a study to examine self-esteem (using the Coopersmith Self-Esteem Inventory) and the social network of the pregnant teenager. Sixty-two women 17 years of age and under, all in their third trimester of pregnancy were interviewed. They were asked to rank significant others in order of importance

to themselves. Ninety-two percent placed their mothers as one of the four most important persons in their lives while only 60% put themselves in one of the top four places. On the Coopersmith scale the average score of 73.4 for self-esteem is within the range observed for other populations. One interesting side note: when birth order was examined it appeared that "the oldest child has the highest self-esteem and perceives the most support for her pregnancy. The middle child has the lowest self-esteem, is more likely to be in school and chooses adoption most often." This study emphasizes the need for us to put considerable time and effort into the area of self-esteem when leading our career group for single mothers.

Kokenes, B. (1974) Grade Level Differences in Factors of Self-Esteem. Developmental Psychology 10(6) 954-958

This study was done with 7,600 public school children in grades 4 through 8. It was an attempt to investigate the construct validity of the Coopersmith Self-Esteem Inventory (SEI). Eighth grades felt better about themselves than any of the other grades. But had negative perceptions of home and school. Fourth and sixth grades reported poor parent-home relationships. Kokenes was satisfied that the construct validity of

the SEI was of high standard. Again, this article further strengthened feelings for using the SEI.

Kokenes, B. (1978) A Factor Analytic Study of the Coopersmith Self-Esteem Inventory. Adolescence 13(49) 149-155.

Coopersmith developed his Self-Esteem Inventory (SEI) to measure the subject's self-attitudes in four areas: peers, parents, school and personal interests. Kokenes designed a study to assess the construct validity of the SEI and to obtain data on the sources of self-esteem (other than home) which contribute to global self-esteem. The study did confirm the construct validity of the SEI. Boys in this study of grades 4-8 perceived themselves as more successful than the girls perceived themselves. Kokenes found that pre-adolescents and adolescents feel alienated from the home and that their peer groups are a major source of positive self-esteem. She also confirmed earlier findings that pre-adolescents are highly anxious about themselves and their home relationships.

This article confirmed the strong relationships between home and adolescent self-esteem.

Kolodny, R. (1980). The Dilemma of Co-Leadership.
Social work with groups 3(4), 31-38.

One of the benefits of co-leadership is said to be that we are learning from while we are doing with. Like Waldman(1980) Kolodny too has reservations about co-leadership but says selection of the co-leader is the heart of the problem. He cites research to show that co-therapists should be "equal" in status, competence and sensitivity as well as compatible in temperament. They must also understand each others methods and share common therapy goals. Kolodny is rather cynical that co-leaders with all these qualities in equal amounts can be found- especially as he says it is recommended they not be friends.

Lerner,H.G. (1985) The Dance of Anger: A Woman's Guide to Changing the Patterns of Intimate Relationships.
Harper & Row, New York.

This guide, written for women but equally useful for therapists, shows women how to accept their anger and how to make it work for them in a constructive manner. Lerner writes "those of us who are locked into ineffective expressions of anger suffer as deeply as those of us who dare not get angry at all." This book was of real assistance to me in understanding the anger of some clients. As well, it paved the way for some

very interesting conversations with colleagues and friends.

Levine, B. (1980) Co-Leadership Approaches to Learning Groupwork. Social Work With Groups 3(4), 35-38.

Levine is very much in favour of equalitarian co-leadership. He lists the major benefits and drawbacks of co-leadership for and briefly writes about supervision. To develop as a group leader, Levine writes that it is important to experience different co-leaders and/or to experience leading a group by oneself. Furthermore, he feels that co-leadership helps us learn about ourselves and our leadership.

Mallars, P. (1968) Thinking About Group Counselling for Parents? The School Counsellor 15(5) 374-376.

Mallars lists the results of parent counselling groups as being changed parental behaviour and attitude, increased insight and more constructive, realistic planning for their children. She strongly suggests that the counsellor guide the group away from blame placement towards concentrating efforts on how to improve situations. This article is encouraging and gives a number of practical suggestions for such a group.

Matteson, R. (1974) Adolescent Self-Esteem, Family Communication, and Marital Satisfaction. The Journal of Psychology, 86, 35-47.

The hypothesis was that there is a relationship between low adolescent self-esteem and dysfunctional communication. The authors studied for areas (1) the relationship between adolescent self-esteem and adolescent-parent communication (2) the relationship between adolescent-parent communication and husband-wife communication (3) the relationship between marital communication and the spouses' happiness and satisfaction with their marriage (4) the relationship between adolescent perceptions of their communication with parents and parental perceptions of their communication with the child.

The Coopersmith Self-Esteem Inventory was used to calculate the level of self-esteem of each participant.

The authors concluded that the way adolescents perceive their parents communicating with them is strongly associated with adolescent self-esteem. This study suggests that dysfunctional communication affect all relationships in the family to some degree. High adolescent self-esteem was found to be associated with strong parental and marital communication and marital satisfaction. In view of these findings it seems important to help people develop interpersonal skills

which would encourage positive growth and self-esteem. This article was informative and further pointed out the need for family counselling in most cases of adolescent problems.

Minuchin, S. (1974) Families and Family Therapy. Harvard University Press, Cambridge, Massachusetts.

Minuchin writes about structural family therapy and changing the organization of the family to alter the positions of family members in that group. He stresses throughout that in most cases the therapist should resist treating a client in isolation. Several case studies are included with side notes to explain what the therapist was attempting to accomplish. This greatly assists the reader to follow the case effectively and to better understand the process of interviewing. This is a book to be read a second time.

Minuchin, S. & Fishman, H.C. (1981) Family Therapy Techniques Harvard University Press. Cambridge, Massachusetts.

The authors present clear guidelines for therapists by using transcripts of their own family therapy sessions. A wide range of specific techniques are outlined. The text offers practical advice for anyone interested in family therapy.

Myrick, D.R. & Kelly, W.D. Scale for evaluating practicum students in counselling and supervision. Counsellor Evaluation and Supervision. 1971, 330-336.

This article was useful in that the Counsellor Rating Scale was used for evaluation of the intern's skills during the internship.

Napier, A.Y. & Whitaker, C. (1973). Problems of the Beginning Family Therapist. American Corrective Therapy Journal 27(2), 109-121.

The authors discuss how the young, inexperienced family therapist can get into difficulty when counselling a family. They also point out ways in which the therapist can take leadership from the very beginning. The therapist is encouraged not to feel obligated to see that the family changes but to help them to discover themselves how they can change. One strategy is to attempt to give the family an awareness of their present state and a different model for interaction. Therapists need to learn to trust their own intuition, to learn to recognize and share her/his own covert responses. As well, it is important to learn not to be impatient. The risks and the challenges are presented well. This was a helpful and thought-provoking article.

Norton, E.M., Durlak, J.A. and Richards, M.H. (1989).
Peer Knowledge of and Reactions to Adolescent Suicide.
Journal of Youth and Adolescence, 18(5), 427-437.

The authors conducted a study in which they attempted to assess how well adolescents respond to suicidal communications from peers, their knowledge of suicidal warning signs and their attitudes toward suicidal adolescents. The study was prompted because of the high rate of adolescent suicide and the resulting suicide education and prevention programmes being offered in schools. Results of the study demonstrated a lack of knowledge about the warning signs of suicide. The attitude toward adolescents who exhibit suicidal behaviour is negative. As well, adolescents as a group are limited in their ability to respond appropriately to suicidal communication from peers. Eighty two percent of the students interviewed knew someone who had completed suicide. This paper was of interest because counsellors should be knowledgeable about this subject and be able to pass on that knowledge to other caregivers and adolescents. Copies of the measures used in this study have been requested.

Palmer, S.E. (1990). Group Treatment of Foster Children to Reduce Separation Conflicts Associated with Placement Breakdown. Child Welfare (3), 227-237.

Many clients at the Anderson Centre are being cared for in foster homes. This is the first article read on this subject. The authors present a good case for group counselling as a means for helping both the fostered child and their case workers. These children have much in common with children of divorced families for whom group counselling has proven to be very effective. The theme of this article is the identity crisis caused by separation. It is important, particularly for older children, to resolve conflicts about foster care and separation so that they can retain or build a stable self-concept. This would be a good article for all counsellors and case workers of fostered children to read.

Pronovost, J., Cote, L., and Ross, C. (1990). Epidemiological Study of Suicidal Behaviour Among Secondary -School Students. Canada's Mental Health 38(1) 9-14.

The purpose of this study was to investigate the prevalence of suicide among adolescents 12-18 in Quebec by identifying those at risk as early as possible. The authors also wished to describe the characteristics

that distinguish adolescents with suicidal tendencies. Results showed 15.4% (just less than one in seven) of the population studied had thought seriously about suicide. The female/male ratio of those who had attempted suicide was 2:1. Young people identified as having suicidal tendencies are more likely to live in families of four or more children. This corresponded to earlier findings in a study in France. The authors describe the characteristics of the suicidal adolescent and discuss intervention. Support for both the troubled adolescent and the people close to them is seen as essential.

Ricci, I. (1980) Mom's House, Dad's House : Making Shared Custody Work. Collier MacMillan Publishers, London.

This is an excellent "how to" book for parents who are about to divorce or are already divorced. It outlines the problems common to divorcing parents and their children and presents practical down-to-earth ways and means of coping in the immediate future. This book would the effect on a parent of helping them feel as though they are not alone in their problems and of helping them choose from alternative coping measures.

Richard, L. (1989) The Anti-Stress Book - How to Manage the Stress of Student Life. Humber College Counselling Department, Toronto.

This is a very useful book for students of high school or university age. Several techniques for reducing stress are discussed and cartoons make the book appealing to young people.

Rubin, R. (1978) Stability of Self-Esteem Ratings and Their Relation to Academic Achievement: A Longitudinal Study. Psychology in the Schools 15(3) 430-434

The Coopersmith Self-Esteem Inventory (SEI) was used to study the relationship between self-esteem and academic achievement in 380 children and to determine the stability over time of ratings of self-esteem. Rubin determined that the stability of ratings of self-esteem and the relationship between these ratings and academic achievement are, in part, a function of age. As well, it appears that esteem ratings at earlier ages are more closely related to academic achievement for girls than for boys. This article helped reconfirm my trust in the SEI.

Sheeley, V.L. and Herlihy, B. (1989). Counselling Suicidal Teens: A Duty to Warn and Protect. The School Counsellor 17, 89-97.

Sheeley and Herlihy suggest 4 factors common to adolescents who have demonstrated suicidal potential as quite different from those suggested by Crespi(1989). These are: blocked communication at home that often results from a radically altered family structure; a feeling of valuelessness or rootlessness; loss of a loved one, identity or status; and being perceived as little more than a status symbol by parents." They stress that the duty to warn and protect adolescents who have suicidal tendencies is an ethical obligation. They warn counsellors to take all precautions to avert the threat of suicide.

Shifman, L., Scott, C.S., Fawcett, N. and Orr, L.(1986). Utilizing a Game for Both Needs Assessment and Learning in Adolescent Sexuality Education. Social Work With Groups 9(2), 41-56.

The authors designed a game to use with small groups of adolescents to "1) assess attitude, beliefs and knowledge about menstruation, birth control and adolescent pregnancy, and 2) provide a learning experience." This article is well written and the authors are enthusiastic about the benefits of this

type of teaching and learning. Personal experience with games in the high school classroom has been positive as well and this intern was encouraged by this reading to design a similar activity for career counselling.

Sinclair, D. (1985) Understanding Wife Assault: A Training Manual for Counsellors and Advocates. Ontario Government Book Store Publications Services Section, Toronto.

Deborah Sinclair is a social worker whose work, since 1978, has focused primarily on family violence. She has written this manual for workers in the field of family violence who, over the years, have sought her help and expertise. Her approach was straight forward and understandable and concurred with previous experience. The intern was encouraged to use some of her suggestions with a client family. Sinclair includes outlines for group therapy for female victims, male abusers and children of violent families. She offers suggestions on how to question both victims and abusers and details the process necessary for all parties to regain control of their lives. An excellent book.

Slive, A. (1989). Unco-operative Adolescents: Ideas for Families and Educators. Guidance Counselling 5(3), 38-46.

An ecological systems approach to dealing with adolescents and their families is outlined in this article. The authors write about the need for the therapist to deal with all the systems impacting on the adolescent and to interface with them. Helpful case histories are included. The developmental struggles of both the adolescent and the parent are stressed as is the necessity of giving choice to the adolescent. The therapist should encourage relevant people in the various systems to ask how, when, where a task will be done rather than whether it will be done.

Swartz, J.D., Drew, C.J. and Cleland, C.C. (1971). Facilitating Corrective Habilitation. American Corrective Therapy Journal 25(1), 16-18

This article pointed out that many developmentally delayed persons are identifiable in society because of certain behaviours. The authors suggest teaching adaptive or circumventive behaviours in a corrective programme. The examples they use are improving posture and gait. They believe such training would be useful in helping the developmentally delayed person maintain "invisibility" in society. Although this was an

interesting paper it was not useful for understanding the client of concern.

Turnbull, A.P. and Turnbull, H.R. (1979). Parents Speak Out: Growing Up With a Handicapped Child. Charles E. Merrill Publishing Company, Ohio.

This is a collection of personal experiences by parents of handicapped children. Their frustration with the medical profession, the educational system and society at large are painfully imparted. This book was read hoping to better understand the feelings of a parent who has a Down's child.

Turcotte, D. (1990) Intervention Based on Principles of Mutual Aid: Process and Impact on Parents of Adolescents. Canada's Mental Health 38(1), 16-19.

The experiences of parents who had been involved in a parenting for adolescents group were reviewed and recorded. The goal of the programme had been to help parents regain control of their family situation. Most parents felt this had been accomplished in the group. Parents reported feeling a new confidence at the end of the programme. This paper was beneficial in outlining goals and process. It provided good information for the parenting group.

Von Hauff, D. (1989) Adolescent Suicide: A Personal Encounter Guidance Counselling 5(2), 54-57.

Von Hauff writes a personal account of the suicide of her adolescent daughter's best friend. She discusses how the school can act as a valuable resource in suicidal prevention and as support to family and student friends after suicide. Particularly she points out the importance of "debriefing" students.

Waldman, E. (1980). Co-Leadership as a Method of Training. Social Work With Groups, 3(1), 51-58.

Waldman questions using co-leadership as a method of training students in group work. Her own experiences have led her to believe that at least a "senior" staff and "junior" student co-leadership is not advantageous to the student. Some of the literature states co-leadership decreases anxiety but she found the opposite. This article provided background for co-leading a group. It helped to see and understand some of the problem areas and to clarify responsibilities of the co-leaders.

Whiting, S. (1981). The Problem of Depression in Adolescence. Adolescence 6 (61), 67-89.

This article lists as some of the sociological changes responsible for the increase in

adolescent depression family disruption, mobility, increased drug abuse, student unrest and extended adolescence because of the need for advanced education.

Whiting's study was to determine the incidence of depression among adolescents admitted to a hospital psychiatric unit and the incidence of depression among their parents. She concluded there was none.

This was not a particularly worthwhile article except that it is interesting to note that even though family disruption is a possible cause of depression amongst adolescents, their parents are not necessarily depressed as well.

Young, D.M. (1980). A Court-Mandated Workshop for Adolescent Children of Divorcing Parents: A Program Evaluation. Adolescence 15,(60), 763-773.

Dr. Young describes a compulsory pre-divorce educational workshop for adolescent children of divorcing parents. He outlines in detail the procedure used for this workshop. Although only 17% of the participants had indicated a willingness to attend prior to the workshop, 60% responded positively after they had experienced the workshop, saying now that they knew what it was like, they would attend and believed it to be a positive experience. Dr. Young and his colleagues have suggested to the court that while first

meetings need to be required, follow-up group meetings should be on a voluntary basis. Their goal is to enable the adolescents to become aware of their behaviours and to recognize alternatives. This article was helpful in pointing out the problems associated with mandatory attendance for group participation and how to ensure that the effects are as positive as possible.

APPENDIX B

COUNSELLOR EVALUATION RATING SCALE

COUNSELLOR EVALUATION RATING SCALE

Name of Counsellor..... Code #.....

Level of Experiences..... Date.....

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. Do not mark in parentheses. Please mark every statement. Write in +3, +2, +1, or -1, -2, -3, to represent the following:

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

- **C()..1. Demonstrates an interest in client's problems.
- C(*)..2. Tends to approach clients in a mechanical, perfunctory manner.
- S(*)..3. Lacks sensitivity to dynamics of self in supervisory relationship.
- S()..4. Seeks and considers professional opinion of supervisors and other counsellors when the need arises.
- C(*)..5. Tends to talk more than client during counselling.
- C()..6. Is sensitive to dynamics of self in counselling relationships.
- S(*)..7. Cannot accept constructive criticism.
- C()..8. Is genuinely relaxed and comfortable in the counselling session.
- C()..9. Is aware of both content and feeling in counselling sessions.
- C()..10. Keeps appointments on time and completes supervisory assignments.
- S()..11. Can deal with content and feeling during supervision.
- C(*)..12. Tends to be rigid in counselling behaviour.
- C(*)..13. Lectures and moralizes in counselling.

- S().14. Can critique counselling tapes and gain insights with minimum help from supervisor.
- S().15. Is genuinely relaxed and comfortable in the supervisory session.
- S().16. Works well with other professional personnel (e.g. teachers, counsellors, etc.)
- C().17. Can be spontaneous in counselling, yet behaviour is relevant.
- C(*).18. Lacks self-confidence in establishing counselling relationships.
- S().19. Can explain what is involved in counselling and discuss intelligently its objectives.
- S().20. Is open to self-examination during supervision.
- C().21. Can express thoughts and feelings clearly in counselling.
- C().22. Verbal behaviour in counselling appropriately flexible and varied, according to the situation.
- S().23. Lacks basic knowledge of fundamental counselling principles and methodology.
- S().24. Participates actively and willingly in supervisory sessions.
- S(*).25. Is indifferent to personal development and professional growth.
- C().26. Applies a consistent rationale of human behaviour to counselling.
- ().27. Can be recommended for a counselling position without reservation.

Recommend Grade -
Comments:



